THE EUROPEAN SOCIETY OF MEDICINE

Published 31 October 2026 Medical Research Archives, Volume 14 Issue 10

RESEARCH ARTICLE

Character Strengths Under Collective Adversity: A Thematic Analysis of Strengths in Wartime Ukraine

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ABSTRACT

Background: Ukrainian adolescents have been exposed to prolonged armed conflict, displacement, disruption of education, and persistent uncertainty, all of which may affect their mental well-being. Previous research has primarily focused on symptoms of psychological distress, particularly post-traumatic stress, depression, and anxiety. Resilience and broader risk and protective factors have also received considerable attention. However, less is known about the specific personal strengths that adolescents and the adults around them perceive as important for coping with wartime adversity. This study explored these strengths using the Values in Action framework of character strengths.

Methods: A qualitative descriptive study was conducted using 29 key informant interviews and 21 focus group discussions involving 185 participants, including adolescents, parents, mental health and educational professionals, and institutional stakeholders from four regions of Ukraine. Data were analyzed using reflexive thematic analysis, combining deductive coding based on the Values in Action framework with inductive identification of themes emerging from the data.

Results: Participants consistently described character strengths as important resources for supporting adolescents' adaptation to wartime challenges. The findings were organized into three broad domains: self-control, caring, and inquisitiveness strengths. Within the self-control domain, self-regulation and perseverance were most frequently associated with maintaining emotional balance, adapting to ongoing disruption, and continuing everyday activities despite adversity. The caring strengths of hope, kindness, love, and teamwork were described as fostering supportive relationships, emotional security, and a sense of future orientation. Within the inquisitiveness domain, social intelligence, critical judgment, and leadership were linked to psychological awareness, appropriate help-seeking, and active participation in supporting others. Across stakeholder groups, character strengths were understood as developing within relationships with families, peers, schools, and communities rather than existing solely as individual characteristics.

Conclusions: Adolescents and the adults around them perceived character strengths as important personal and relational resources for coping with wartime adversity. Self-regulation, perseverance, and hope were especially prominent, while other strengths supported social connection, psychological awareness, help-seeking, and civic participation. The findings show that these strengths are contextually expressed and embedded within families, peer groups, schools, and communities, providing a basis for further research and for their cautious consideration within adolescent mental health and psychosocial support.

Keywords: adolescents; youth; resilience; protective factors; MHPSS; Ukraine; war affected populations

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DOI

https://doi.org/10.18103/mra.2026.0549

CITATION

Hendriks, T., Dariichuk, M., et al., 2026. Character Strengths Under Collective Adversity: A Thematic Analysis of Strengths in Wartime Ukraine. Medical Research Archives, [online] 14(10). https://doi.org/10.18103/mra.2026.0549

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ISSN

2375-1924

Introduction

Armed conflict has become an increasingly prominent global reality. Recent data indicate that the number of state-based armed conflicts has reached a historically high level.[1] Among the most visible examples of this trend is the full-scale Russian invasion of Ukraine, which began on 24 February 2022. Since then, the war has led to large-scale destruction, displacement, family separation, disruption of education, and prolonged uncertainty for millions of civilians. Recent humanitarian reports indicate that by September 2025, 5.75 million Ukrainians were registered as refugees globally, while 3.75 million people remained internally displaced within Ukraine.[2] Moreover, 10.8 million people inside Ukraine were estimated to require humanitarian assistance in 2026.[3]

The consequences of war for mental health are profound. Exposure to armed conflict is associated with elevated levels of psychological distress, depression, anxiety, post-traumatic stress symptoms, grief, loneliness, sleep problems, and impaired daily functioning.[4,5] These consequences are not limited to individuals directly exposed to combat or physical violence, but also affect those who experience indirect and chronic war-related stressors, such as displacement, loss of social networks, economic insecurity, disruption of daily routines, separation from family members, and continuous exposure to threatening news.[6] In Ukraine, emerging evidence suggests that the mental health burden of the war is substantial across the general population. In a survey conducted six months after the full-scale Russian invasion, 46.6% of Ukrainian respondents identified the war, war exposure, or the beginning of the war as their most traumatic experience.[7] One of the potential mental health consequences of exposure to such traumatic events is post-traumatic stress disorder (PTSD) among both civilians and military personnel. This disorder may develop following exposure to events such as life-threatening situations, combat, the loss of loved ones, forced displacement, destruction of housing, and loss of material possessions.[8] Studies among Ukrainian adults and students have also reported elevated levels of distress, depression, anxiety, PTSD symptoms, loneliness, and reduced psychological well-being, with higher levels of distress among those living closer to active hostilities.[9,10,11,12]

Children and adolescents are particularly affected by the war. Adolescence is a sensitive developmental period characterized by rapid emotional, cognitive, social, and identity-related changes. During this stage, young people depend strongly on stable family relationships, peer connections, education, routines, and future expectations.[13] The war in Ukraine has disrupted many of these developmental foundations. Ukrainian adolescents have been exposed to air raids, missile and drone attacks, displacement, loss of loved ones, family separation, school interruptions, online education, reduced social contact, and uncertainty about their future.[14] Studies conducted among Ukrainian youth have reported elevated levels of depression, anxiety, trauma-related symptoms, sleep problems, and psychological distress.[15,16,17] These findings are especially concerning because war-related stress during adolescence may interfere with emotional regulation, learning, social development, and the formation of a coherent future perspective.[18] In response to these disruptions, adolescents may adopt different strategies to regulate distress and regain a sense of safety or control. For some young people, intensive engagement with digital media may offer temporary distraction, emotional relief, social connection, or access to a relatively safe and predictable environment. However, when digital use becomes the predominant means of coping, it may increase the risk of problematic or addictive patterns of behaviour.[19] These risks underline the importance of accessible psychological support that not only addresses symptoms of distress but also strengthens adaptive coping and young people's capacity to influence their own lives. Alongside professional assistance, appropriately guided self-help strategies may contribute to the prevention or reduction of psycho-emotional difficulties.[20,21] Interventions may therefore benefit from helping adolescents move from feelings of passivity and helplessness towards realistic goal-setting, active problem-solving, and future-oriented action.[22]

Together, these findings indicate a substantial need for mental health and psychosocial support (MHPSS) among Ukrainian adolescents. Given the breadth and severity of these challenges, there is an urgent demand for prevention and intervention programmes that can support the mental health and psychosocial well-being of Ukrainian adolescents.[23] In humanitarian and conflict-affected settings, MHPSS includes a broad range of activities, from basic psychosocial support and psychoeducation to structured low-intensity interventions and specialized clinical care.[24] Such programmes are particularly important in contexts where formal mental health systems are under pressure, access to specialized care is limited, and the number of trained professionals is insufficient to meet the growing demand.[25] Many of these programmes, such as mhGAP[26] and Problem Management Plus,[27] have been developed from cognitive-behavioural, problem-focused, or clinical traditions. These approaches are understandable and necessary, as many war-affected individuals experience severe psychological suffering and require trauma-informed, evidence-based mental health care. At the same time, they are often primarily organized around the reduction of psychological distress, trauma-related symptoms, risk factors, functional impairment, and around teaching coping skills to manage these difficulties. While this problem-focused orientation is clinically important, it may also have limitations when used as the primary lens for understanding adolescent adaptation under war conditions. It may frame adolescents mainly as victims of trauma, rather than as active agents who continue to adapt, learn, help others, and search for meaning under extremely difficult circumstances.[28] It may also overlook or underestimate the effects of personal, relational, cultural, and community resources that young people already use in daily life.[29] For this reason, there is a need for complementary perspectives that broaden, rather than replace, trauma-informed and symptom-focused care.

Contemporary resilience research conceptualizes adaptation under adversity as a dynamic process shaped by the interplay between young people's exposure to risk and the protective resources available within their social and cultural environments, including families, peer networks, schools, and communities.[30,31,32] Current research conducted in Ukraine suggests that the development and implementation of resilience-building programmes among adolescents should be a priority in the context of international public assistance and the national mental health strategy.[33] In the context of adolescent MHPSS in Ukraine specifically, this means paying attention not only to psychological distress and barriers to help-seeking, but also to the strengths, sources of support, and protective processes that young people, families, schools, and communities perceive as meaningful. Within the global mental health literature, resources such as hope, religiousness/spirituality, emotion regulation, problem-solving, social connectedness, and meaning-making are often discussed as protective processes, coping strategies, or mechanisms of adaptation among war-affected and refugee populations.[34] However, these resources are usually examined in broad terms, rather than being linked to a taxonomy of specific personal strengths. Consequently, research on distinct personal strengths remains limited. Within studies among war-affected and refugee populations, hope[35,36] and religiousness/spirituality[37] are among the personal resources most commonly identified as supporting resilience and protecting against trauma-related and psychological difficulties. However, the broader range of strengths that people may draw upon in contexts of war and displacement remains underexplored. One possible explanation is that global mental health research has generally examined resilience through the lens of protective processes and coping mechanisms, rather than through an explicit taxonomy of personal strengths. To examine these personal qualities more systematically, it is useful to draw on the character strengths framework from positive psychology.

CHARACTER STRENGTHS AND THE VIA FRAMEWORK

Positive psychology can be broadly defined as the scientific study of the conditions and processes that contribute to human flourishing and optimal functioning among individuals, groups, and communities.[38] Within this research field, the

study of character strengths has become one of the core pillars for understanding the positive traits and capacities that contribute to well-being, resilience, and optimal functioning.[39] The most widely used and extensively researched taxonomy of character strengths is the Values in Action (VIA) Classification of Character Strengths and Virtues,[40] which provides a systematic language for describing distinct personal strengths. In the original VIA classification, 24 character strengths were organized under six overarching virtues. However, subsequent factor-analytic research has provided only limited support for this original six-virtue structure, suggesting that the theoretical classification does not map neatly onto the empirical structure of character strengths.[41] Therefore, an alternative hierarchical model was developed in which character strengths can be represented by three broader dimensions: self-control, caring, and inquisitiveness strengths.

Self-control strengths refer to qualities that support disciplined, regulated, and goal-directed action, including strengths most closely associated with perseverance, prudence, self-regulation, honesty, modesty, and judgment.[42] Caring strengths refer to qualities primarily oriented toward warmth, affiliation, concern for others, and prosocial relatedness, including strengths most closely associated with love, kindness, gratitude, teamwork, fairness, forgiveness, humour, leadership, and spirituality. Inquisitive strengths reflect curiosity, exploration, intellectual engagement, openness to ideas, and positive engagement with the world, including strengths most closely associated with creativity, curiosity, love of learning, perspective, appreciation of beauty, bravery, emotional intelligence, and zest. This three-dimensional model provides a more empirically grounded way of organizing character strengths, while retaining the broader assumption that strengths are positive personal qualities that may contribute to well-being and adaptive functioning.

PRESENT STUDY

The present qualitative study explores stakeholder perspectives on adolescent mental well-being, coping, character strengths, and the potential role of strengths-based MHPSS approaches in wartime Ukraine. Drawing on key informant interviews (KIIs) and focus group discussions (FGDs) with adolescents, parents, educational professionals, mental healthcare professionals, and institutional stakeholders across multiple Ukrainian regions, this study aims to identify which strengths stakeholders perceive as meaningful and potentially useful for adolescents in coping with the daily challenges of life under war conditions. In doing so, the study seeks to move beyond a sole focus on psychological distress by providing an inventory of personal, relational, and contextually embedded strengths that may support adolescents' adaptation, resilience, and well-being.

2. Method

STUDY DESIGN

This study used a qualitative, descriptive, multi-stakeholder design to examine perspectives on adolescent mental health and psychosocial support in Ukraine. This approach was selected because it allowed researchers to provide a detailed account of participants' experiences, views, and contextual realities while remaining relatively close to the original data. This design is well suited to applied health and humanitarian research, particularly when the aim is to generate findings that are directly relevant to practice, service delivery, and policy rather than to develop an abstract theoretical model. The analysis was guided by reflexive thematic analysis. This approach enables the systematic identification, organization, and interpretation of recurring patterns of meaning across qualitative data. At the same time, it recognises that researchers play an active role in the analytic process, including in the development, refinement, and interpretation of themes.

Ethical approval was granted by the ethics review board of Tilburg University (reference number: TSBRP2390). The study was conducted in accordance with established ethical principles for research involving human participants.

PARTICIPANTS

The study included data from 29 key informant interviews and 21 focus group discussions. The focus groups comprised 156 participants, resulting in a total sample of 185 participants across both methods of data collection. Participants were selected purposively from five main stakeholder categories: mental healthcare professionals, educational professionals, institutional stakeholders, parents, and adolescents. Mental healthcare professionals included, for example, psychologists and psychiatrists, whereas educational professionals included teachers and school counsellors. Institutional stakeholders included representatives from local authorities, media, and related organizations. This sampling strategy was intended to capture a broad range of perspectives from individuals with professional expertise, lived experience, or direct involvement in adolescent mental health and psychosocial support. Recruitment took place across four Ukrainian regions: Chernivtsi, Sumy, Kharkiv, and Khmelnytskyi. The research team aimed to include variation in geographical setting, including both rural and urban communities, as well as diversity in participants' war-related experiences and professional backgrounds.

A combination of sampling strategies was used. Purposive sampling ensured that participants with relevant knowledge or experience were included, while snowball sampling helped identify additional participants through existing professional and community networks. In addition, convenience sampling was used where necessary because of the practical challenges of conducting research in an active conflict-affected environment. These challenges included security restrictions, air raids, limited infrastructure, and interruptions to electricity and communication systems.

Table I. Number and distribution of groups and participants

Stakeholder group	KIIs	FGDs	FGD participants	Total participants
Mental healthcare professionals	4	4	29	33
Educational professionals	4	4	34	38
Institutional stakeholders	7	4	25	32
Parents	6	5	36	42
Youth	8	4	32	40
Total	29	21	156	185

The mean age of adolescent participants was 16.25 years (SD = 3.20; range 13-21). Adult participants had a mean age of 45.10 years (SD = 8.01; range 25-60). Most interviews and focus groups were conducted in person: 22 of the 29 KIIs and 18 of the 21 FGDs took place offline. A smaller number were conducted online because of logistical or security-related constraints. The stakeholder categories were not fully mutually exclusive. Some participants held multiple roles, for example combining educational and healthcare responsibilities. Similarly, some professionals and institutional stakeholders also drew on their personal experiences as parents when discussing adolescent mental health.

PROCEDURE

Data were gathered through semi-structured key informant interviews and focus group discussions. Both methods were supported by topic guides that were developed on the basis of the study's central research questions. The guides were

designed to explore adolescents' mental health experiences and the wider contextual conditions influencing engagement with mental health and psychosocial support services.

The main domains covered in the topic guides included mental health awareness, expressions of war-related distress, coping strategies, help-seeking behaviour, personal strengths and resources, and the role of families, schools, and digital environments. The guides for adolescents and parents were adapted in age-appropriate and accessible language to support understanding and participation. For mental healthcare professionals, educational professionals, and institutional stakeholders, additional questions addressed system-level issues, including service access, engagement with support services, youth participation, and policy-related barriers and opportunities. This enabled the study to explore barriers and facilitators at individual, family, school, community, and system levels. Findings across these broader domains are also reported in the official Community Appraisal report of Médecins du Monde.

Before participation, all participants received information about the purpose of the study, the procedures involved, the voluntary nature of participation, and their right to withdraw at any time without negative consequences. Informed consent was obtained from all participants. For adolescents under the age of 18, consent procedures were adapted to the study context. In line with the ethical approval and local considerations, parental consent was not required systematically. This decision was made to protect adolescents' privacy and to reduce barriers to participation, particularly given the sensitive nature of the study topics, including mental health stigma, help-seeking, and family-related stressors. Requiring parental consent could have discouraged some adolescents from participating or from speaking openly, especially when family dynamics were directly relevant to the issues discussed.

Given the conflict-affected context and the sensitive nature of the research, particular attention was given to participant safety and well-being. Data were collected in confidential settings, and a subset of data collection activities was moved online when this was considered safer or more appropriate. Interviewers were trained to recognise signs of distress and to respond appropriately, including pausing or ending an interview or focus group if needed. When appropriate, participants were provided with information about available mental health and psychosocial support services. To promote consistency across the research sites and teams, a standardized data management protocol was developed before data collection began. All interviewers took part in a preparatory training workshop, which addressed qualitative interviewing skills, ethical procedures, safety considerations, and data management requirements. Pilot interviews and focus groups were then conducted, after which minor adjustments were made to the topic guides.

Data collection took place between October 2025 and January 2026. Data were collected in confidential and secure settings. Interviews with professionals and institutional stakeholders generally lasted between 45 and 60 minutes. Interviews with adolescents and parents were shorter, typically lasting 30 to 40 minutes. Focus groups with professionals lasted approximately 60 to 90 minutes, while focus groups with adolescents and parents usually lasted 45 to 60 minutes.

The data were collected by a team of eight trained interviewers with diverse professional backgrounds, ranging from early-career psychologists to senior researchers. All interviews and focus groups were conducted in Ukrainian, except for one key informant interview that was conducted in English. Data were stored securely and handled in accordance with relevant data protection requirements.

DATA PROCESSING AND ANALYSIS

With participants' informed consent, all interviews and discussions were audio recorded. The recordings were initially transcribed in Ukrainian using automated transcription software. The transcripts were then translated into English with the support of digital translation tools, including DeepL and Google Translate. Because of limited bilingual research capacity, as well as time and budget constraints, it was not possible to manually verify or back-translate every transcript in full.

To strengthen the credibility of the analysis and reduce the risk of overinterpreting potential transcription or translation inaccuracies, the analytic process emphasized recurring patterns across multiple interviews and focus groups, rather than isolated statements. Interpretations were discussed repeatedly within the research team and checked against multiple excerpts to ensure that the findings remained grounded in the data. Before analysis, all transcripts were anonymized and imported into ATLAS.ti. Within ATLAS.ti, transcripts were organized by data source and stakeholder group.

The data were analyzed using reflexive thematic analysis. The coding process combined deductive and inductive elements. First, an initial coding structure was developed by the primary researcher, informed by the study's research questions and topic guides. Subsequently, inductive coding was used to identify additional patterns and meanings emerging from the data. The coding framework was therefore refined and expanded iteratively throughout the analysis.

Tools supported by artificial intelligence (AI) were used as supplementary aids during the analytic process, particularly to support pattern recognition and thematic synthesis. These tools were applied in a structured way using predefined prompts, both within ATLAS.ti and through external large language models. Outputs generated by AI were not treated as findings in themselves. Instead, they were used as interpretative support and were critically reviewed, compared with the coded data, and refined by the research team.

Throughout the analysis, emerging interpretations were discussed within the team to support reflexivity, minimize the influence of individual bias, and strengthen the coherence and credibility of the themes. Data saturation was reached in the later stages of data collection and analysis, when no substantially new themes emerged from the final interviews and focus groups.

3. Results

The data revealed a wide range of character strengths that adolescents were perceived to draw upon when coping with adversity. Results are organized according to a three-dimensional classification of character strengths: self-control strengths, caring strengths, and inquisitiveness strengths. Tables II, III, and IV provide an overview of these main themes, the VIA character strengths included within each theme, their level of support in the data, context-specific expressions, main coping functions, and key indicators identified across the key informant interviews and focus group discussions.

3.1 SELF-CONTROL STRENGTHS

Table II. Thematic VIA Self-control strengths domains and their data support

VIA strength	Data support	Context-specific expression linked to main coping function	Main indicators in the data
Self-regulation	Very strong	Self-control and emotional stabilization: regulating arousal, preventing escalation, restoring calm, and maintaining daily functioning under stress.	Breathing, grounding, sleep, taking breaks, walking, sport, monitoring emotional red flags, calming oneself before acting, and seeking support before emotions escalate.
Perseverance	Strong	Endurance under war, psychological flexibility, and adaptation: continuing goal-directed action, preserving structure, and adapting behaviour when circumstances change.	Continuing school, work, routines, and extracurricular activities; adapting to sirens, displacement, online learning, power cuts, changed schedules, and uncertainty.
Humour	Weak	Psychological distancing and maintaining lightness amid threat: creating emotional distance from war-related stress, reducing tension, and supporting positive emotions and social connection.	Joking, laughing, using irony or lightness, talking about difficult nights and then laughing about other things, and easing tension in family or peer conversations.

Perseverance

Perseverance emerges as an important personal quality that helps adolescents and families continue functioning despite prolonged stress and uncertainty. This was particularly evident among displaced youth and adolescents living in frontline regions, who were described as continuing their education, extracurricular activities, and social relationships despite ongoing instability and disruptions to daily life. Such persistence may function as a protective factor by helping young people maintain a sense of purpose, structure, and agency during prolonged crisis.

> *If I really want something, then there is no longer the word "stop" for me. There is only "I want this." So, I think persistence is one of my main traits. —Adolescent, Chernivtsi region*

Although the terms courage and bravery are rarely mentioned explicitly by participants, these character strengths appear to be indirectly reflected in descriptions of perseverance, persistence, and determination. Courage and bravery reflect behavioural expressions of courage, suggesting that courage is present in practice even when it is not explicitly named by participants. Perseverance was also linked to the ability to psychological adaptation; the ability to adapt to new circumstances and environments.

> *If at the beginning of the war she reacted very strongly, now her reaction has become calmer… perhaps this is adaptation to the circumstances. —Parent, Sumy region*

Humour

Several young participants describe using humour, joking, or laughing at difficult situations as a way to reduce stress and maintain emotional balance. Rather than denying problems, humour appears to function as a form of psychological distancing, allowing young people to put stressful experiences into perspective.

> *It's important to me when you can just talk about the night and the horrors you've experienced and your thoughts, and then laugh about other things in life. It's impossible to talk about the war all the time. — Adolescent, Kharkiv region*

3.2 CARING STRENGTHS

Table III. Thematic VIA Caring strengths domains and their data support

VIA strength	**Data support**	**Context-specific expression linked to main coping function**	**Main indicators in the data**
Hope	Strong	Optimism, future orientation, prospective agency, and self-confidence: protecting against despair, sustaining motivation, and creating a sense of future possibility.	Future plans, education and profession choices, small meaningful expectations, optimism, belief in improvement, and the sense that life can move forward.
Kindness	Strong	Prosocial care, compassion, and generosity: strengthening social bonds, creating meaning through contribution, and maintaining emotional stability through care for others.	Listening without judgment, helping peers, caring for others, supporting vulnerable people or animals, charitable behaviour, community support, and compassion for military families or internally displaced persons.
Love	Moderate	Close reciprocal relationships and emotional bonding: sustaining adolescents through trusted, emotionally safe relationships with parents, family members, partners, or close friends.	Turning to parents or close friends, feeling supported by loved ones, safe emotional disclosure, attachment to family, and the sense of not being alone.
Teamwork	Moderate	Cooperation, peer support, and collective belonging: countering isolation, strengthening mutual support, and helping adolescents feel part of a wider social group.	Peer-to-peer support, group activities, school or community participation, helping classmates, shared routines, collective coping, and belonging to clubs, church, sport, or youth groups.

Hope

Hope and optimism appear as important psychological buffers against despair and prolonged stress. Respondents described optimism not as naive positivity but as the ability to notice positive elements, maintain perspective, and believe in the possibility of improvement. In several KIIs and FGDs, hope was described as being supported by small but meaningful expectations about the future.

> *Hope comes from so-called 'hooks' — things to hold on to. These don't necessarily have to be big plans for months ahead. It is the knowledge that tonight, even if there is no electricity, I can meet up with friends, play charades or word games. Such simple things that do not require resources give a sense of hope. — Educational specialist, Khmelnytskyi region*
>
> *I also have optimism: when something is difficult, I still try to look at the situation more optimistically. — Adolescent, Chernivtsi region*

Kindness

Kindness emerged as a caring strength that reflected the outward expression of love, care, and concern for others. Across the dataset, kindness was not limited to formal helping roles, but was described as an everyday relational and prosocial capacity through which adolescents and adults could strengthen connection, trust, and meaning under conditions of war-

related stress. One parent focus group in Chernivtsi explicitly mentioned kindness toward animals, compassion for vulnerable people, and charitable behaviour as examples of strengths that strengthen adolescents psychologically. These qualities appear to support resilience by strengthening social bonds and meaning.

Kindness appears to be strongly supported in the dataset, mainly as a relational and behavioural strength rather than as a purely internal disposition. It can be interpreted as the active expression of love and care: the movement from feeling connected to others toward helping, protecting, listening, accepting, and supporting them. Under wartime conditions, this strength seemed to protect adolescents not only by strengthening interpersonal bonds, but also by helping them experience themselves as capable of contributing to others and participating in a caring social world.

Love

Love was identified as a caring strength that reflected the protective role of close, emotionally secure relationships. Love appeared in the data as a felt sense of being supported, accepted, understood, and not left alone. Participants most often linked this strength to parents, family members, close friends, romantic partners, and other trusted figures. Several adolescents and adults described family and friends as the first sources of support when young people experienced emotional difficulties, suggesting that love functioned as a relational buffer against distress.

> *I don't know how exactly I would call love a personality trait, but it helps me cope with stress. Love for myself, love for the people around me. Because without love, this world is very bland and gray to me. — Adolescent, Chernivtsi region*

Another youth participant explained that communication with friends helped because being alone in a state of stress was difficult, whereas live communication reduced the sense of stress. Similarly, parents described the importance of physical and emotional closeness, including hugging, presence, warmth, and acceptance, as ways of helping children recover after emotional distress. Across the dataset, love therefore appeared less as an abstract value and more as an embodied and relational experience: being held, heard, accepted, and emotionally accompanied by significant others. Under conditions of war, displacement, family separation, and uncertainty, this sense of being loved appeared to help adolescents feel less alone and more able to endure difficult emotions.

Teamwork

Teamwork emerged as a caring strength that reflected adolescents' ability to orient themselves toward others, participate in shared activities, and contribute to collective forms of support. Rather than appearing mainly as formal collaboration in teams, teamwork was expressed through peer-to-peer support, group participation, co-creation, community activities, and shared responsibility. Several respondents emphasized that young people often support one another more easily than they seek help from adults, because peers "speak the same language" and understand each other's experiences. One healthcare specialist from Sumy explained that "young people resolve issues among themselves" and that classmates or groupmates may notice when someone withdraws or needs support. In this sense, teamwork functioned as an informal peer-based support system.

Professionals also described peer-to-peer approaches to mental health support as particularly promising. In one Kharkiv interview, a specialist stated that involving young people as facilitators was "a very, very good thing," because "based on the principle of peer-to-peer, they are very good at finding people" and "they do it themselves." Other respondents

highlighted group classes, youth clubs, film clubs, joint projects, interest-based groups, sports, and community spaces as ways to strengthen adolescents' engagement. Teamwork therefore appeared to support resilience by reducing isolation, strengthening belonging, increasing participation, and helping adolescents experience themselves as active contributors to peers, schools, communities, and Ukrainian society.

3.3 Inquisitiveness strengths

Table IV. Thematic VIA Inquisitiveness strength domains and their data support

VIA strength	Data support	Context-specific expression linked to main coping function	Main indicators in the data
Emotional intelligence	Moderate	Emotional and interpersonal awareness: understanding one's own and others' emotional states, sensing what kind of support is needed, and knowing whom to trust.	Naming emotions, recognizing distress in oneself or others, choosing trusted people to talk to, noticing social cues, and understanding when someone needs support.
Critical judgment	Moderate	Psychological literacy: making sense of stress reactions, distinguishing ordinary stress from more serious distress, and deciding when to use self-help strategies or seek support.	Reflecting on stress, recognizing warning signs, evaluating information, distinguishing stress from distress, identifying when help is needed, and avoiding misleading online advice.
Leadership	Moderate	Civic responsibility, initiative-taking, reflective agency, and responsible action under uncertainty: orienting oneself and others, finding information, guiding peers, and contributing to family or community life.	Taking initiative, finding information, encouraging peers, joining activities, helping family or community, volunteering, respect for defenders, and identification with Ukraine.

Emotional intelligence

Emotional and social intelligence appeared as an inquisitiveness strength that helped some adolescents understand their own emotional states, recognise signs of distress in others, and navigate whom to approach for support. In the context of war, this strength was particularly important because many young people experienced overlapping stressors, including air raids, drone and Shahed attacks, family separation, disrupted schooling, uncertainty, and reduced social contact.

> *It is very easy for me to tell when a situation is too stressful for me. I am very anxious by nature, and everything makes me anxious. And when I start to realize that I usually fall asleep at midnight, but because of my anxious thoughts, I can't fall asleep until 4 or 5 in the morning, and when I have a panic attack just walking down the street or standing at the checkout, I start to realize that I need to react somehow and ask for help. —Adolescent, Kharkiv region*

Although emotional and social intelligence were identified as important strengths, they were not frequently described by adolescents themselves as strengths they already consciously use in everyday coping. Instead, parents, educators, and healthcare specialists most often emphasized the strength as a capacity that young people need in order to cope more effectively with war-related stress. This strength appeared to support coping in two directions. First, it enabled self-

awareness: adolescents who could notice their own emotional reactions were better able to stop, transform, or regulate these states through simple strategies. Second, it supported interpersonal awareness: classmates, peers, parents, and trusted adults could notice withdrawal, changes in behaviour, or emotional difficulty, and respond before problems escalated. A Sumy specialist explained that children may withdraw, but "classmates or groupmates may notice it," while trusted helpers were described as accessible when they showed "empathy, acceptance, non-judgmental attitude, confidentiality, and anonymity." Emotional and social intelligence thus functioned as a bridge between inner experience and help-seeking. It helped young people make sense of what they felt, recognise distress in others, and identify safe relationships through which support could become available.

Critical judgment

Critical judgment emerged as a strength that was very closely related to emotional and social intelligence. However, it referred more specifically to adolescents' capacity to reflect critically on their own stress reactions, recognise warning signs, and evaluate the reliability of information provided by social media. In the data, this strength was expressed through psychological literacy: the ability to distinguish ordinary, temporary stress from more serious distress, to recognise emotional and physical signals, and to decide whether self-help, peer support, or professional support is needed. This included not only awareness of emotions, but also attention to bodily indicators such as sleep disturbance, panic, headaches, appetite changes, palpitations, fatigue, withdrawal, and loss of daily functioning.

Several adults emphasized that this form of judgment is not yet sufficiently developed among many adolescents. A specialist from Khmelnytskyi stated that young people "don't really know the difference" between normal stress and more serious psychological tension, partly because there is "not much psychoeducation" or education about psychological help and emotions. The same respondent noted that adolescents often rely on social media, "where information is not always reliable," and are "not always able to identify their feelings and form an attitude towards what is happening." In this sense, critical judgment appeared as a developmental strength: not simply a quality young people already possess, but a capacity that MHPSS and psychoeducation should actively cultivate.

At the same time, some adolescents did show clear reflective judgment. One Kharkiv adolescent described distrust toward online media because it can be "untrue" and create "anxiety and confusion." The same adolescent identified online symptom-sharing as a "wake-up call," asking: "Where's the logic in that? If you're not feeling well and you're not afraid to talk about it, why don't you go to the doctor?" This illustrates how critical judgment can protect young people from poor advice, unsafe disclosure, and unverified recommendations.

Critical judgment was also relevant to social media and digital mental health information. Several respondents described both opportunities and risks: social media and AI may provide accessible information, but they can also spread low-quality content, self-diagnosis, misinformation, and harmful peer advice.

Leadership

Leadership was expressed less through formal authority and more through civic responsibility, initiative-taking, and active contribution to collective life. Participants described adolescents as organizing activities, encouraging peers to participate, contributing ideas to community initiatives, and becoming involved in volunteer and charitable work. Examples included organizing youth or cultural events, helping internally displaced families, preparing supplies for

military personnel, participating in fundraising activities, and contributing to local projects. In several accounts, young people did not merely follow adult instructions but identified needs, mobilized available resources, and translated concern into concrete action.

Leadership was also reflected in the expectation that adolescents should be involved in shaping activities intended for them. Respondents emphasized that young people should not only attend programmes designed by adults, but should help identify community needs, propose initiatives, develop small projects, and participate in their implementation. Peer support offered another expression of leadership, particularly when adolescents encouraged others, shared information, or helped peers access appropriate support.

These forms of leadership were often connected to a broader sense of social belonging and responsibility. References to volunteering, mutual support, Ukrainian cultural identity, and contribution to the wider community suggested that initiative-taking could be linked to commitment beyond the immediate peer group. Leadership under wartime conditions was therefore understood primarily as informal agency: recognizing what needed to be done, taking responsibility, involving others, and contributing to shared goals despite uncertainty and limited resources.

At the same time, leadership overlapped with kindness and teamwork. Whereas kindness referred mainly to helping others and teamwork to cooperation and belonging, leadership involved the additional elements of initiative, direction, and responsibility for turning shared concern into collective action.

4. Discussion

The aim of this qualitative study was to explore which character strengths are perceived as meaningful for adolescents coping with the daily challenges of life under war conditions in Ukraine. Drawing on key informant interviews and focus group discussions, the study sought to identify character strengths that may support adolescent resilience and well-being. The identified strengths were organized into three overarching categories: self-control strengths, caring strengths, and inquisitiveness strengths.

In the category of self-control strengths, three VIA character strengths were reflected in the data: self-regulation, perseverance, and, to a lesser extent, humour. In the context of the war in Ukraine, self-regulation primarily referred to emotional self-control and the capacity to regulate arousal levels, restore calm, and prevent emotional reactions from escalating. This strength was closely linked to adolescents' ability to recognise tension, calm themselves down, and regain a sense of emotional balance in response to war-related stressors. This finding is in line with the broader literature on resilience among refugee and war-affected populations. Resilience research provides particularly strong support for self-regulation as a protective factor. In their meta-analysis of protective factors among children exposed to violence, Yule et al.[34] identified self-regulation as one of the most prevailing protective factors, with the strongest longitudinal evidence. Perseverance was also strongly represented, especially in descriptions of adolescents continuing school, routines, work, extracurricular activities, and social relationships despite sirens, displacement, power cuts, uncertainty, and disrupted education. In the literature, however, perseverance is not widely identified as a distinct strength, protective factor, or coping mechanism. Instead, closely related constructs are reported, including positive coping, self-agency, problem-focused coping, future orientation, adaptation, and opportunities to continue education, work, or meaningful daily activities.[43,35] These indirect findings suggest that perseverance may be understood as part of a broader pattern

of agency and goal-directed adaptation under adversity. The finding that self-regulation and perseverance emerged as the two most frequently mentioned character strengths also resonates with an earlier qualitative study among refugee populations living in asylum centers in the Netherlands,[44] in which self-regulation and perseverance were identified as the two most frequently mentioned character strengths. The convergence between that study and the present findings suggests that these two self-control strengths may be particularly salient in contexts of prolonged uncertainty, displacement, and daily stress. Whereas self-regulation supports emotional stabilization and the prevention of escalation, perseverance enables individuals to maintain routines, continue goal-directed activities, and adapt to changing circumstances. This interpretation is supported by a recent qualitative study among Ukrainian youth affected by the war, which identified young people's ability to "keep going" in the face of adversity resonated with the concept of perseverance, understood as enduring hardship while maintaining motivation and direction.[45] Humour was less frequently mentioned, but appeared as a minor self-control-related strength through which young people created emotional distance, reduced tension, and preserved lightness in difficult circumstances. Recent work on Ukrainian war humour helps to contextualize this finding. Klumbytė and Yeremieieva[46] argue that humour has long functioned in Soviet and post-Soviet contexts as a "weapon of the powerless" against authoritarian rule, and that Ukrainian war humour during the full-scale invasion can be understood as a form of civic activism. In this view, humour does not merely help individuals cope with fear, despair, or helplessness; it also expresses resistance, solidarity, vigilance, and commitment to victory. The sharing of memes, cartoons, and jokes online can therefore be interpreted as a symbolic form of participation in the war effort, allowing people to mock the aggressor, affirm collective resilience, and show empathy with those most affected by the war. From this perspective, humour may support both emotional regulation and perseverance: it helps young people manage negative emotions (i.e., self-regulation) while also sustaining motivation to endure and continue in the face of adversity (i.e., perseverance). This is particularly relevant for adolescents and young people, given the central role of social media in their lives and the fact that humour is a core element of many online forms of communication.[47]

In regard to caring strengths, participants most often mentioned hope, kindness, love and teamwork. Hope was described as a protective strength that helped young people hold on to future possibilities, small meaningful expectations, education or career plans, and the belief that life could continue despite uncertainty. In the broader literature on the wellbeing and resilience of children and adolescents living in war- and conflict-affected settings, hope is repeatedly identified as an important protective factor. Rather than being understood only as an individual trait, hope is often embedded in wider resilience processes, including future orientation, meaning-making, positive coping, and social connectedness.[48,49,36] Our findings are in line with several Ukrainian studies that identified hope as a key protective factor in the context of war. In a study among more than 1,000 Ukrainian civilians, Kimhi et al.[50] found that hope was among the strongest predictors of resilience during the war. More specifically for young people, Pavlova et al.[51] found in a sample of 595 Ukrainian students that hope and optimism predicted life satisfaction. In addition, Lopatovska et al.[52] found that adolescents referred to hope as one of their protective resilient traits, including hope for victory, hope of seeing friends again, and hope of returning home. In our study, kindness appeared as the outward expression of care through helping, listening, supporting vulnerable people or animals, charitable behaviour, and compassionate action. Love reflected the protective role of close, emotionally secure relationships with parents, family members, friends, or partners, through which adolescents could feel supported, accepted, and less alone. Teamwork appeared in peer-to-peer support, group activities, school and community participation, and shared forms of coping that countered isolation and strengthened belonging. When looking at the Ukrainian literature, love and kindness are not usually identified explicitly as specific character strengths. However, studies among Ukrainian youth consistently highlight the protective importance of peer

support, close personal relationships, and a sense of community.[45,53] From a character strengths perspective, love, kindness, and teamwork can be understood as the practical relational qualities that enable young people to benefit from these sources of support. Love reflects the capacity to form and maintain emotionally secure bonds; kindness is expressed through helping, listening, and compassionate action; and teamwork enables young people to cooperate, participate, and cope together. In this sense, these strengths may be seen as underlying conditions that make peer support, social connectedness, and community support psychologically protective during war-related adversity.

With respect to inquisitiveness strengths, we identified three strengths that may function as protective factors: social intelligence, critical judgment, and leadership. Social intelligence was expressed through emotional and interpersonal awareness: recognizing one's own emotional state, noticing distress in others, knowing whom to trust, and sensing what kind of support was needed. In this sense, social intelligence also overlapped functionally with self-regulation, as adolescents used emotional and interpersonal awareness to monitor distress, manage reactions, and identify appropriate sources of support. Similarly, critical judgment was closely connected to self-regulatory coping, as it helped adolescents evaluate stress reactions, recognise warning signs, and decide whether self-help, peer support, or professional support was needed. Yet, its primary function was cognitive and reflective rather than purely regulatory: it enabled young people to make sense of their experiences, critically appraise information, and choose an appropriate response. Finally, leadership appeared less as formal authority and more as civic responsibility, initiative-taking, and responsible action under uncertainty, including helping family or community, encouraging peers, volunteering, and identifying with Ukraine. These findings are also consistent with recent non-governmental organization (NGO) and humanitarian reports on MHPSS needs in Ukraine, although these reports do not use the language of character strengths. Although social intelligence, critical judgment, and leadership are rarely described explicitly as character strengths in NGO and humanitarian reports on Ukraine, our findings resonate strongly with the psychosocial capacities emphasized in this literature. Reports by the Norwegian Refugee Council[54] and the International Organization for Migration[55] highlight the importance of psychoeducation, mental health awareness, peer support, informal support networks, safe spaces, youth engagement, volunteering, and community-based coping. These findings support our interpretation of social intelligence as the capacity to recognise emotional needs and navigate trusted relationships; critical judgment as the ability to appraise stress reactions, evaluate information, and make appropriate help-seeking decisions; and leadership as informal agency, initiative-taking, peer facilitation, and responsible action within families, schools, and communities. In this sense, our study translates key priorities in humanitarian MHPSS programming into a character strengths framework, showing how these capacities may function as protective factors for Ukrainian adolescents exposed to war-related adversity.

STRENGTHS AND LIMITATIONS

This study has several important strengths. It draws on a broad qualitative dataset, bringing together the perspectives of adolescents, caregivers, professionals, and other stakeholders operating at different levels of the mental health and psychosocial support system. This multi-perspective design made it possible to examine implementation needs and barriers across individual, community, organizational, and service-system levels. In addition, breadth and contrast were built into the study sample: 185 participants from five stakeholder groups in four oblasts, with Kharkiv and Sumy heavily exposed to the war and Khmelnytskyi and Chernivtsi far less so, which allows the same strengths to be observed under very different levels of threat. A further strength was the use of AI-assisted tools during the analytic process. These tools helped the research team to organize, compare, and synthesize a large volume of qualitative material within the practical limits of the study, including constraints related to time, funding, and available personnel. Consistent with recent recommendations for the responsible use of generative AI in scientific and qualitative research,[56,57,58] all AI-generated

outputs were treated as provisional analytical input rather than final findings. They were checked, questioned, and further developed by the research team, ensuring transparency and human oversight while keeping the final themes grounded. At the same time, several limitations need to be acknowledged. First, the timing and conditions of data collection may have shaped the research process. Fieldwork was carried out during the ongoing war and took place in the winter months, when insecurity and logistical difficulties were particularly pronounced. Participants and researchers were working under demanding circumstances, including air raid alerts, electricity shortages, power cuts, infrastructure disruptions, and continuing uncertainty. These conditions may have affected how participants reflected on their experiences and how they responded during KIIs and FGDs. Second, although the study included participants from both urban and rural communities across different parts of Ukraine, data collection was limited to selected oblasts. These regions also varied considerably in their exposure to the war. Kharkiv and Sumy were among the more heavily affected regions, while Khmelnytskyi and Chernivtsi were less directly exposed. Consequently, the findings should not be read as representing the full diversity of experiences across Ukraine, but rather as reflecting patterns that emerged within the specific regional contexts included in the study. Third, the depth of the interview material was not uniform across the dataset. Interviewers differed in their prior experience with qualitative interviewing, and the challenging fieldwork conditions left little room for ongoing supervision, feedback, or interim methodological reflection. As a result, some interviews produced relatively brief or descriptive accounts, whereas others elicited more detailed and reflective narratives. This variation may have influenced the richness, depth, and nuance of the data collected across participants and sites. Fourth, another limitation concerns the translation and verification process. Because it was not possible to conduct full back-translation or manual checking of all transcripts, the analysis deliberately emphasized recurring themes and convergent patterns across KIIs and FGDs. This approach reduced the likelihood of placing too much weight on potentially imprecise translations or isolated statements. However, it may also have limited the extent to which more subtle linguistic meanings, contextual details, and individual variations could be captured. The findings therefore provide insight into broader patterns across the dataset, rather than a detailed interpretation of every individual narrative or divergent viewpoint.

RECOMMENDATIONS FOR FUTURE RESEARCH AND IMPLICATIONS

Three directions for future research follow from these findings. First, quantitative studies are needed to examine whether self-regulation, perseverance, and hope—the strengths most frequently identified in the present study—are associated with lower psychological distress and better functioning in larger samples of Ukrainian adolescents. Such studies could combine a validated measure of character strengths, such as the VIA-Youth inventory,[59] with established symptom and functioning measures, while also examining whether associations differ according to displacement status, geographical proximity to hostilities, and other forms of war-related exposure. Second, longitudinal research would help clarify the stability and context sensitivity of these strengths. As data collection took place during a single wartime winter, following adolescents over time and into a possible recovery period could provide insight into which strengths operate as relatively stable dispositions and which are more strongly shaped by changing circumstances, including schooling arrangements, family separation, displacement, and exposure to hostilities. Third, intervention studies could assess whether incorporating a brief strengths-based component into an existing school-based or low-intensity MHPSS programme produces additional benefits beyond the standard intervention. Such an approach would allow the contribution of a strengths-focused component to be evaluated without requiring the development of an entirely separate programme.

The findings also suggest several potential implications for practice. Rather than supporting only a broad strengths-based orientation, they point to specific targets for psychoeducation and intervention. Self-regulation was among the strengths most consistently emphasized by adults, while parents often described attempts to support adolescents in regulating

emotions during moments of acute distress. Psychoeducation for parents and teachers could therefore focus on co-regulation strategies that can be applied during emotionally intense situations. Critical judgment was described as insufficiently developed in relation to recognising psychological distress and evaluating mental health information, particularly when adolescents relied on unverified online sources. School-based sessions could consequently address the distinction between ordinary stress and more serious distress, as well as the critical appraisal of online mental health information. Peer-based formats may be particularly relevant, as participants frequently described peers as an important source of recognition, support, and informal help. Training adolescent facilitators within existing programmes may therefore strengthen forms of peer support that are already present. Hope was often expressed through small, achievable, and meaningful plans, suggesting that interventions may benefit from helping adolescents formulate short-term goals that remain feasible under conditions of uncertainty, disrupted schooling, and power outages. Finally, because love, kindness, and teamwork emerged as relational foundations of coping, family- and community-level components should be integrated alongside individual skills training rather than treated as secondary additions.

Conclusion

This study shows that adolescents and the adults around them perceive character strengths as meaningful resources for adapting to the prolonged challenges of war in Ukraine. Self-regulation, perseverance, and hope were particularly prominent, while kindness, love, teamwork, social intelligence, critical judgment, and leadership reflected the importance of relational support, psychological awareness, and participation in collective life. These strengths did not operate solely as individual traits, but were developed, sustained, and expressed within families, peer groups, schools, and communities. Their functions were also context dependent: under wartime conditions, strengths such as humour, hope, and leadership were expressed in ways that extended across the domains of McGrath et al.'s three-factor model. The findings provide a contextually grounded basis for further quantitative, longitudinal, and intervention research and suggest that adolescent MHPSS may benefit from addressing specific personal and relational strengths alongside psychological distress.

Funding

The article reflects evidence and data from the Community Appraisal activity implemented by MDM-Greece within the framework of the project *Beyond Trauma: Scaling Up Community Mental Health Care for Children and Youth at Risk in Ukraine's Conflict Affected Communities* that is funded by the Dutch Ministry of Foreign Affairs, specifically the Netherlands Enterprise Agency (RVO) and the Ukraine Partnership Facility (https://english.rvo.nl/).

Acknowledgments

The authors thank the adolescents, parents, educational and mental healthcare professionals, and institutional stakeholders who took part in the interviews and FGDs under demanding wartime conditions. Special thanks go out to the additional field interviewers: Viktoria Polishchuk, Vitaliy Mudrenko, Anna Kobyletska, and Maxim Yakovenchuk. We would also like to acknowledge Elli Xenou (Senior programs and advocacy officer and head of Mission Ukraine), and Oleksiy Hrushko (MdM-Greece field coordinator) for their support throughout the study. Finally, we acknowledge War Child Alliance (the project's leader) and the other consortium partners, Médecins du Monde Netherlands, AFEW Ukraine, and USSF Ukraine for their continuous support throughout the process.

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Davies S, Pettersson T, Sollenberg M, Öberg M. Organized violence 1989–2024, and the challenges of identifying civilian victims. J Peace Res. 2025;62(4):1223-1240. doi:10.1177/00223433251345636
2. United Nations High Commissioner for Refugees. Ukraine situation overview: Global appeal 2026. 2025. https://www.unhcr.org/sites/default/files/2025-12/Ukraine%20situation%20overview%20-%20Global%20Appeal%202026.pdf
3. United Nations Children's Fund. Humanitarian action for children 2026: Ukraine and refugee response. 2026. https://www.unicef.org/media/177141/file/2026-HAC-Ukraine-and-Refugee-Response.pdf
4. Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis. Lancet. 2019;394(10194):240-248. doi:10.1016/S0140-6736(19)30934-1
5. Lim ICZ, Tam WW, Chudzicka-Czupała A, et al. Prevalence of depression, anxiety and post-traumatic stress in war- and conflict-afflicted areas: A meta-analysis. Front Psychiatry. 2022;13:978703. doi:10.3389/fpsyt.2022.978703
6. Hou WK, Liu H, Liang L, et al. Everyday life experiences and mental health among conflict-affected forced migrants: A meta-analysis. J Affect Disord. 2020;264:50-68. doi:10.1016/j.jad.2019.11.165
7. Kurapov A, Kalaitzaki A, Keller V, Danyliuk I, Kowatsch T. The mental health impact of the ongoing Russian–Ukrainian war 6 months after the Russian invasion of Ukraine. Front Psychiatry. 2023;14:1134780. doi:10.3389/fpsyt.2023.1134780
8. Vovk SO, Bader AV. The multifactorial impact of the war on Ukrainian society and citizens of Ukraine: A systematic analysis of political, social, psychological and economic components. Politicus. 2024;4:30-37. doi:10.24195/2414-9616.2024-4.4
9. Chudzicka-Czupała A, Hapon N, Chiang SK, et al. Depression, anxiety and post-traumatic stress during the 2022 Russo-Ukrainian war, a comparison between populations in Poland, Ukraine, and Taiwan. Sci Rep. 2023;13:3602. doi:10.1038/s41598-023-28729-3
10. Lushchak O, Velykodna M, Deputatov V, Strilbytska O. Mental health help-seeking behavior among Ukrainian adults during the second year of the 2022 Russian invasion: A cross-sectional study. Front Psychol. 2026;17:1793954. doi:10.3389/fpsyg.2026.1793954
11. Panok V, Predko V, Yakymchuk H. Mental state of Ukrainians in the context of war: A comparative analysis of psychological differences between those who left and those who remained. Visnyk Lviv Univ Ser Psychol Sci. 2025;25:152-163. doi:10.30970/PS.2025.25.18
12. Xu W, Pavlova I, Chen X, Petrytsa P, Graf-Vlachy L, Zhang SX. Mental health symptoms and coping strategies among Ukrainians during the Russia–Ukraine war in March 2022. Int J Soc Psychiatry. 2023;69(4):957-966. doi:10.1177/00207640221143919
13. Masten AS. Resilience of children in disasters: A multisystem perspective. Int J Psychol. 2021;56(1):1-11. doi:10.1002/ijop.12737
14. Badanta B, De la Plata-Blasco MM, Lucchetti G, González-Cano-Caballero M. The social and health consequences of the war for Ukrainian children and adolescents: A rapid systematic review. Public Health. 2024;226:74-79. doi:10.1016/j.puhe.2023.10.044
15. Goto R, Pinchuk I, Kolodezhny O, Pimenova N, Kano Y, Skokauskas N. Mental health of adolescents exposed to the war in Ukraine. JAMA Pediatr. 2024;178(5):480-488. doi:10.1001/jamapediatrics.2024.0295

16. Osokina O, Silwal S, Bohdanova T, Hodes M, Sourander A, Skokauskas N. Impact of the Russian invasion on mental health of adolescents in Ukraine. Journal of the American Academy of Child & Adolescent Psychiatry. 2023;62(3):335-343. doi:10.1016/j.jaac.2022.07.845
17. Yatsyna OF. The impact of war on mental health: Signs of traumatization of the psyche of children and adolescents. Sci Perspect. 2022;7(25):554-567. doi:10.52058/2708-7530-2022-7(25)-554-567
18. Gerson R, Rappaport N. Traumatic stress and posttraumatic stress disorder in youth: Recent research findings on clinical impact, assessment, and treatment. J Adolesc Health. 2013;52(2):137-143. doi:10.1016/j.jadohealth.2012.06.018
19. Kulish O, Avramchenko S, Tuz L. The impact of the war in Ukraine on the dependent behavior of the subject. Psychological Journal. 2025;15:78-85. doi:10.31499/2617-2100.15.2025.342124
20. Lukianchuk N. Psychological support of the individual during the war in Ukraine. Scientific Notes of the University "KROK". 2025;1(77):513-520. doi:10.31732/2663-2209-2025-77-513-520
21. Tkachyshyna OR. The problem of mental health in Ukraine: A psychological analysis. Habitus. 2023;53:207-211. doi:10.32782/2663-5208.2023.53.35
22. Predko V, Predko D. Peculiarities of the mental state of Ukrainians in wartime. Scientific Works of Interregional Academy of Personnel Management. Psychology. 2022;3(56):78-84. doi:10.32689/maup.psych.2022.3.11
23. Frankova I, Bahmad M, Goloktionova G, Suvalo O, Khyzhniak K, Power T. Mental health and psychosocial support in Ukraine: Coping, help-seeking and health systems strengthening in times of war. ARQ National Psychotrauma Centre & Vrije Universiteit Amsterdam. 2024. doi:10.59350/z4p74-7m417
24. Jordans MJD, Tol WA, Komproe IH, de Jong JTVM. Systematic review of evidence and treatment approaches: Psychosocial and mental health care for children in war. Child Adolesc Ment Health. 2009;14(1):2-14. doi:10.1111/j.1475-3588.2008.00515.x
25. World Health Organization. Health needs assessment of the adult population in Ukraine. 2025. https://iris.who.int/server/api/core/bitstreams/db496ed9-2745-4720-890d-ff24c34c07fb/content
26. Keynejad R, Spagnolo J, Thornicroft G. WHO mental health gap action programme (mhGAP) intervention guide: Updated systematic review on evidence and impact. Evid Based Ment Health. 2021;24(3):124-130. doi:10.1136/ebmental-2021-300254
27. Dawson KS, Bryant RA, Harper M, et al. Problem Management Plus (PM+): A WHO transdiagnostic psychological intervention for common mental health problems. World Psychiatry. 2015;14(3):354-357. doi:10.1002/wps.20255
28. Seligman MEP, Csikszentmihalyi M. Positive psychology: An introduction. Am Psychol. 2000;55(1):5-14. doi:10.1037/0003-066X.55.1.5
29. Masten AS. Ordinary magic: Resilience processes in development. Am Psychol. 2001;56(3):227-238. doi:10.1037/0003-066X.56.3.227
30. Betancourt TS, Khan KT. The mental health of children affected by armed conflict: Protective processes and pathways to resilience. Int Rev Psychiatry. 2008;20(3):317-328. doi:10.1080/09540260802090363
31. Ungar M, Ghazinour M, Richter J. Annual research review: What is resilience within the social ecology of human development? Journal of Child Psychology and Psychiatry, 54(4), 348–366. 2013. doi:10.1111/jcpp.12025
32. Yates TM, Tyrell FA, Masten AS. Resilience theory and the practice of positive psychology from individuals to societies. In S. Joseph (Ed.), Positive psychology in practice: Promoting human flourishing in work, health, education, and everyday life (2nd ed., pp. 773–788). Wiley. 2015. doi:10.1002/9781118996874.ch44

33. Palko T, Travina K. The impact of war on the psycho-emotional state of adolescents. Prospects and Innovations of Science. 2024;8(42):832-844. doi:10.52058/2786-4952-2024-8(42)-832-844
34. Yule K, Houston J, Grych J. Resilience in children exposed to violence: A meta-analysis of protective factors across ecological contexts. Clinical Child and Family Psychology Review. 2019;22(3):406-431. doi:10.1007/s10567-019-00275-1
35. Lindert J, Samkange-Zeeb F, Jakubauskiene M, Bain PA, Mollica R. Factors contributing to resilience among first-generation migrants, refugees and asylum seekers: A systematic review. International Journal of Public Health. 2023;68:1606406. doi:10.3389/ijph.2023.1606406
36. Purgato M, Gross AL, Betancourt T, et al. Focused psychosocial interventions for children in low-resource humanitarian settings: A systematic review and individual participant data meta-analysis. The Lancet Global Health. 2018;6(4):e390-e400. doi:10.1016/S2214-109X(18)30046-9
37. Betancourt TS, Frounfelker R, Mishra T, Hussein A, Falzarano R. Addressing health disparities in the mental health of refugee children and adolescents through community-based participatory research: A study in 2 communities. Am J Public Health. 2015;105(S3):S475-S482. doi:10.2105/AJPH.2014.302504
38. Gable SL, Haidt J. What (and why) is positive psychology? Review of General Psychology, 9(2), 103–110. 2005. doi:10.1037/1089-2680.9.2.103
39. Niemiec RM. VIA character strengths: Research and practice (the first 10 years). In H. H. Knoop & A. Delle Fave (Eds.), Well-being and cultures: Perspectives on positive psychology (pp. 11–29). Springer. 2012. doi:10.1007/978-94-007-4611-4_2
40. Peterson C, Seligman MEP. Character strengths and virtues: A handbook and classification. Oxford University Press. 2004.
41. McGrath RE. Integrating psychological and cultural perspectives on virtue: The hierarchical structure of character strengths. J Posit Psychol. 2015;10(5):407-424. doi:10.1080/17439760.2014.994222
42. McGrath RE, Greenberg MJ, Hall-Simmonds A. Scarecrow, Tin Woodsman, and Cowardly Lion: The three-factor model of virtue. J Posit Psychol. 2018;13(4):373-392. doi:10.1080/17439760.2017.1326518
43. Fadhlia TN, Sauter DA, Doosje B. Adversity, emotion, and resilience among Syrian refugees in the Netherlands. BMC Psychol. 2022;10:257. doi:10.1186/s40359-022-00963-w
44. Hendriks T, van Treeck J, Chaya R, de Jong JTVM, van Woerkom M. Character strengths as coping strategies for daily challenges: A qualitative study among adult refugees. Int J Appl Posit Psychol. 2025;10:24. doi:10.1007/s41042-024-00211-z
45. Giordano F, Lipscomb S, Jefferies P, Kwon KA, Giammarchi M. Resilience processes among Ukrainian youth preparing to build resilience with peers during the Ukraine–Russia war. Front Psychol. 2024;15:1331886. doi:10.3389/fpsyg.2024.1331886
46. Klumbytė N, Yeremieieva K. Ukrainian war humor and civic activism in 2022. Natl Pap. 2024;1-38. doi:10.1017/nps.2024.90
47. Yeremieieva K. "Say 'Palianytsia'": Language and war in Ukrainian humor in 2022. Sociolinguistic Studies. 2025;19(3–4):350-375. doi:10.3138/SS-19-3-4-0006
48. Arega NT. Mental health and psychosocial support interventions for children affected by armed conflict in low- and middle-income countries: A systematic review. Child Youth Care Forum. 2023;52(6):1431-1456. doi:10.1007/s10566-023-09741-0

49. Pop V, Williamson C, Khan R, Leightley D, Fear NT, Dyball D. Post-traumatic growth in refugees and internally displaced persons worldwide: Systematic review and meta-analysis. Eur J Psychotraumatol. 2025;16(1):2500885. doi:10.1080/20008066.2025.2500885
50. Kimhi S, Eshel Y, Marciano H, Adini B. Impact of the war in Ukraine on resilience, protective, and vulnerability factors. Frontiers in Public Health. 2023;11:1053940. doi:10.3389/fpubh.2023.1053940
51. Pavlova I, Krauss S, McGrath B, et al. Individual and contextual predictors of young Ukrainian adults' subjective well-being during the Russian–Ukrainian war. Applied Psychology: Health and Well-Being. 2024;16(3):886-905. doi:10.1111/aphw.12484
52. Lopatovska I, Arora K, Fernandes FV, Rao A, Sivkoff-Livneh S, Stamm B. Experiences of Ukrainian adolescents during the Russia–Ukraine 2022 war. Information and Learning Sciences. 2022;123(11/12):666-704. doi:10.1108/ILS-07-2022-0093
53. Silwal S, Westerlund M, Osokina O, et al. Mental health of Ukrainian children and youth during the Russian–Ukrainian war: A scoping review. BMJ Global Health. 2026;11(3):e020506. doi:10.1136/bmjgh-2025-020506
54. Norwegian Refugee Council. Youth needs assessment: Chernihivska, Sumska, Dnipropetrovska, Zaporizka, Kharkivska, Donetska, Mykolaivska, Odeska, and Khersonska oblasts in Ukraine. 2025. https://www.nrc.no/globalassets/pdf/reports/youth-needs-assessment-in-ukraine/a-nrc---youth-needs-assessment.pdf
55. International Organization for Migration. Strategic response plan: Ukraine and neighbouring countries 2024–2026. 2024. https://www.iom.int/sites/g/files/tmzbdl486/files/documents/2024-03/iom-strategic-response-plan-ukraine-neighbouring-countries-2024-2026-endorsed.pdf
56. Park J. Towards a transparent and reproducible AI-assisted research paper writing. Genomics & Informatics. 2025;23(1):26. doi:10.1186/s44342-025-00057-0
57. Paulus TM, Marone V. "In minutes instead of weeks": Discursive constructions of generative AI and qualitative data analysis. Qualitative Inquiry. 2025;31(5):395-402. doi:10.1177/10778004241250065
58. Zhang H, Wu C, Xie J, Lyu Y, Cai J, Carroll JM. Harnessing the power of AI in qualitative research: Exploring, using and redesigning ChatGPT. Computers in Human Behavior: Artificial Humans. 2025;4:100144. doi:10.1016/j.chbah.2024.100144
59. Park N, Peterson C. Moral competence and character strengths among adolescents: The development and validation of the Values in Action Inventory of Strengths for Youth. Journal of Adolescence. 2006;29(6):891-909. doi:10.1016/j.adolescence.2006.04.011