



Research Article

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FEATURES OF COPING STRATEGIES IN CONDITIONS OF UNCERTAINTY OF WARTIME

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Abstract

Relevance. The purpose of this article is to empirically investigate the discrepancies in the selection of coping strategies among groups of people during war under various conditions of uncertainty.

Methodology. The sample consists of 186 residents of Ukrainian cities who live under various conditions of uncertainty.

Methods: author's questionnaire, methods: «Test for psychological diagnostics of coping mechanisms (E. Heim)», «The Intolerance of Uncertainty Scale (IUS-12) (N. Carleton, adaptation by H. Gromova)»; mathematical methods for processing empirical data using the IBM SPSS Statistics 26 package.

Results. Respondent groups, based on their location relative to the front line, show statistically significant discrepancies in cognitive and behavioral coping strategies. The empirical study's analysis showed that individuals living in the front and near-front zones often compare their problems with others and downplay their difficulties more frequently (41,94%) than those living further from the front line (21.94%). Furthermore, individuals closer to the front line show a higher tendency to employ the adaptive coping strategy «altruism» (19.35%), that is, they offer help to others in overcoming difficulties more often than those living further from the front line (6.45%). Both groups predominantly employ relatively adaptive coping strategies. However, a divergence in problem-solving approaches exists: individuals in the front and near-front zones typically avoid problem-solving by engaging in a favorite activity, whereas the other group tends to evade problem-solving by resorting to alcohol, medicines, sedatives, or indulging in tasty food. The study did not identify statistically significant differences between groups regarding intolerance to uncertainty.

Keywords: *coping strategies, civilians, volunteering, (in)tolerance of uncertainty, wartime, displaced persons.*

Relevance



Various factors perpetually influence human beings, necessitating adaptation to evolving conditions of existence. This adaptation process becomes complex in today's world as global challenges and threats confront human civilization. The most painful for our country is the war, which generates a lot of negative consequences for the life and well-being of the population. Terrorism, aggressive activities of occupying forces, physical and psychological violence, infrastructure destruction, human losses, forced displacement and integration into new environments, socio-economic instability, and crises represent some of the adversities individuals encounter in war conditions. The unpredictability of the future exacerbates the situation and heightens stress, potentially leading to problems in psychological, mental, and physical health.

Consequently, developing effective behavioral strategies to cope with stressful situations becomes a crucial task for modern individuals constantly facing challenges and changes. The study of coping behavior in Ukraine acquires special significance and relevance in connection with the acute political and economic situation in the country.

The theoretical basis of the research consists of: the works of many domestic scientists (Abramov V., Rodina N., Titarenko T., Shtryhol D., Tkachuk T, Korniienko I., et al.) and many foreign scientists (Lazarus R., Folkman S., Murphy L., Moos R. et al.).

The analysis of the theoretical basis of the problem of coping gave the opportunity to distinguish approaches to understanding the essence and content of the concept of coping strategies. Thus, the intraindividual approach, which understands coping strategies as behavior determined by internal factors (dispositionism: Bazeley P., Viney L., Dimsdale J., Henderson A., Bostock F., Clarke A. et al.); the interindividual approach, which emphasizes situational factors (situationism: Pearlin L., Schooler C., Lazarus R., Folkman S., Billings A., Moos R., Kobasa S. et al.); and interactionism (Endler N., Magnusson D., Parker J. et al.) — a model that emphasizes that internal and external factors interact with each other. Research theories suggest that coping strategies in psychology involve diverse perspectives on its role within the personality structure.

The scientific studies also identified personal and sociodemographic characteristics that may influence the choice of coping strategy. These include gender, age groups, education level, volunteer activity, and characteristics such as tolerance and intolerance to uncertainty (Rettie H., Daniels J., Wang, T., Jiang, L., Lazarus R., Folkman S., Tamres L.K., Janicki D., Whitty M.T. McCrae R.R., Burker, E. J., Madan, A., Evon, D., Hromova H.M. and others).

Methodology

Methods. A questionnaire was presented to the respondents to investigate demographic data and personal characteristics. Participants were required to provide information about their age, gender, education, location relative to the front line, and volunteering activities. Two techniques were presented to the respondents for the investigation of coping strategies and intolerance of uncertainty: «Test for psychological diagnostics of coping mechanisms (E. Heim, interpretation of Zlyvkov V., Lukomska S., Fedan O.)» and «The Intolerance of Uncertainty Scale (IUS-12) (Carleton N., adaptation by

Gromova H.)». The results were processed using methods of mathematical statistics with the SPSS program (version 26).

Sample. The empirical study unfolded in July 2023. An online survey reached respondents via social networks using a Google form. Respondents currently residing in Ukraine provided a total of 188 responses. The application of filter questions helped to remove from the general sample those respondents who are abroad. After checking for errors and omissions, 186 complete questionnaires remained. The socio-demographic characteristics of the respondents appeared as follows. The gender distribution among the respondents was: women – 58,06%, men – 41,94%. Based on the age periodization model proposed by Vololdyvyr Morgun (1985), three age groups were preliminarily identified: 65,05% – up to 30 years (early adulthood); 32,26% – from 31 to 60 years (middle adulthood), 2,69% – over 60 years (late adulthood). Regarding the level of education, 88,17% of the respondents had higher education, while 11,83% had secondary specialized education. 38,17% of respondents engaged in any form of volunteer activity (fundraising, medical or psychological assistance, supply, etc.), while 61,83% of individuals did not. Relative to the front line, 16,67% (31 individuals) occupied the front or near-front zone, while the rear, distant from the front line, housed 83,33% (155 individuals).

Results

In accordance with the aim of our study and for the sake of accurate comparison, we randomly selected a control group consisting of $n = 31$ individuals. The experimental group comprised individuals residing in the front and near-front zones, while the control group consisted of individuals living farther from the front line and combat actions ($n = 31$).

In the preliminary data analysis, we verified all data for conformity to the law of normal distribution using Kolmogorov-Smirnov and Shapiro-Wilk coefficients. The analysis using the Shapiro-Wilk coefficient revealed that only 2 out of 9 indicators conform to normal distribution. Given the non-normal distribution of the data, we performed further analysis using nonparametric statistics. To identify significant differences between the two groups under study, we applied the nonparametric Mann-Whitney U-test at a significance level of $p \leq 0,05$.

A comparison of the groups under study using E. Heim's method revealed differences in their cognitive ($p = 0,33$) and behavioral coping strategies ($p = 0,007$). The analysis did not detect any statistically significant differences for the other indicators.

Fisher's angular transformation method clarified which specific coping strategies exhibited notable differences. To obtain more accurate and reliable results, we included the total number of people living at a certain distance from the front line who participated in our study (table 1).



Table 1. Significant differences (Fisher's Statistical Method) in cognition and action related coping strategies using E. Heim's test in individuals from frontline and rear groups (n = 186)

COPING STRATEGIES	Group 1 % (n)	Group 2 % (n)	Fisher's Statistical Method	The level of significance
	Cognition related			
Self validation	6,45% (2)	13,55% (21)	1,22	p = 0,111
Problem analysis	6,45% (2)	14,19% (22)	1,32	p = 0,094
Preserving composure	16,13% (5)	17,42% (27)	0,18	p = 0,430
ADAPTIVE	29,03% (9)	45,16% (70)	1,7	p = 0,044
Resignation	3,23% (1)	2,58% (4)	0,20	p = 0,423
Dissimulation	6,45% (2)	8,39% (13)	0,38	p = 0,353
Disregard	9,68% (3)	2,58% (4)	1,58	p = 0,058
Perplexity	6,45% (2)	10,97% (17)	0,82	p = 0,821
NON-ADAPTIVE	25,81% (8)	24,52% (38)	0,15	p = 0,440
Relativizing	41,94% (13)	21,94% (34)	2,21	p = 0,014
Religiousness	–	1,29% (2)	–	–
Giving meaning	3,23% (1)	7,10% (11)	0,91	p = 0,183
RELATIVELY ADAPTIVE	45,16% (14)	30,32% (47)	1,56	p = 0,059
	100% (31)	100% (155)		
	Action related			
Altruism	19,35% (6)	6,45% (10)	2,02	p = 0,022
Co-operation	3,23% (1)	7,74% (12)	1,03	p = 0,151
Resorting	9,68% (3)	7,10% (11)	0,48	p = 0,318
ADAPTIVE	32,26% (10)	21,29% (33)	1,27	p = 0,103

Active avoidance	9,68% (3)	9,03% (14)	0,11	p = 0,455
Withdrawal (social)	12,90% (4)	16,77% (26)	0,56	p = 0,290
NON-ADAPTIVE	22,58% (7)	25,81% (40)	0,38	p = 0,351
Diversion	35,48% (11)	18,71% (29)	1,94	p = 0,026
Compensation	9,68% (3)	26,45% (41)	2,28	p = 0,011
Constructive activity	–	7,74% (12)	–	–
RELATIVELY ADAPTIVE	45,16% (14)	52,90% (82)	0,79	p = 0,215
	100% (31)	100%(155)		

Note: Group 1 - those living in the front and near-front zones, Group 2 - those living in the rear; light gray color indicates the limitations of applying Fisher's ϕ -criterion ($n_1=2 \rightarrow n_2 \geq 30$; $n_1=3 \rightarrow n_2 \geq 7$; $n_1=4 \rightarrow n_2 \geq 5$; with $n_1, n_2 \geq 5$ any comparisons are possible).

Table 1 shows that the coping strategies of the respondents in the cognitive and behavioral spheres differ depending on how close they live to the front line. Applying Fisher's angular transformation method to compare the two groups revealed significant differences: the coping strategy «relativizing» showed a notable difference in the cognitive domain ($p = 0,014$). In the behavioral domain, «diversion» ($p = 0,026$), «altruism» ($p = 0,022$), and «compensation» ($p = 0,011$) exhibited differences as coping strategies.

The group of people residing near the front line significantly utilize the relatively adaptive coping strategy «relativizing» in the cognitive domain more (41,94%) compared to those living in the rear (21,94%). It means that those closer to the front line tend to be more involved in comparing their problems with those of others and downplaying their own difficulties than those further away.

The same group showed a higher tendency to use the «diversion» coping strategy in the behavioral domain (35,48%), characterized by a desire for temporary problem-solving retreat through immersion in a favorite activity.

An interesting finding was that in the other group (those residing farther from the front line), the highest indicator was recorded for the coping strategy «compensation» in the behavioral domain (26,45%). That is, both groups exhibit high indicators for relatively adaptive coping strategies. However, those residing in the front and near-front zones most often avoid problem-solving by immersing themselves in a favorite activity, while the other group retreats from problem-solving through alcohol, medication, sedatives, or tasty food.



Significant discrepancies also emerged in «altruism» coping strategy, which appeared to be more prevalent among people living close to the front line and combat actions (19,35%). It indicates that individuals in the front or near-front zones are more inclined to offer aid to others in overcoming difficulties than those residing farther from the front line. The preliminary analysis did not reveal significant differences in the use of adaptive, non-adaptive and relatively adaptive coping modes between groups depending on their residence relative to the front line. The groups showed no significant differences in intolerance to uncertainty..

Additionally, each group underwent an analysis based on parameters such as uncertainty intolerance, gender, age, education level, and volunteer activity. The comparison within the experimental group was complicated by the uneven number of participants across different parameters, as the total number of people in the group was insufficient for accurate comparison. Significant differences in the use of adaptive and non-adaptive coping strategies were identified among people living at a certain distance from the front line based on their level of intolerance to uncertainty (table 2).

In the cognitive sphere, individuals with a low level of intolerance to uncertainty used adaptive coping strategies the most (48,00%), while the use of non-adaptive strategies was significantly less (22,00%). The second group, characterized by high intolerance to uncertainty, used non-adaptive coping strategies 52,17% of the time. In contrast, they applied adaptive strategies significantly less, only 26,09% of the time.

Table 2. Significant differences (Fisher's Statistical Method) in coping strategies using E. Heim's test according to the level of intolerance to uncertainty (n = 73)

COPING STRATEGIES	Low level of intolerance % (n)	High level of intolerance % (n)	Fisher's Statistical Method	The level of significance
Cognition related				
Adaptive	48,00% (24)	26,09% (6)	1,82	p = 0,034
Non-adaptive	22,00% (11)	52,17% (12)	2,53	p = 0,006
Relatively adaptive	30,00% (15)	21,74% (5)	0,75	p = 0,226
	100% (50)	100% (23)		

Emotion related				
Adaptive	68,00% (34)	21,74% (5)	3,85	p = 0,000
Non-adaptive	22,00% (11)	65,22% (15)	3,59	p = 0,000
Relatively adaptive	10,00% (5)	13,04% (3)	0,38	p = 0,352
	100% (50)	100% (23)		
Action related				
Adaptive	20,00% (10)	21,74% (5)	0,17	p = 0,433
Non-adaptive	20,00% (10)	30,43% (7)	0,96	p = 0,169
Relatively adaptive	60,00% (30)	47,83% (11)	0,97	p = 0,165
	100% (50)	100% (23)		

In the emotional sphere, the situation mirrored the cognitive. Those individuals who demonstrated a low intolerance to uncertainty, or in other words, a high tolerance to uncertainty, used adaptive coping strategies most of the time (68%). However, they used non-adaptive strategies significantly less often, only 22% of the time. Non-adaptive coping strategies appeared more frequently among those with high intolerance to uncertainty, making up 65.22% of the strategies. Conversely, they applied adaptive strategies less often, only 21.74% of the time.

Given that the control group had few participants over 60 years old, we conducted an analysis in two age categories: early adulthood (19-30 years) and middle adulthood (31-60 years). To ensure the reliability of data comparison, we randomly selected a subgroup of individuals aged 19-30 years, consisting of 47 people. The comparison of age categories revealed a statistically significant difference in cognitive coping strategies ($p = 0,010$). To identify specific coping strategies that showed significant differences between groups, we applied the Fisher's statistical method (table 3).



Table 3. Significant differences (Fisher's Statistical Method) in cognition related coping strategies according to the E. Heim's test between age brackets in the rear group (n = 152)

COPING STRATEGIES	(19-30) % (n)	(31-60) % (n)	Fisher's statistical method	The level of significance
Adaptive				
Self validation	17,14% (18)	6,38% (3)	1,95	p = 0,025
Problem analysis	11,43% (12)	21,28% (10)	1,53	p = 0,063
Preserving composure	15,24% (16)	21,28% (10)	0,89	p = 0,186
Non-adaptive				
Resignation	2,86% (3)	2,13% (1)	0,27	p = 0,395
Dissimulation	7,62% (8)	10,64% (5)	0,6	p = 0,275
Disregard	3,81% (4)	–	–	–
Perplexity	14,29% (15)	4,26% (2)	2,05	p = 0,020
Relatively adaptive				
Relativizing	20,00% (21)	23,40% (11)	0,47	p = 0,319
Religiousness	1,90% (2)	–	–	–
Giving meaning	5,71% (6)	10,64% (5)	1,04	p = 0,150
	100% (105)	100% (47)		

Note: gray color indicates the limitations of applying Fisher's φ -criterion ($n_1=2 \rightarrow n_2 \geq 30$; $n_1=3 \rightarrow n_2 \geq 7$; $n_1=4 \rightarrow n_2 \geq 5$; with $n_1, n_2 \geq 5$ any comparisons are possible)

Applying Fisher's angular transformation method revealed that different age groups significantly differed in their application of the adaptive coping strategy «self validation» ($p = 0,025$). It indicates that in the younger age group (19-30 years), unlike the older age group (31-60 years), the adaptive coping strategy «self validation» dominates. This strategy involves an understanding of own value as an individual, adequate self-esteem, and self-respect in stressful situations.

Additionally, different age groups showed statistically significant differences in applying the non-adaptive coping strategy «perplexity» ($p = 0,020$). This strategy, more common in the younger group, signifies passive behavior. It's a refusal to tackle problems due to disbelief in personal abilities and intellectual resources. However, it's important to note that in analyzing this coping strategy, we encountered limitations in applying Fisher's statistical method. The number of observations was insufficient to confirm the significance of the differences. Other coping strategies showed no significant differences.

The study also identified statistically significant differences in Group 2 related to volunteer activity and emotional sphere coping strategies ($p = 0,011$). To ensure the reliability of data comparison, we randomly selected a subgroup of individuals who did not indicate the presence of internally displaced person status, totaling 59 individuals.

To identify specific coping strategies that showed significant differences between groups, we applied the Fisher's statistical method (table 4). Table 4 presents significant differences in coping strategies between volunteers and non-volunteers according to Fisher's Statistical Method.

Therefore, using Fisher's angular transformation method, we identified a significant difference for the adaptive coping strategy «optimism» between groups. This difference hinges on whether a person engages in volunteer activities such as fundraising, medical or psychological assistance, supply, etc. It implies that volunteers find a way out of any complex situations with more confidence than non-volunteers.

The analysis also revealed statistically significant differences in the use of the adaptive coping strategy «rebellion» ($p = 0,026$) and the relatively adaptive coping strategy «emotional release» ($p = 0,041$) across different age groups. «Rebellion» typically appears as an emotional state with active outrage and resistance towards difficulties. While «emotional release» encompasses behaviors for easing emotional tension linked to the expression of feelings: affliction, fear, anger, despair, love, hope. Such behaviors were more typical for non-volunteers. However, it's important to note that in analyzing those coping modes, we encountered limitations in applying Fisher's statistical method. The number of observations was insufficient to confirm the significance of the differences. Other coping strategies showed no significant differences. The control group displayed no statistically significant differences for other characteristics such as gender and education level.



Table 4. Significant differences (Fisher's Statistical Method) in emotion related coping strategies using the E. Heim's test of respondents who do or do not engage in volunteer activities in the rear group, n = 118

COPING STRATEGIES	Volunteer % (n)	Non-volunteer % (n)	Fisher's Statistical Method	The level of significance
Adaptive				
Rebelling	3,39% (2)	11,46% (11)	1,94	p = 0,026
Optimism	55,93% (33)	33,38% (33)	2,64	p = 0,004
Non-adaptive				
Suppression	22,03% (13)	22,92% (22)	0,13	p = 0,449
Resignation-fatalism	8,47% (5)	10,42% (10)	0,40	p = 0,344
Self-accusation	6,78% (4)	4,17% (4)	0,70	p = 0,242
Release of anger	–	3,13% (3)	–	–
Relatively adaptive				
Emotional release	3,39% (2)	10,42% (10)	1,73	p = 0,041
Passive co-operation	–	3,13% (3)	–	–
	100% (59)	100% (96)		

Note: gray color indicates the limitations of applying Fisher's ϕ -criterion (n1=2→n2≥30; n1=3→n2≥7; n1=4→n2≥5; with n1, n2≥5 any comparisons are possible)

Discussion

It is worth noting that comparing the results with other studies is complicated by differences in the samples and measurement tools used by various researchers. However, one can say that the obtained results partially coincide with the study asserting that suffering can actually enhance the motivation to help other disadvantaged members of society (Vollhardt, Johanna Ray, 2009). Therefore, a possible reason that people in the frontline and near-frontline zone use the coping strategy «altruism» more could be that they have a higher level of stress factors impact, such as threats to life, losses, witnessing violence, and death. Such conditions may necessitate more adaptive coping strategies to maintain mental equilibrium. In particular, the study of military personnel, who predominantly use adaptive coping strategies that ensure productive functioning overall, supports this (Yarmolchuk, M, 2021). It could also relate to the fact that people living in the frontline and near-frontline zone generally have more contact with others who need help and support, and they also experience a greater sense of solidarity and empathy towards them.

The fact that people closer to the frontline tend to compare their own problems with the problems of others and diminish the significance of their own difficulties, compared to people who are at a certain distance from the frontline, can be explained by Leon Festinger's concepts of social comparison and cognitive dissonance. Comparing one's problems with the other's problems, which seem more serious and tragic, allows for maintaining a positive self-perception. However, on the other hand, it can justify one's own inaction and passivity in problem-solving. Also, in this case, positive illusions may occur, through which a person tries to protect themselves from stressful events with an overly optimistic attitude towards their problems. It can help adapt to circumstances and reduce tension. In some situations, such cognitive distortions can lead to unrealistic assessments and ineffective decision-making.

Both groups show the highest indicators in applying relatively adaptive coping strategies. However, those residing in the frontline and near-frontline zone often sidestep problem-solving by engaging in a preferred activity. In contrast, the other group tends to evade problem-solving through means such as alcohol, medication, sedatives, or indulging in food. A possible explanation for this could be that people living further from the combat actions may experience more psychological stress, guilt, and helplessness. In contrast, those residing in the frontline and near-frontline zone face a more tangible, real and physical impact from stress factors.

Both forms are relatively adaptive and predict adaptive stress coping only in certain situations, such as those of minor significance of stress. The avoidance form of problem-solving, typical for people in the frontline and near-frontline zone, may be seen as less detrimental than resorting to alcohol, medication, sedatives, and indulgent food. After all, engaging in a favorite activity can positively impact mental health. It can enhance mood, boost self-confidence, foster creativity and skills, create a sense of purpose and meaningfulness, and provide a resource for finding a way out of the situation. Of course, this does not necessarily mean that such behavior actually helps to solve the problem.



Conclusion

1. The empirical study showed that during wartime, regardless of location, Ukrainians prefer to use relatively adaptive coping strategies. Those living in the front and near-front zones most often avoid solving problems by immersing themselves in their favorite activities, while another group reduces the existential pressure of today's problems with the help of alcohol, medication, sedatives, or delicious food.

2. The application of the Fisher angular transformation method in the study allows us to assert that Ukrainians living in the frontline and near-frontline zones, compared to residents of the rear, almost twice as often use the adaptive strategy of «altruism» in the behavioral sphere and significantly more relative adaptive copings «diversion» and «compensation», and in the cognitive sphere a relatively adaptive strategy «relativizing».

3. According to the criterion of tolerance to uncertainty, people living a certain distance from the frontline exhibit significant differences in how they employ adaptive and non-adaptive coping strategies.

4. For the age characteristic among the residents of the rear, in the subgroups of 19-30 and 31-60 years, the younger subgroup shows differences in the use of the adaptive strategy of «self validation», which involves a person's realization of self-worth, their adequate self-esteem, and self-respect in stressful situations. On the other hand, they also use the non-adaptive strategy of «perplexity», associated with refusing to solve the problem due to disbelief in their own strength and intellectual resources (recorded trend).

5. The study found significant differences in the use of coping strategies by residents of the rear, based on their involvement in volunteer activities: volunteers prefer the adaptive strategy of «optimism», while other representatives of the rear more often use the adaptive coping «rebellious» and the relatively adaptive coping «emotional release».

6. For characteristics such as gender and level of education, there are no statistically significant discrepancies in the group of respondents distant from the front. The rear group and the near-frontline group show no significant discrepancies when evaluated according to the level of (in)tolerance to uncertainty.

7. The prospects for further research involve increasing the number of participants from the frontline and near-frontline zones to ensure data representativeness and their even distribution across various parameters. It is also promising to consider other factors that may influence the use of coping strategies during wartime, such as personal traits like psychological flexibility, openness to new experiences, emotional stability, as well as features of the social environment, type and duration of the stressful situation, and so on.

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