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ANALYTICAL REPORT

Effectiveness of the Group Psychological Support Program for Women Affected by the War

findings from the project

regeneration
Фонд Олени Пінчук

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Authors:

Iryna Hubeladze - Institute for Social and Political Psychology of the NAES of Ukraine

Yaroslava Kot-Mironova - Process Work Institute in Ukraine named after Gregory Skovoroda

Valeriia Dibrova - Institute for Social and Political Psychology of the NAES of Ukraine

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SUMMARY

This analytical report delineates the findings of an assessment concerning the effectiveness of a group psychological support program for women, implemented as an integral component of the Regeneration project. The program was specifically designed to assist women impacted by the repercussions of the full-scale war, combining group psychological interventions with efforts to strengthen mutual support, social cohesion, and collective resilience.

The study employs a combination of quantitative and qualitative methodologies. Throughout the monitoring process, a series of assessments of participants' psycho-emotional states were conducted prior to, during, and following the completion of the program. Additionally, in-depth interviews were carried out to examine participants' experiences of engagement. A total of 469 women from various regions of Ukraine, including those temporarily residing abroad, participated in the study.

The findings of the study demonstrated a positive effect of the program on the psychological and emotional states of participants. Subsequent to the program's completion, improvements were noted in indicators of psychological well-being and psychosocial functioning, along with reductions in anxiety, depressive symptoms, and post-traumatic stress symptoms. The most notable improvements occurred during the first half of the program and were sustained until its conclusion.

An important outcome of the program was not only improvement in individual psychological states, but also strengthening of participants' social and psychological resources. The group format facilitated participants in surmounting feelings of loneliness and isolation, cultivated an atmosphere of trust and mutual support, restored a sense of belonging to a community, and enhanced their willingness to seek help. For numerous participants, the experience of engaging with others confronting similar challenges emerged as a crucial element in fostering positive change.

Simultaneously, the findings indicated that certain repercussions of extended stress and traumatic exposure, such as symptoms of post-traumatic stress disorder, challenges in emotional regulation, and sleep disturbances, persist for some participants even after the conclusion of the program. This underscores the necessity to establish long-term and accessible psychosocial support formats for individuals affected by the consequences of the war.

The obtained findings corroborate the significant practical value of group psychological support programs as a means not only for individual psychological recovery but also for enhancing the social resilience of communities. The Regeneration project's experience exemplifies the potential for integrating such programs into local and national mental health support systems for the population, particularly in the context of war and post-war recovery.

INTRODUCTION

The full-scale war in Ukraine has profoundly affected the psychological well-being of the population and has introduced additional challenges to preserving mental health and social welfare of the communities. Extended exposure to hazardous environments, involuntary changes in life circumstances, experiences of loss, separation from loved ones, forced displacement, and persistent uncertainty lead to the accumulation of psychological stress and the depletion of individuals' internal resilience. The civilian population remains especially vulnerable to the consequences of the war, particularly women, who often balance concerns for their well-being with their responsibilities towards children, families, and their immediate surroundings.

Under these circumstances, accessible psychosocial support formats become particularly crucial: they are not only capable of improving individuals' emotional state but also of maintaining the processes of restoring social bonds, mutual trust, and cohesion. One approach involves group psychological support, which establishes a secure environment for individuals to process challenging experiences, obtain emotional support, and foster a sense of community with others facing similar life challenges.

Within the Regeneration project, a group psychological support program for women was implemented with the aim of enhancing psychological resilience, fostering emotional well-being, and aiding adaptation to the prolonged war circumstances. The program integrated psychological interventions with opportunities for group interaction and mutual support, thereby creating conditions for the restoration of participants' personal and social resources.

The objective of this study was to assess the effectiveness of the group psychological support program and to analyze its effects on participants' psycho-emotional well-being, psychological health, and psychosocial functioning. Special emphasis was placed on investigating the dynamics of indicators of anxiety, depressive symptoms, post-traumatic stress symptoms, challenges in emotional regulation, sleep disturbances, and other aspects of psychological state throughout engagement in the program.

The report is based on the outcomes of both quantitative and qualitative research carried out among program participants. The integration of these methodologies enabled not only the evaluation of changes through standardized psychological metrics but also facilitated a more profound comprehension of women's personal experiences, their perceptions of the support provided, and the importance of group interaction in the recovery process.

The findings outlined in the report facilitate the evaluation of group psychological support formats as a means of aiding the civilian population during wartime conditions, and also enable the formulation of recommendations for the further development of psychosocial programs aimed at enhancing mental health and strengthening community resilience in Ukraine.

Impact of the War on the Psycho-Emotional State of Ukrainian Women

The full-scale invasion of Ukrainian territory by the russian federation in 2022 resulted in a significant deterioration of mental health among the Ukrainian population. According to data from the World Health Organization (WHO), as of 2024, approximately 9.6 million individuals in Ukraine are at risk of developing a mental disorder or are currently living with one, of whom 3.9 million exhibit moderate to severe symptoms (WHO, 2024). According to expert estimates, the number of individuals requiring support during the first year of the full-scale war surpassed 10 million and continues to demonstrate an increasing trend (450 Recovery Center, 2024).

Women are a particularly vulnerable group in the mental health context Women constitute a particularly vulnerable demographic within the context of mental health. A large-scale study on the mental health of adult Ukrainians (n = 2,050) revealed that symptoms of depression, generalized anxiety disorder (GAD), and post-traumatic stress disorder (PTSD) are observed at significantly higher rates among women compared to men: 39.0% versus 33.8%. (Martsenkovskyi et al., 2024). Among women aged 18 to 24, symptoms of depression are observed nearly twice as frequently as among men of the same age group (UNOCHA, 2024, cited in Reznik et al., 2025).

A study examining the psychological condition of Ukrainian women, involving 3,467 female respondents from 2022 to 2024, documents contradictory dynamics: following a temporary alleviation in 2023, measures of fear, depression, and burnout significantly increased once more in 2024, suggesting the chronicisation of psychological distress rather than adaptation to the circumstances (Reznik et al., 2025). A study conducted by the Pleso platform (2025, with a sample size exceeding 2,000 respondents) confirmed that merely 15% of Ukrainians possess a stable psychological state, while women consistently exhibit a higher level of stress in comparison to men.

Need for Psychological Support

Attitudes towards psychological support within Ukrainian society are evolving, and there is a growing awareness of the necessity for such support. The nationwide study "Mental Health and Ukrainians' Attitudes Towards Psychological Help During the War" (Gradus Research / the "How Are You?" project, conducted over four waves from 2022 to 2025, with an approximate sample size of 2,000 participants per wave; Sliusarevskyi et al., 2024) reports that 77% of respondents experienced stress or significant nervousness. This figure has remained consistent since autumn 2023. Additionally, it is noteworthy that the demand for psychological assistance has increased by 30% compared to the beginning of the full-scale invasion (HelpMe / "How Are You?", 2025).

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[1] WHO. (2024). WHO 2024 Emergency Appeal: Ukraine. World Health Organization.

[2] 450 Recovery Center. (2024). Вплив війни на психічне здоров'я українців: статистика і хронологія.

[3] Martsenkovskyi, I., Shevlin, M., Ben-Ezra, M., et al. (2024). Mental health in Ukraine in 2023. Cambridge Prisms: Global Mental Health / PMC.

[4] UNOCHA. (2024). Ukraine humanitarian response [cited in Reznik et al., 2025].

[5] Reznik, A., et al. (2025). Mental health and well-being among Ukrainian female university students: The impact of war over 3 years. Cambridge Prisms: Global Mental Health.

[6] Pleso / The Inweb Media. (2025). Дослідження платформи Pleso: психологічний стан українців у 2024 році.

[7] Gradus Research / Ініціатива «Ти як?». (2024). Психічне здоров'я та ставлення українців до психологічної допомоги під час війни (3 хвиля).

[8] Слюсаревський, М., Чуніхіна, С., & Черниш, Л. (2024). Громадсько-політична ситуація в Україні: Інформаційний бюлетень (вересень 2024 р.). Інститут соціальної та політичної психології НАПН України; Асоціація політичних психологів України

[9] HelpMe / Всеукраїнська програма «Ти як?». (2025). В українському суспільстві на 30% збільшився запит на психологічну допомогу: результати нового дослідження.

Barriers to Seeking Help

The discrepancy between the need for assistance and the actual number of support requests is evident. Data from the Regeneration project reveal that over 90% of Ukrainians exhibit at least one symptom of anxiety disorders; however, only 2% pursue help, whereas 31% do not regard their mental health problems important enough (Regeneration, 2024; Sliusarevskyi et al., 2024).

These figures correspond to the outcomes of the nationwide survey carried out by the "How Are You?" project. (wave 4, December 2024 - January 2025): 39% of respondents are confident in their ability to manage independently, whereas 36% believe their issues are not severe enough to warrant consultation with a specialist (HelpMe / "How Are You?", 2025; Gradus Research, 2024) [7] [9].

Social stigma constitutes an independent barrier to seeking help: a cross-sectional study on mental health stigmatization in Ukraine over time records its persistent presence despite gradual shifts in public attitudes (Petrie Gaschet et al., 2025).

One advantage of the Regeneration project was the engagement of women in caring for their own mental health through a group format that reduces social stigmatization and creates opportunities for the exchange of experiences.

Social Vulnerability Across Different Experiences of Living Through the War

Different experiences of living through the war may lead to social vulnerability for certain categories of women, thereby deteriorating the state of their mental health.

These categories include:

- Internally Displaced Persons (IDPs) - this category encompasses approximately 5 million Ukrainians. Forced migration is linked to accumulated stress, loss of the customary social environment, and economic instability, thereby significantly escalating the risks of depression and post-traumatic stress disorder (PTSD) (IOM Ukraine, 2023).
- Women whose loved ones are at the front or in captivity endure the burden of persistent uncertainty, anxiety resulting from extended waiting, and assume complete responsibility for their families in the absence of a partner.
- Women volunteers are systematically subjected to secondary traumatization and burnout. The International Organization for Migration (IOM) recognizes volunteer burnout as a distinct priority and administers training programs for this group (IOM Ukraine, 2023).
- Women residing in areas undergoing active hostilities exhibit markedly poorer mental health indicators in comparison with inhabitants of relatively secure regions (WHO, 2024)[1]. Access to psychological help in these regions is critically limited.

[9] Regeneration. (2024). Дані сайту проєкту.

[10] Petrie Gaschet, M. A., Suvalo, O., Klymchuk, V., et al. (2025). Mental health stigma in Ukraine over time: A cross-sectional study. Global Mental Health.

[11] МОМ Україна. (2023). Сприяння психічному здоров'ю та розбудові життєстійкості в Україні: огляд ПЗПСП, січень–червень 2023.

Effectiveness of the Group Format of Psychological Help

An evident benefit of the group format for psychological support is the conservation of resources; however, what is of greater significance is that this format possesses an evidence base demonstrating its effectiveness, which has been corroborated by international research.

A meta-analysis conducted by Schwartze et al. (2019), encompassing 20 randomized controlled trials (n = 2,244), identified a significant effect of group psychotherapy when compared with the absence of treatment. Multiple studies comparing group-based and individual formats established that the two approaches demonstrated equivalent levels of effectiveness (Crespo et al., 2021; Westbury & Tutty, 1999; Schwartze et al., 2019).

For communities impacted by conflict, the group format likewise demonstrates effectiveness. In a study involving Bosnian adolescents who had endured war trauma and substantial loss, 58% of participants in the group exhibited a notable decrease in PTSD symptoms immediately following the intervention, and this figure rose to 81% after four months (Layne et al., 2008).

It is particularly important that the gains achieved in support groups are not merely maintained, but also increase over time. In all studies with follow-up observation (from 3 to 12 months), effects were maintained or strengthened after the program completion (Layne et al., 2008; McMullen et al., 2013; Resick et al., 2015; Bass et al., 2013; Crespo et al., 2021). This indicates that the group format cultivates sustainable coping strategies, supplies essential resources, enhances psychological resilience, and does not merely offer temporary relief.

Among the mechanisms contributing to the effectiveness of the group format, researchers identify the normalization of difficulties through awareness of shared experiences; the reinforcement of social support and group cohesion, which directly predict a reduction in anxiety (Shechtman & Mor, 2010); mutual support in coping with stressful events; and the collective processing of irrational cognitions (McMullen et al., 2013).

[12] Crespo, M., Arinero, M., & Soberón, C. (2021). Analysis of effectiveness of individual and group trauma-focused interventions for female victims of intimate partner violence. International Journal of Environmental Research and Public Health.

[13] Westbury, E., & Tutty, L. (1999). The efficacy of group treatment for survivors of childhood abuse. Child Abuse & Neglect.

[14] Schwartze, D., Barkowski, S., Strauss, B., et al. (2019). Efficacy of group psychotherapy for posttraumatic stress disorder: Systematic review and meta-analysis of randomized controlled trials. Psychotherapy Research.

[15] Layne, C., Saltzman, W. R., Poppleton, L. E., et al. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial. Journal of the American Academy of Child and Adolescent Psychiatry.

[16] McMullen, J., O'Callaghan, P., Shannon, C., et al. (2013). Group trauma-focused cognitive-behavioural therapy with former child soldiers and other war-affected boys in the DR Congo: A randomised controlled trial. Journal of Child Psychology and Psychiatry.

[17] Resick, P., Wachen, J. S., Mintz, J., et al. (2015). A randomized clinical trial of group cognitive processing therapy compared with group present-centered therapy for PTSD among active duty military personnel. Journal of Consulting and Clinical Psychology.

[18] Bass, J., Annan, J., Murray, S. M., et al. (2013). Controlled trial of psychotherapy for Congolese survivors of sexual violence. New England Journal of Medicine.

[19] Shechtman, Z., & Mor, M. (2010). Groups for children and adolescents with trauma-related symptoms: Outcomes and processes. International Journal of Group Psychotherapy.

In circumstances characterized by extended collective stress, it is of paramount importance to establish structures that facilitate a collective response and psychological support at the community level. While individual therapy and one-on-one psychological interventions constitute vital elements of the mental health care system, they may prove inadequate in addressing collective challenges; furthermore, they may inadvertently exacerbate feelings of disconnection from the community and loneliness, thereby compelling individuals to confront threats in isolation, which complicates recovery and therapeutic processes (Tytarenko et al., 2024).

The development of communities that offer a secure environment for processing the consequences and effects of collective threats can serve as a crucial resource for mental health support and recovery at both the national and local levels. This consideration is especially pertinent for communities facing armed aggression, natural calamities, disasters, or other collective crises. Furthermore, providing psychosocial support to the civilian population can enhance the resilience of local communities and foster conditions conducive to social inclusion and development, applicable during wartime as well as during the peaceful transitional phases that follow social change.

The experiences of nations that have endured armed conflicts and extensive social traumas demonstrate that effective psychological recovery necessitates not only individual assistance but also programs designed to reinforce social bonds, mutual support, and community resilience. Consequently, group formats of psychosocial support are now regarded as vital instruments for restoring the psychological well-being of populations and enhancing communities' capacity to surmount the repercussions of war (Kocijan-Hercigonja et al., 1997; Government of the Republic of Croatia, 1999; Kozarić-Kovačić et al., 2002; Arye & Audergon, 2005; Huber et al., 2011; Wet maatschappelijke ondersteuning, 2015).

Since 2022, several initiatives for group psychological support for the civilian population have emerged in Ukraine. They are founded on diverse principles and methodologies, yet are united by shared objectives: the collective processing of wartime experiences and their ramifications under the supervision of qualified professionals. Notable programs include the systemic "Leaders of Change" project (Masha Foundation), "My Circle" (MedAid International), and support groups for the families of veterans (Veteran Hub; n.d.), among others.

[20] Tytarenko, T., Vasiutynskyi, V., Hubeladze, I., Chunikhina, S., & Hromova, H. (2024). War-related life-making landscapes: Ukrainian context. Journal of Loss and Trauma, 29(2), 154–178.

Kocijan-Hercigonja, D., Knezovic, Z., Grguric, J., Stuvland, R., & Lagerkvist, B. (1997). Psychosocial support in war areas using community-based rehabilitation strategy. Scandinavian Journal of Social Medicine, 25, 14–16.

[21] Government of the Republic of Croatia. (1999). National program of psychosocial help for the victims in the Homeland War. Zagreb: Ministry of War Veterans.

[22] Kozaric-Kovacic, D., Kocijan-Hercigonja, D., & Jambrosic, A. (2002). Psychiatric help to psychotraumatized persons during and after war in Croatia. National Center for Psychotrauma, Zagreb.

[23] Arye, L., & Audergon, A. (2005). Transforming conflict into community: Post-war reconciliation in Croatia. Psychotherapy and Politics International, 3(2).

[24] Huber, M., Knottnerus, J. A., Green, L., et al. (2011). How should we define health? BMJ, 343, d4163.

[25] Wet maatschappelijke ondersteuning 2015. (2015). Netherlands.

[26] Masha Foundation. (б.д.). Лідери змін.

[27] MedAid International. (б.д.). Моє коло.

[28] Veteran Hub. Групи підтримки.

METHODOLOGICAL BASIS OF THE PROJECT

At the outset of Russia's full-scale invasion of Ukraine, the joint Regeneration project was initiated by the Olena Pinchuk Foundation and the NGO " Process Work Institute in Ukraine named after Gregory Skovoroda", with scientific and methodological support provided by the Institute for Social and Political Psychology of the National Academy of Educational Sciences of Ukraine.
Інституту соціальної та політичної психології НАПН України.

The objective of this project is to train facilitators and deliver group psychological support to civilian Ukrainian women. The program provides support that helps women overcome emotional exhaustion, restore inner balance, and acquire resources to sustain their lives during the war.

The project formally commenced operations in September 2022. Beginning on 27 February 2022, the initiative had functioned as an experimental volunteer project providing support groups for the civilian population during the war; based on its results, a separate program for specialist training and psychological support was developed for the Regeneration project.

The program provides interventions designed to mitigate emotional exhaustion, restore inner balance, and assist participants in regaining the ability to live fully. The accompanying study provides an evidence-based evaluation of the applicability and outcomes of process-oriented psychosocial assistance approaches under conditions of wartime stress Its academic and practical significance derives from the generation of evidence concerning the relationship between group support and participants' psycho-emotional states; its applied relevance pertains to enhancing psychological support programs for populations affected by the war, augmenting their effectiveness, and tailoring them to meet the specific needs of target groups.

The project is implemented in several waves:

Waves I-III (September 2022 - May 2024)

Concentrated on the development of the methodology and the prevention of PTSD, while simultaneously fostering post-traumatic growth (PTG). An international panel of experts was assembled, and the first generation of Ukrainian trainers received their training.

Wave IV (2025-2026)

Marked the transition to the research stage. During this phase, the training component was distinguished from direct group support, which was delivered by trained specialists with prior experience from earlier stages.

Objective of the Study

The objective of the study was to assess the effectiveness of the group psychological support program for women impacted by the war within the framework of the Regeneration project. The researchers examined alterations in participants' psycho-emotional state, levels of anxiety, depressive symptoms, post-traumatic stress symptoms, and overall psychosocial functioning throughout the course of the program. Special emphasis was placed on assessing the potential of group psychological support formats as a means of psychosocial recovery among the civilian population under prolonged wartime conditions.

Project Description and Implementation Model

Between 2022 and 2025, the program trained **76 facilitators,** including psychologists, psychotherapists, and social workers, and conducted 1,270 online support-group sessions, offering psychosocial support to 2,828 women.

Since January 2025, the project has been implemented with support from the Ministry of Social Policy of Ukraine in an offline format at the Resilience Centers established on the initiative of Ministry as part of All-Ukrainian Mental Health Program "How Are You?" (Ти як?), initiated by First Lady Olena Zelenska. This implementation exemplifies cross-sectoral collaboration that unites public institutions, communities, and the private sector to support Ukrainians amidst the full-scale invasion. In the pilot offline groups at the Resilience Centers in Bucha, Vinnytsia, and Kropyvnytskyi, 52 women participated, with 29 completing the program; the participants included internally displaced persons, young mothers, pregnant women, and members of the helping professions (psychologists, psychotherapists, and social workers). This stage directed group psychological support toward strengthening the resilience of local communities in the respective cities.

The initiative engaged 10 international experts, including PhD-level professionals from the United States, the United Kingdom, Australia, and European Union member states with more than 25 years of experience; 11 Ukrainian expert trainers, including PhD-level specialists with more than 10 years of professional experience; and 9 supervisors, comprising 2 principal and 7 additional supervisors.

The training program comprised 19 sessions, totaling 50 hours, conducted biweekly over a period of 10 weeks, with each session lasting between 2.5 to 3 hours.

The trainees comprised psychologists, psychotherapists from various professional orientations—including CBT, positive psychology, Jungian approaches, transactional analysis, Gestalt therapy, art therapy, and others—as well as social workers. Upon completion of the training, facilitators gained theoretical knowledge, practical skills in group facilitation, and case-based experience. Additionally, the specialists fulfilled requirements of 10 hours of mandatory group supervision, 6 hours of intervision interaction, and direct practice in facilitating groups.

A distinctive feature of the training was its intensive delivery combined with a parallel supportive experience for the facilitators themselves. Each session not only presented theoretical content and practical demonstrations by trainers, but also served as a living model of the support-group format: facilitators personally experienced each exercise or intervention in order to influence their own emotional state and resourcefulness in holding group processes. Following the fifth session, trainees collaboratively worked in pairs and assumed responsibility for support groups, executing the program under ongoing supervision from a trainer and supervisor. This format enabled facilitators to lead groups while maintaining their training and obtaining real-time supervision, which proved particularly suitable amid the extended challenges inflicted by the full-scale invasion. The practical component comprised 22.5 hours of paired practice within online support groups for women; each facilitator conducted 15 meetings, each lasting 1.5 hours, held once or twice weekly for stable groups of 10-60 participants (Fig. 1).

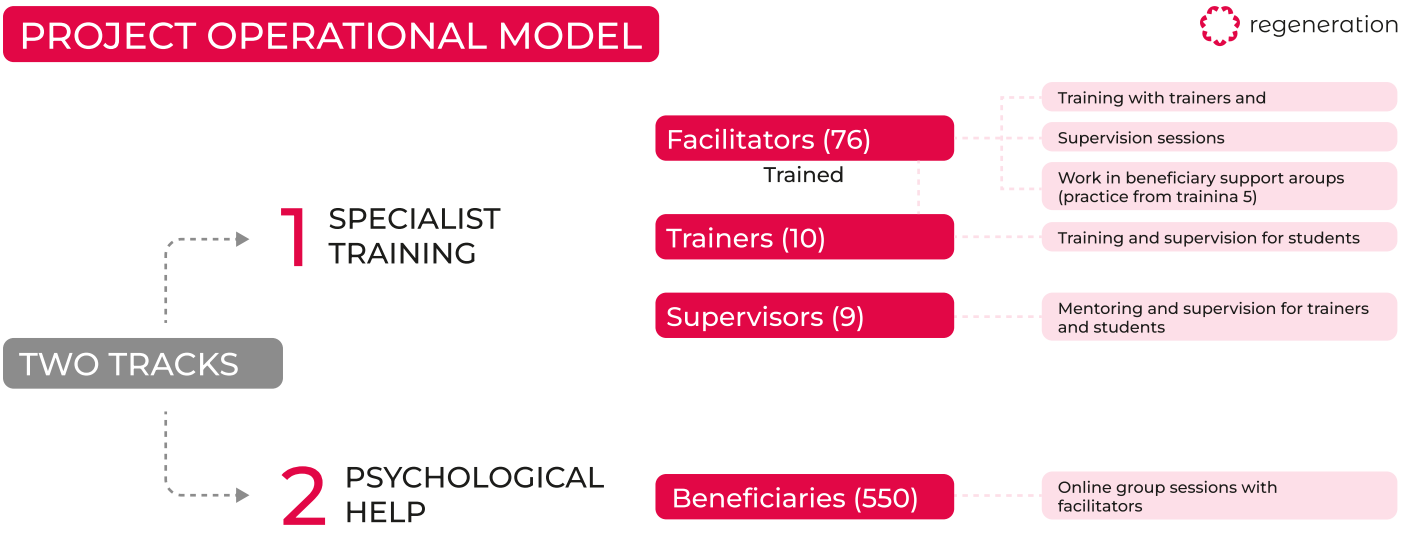


Fig. 1. Project operational model

The target audience of the support groups comprised **Ukrainian women aged 18 and above** who had experienced wartime circumstances and reside under persistent background stress, both within Ukraine or abroad, provided they expressed an intention to return or continue their engagement with Ukrainian organizations or enterprises. A primary criterion for inclusion was the exclusion of individuals in the immediate aftermath of a traumatic incident.

Support groups were intentionally assembled from participants representing diverse life backgrounds, including varying wartime experiences. Consequently, these groups did not function as homogeneous cohorts but rather as microcosms of society, reflecting a range of perspectives, stress levels, and perceptions of the conflict. Within these heterogeneous environments, facilitators established a secure setting that enabled participants to engage empirically with opposing realities, thereby fostering acceptance and integration of divergent viewpoints. Such an environment fosters well-being by mitigating social isolation, facilitating corrective interpersonal experiences—embodied by the feeling of "I am not alone"—and providing a safe space for the expression of unprocessed emotions through mutual witnessing and empathy. A consistent meeting schedule offers stability amidst prevailing instability, thereby supporting social adaptation within an ecological group framework. Overall, these groups serve as microcosms of a small society, reinforcing individual resilience and paving the way for subsequent offline interventions at the community level.

The project is founded upon Arnold Mindell's process-oriented methodology, which evolved from Jungian psychoanalysis and incorporates somatic techniques, art therapy, dreamwork, and related practices (Mindell & Mindell, 2002, p. 5). This approach has been employed for over five decades. Recent research suggests that the application of this methodology is correlated with a reduction in subjective symptomatology and enhancements in social functioning, particularly in group interventions centered on interpersonal interaction (Daniels, 1998; Hauser, 2001; Michaelis et al., 2021; Sedlakova et al., 2020).

[29] Mindell, A., & Mindell, A. (2002). Riding the horse backwards: Process work in theory and practice. The World Tao Press.

[30] Daniels, L. (1998). A group cognitive-behavioral and process-oriented approach to treating social impairment and negative symptoms associated with chronic mental illness. Journal of Psychotherapy Practice and Research, 7(2), 167–176.

[31] Hauser, R. (2001). Altered states of consciousness as adjunct in the treatment of addiction (Licentiate thesis). Comenius University, Bratislava.

[32] Michaelis, R., Schiepek, G., Heinen, G. M., et al. (2021). Process-oriented and personalized psychotherapeutic care for epilepsy. Epilepsy & Behavior. DOI: 10.1016/j.yebeh.2021.108313.

This approach allocates considerable focus not only to individual work, but also to facilitation within heterogeneous groups and communities. According to the model, reality is constructed through the interaction of dominant ("primary process") and repressed ("secondary process") aspects of a system, while marginalized elements are regarded as sources of transformation. (Mindell & Mindell, 2002, p. 37; Mindell, 2013, pp. 18-19). Interventions are based on the observation of emergent patterns (affect, bodily signals, group dynamics), while symptoms are conceptualized and addressed as adaptive responses or attempts at communication rather than solely as manifestations of dysfunction (Mindell, 2012a, pp. 282-284).

Support groups centered on multiple interconnected therapeutic objectives:

- working with the domains of post-traumatic growth: appreciation of life, inner strength, spiritual growth, new possibilities, and improved relationships (Tedeschi et al., 2018; Klymchuk, 2020; Tedeschi et al., 2020, pp. 16-20);
- interventions addressing stress triggers through multiple perceptual channels—including vision, proprioception, hearing, movement, and relational or environmental channels—in accordance with process-oriented practice, enabling participants to release tension both individually and collectively, while also considering their idiosyncratic reactions (Mindell & Mindell, 2002);
- somatic work for both participants and facilitators was emphasized to restore embodied self-regulation, in accordance with Van der Kolk's (2014) assertion that "friendly relations with the body" are fundamental to self-regulation, and Levine's (1997) concept of somatic experiencing as a gentle, step-by-step method for trauma reprocessing;
- facilitation was based on the principles of "deep democracy," which prioritizes fundamental awareness and the inclusion of marginalized voices to enable groups to address conflicts without damaging relationships and to achieve provisional resolutions conducive to community development (Mindell, 2012b, 2017). In Mindell's words (2017, pp. 5-6), this approach assists groups in conflict resolution by determining "how they can cooperate without exhausting themselves in internal struggle and criticism," thus facilitating temporary resolutions that advance community growth; particular attention is given to intergenerational trauma and its resources, specifically historical and familial coping models; neglecting these can immobilize cultural memory and hinder adaptive dialogue (Horbunova & Klymchuk, 2021; Duran et al., 2008);
- psychological education enabled participants to associate interventions with their emotional, cognitive, and somatic responses, thereby transforming passive suffering into active meaning-making;

[33] Sedlakova, B., Dominik, T., Kolarik, M. (2020). Process-Oriented Approach to Working with Body Symptoms. International Body Psychotherapy Journal, 19(2), 43–55.

[34] Mindell, A. (2013). Dance of the ancient one. Deep Democracy Exchange.

[35] Mindell, A. (2012a). Quantum mind: The edge between physics and psychology. Deep Democracy Exchange.

[36] Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L. G. (2018). Posttraumatic growth: Theory, research, and applications. Routledge.

[37] Климчук, В. О. (2020). Психологія посттравматичного зростання: монографія. Кропивницький: Імекс-ЛТД.

[38] Tedeschi, R. G., Moore, B. A., Falke, K., & Goldberg, J. (2020). Transformed by trauma: Stories of posttraumatic growth. Boulder Crest Foundation.

[39] Van der Kolk, B. A. (2014). The body keeps the score. Viking.

[40] Levine, P. A. (1997). Waking the tiger: Healing trauma. North Atlantic Books.

- practices were oriented towards self-regulation and altered states of consciousness through less-utilized channels, thereby supporting identity shifts (Mindell & Mindell, 2002).
- work with the phenomenon of "healing through witnessing," which involves observing another individual's positive experiences within a group setting, can provide an opportunity to identify new behavioral models for managing one's own challenges. This aligns with principles aimed at enhancing self-efficacy, including the increased confidence in one's own capacity to overcome difficulties comparable to those faced by a similar individual after observing their success (Bandura, 1994);
- work with the integrative phenomenon of "reclaiming", specifically practices aimed at restoring contact with felt experience and providing early intervention for populations experiencing high levels of distress, has been instrumental in activating adaptive schemas and fostering post-traumatic growth, a novel concept attributed to project psychologist, psychotherapist, educator, and supervisor A. Richardson.

Session Structure and Thematic Plan

Over 15 sessions, the facilitators guided the participants through a systematically organized curriculum covering the following topics:

- post-traumatic growth
- identifying and working with triggers, blocks, and polarities
- boundaries and safety
- inner tension and stabilization
- collective trauma and intergenerational resources
- principles of deep democracy
- relationships during wartime
- women's leadership and gender equality
- preventing professional burnout
- awareness skills
- grief and living through loss

Each session comprised five principal components:

- group work
- a psychoeducational block on the session topic with practical exercises
- demonstration of interventions by the trainer
- paired practice of the exercise
- group discussion and reflection

[41] Mindell, A. (2012b). Bringing deep democracy to life. Psychotherapy and Politics International, 6(3), 212–225.

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[45] Bandura, A. (1994). Self-efficacy. In V. S. Ramachandran (Ed.), Encyclopedia of human behavior (Vol. 4, pp. 71–81). Academic Press.

Typical Requests and Problems Raised by Participants

The primary concerns articulated by participants during the initial support-group meetings were:

- devaluing their own suffering due to beliefs such as "someone has it worse" or "I am not under shelling, so I have no right to complain"
- feelings of isolation and the compelled necessity to manage all life challenges independently, while being distant from home and familiar sources of support
- emotional burnout caused by constantly helping others (volunteering, medical practice, teaching, or business endeavors), concurrently with the responsibility of caring for one's own family
- breakdowns in family or workplace relationships due to persistent tension, irritability, and an inability to reach mutual understanding under wartime conditions
- chronic stress, intolerable uncertainty, and anxiety regarding the safety of loved ones serving in the military, whether in captivity, on the frontline, or in close proximity to active combat zones
- sudden mood swings, panic attacks, apathy, or a sensation of emotional immobilization.
- fear of being judged for "unpatriotic," "weak," or "incorrect" emotions in everyday surroundings
- physical exhaustion, insomnia, and bodily pain resulting from sustained tension and anxiety
- a perception of societal fragmentation and personal insignificance, alongside a loss of identity, safety, and everyday life.

Support Group Format

The program operated concurrently across **15 online support groups,** comprising women from various regions of Ukraine as well as those temporarily residing abroad.

The objective of both offline community-level support groups and online groups is to foster collective resilience by mitigating social fragmentation (creating a "we are together" effect) and to prevent the marginalization of challenging collective emotions (fear and anger), through reinterpretation as catalysts for transformation and community development. Facilitating dialogue between groups with differing experiences, such as internally displaced persons (IDPs) and local residents, through the acknowledgment of all perspectives fosters temporary consensus, which is essential for community stability. Reducing stress and stabilizing emotional states enhance communication and foster collective action, thereby contributing to the development of strong social bonds and systems that underpin social reconstruction. Psychoeducational elements concerning self-regulation and trigger recognition aim to diminish mental health stigma and promote increased civic engagement. This model additionally fulfills a preventative function: early intervention at the community level reduces the need for intensive individual therapy and alleviates professional burnout among service providers; consequently, it frees up resources for the development of community infrastructure and recovery initiatives.

GROUP PSYCHOLOGICAL SUPPORT PROGRAMME FOR WOMEN DURING THE WAR

Duration: 3 MONTHS Cost: FREE

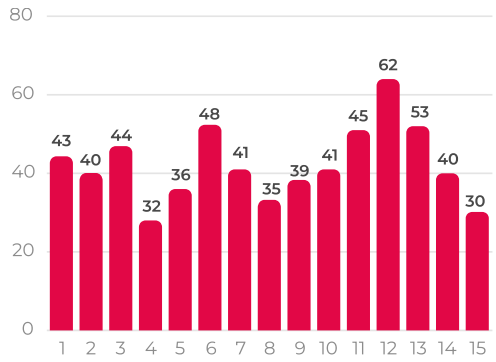
15 + 3
GROUPS
15 online
3 offline

1012
REGISTERED
total number of women. registered for participation| in the support programme

684
CONTINUED PARTICIPATION
continued participation in the project with varying intensity

ONLINE GROUPS

Number of participants in each group



OFFLINE GROUPS

Number of participants in each city



PROACTIVE PARTICIPANTS

ONLINE 15

середня кількість проактивних учасниць, які відвідували онлайн зустрічі системно (більше 7 разів підряд або за весь період програми)

OTHER

watch recordings, participate in chat discussions, and use helpful support information from specialists and other participants in chats

PROACTIVE PARTICIPANTS OFFLINE



PARTICIPATION IN THE STUDY

535 registered to take part in the study

492 online
43 offline

20 Kropyvnytskyi **7** Vinnytsia **16** Bucha

183
completed 2+ testing stages

MONITORING AND EVALUATION METHODOLOGY

Data Collection Methods

Quantitative data were collected and processed via the online platform Healthy Mind, employing standardized psychological self-assessment methods. The study utilized the following indicators:

- overall functioning - the Brief Inventory of Psychosocial Functioning (B-IPF), adapted by N. Aleksina (Alieksina et al., 2024a);
- anxiety - the Generalized Anxiety Disorder scale (GAD-7) (Aleksina et al., 2024b);
- depressive symptomatology - PHQ-9 (original translation by Pfizer, psychometric modification by Aleksina and Zarubin, 2025);
- PTSD symptoms - the International Trauma Questionnaire (ITQ: PTSD scale) (Gelezelyte et al., 2022; Ho et al., 2023);
- as well as participant surveys conducted prior to and following the participation.

The study evaluated a comprehensive set of indicators reflecting participants' psychological condition and psychosocial functioning. Specifically, assessments included the overall Healthy Mind psychological well-being index, symptoms associated with depression, anxiety, and post-traumatic stress disorder (PTSD), level of impairment in daily functioning, challenges with emotional regulation, sleep disturbances, and physical health. Indicators associated with maladaptive or risky stress management strategies were examined individually, encompassing substance use, alcohol-related issues, eating behaviors, social media dependency, and emotional dependence on others. The assessment further addressed the risk of harm to oneself or others, feelings of threat and danger, difficulties with self-care, nightmares, negative self-perception, and other psycho-emotional manifestations that may accompany prolonged stress and traumatic experience. Therefore, the study encompassed emotional and psychological, behavioral, and psychophysiological aspects of the participants' states, thereby enabling a comprehensive assessment of outcomes associated with the group psychological support program.

Furthermore, subsequent to the implementation of the program, 14 in-depth interviews were conducted with participants who had entirely completed the program: 4 had participated in the in-person format and 10 in the online format. All interviews were conducted remotely.

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[47] Aleksina, N., Gerasimenko, O., Lavrynenko, D., & Savchenko, O. (2024b). Ukrainian adaptation of the Generalized Anxiety Disorder scale (GAD-7): diagnostic experience in the state of martial law. Insight: the psychological dimensions of society, 11, 77–103.

[48] Алексіна, Н., & Зарубін, І. (2025). Психометрична оцінка і модифікація україномовної версії шкал депресії PHQ. Київський журнал сучасної психології та психотерапії. Спеціальний випуск: тези науково-практичної конференції «Війна, мир, людина: сучасний погляд та переосмислення» (с. 11). Київський інститут сучасної психології та психотерапії.

[49] Gelezelyte, O., Roberts, N. P., Kvedaraite, M., Bisson, J. I., Brewin, C. R., Cloitre, M., et al. (2022). Validation of the International Trauma Interview (ITI) for the clinical assessment of ICD-11 PTSD and CPTSD in a Lithuanian sample. European Journal of Psychotraumatology, 13(1).

[50] Ho, G. W. K., Louison Vang, M., Martsenkovskyi, D., et al. (2023). Investigating the latent structure of the International Trauma Questionnaire to assess ICD-11 PTSD and complex PTSD in an adult civilian sample during the Ukraine war. Journal of Traumatic Stress, 36(4), 820–829.

Sample

The study was conducted involving participants in both offline and online groups, with informed consent obtained.

Four measurements were conducted:

- at the outset (baseline diagnostics);
- midway through the program (following the 8th session);
- upon the program's completion (immediately succeeding the final session).
- And a fourth follow-up assessment conducted six months subsequent to the conclusion of the program, aimed at evaluating the durability of its effects on the psycho-emotional well-being of participants.

A total of 469 women registered for the program and completed the baseline questionnaire; among these, 3.4% were under 24 years of age, 67.4% were between 24 and 44 years old, and 29.3% were aged 45 and above. The substantial number of applications reflects significant demand for the program, particularly among women.

Participants underwent screening in accordance with predefined criteria: women experiencing an acute phase of stress or depression were excluded. Natural attrition occurred among individuals unable to attend sessions consistently, resulting in some participants not completing the full program.

At the second measurement (following eight sessions), a total of 168 participants completed the diagnostic battery. Although a greater number of women attended the sessions, it was these 168 individuals who completed the interim diagnostics.

Age distribution: 1.8% of the women were under 24 years old, 59.5% were between 24 and 44 years of age, 36.3% were between 45 and 60 years old, and 2.4% were over 60 years of age.

Regarding the level of education: 58.9% of the women possessed higher education qualifications, of whom 33.3% held multiple degrees or an academic title; 5.4% had vocational education, and 2.4% attained secondary education.

67.3% of participants **were in a partnership or marriage,** 19.6% were divorced or widowed, and 13.1% were unmarried.

Regional distribution: Central region (Vinnytsia, Zhytomyr, Kyiv, Kirovohrad, Poltava, Sumy, Cherkasy, Chernihiv, and the city of Kyiv) - 102 participants (60.7%); Eastern region (Dnipropetrovsk, Donetsk, Kharkiv, Zaporizhzhia) - 26 (15.5%); Western region (Ivano-Frankivsk, Volyn, Zakarpattia, Lviv, Rivne, Ternopil, Chernivtsi) - 21 (12.5%); Southern region (Odesa) - 5 (3.0%); abroad - 14 (8.3%).

According to the format: 17.9% of these participants attended offline groups in Bucha, Vinnytsia, and Kropyvnytskyi, whereas 82.1% participated in online groups.

At the third (final) measurement, 68 participants completed the questionnaires.

70.6% participated online and 29.4% in offline groups (Bucha, Vinnytsia, Kropyvnytskyi); 1.5% of them were under 24 years old, 50.0% were aged 24-44, 47.1% were aged 45-60, and 1.5% were over 60.

According to educational background: 51.4% of the participants possessed higher education qualifications, of which 41.2% held multiple higher education degrees or academic titles, 4.4% had vocational education, and 2.9% had completed secondary education.

Regarding relationship status, 66.2% of the individuals were in a partnership or marriage, 22.0% were divorced or widowed, and 11.8% were unmarried.

Regional distribution: Central region - 46 participants (67.6%); Eastern region - 11 (16.2%); Western region - 6 (8.8%); Southern region (Odesa) - 1 (1.5%); abroad - 6 (8.8%).

In particular, age categories were consolidated into two aggregated cohorts (up to and including 44 years old, and 45 years and over) to facilitate comparison between younger and older groups while maintaining adequate sample sizes. The level of education was documented in three categories: secondary or vocational education, higher education, and multiple higher education degrees or an academic title, thereby maintaining significant distinctions and preventing small cells. Marital status categories were likewise consolidated into three groups: unmarried, in a partnership/marriage, and divorced/widowed. This classification combined conceptually similar circumstances and ensured a sufficient number of observations within each category.

All subsequent analyses are conducted on samples comprising 168 participants at the mid-program stage and 68 participants following program completion.

RESEARCH RESULTS

Key Research Results

The research results indicated the beneficial effect of the Regeneration project's group psychological support program on participants' psycho-emotional well-being and psychosocial functioning. Improvements were documented across the majority of evaluated indicators and were evidenced both in quantitative data and in the participants' subjective evaluations.

Improved Psychological Well-being

Participants demonstrated a rise in their overall psychological well-being and an enhanced capacity to manage daily life challenges. Upon the conclusion of the program, enhancements were observed in psychosocial functioning, coupled with diminished emotional exhaustion and an increased subjective perception of internal stability.

Reduced Anxiety

Throughout the course of the program, there was a progressive decline in anxiety-related experiences. The most prominent change observed was a significant decrease in the proportion of participants exhibiting moderate to high anxiety levels, accompanied by an increase in the number of women displaying minimal or mild anxiety symptoms.

Reduced Depressive Manifestations

The study further demonstrated favorable trends in depressive symptoms. Participants reported lower instances of emotional exhaustion, hopelessness, and loss of vital energy. The most significant changes were observed early in the program and persisted thereafter.

Positive Social and Psychological Effects

A significant outcome of the program extended beyond improvements in individual psychological states to encompass a strengthened sense of social inclusion. For many participants, the group served as a safe space for interaction and support amidst wartime conditions. The findings suggest that the group format facilitated participants in managing stress, rebuilding trust in others, increasing their willingness to seek help, and establishing new networks of mutual support. Participants noted reduced feelings of loneliness and isolation, the development of a sense of community with others who shared similar experiences, and the creation of an environment characterized by mutual support and trust.

Reduction in Post-Traumatic Stress Symptoms

The program facilitated a reduction in the severity of PTSD symptoms, including intrusive traumatic memories, avoidance of experiences related to traumatic events, and impairments in daily functioning associated with the aftermath of trauma. Concurrently, the findings indicated that the impacts of traumatization are enduring in nature and, for certain participants, necessitate additional support.

The significance of the Group Support Format

The findings of the qualitative research suggest that the group format itself represented a principal resource of the program. Participants regarded it as a secure environment facilitating open dialogue about experiences, offering an opportunity to be heard without judgment, obtaining support, and sharing personal experiences—all of which were instrumental in fostering positive change. Interaction within the group contributed to the normalization of emotional responses, the re-establishment of a sense of belonging, and the enhancement of psychological resilience.

Overall, the research findings affirm that the group psychological support program serves as an effective instrument for assisting women affected by the war. Its influence is apparent through enhancements in the psycho-emotional well-being of individual participants and the reinforcement of social resources, which constitute vital elements of individual and community resilience amid prolonged social crises.

Emotional State of Participants Prior to Engagement in the Program

The baseline measurement results indicated a significant presence of psychological stress among participants engaged in the group psychological support program. Throughout nearly all evaluated indicators, evidence of emotional exhaustion, symptoms of traumatization, and deterioration of psychological well-being were documented.

The average Healthy Mind index prior to participation in the program was 63.1 points, reflecting a diminished level of psychological well-being and internal stability. Concurrently, the indicators on the psychological distress scales demonstrated a relatively high degree of emotional difficulties. Specifically, the following issues were identified among participants:

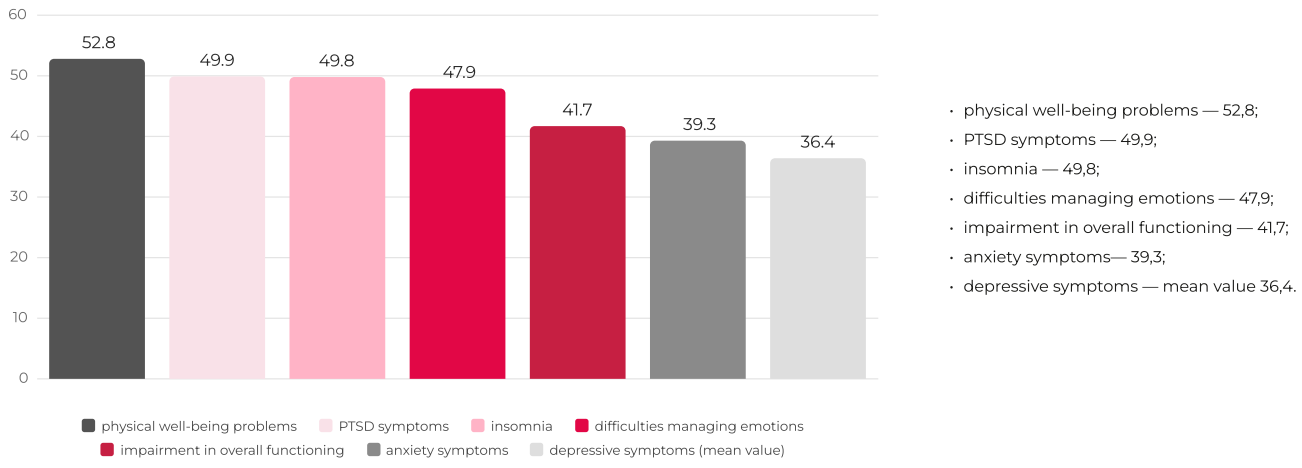


Fig. 2. Frequency of manifestations prior to program implementation

The indicators associated with post-traumatic stress, sleep disturbances, and physical well-being were particularly significant. This highlights the complex nature of the strain experienced, whereby psychological difficulties are accompanied by somatic manifestations, exhaustion, and diminished adaptive resources.

Elevated levels of anxiety and challenges in emotional regulation may suggest that participants had been experiencing a prolonged state of tension and uncertainty. In wartime conditions, such experiences are frequently perpetuated by ongoing information overload, instances of loss, obligatory changes in life circumstances, heightened responsibilities towards loved ones, and the absence of a secure environment for emotional recuperation.

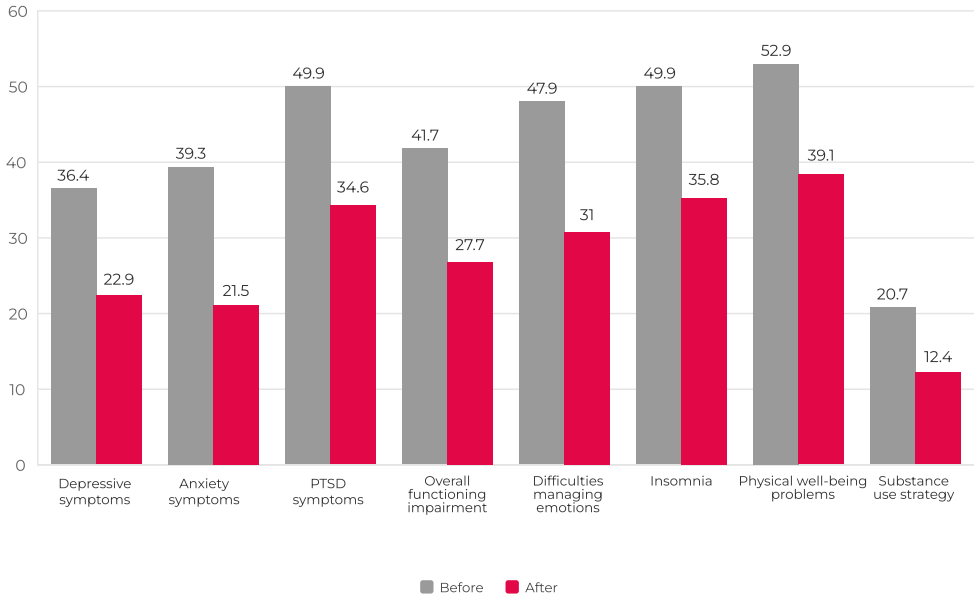
The substance use strategy indicator (20.7) warrants individual consideration: although it registered a lower score compared to the other distress indicators, it may suggest the existence, among certain participants, of a risk associated with employing maladaptive coping mechanisms for stress.

Overall, the baseline results affirm that participants commenced the program in a condition characterized by substantial psychological fatigue, necessitating systematic psychosocial support, emotional stabilization, and a secure environment conducive to recovery.

Dynamics of Psychological State Following Participation in the Program

The follow-up measurement documented improvements in participants' psychological states following completion of the group support program.

Firstly, the Healthy Mind index exhibited an increase from 63.12 to 71.83 points. This progression signifies an enhancement in subjective psychological well-being, an augmented sense of internal stability, and a gradual replenishment of emotional resources. Concurrently, mean scores declined across all psychological distress scales. Notably, the most significant observable changes were documented after the eighth session. Subsequent measurements also demonstrated continued downward dynamics of a more gradual nature. Accordingly, the primary effect becomes evident after several meetings.



Following the implementation of the program, a significant reduction was observed across several indicators:

- depressive symptoms decreased from 36.4 to 22.9
- anxiety symptoms — from 39.3 to 21.5
- PTSD symptoms — from 49.9 to 34.6
- impairment in overall functioning — from 41.7 to 27.7
- difficulties managing emotions — from 47.9 to 31
- insomnia — from 49.9 to 35.8
- physical well-being problems — from 52.9 to 39.1
- substance use strategy — from 20.7 to 12.4

Fig. 3. Incidence of manifestations prior to and following the implementation of the program.

The most notable positive changes were observed in the reduction of anxiety symptoms, depressive symptoms, emotional dysregulation, and impairment in overall functioning. This may suggest that the group support format contributed to alleviating emotional isolation, normalizing experiences, and developing more adaptive coping strategies for stress.

Importantly, the positive dynamics were observed not only at the level of emotional experiences but also in daily functioning. The decline in impairment indicators in overall functioning may suggest an enhanced ability among participants to manage daily responsibilities, sustain social relationships, and regain a sense of control over their lives.

It is also noteworthy the decline in insomnia and issues related to physical well-being. This represents a significant outcome, as the psycho-emotional state and somatic health are intricately connected. Enhanced sleep quality and physical condition may signify a partial alleviation of chronic stress and physiological tension.

Despite the overall positive dynamics, the results also demonstrate that certain indicators remained at a notable level even after the conclusion of the program. Specifically, symptoms of PTSD, difficulties with emotional regulation, and sleep disturbances diminished but did not entirely resolve. This underscores the enduring nature of the consequences associated with traumatic experiences and highlights the necessity of ongoing or repeated psychosocial support for some participants.

Program Effectiveness Results for Participants in Offline Groups at Resilience Centers (Bucha, Vinnytsia, Kropyvnytskyi)

The findings related to alterations in psychosocial functioning, anxiety, depression, and PTSD symptoms were assessed at three distinct measurement intervals. Initial descriptive trends are presented to offer a comprehensive overview of the dynamics of overall functioning across different time points. Subsequently, these patterns are systematically analyzed employing linear mixed-effects models.

As illustrated in Fig. 4, the distribution of overall functioning levels evolved throughout the duration of the program and is depicted across three measurement intervals. At baseline measurement (measurement 1), 19.1% of participants exhibited a high degree of functional impairment, 36.8% a moderate degree, and 44.1% a low degree of impairment. By the second measurement, the proportion of participants with a high level of impairment markedly declined to 5.9%, whereas the proportion with a moderate level declined to 20.6%. Correspondingly, the percentage of participants with a low level of impairment increased significantly to 73.5%.

At the final measurement (measurement 3), this trend predominantly persisted with no significant additional modifications, suggesting a stabilization of functioning following the initial enhancement. The percentage of participants exhibiting a high level of impairment remained minimal (7.4%), whereas the moderate impairment category further declined to 14.7%. The majority of participants were classified within the low-impairment category (77.9%), reflecting a continued improvement in overall functioning subsequent to the interim evaluation.

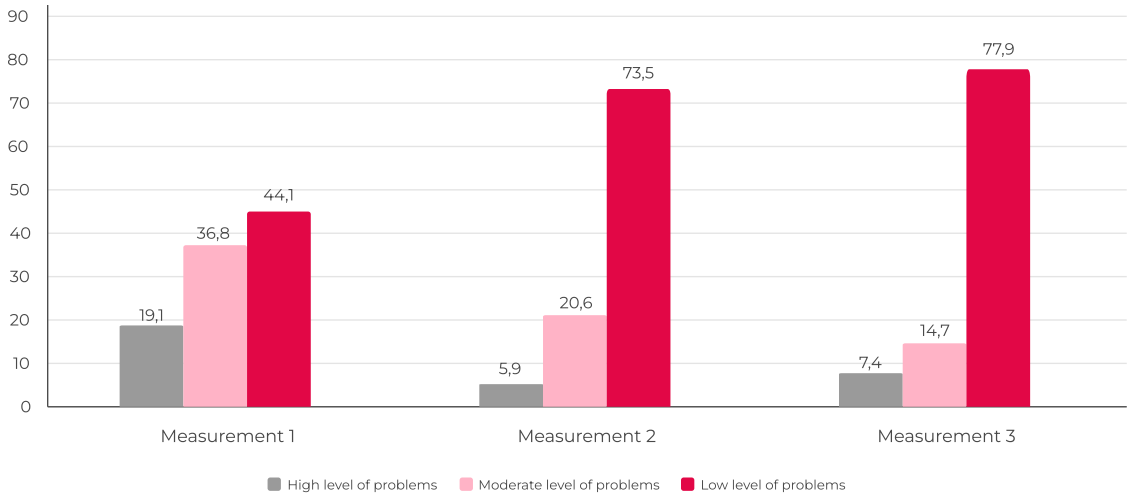


Fig. 4. Levels of impairment in overall functioning (%)

To evaluate **alterations in the psycho-emotional state** of participants, the results from three measurement phases were examined: at the outset of the program, at its midpoint, and upon its conclusion. The data indicated positive dynamics in psychosocial functioning as early as after the first half of the program. The most significant changes were observed during the initial phase of participation, with the positive effects being sustained and remaining stable through the completion of the program. This may suggest that consistent group support and a secure environment for interaction began to fulfill a stabilizing role for the participants promptly.

The study additionally revealed that participants attending the program in person exhibited marginally superior psychosocial functioning indicators compared to their online counterparts. It is probable that physical presence within the group, real-time interaction, and the opportunity for emotional engagement enhanced their sense of support and inclusion.

Simultaneously, younger participants (under 44) generally exhibited a somewhat elevated level of psychological difficulties compared to older women. This phenomenon may be attributable to a greater sense of burden, the necessity to assume multiple social roles, and increased uncertainty regarding life circumstances during the war.

A separate analysis of **changes in anxiety symptoms** demonstrated consistent positive progression throughout the program\. At the beginning of participation, nearly one-third of women exhibited moderate to high levels of anxiety. By the midpoint of the program, the proportion of participants presenting with significant anxiety symptoms had markedly decreased, and instances of severe anxiety had virtually ceased. Following the conclusion of the program, the overwhelming majority of participants exhibited minimal or mild manifestations of anxiety.

A comparable trend was noted concerning depressive symptoms. Although, at the outset of the program, certain participants reported moderately severe and severe manifestations of depression, their incidence diminished significantly over the course of participation. Simultaneously, the proportion of women exhibiting either no prominent depressive symptoms or only mild signs of emotional exhaustion increased.

Overall, the results indicate that participation in the program was correlated with a gradual improvement in emotional well-being, a reduction in psychological distress, and stabilization of psychosocial functioning. Positive trends were observed not only in the diminution of significant anxiety or depressive symptoms but also in the overall enhancement of participants' capacity to manage daily challenges and emotional burden.

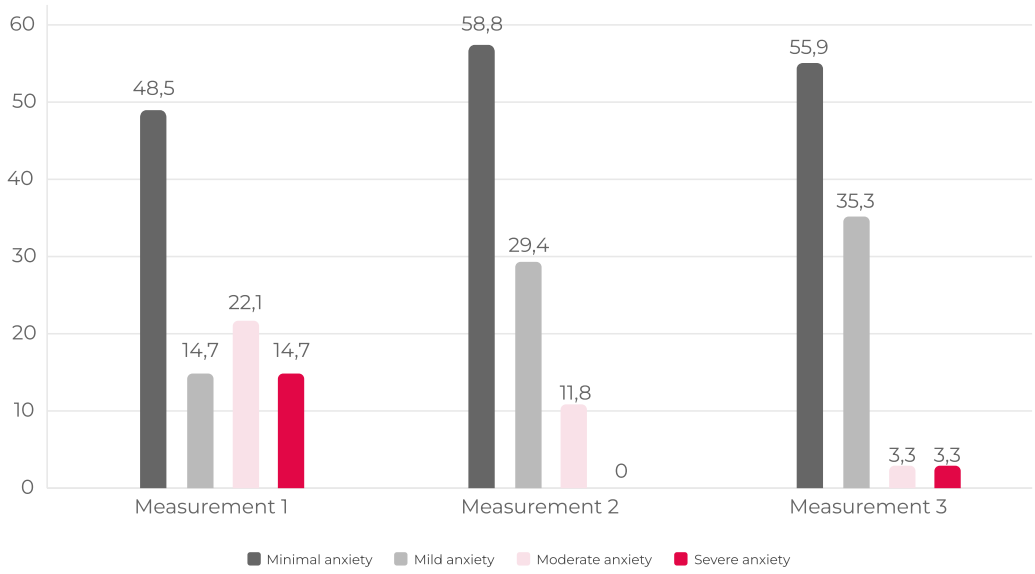


Fig. 5. Prevalence of anxiety symptoms (%)

The analysis of changes in depressive symptoms during participation in the program demonstrated consistent positive dynamics in the emotional well-being of the participants. The most significant reduction in depressive symptoms was observed by the midpoint of the program, with the improvements subsequently remaining stable until its conclusion. This possibly indicates that consistent psychological support, group interactions, and the opportunity for safe emotional expression rapidly commenced to serve stabilizing and supportive roles.

The findings further indicated that participants engaged in offline groups, on average, exhibited a lower incidence of depressive symptoms compared to their counterparts who completed the program online. It is probable that physical presence within the group, real-time contact, and emotional interactions enhanced their sense of support and inclusion.

Simultaneously, the analysis verified that participants exhibited considerable variability in their initial levels of emotional exhaustion and depressive symptoms. This indicates the heterogeneity of the psychological experiences among the women participating in the program, as well as varying degrees of accumulated stress and trauma.

A separate analysis of post-traumatic stress disorder (PTSD) symptoms also demonstrated positive developments during participation in the program. At the outset of the study, a substantial proportion of participants reported moderate, severe, or very severe manifestations of PTSD. By the midpoint of the program, there was a marked increase in the proportion of women exhibiting minimal symptoms, accompanied by a concurrent decrease in the number of participants with prominent manifestations of post-traumatic stress.

Following the conclusion of the program, the trend of improvement persisted: mild PTSD symptoms emerged as the most prevalent manifestation, whereas severe and very severe symptoms remained comparatively infrequent. This may suggest that engagement in the program facilitated a gradual alleviation of psycho-emotional tension, stabilization of traumatic experiences, and reestablishment of a sense of psychological safety.

Simultaneously, the results indicate that even after the conclusion of the program, certain participants persisted in experiencing PTSD symptoms of differing severity. This highlights the enduring impact of traumatic experiences under wartime conditions and the necessity for ongoing or repeated psychosocial support tailored to specific groups of women.

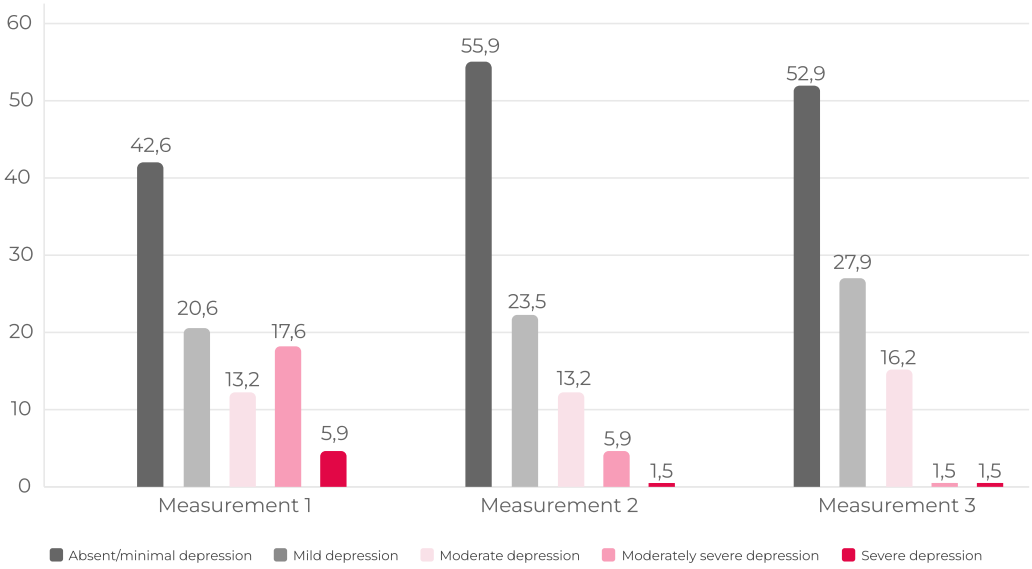


Fig. 6. Prevalence of depressive symptoms (%)

The analysis of changes in post-traumatic stress disorder (PTSD) symptoms revealed significant positive progression throughout participation in the program. The most substantial decrease in symptoms was observed following the initial phase of the program, and these improvements were sustained upon its completion. This suggests that group psychological support may have served a stabilizing role and contributed to alleviating psycho-emotional tension related to traumatic experiences.

The findings indicate that the program was particularly beneficial for women experiencing prolonged stress and emotional exhaustion, as well as the repercussions of traumatic events. Participation in a supportive group setting, the opportunity to share personal experiences, and emotional acceptance likely contributed to a gradual reduction in the intensity of traumatic events.

In comparison to other indicators of psychological well-being, participants engaged in offline groups exhibited a somewhat reduced severity of PTSD symptoms relative to their counterparts in the online format. This observation may suggest the supplementary benefit of direct interpersonal contact, group presence, and emotional engagement in facilitating the psychological recovery process.

Furthermore, the results indicated considerable individual variability in the degree of traumatization among participants. Certain women exhibited markedly higher levels of PTSD symptoms even following the conclusion of the program, thereby underscoring the heterogeneity of lived experiences and varying degrees of psychological susceptibility.

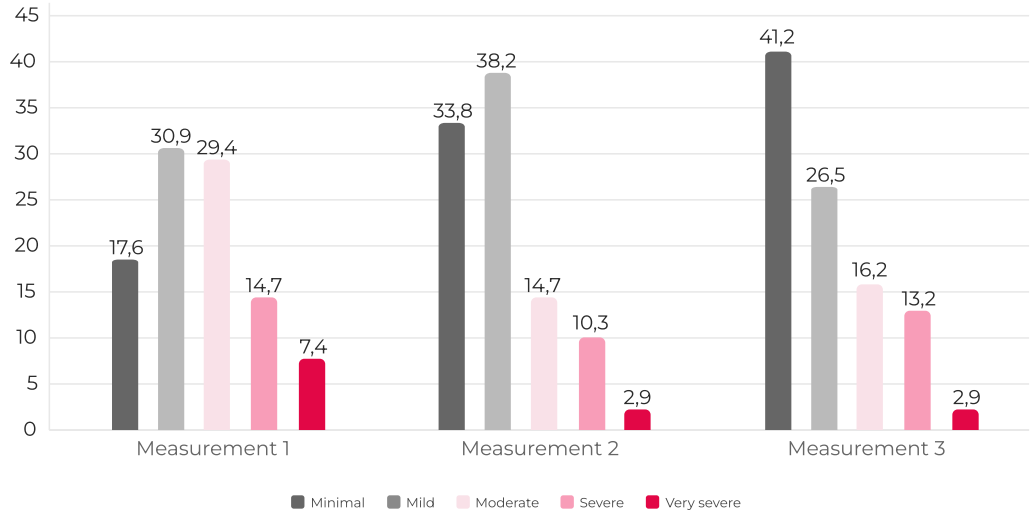


Fig. 7. Prevalence of signs of post-traumatic stress disorder (%)

Overall, the data collected suggest that engagement in the program was associated with a gradual decrease in post-traumatic stress symptoms and enhanced emotional stability. Concurrently, the findings also highlight the necessity for prolonged and, in some cases, more intensive psychological support for women exhibiting significant consequences of traumatic experiences.

The research findings suggest that decreases in depression and PTSD symptoms, along with enhancements in functioning, should be interpreted not solely as direct therapeutic outcomes but also as the reinstatement of fundamental social regulation mechanisms. In a group format, participants are provided with corrective interpersonal experiences that diminish isolation and reestablish a sense of shared belonging and support — "I am not alone." Under wartime conditions, such psychosocial support functions serve not only as individual interventions but also, through community-oriented modalities—such as support groups, facilitated dialogue, and restorative practices—as preventive mechanisms for restoring collective resilience and promoting social integration (Hornostai, 2023; 2024). This approach complements rather than substitutes individual therapy; while individual treatment is essential for addressing profound traumatic symptomatology, group formats enhance social regulation and offer scalable support access.

A sense of social inclusion, perception of shared experience, and a formed collective identity (a sense of "we") augment motivation for interaction and recovery, thereby fostering community formation. In a protected group environment, emotional experiences are normalized and collectively processed: participants come to regard their reactions as comprehensible responses rather than anomalies, which diminishes feelings of shame and stigmatization. Through the mechanism of "healing through witnessing," the group operates as a living witness that affirms experiences and facilitates affect regulation via the safe expression of challenging emotions (such as fear, anger, shame), cognitive reappraisal, and the development of shared meanings and narratives that incorporate individual losses within a collective framework. Subsequently, indirect observation of positive changes in others offers models of adaptive behavior and enhances self-efficacy (Bandura, 1994).

Finally, heterogeneous groups operated as microcosms of society, whereby polarities of experience could be safely encountered and processed without rupturing social bonds or becoming immobilized. This process is essential for the restoration of social systems under conditions of sustained collective stress.

The offline format demonstrated a more significant reduction in depressive symptoms and PTSD, as well as greater enhancements in overall functioning, which can be attributed to embodied co-presence, heightened emotional engagement, a more tangible sense of community, and decreased dissociation during live interactions. In-person presence enables facilitators to tailor interventions more adaptively and to support more effective somatic regulation, which is particularly crucial in trauma treatment (van der Kolk, 2014; Levine, 1997). Nevertheless, the significance of the online format should not be underestimated: during wartime conditions, it is of paramount importance for guaranteeing accessibility, scalability, and ongoing support, particularly for individuals in frontline regions, those with restricted access to offline services, and Ukrainians residing abroad who maintain close connections with the country and could serve as valuable sources of social and economic support for community development and post-conflict reconstruction.

[51] Горностай, П. (2023). Психологія колективних травм (монографія). Кропивницький: Імекс-ЛТД.

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The process-oriented approach exhibits considerable methodological and practical potential within contexts of collective trauma, especially in armed conflict scenarios. This is primarily because it considers the distinctive features of such conditions: the mass and non-linear nature of responses, the fundamental significance of somatic manifestations and bodily regulation, and the necessity of engaging with marginalized and suppressed experience. By emphasizing somatic work and attentive observation of emerging processes, the approach not only reduces individual stress symptoms but also addresses group dynamics, which, in heterogeneous cohorts, mirror broader social conflicts and polarities.

Accordingly, it functions as an effective instrument for re-establishing collective regulation. The incorporation of "deep democracy" facilitation principles fosters psychological conditions conducive to including previously excluded voices (Mindell, 2012a; Mindell, 2017, pp. 5–6). Consequently, this approach diminishes the likelihood of conflict escalation within communities. Additionally, the application of process-oriented methods in a group context enhances individual resilience and significantly contributes to the European discourse on dialogue, social cohesion, and polarization management, which are integral components of post-conflict recovery strategies.

Psychosocial support for the civilian population during wartime should be regarded as an investment in social cohesion and community recovery, rather than solely as a clinical intervention. Our findings emphasize the importance of prioritizing and allocating resources for group psychosocial formats and community-based mental health development as essential components of the national mental health strategy. The incorporation of these programs into the national mental health program "How Are You?", launched by First Lady Olena Zelenska (HowAreU), as well as into the network of Resilience Centers supported by the Ministry, seamlessly blends scalability with local customization, facilitates supervision and the provision of high-quality facilitator training, and establishes conditions for the systematic enhancement of collective resilience. From the perspective of the multi-level MHPSS model (IASC, 2007), most affected individuals do not require specialized psychotherapy but rather necessitate access to information, social support, community-level activities, and facilitated groups (Klymchuk & Suvalo, 2021, pp. 4, 9–12). Investing in group formats and community-based approaches enables reaching broader segments of the population, alleviating the strain on specialized services, and implementing the principles of early, localized, and scalable intervention with subsequent referrals for those requiring specialized care.

[53] HowAreU. (б.д.). Mental health and psychosocial support system of Ukraine.

[54] Inter-Agency Standing Committee. (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Geneva: IASC.

[55] Климчук, В., & Сувало, О. (2021). Охорона психічного здоров'я у громадах: Посібник для місцевих координаційних органів.

Qualitative Research Findings

This section offers an analysis of in-depth interviews conducted with fourteen project participants. It comprises fifteen thematic categories that include quotations from participants alongside a generalized interpretation.

Note: The quotations have undergone minimal editing; filler words and technical repetitions typical of spoken language have been omitted. However, the original meaning, tone, and unique speaking style of each participant have been preserved.

FIRST IMPRESSIONS AND EXPECTATIONS

Participants' expectations regarding involvement in the project varied significantly, ranging from concerns about the "depth of immersion" to uncertainties about their own "fit" for the program and the "seriousness" of their concerns. Some participants believed the project was aimed "for those who are doing very badly" and later realized during the process that it was appropriate for them. Participants with prior experience in psychological work or education approached the project with both professional interest and personal necessity."

> "I believed only those facing really tough times should go there. Despite that, they accepted me, and I made an effort to attend every meeting."

> "I envisioned a scene from American movies—immersing myself in my trauma and pain. That was my fear. But it turned out to be a group activity, and nothing of that sort happened. Those who were in deep pain shared their stories, and they received support."

> "Support motivated me, because it is difficult: shelling, a child, and limited resources. Additionally, I have also recognized a professional aspect; now I have begun to better understand what I intuitively employ during my own sessions."

> "To exhale. To exhale. That is why I came — to bring a bit of order to my state."

This segment delineated common obstacles to pursuing psychological assistance: apprehension regarding in-depth psychological intervention and the perception that others more deserving of aid exist, given their comparatively worse circumstances. The flexibility of the format ("you can speak or remain silent, turn the camera on or not") allowed participants to feel more comfortable and find their own way of taking part in meetings. Participants possessing a professional psychological background observed an additional benefit: the opportunity to enhance their professional knowledge and skills.

SENSE OF SAFETY AND ACCEPTANCE WITHIN THE GROUP

A prevalent underlying theme throughout the interviews was the perception of the group as a safe and accepting environment. For participants, particularly those with displacement experiences, the group represented the initial space where they did not feel "odd" or unnecessary. This sentiment is vividly illustrated through expressions such as "thawing" and "among my own."

> "There were women there with similar fates. I realized that they understood me. They weren't laughing at or mocking me, and I wasn't some odd little creature or display. I was just like these women." — IDP participant"

> "Everything here is built on trust. During the project, I started to thaw, like a frozen birch bud in April. I began to trust more, sensing that people weren't mocking me but instead supporting me, not pitying me."

> "There I am among my own."

> "I left that place feeling as though I had been carrying a heavy net bag filled with small stones. I left that net bag behind in the room."

> "We could sit quietly together, and it was a sense not of being unnecessary but, on the contrary, of comfort."

> "It used to seem to me (though this feeling is fading a bit) that people viewed us, displaced individuals from de-occupied territories, as if we were a zoo or curiosities."

The experience of a secure environment and the opportunity for acceptance constitute some of the primary therapeutic factors of the program, particularly for participants who have endured stigmatization, such as internally displaced persons (IDPs).

Based on participants' responses, involvement in the group initiated a transformative process of self-perception, transitioning from isolation to inclusion within a community of equals—individuals sharing a common experience.

INTERACTION AMONG PARTICIPANTS: SUPPORT AND COHESION

Participants emphasize the significance of horizontal relationships within the group and peer support. Their narratives consistently highlight themes of empathy, the development of a new close circle, mutual support devoid of judgment or unsolicited advice, and inspiration derived from others' stories. The group dynamics during the meetings were particularly crucial.

> “The participants shared a sense of friendship and mutual support, understanding why everyone was there. This greatly helped.”

> “I am inspired when I see the progress of other participants. It is very inspiring.”

> “I felt like I truly mattered in that space. They kept reminding us: whether your camera is on or off, you're allowed to speak if you wish. You can choose to speak or remain silent — you matter here.”

> “I can share, and this is a safe space. Even in a state where I seem to lack resources, simply being there and saying ‘me too’ gave me a feeling of connection.”

> “Those who had already been through the program explained things to others and volunteered to be a ‘demonstration client’ to work with the group. That created very good dynamics; everyone was like, ‘Ah, well, if she could do it, then I will try too.”

Participants supporting one another constitutes a fundamental element of psychological support groups, as corroborated by the responses of the participants. Of particular significance here is the bilateral nature of the interaction: the opportunity not only to receive support but also to offer it enhances participants’ confidence in their own abilities and their sense of agency in their personal lives.

Observing the progress of others also fosters hope for one’s own development and becomes an integral aspect of the “witness healing” phenomenon.

It should also be noted separately that some participants (4 of those who participated in interviews) underwent support groups multiple times, each occasion revealing new insights and delving to a greater depth. They also affected group dynamics by serving as a source of support for their colleagues.

THE ROLE OF FACILITATORS

All interviews expressed gratitude and provided positive feedback regarding the group-work facilitators. They served as a source of structural guidance during the process as well as offering warmth and a secure environment. Participants especially emphasized the importance of engaging in a comfortable format, serving as their own role models (the role of an "exemplary participant") during exercises and discussions, and acknowledged the diverse approaches employed by facilitators. The presence of two specialists in each group was important.

> "The facilitators opened up themselves, which was essential at the start. They set an example: here, you can share and be vulnerable without presenting a perfect image."

> "I appreciated having various facilitators of different ages and experiences. Each one brought a distinct energy. While some exercises were similar, they were unique because different facilitators led them."

> "The last group was the most successful. Why? Because both facilitators worked together, and it was much stronger. I felt very strong support. More relaxation, more depth. As if everything doubled."

> "For me, the facilitators were like maternal care. So calm, very calm. And for me, it was healing."

> "The words they said to me after I had spoken out and cried were truly said at the right time and were the right words."

> "Even as I began telling this, I recalled the voice our facilitator used when speaking to me."

In this program, facilitators assume not only an expert role but also a relational one: they serve as living exemplars demonstrating that sharing and vulnerability are safe, thereby fostering participants' engagement and openness. Collaborating in pairs offers significant benefits when addressing traumatic experiences and further enhances the efficacy of the support supplied.

FORMAT OF PARTICIPATION

Based on participant feedback, it is challenging to ascertain which format—online or offline—offers greater advantages, as perceptions are influenced by participants' living conditions and individual characteristics. It is also noteworthy that the option to participate without a camera is one of the most frequently cited positive aspects; it enabled participants to conserve resources and focus on internal experience. This was acknowledged by participants who chose not to activate their cameras, as well as those who used cameras, for whom it represented a sign of respect and acceptance of others. Simultaneously, offline gatherings are particularly valuable for individuals who value direct, in-person contact.

> "Some women never turned on video or sound, often saying in chat, 'I just can't.' Despite this, they attended regularly, which is important because even a 10% improvement matters."

> "When everyone was allowed to be without a camera, it had a powerful effect. My energy was not spent on 'how do I look?' It went into inner work."

> "Offline is live communication; you see emotions. The women and I continued communicating afterward and built friendly relationships. There is an opportunity to cry with one another, over something that is somehow difficult to do on camera."

> "I would like to meet in person at least a few times. Personally, I really miss the bustle and hum of many people doing something together. I really miss that."

The choice to operate without a camera in this context is not solely related to convenience; it also alleviates social anxiety and shifts focus inward. Furthermore, it serves as a sign of acceptance of participants' diverse states and their preparedness for various formats. Both online and offline formats address different needs and life circumstances of participants.

WAR-RELATED EXPERIENCE

For numerous participants, the group represented their initial opportunity to express and share their wartime experiences. A common understanding of their life circumstances and the convenience of not needing to offer extensive explanations were regarded as significant.

> "When we were fleeing (the city during the occupation), there was a stretch of road... I remember such small details: birches, a little pit, a blocked road. All of it still stands before my eyes. And when we were fleeing, that was the trauma. When they stopped us there and decided who would pass and who would not, right by those birches... Some people go, some stay. It is unclear whether they will be let go or shot. After we returned here, by those birches, I always felt inner hysteria, fear, panic. After regeneration, I began to drive calmly through that stretch of road."

> "When we worked through these traumas in the meetings, I said it all out loud, I was able to say it all out loud. Perhaps that gave me the impulse to keep going. After speaking it out, I understood that we keep going. There is no light. The headlights are on, and we go. The little train keeps chugging. With hope that this will not happen again."

> "All of this is held inside, and then it comes out through psychosomatics. But when I was in groups, I really cried, and it became easier for me."

> "In our society, there is no single opinion or emotional attitude toward this war. There are colleagues I quarreled with, and friends we still do not speak to. And here, all the women are on the same wavelength. I understood that people here were beside me on this issue."

Expressing traumatic experiences within a secure environment offers palpable physical and emotional relief. The common wartime context among group members is crucial for fostering mutual understanding; it eliminates the need for explanations, as all participants are 'on the same wavelength." For numerous individuals, this program constituted the initial safe space for discussing traumatic events, marking the beginning of the healing process.

CHANGES FOLLOWING THE COMPLETION OF THE PROJECT

The changes observed by participants during and subsequent to their involvement in the project can be classified into three components: **emotional, behavioral, and cognitive levels.**

Changes at the Emotional Level

The emotional changes most frequently reported included decreased anxiety and irritability, the development of a sense of calm, improved ability to fall asleep, and a restored sense of joy.

> "I have sleep problems, and I would wait for the day of the group meeting so I could get some sleep. Because I knew I would come home from our meeting and be able to fall asleep. I would feel calm."

> "I realized I had already proven everything to everyone, and now it was time to move forward and do what I wanted. Most importantly: now I do what I want to do."

> "I have become less aggressive. I started controlling my emotions. Now, if I am in a bad mood, I track it and say: 'Stop, I need to cool down now.' Previously, I would have snapped and then moved on without thought."

> "Thanks to the support of the group, I once managed to pull myself out of that state, as if by a rope. This means I know I can do it again."

> "The group helped me stay afloat because staying in my own shell with all of this was very hard."

The program restores a sense of stability and functions as an "emotional regulator": consistent meetings establish a reliable point of recovery amidst uncertainty. Many participants observed reductions in irritability and enhancements in relationships within the family and with loved ones. Notably, in certain cases, improvements were often unstable; participants underscored the necessity for systematic support and expressed a desire to extend the duration of the program.

Changes at the Behavioral Level

Behavioral changes manifest in two aspects: the emergence of new actions and a transformed manner of engaging with others.

> “I've shifted my attitude slightly regarding situations where others need assistance. Currently, I focus on guiding people—not doing things for them, but helping them to make their own decisions. This insight was gained through regeneration.”

> “I started experiencing an exacerbation of a depressive episode again (at the moment when I was deciding whether to participate). In a sense, I almost did not care anymore; I was in an acute state. At that moment, I also changed housing... I simply understood that if I did not work on something now, I would fall apart... In fact, after our group, I immediately entered therapy. What was built in the group, plus therapy, has led to the fact that, at the moment, my tests do not show depression, and PTSD is also at quite a low level.”

> “Above all, I gained resources for myself and experienced some transformation. I noticed a dramatic shift in my state. I attended the group, worked hard, and by the end, I felt so resourceful that I wanted to draw. I even created several symbols for myself. While I can't say I returned fully to my professional activities, some impulses resurfaced. I wrote a poem, something I had done before, and I managed to run a free training as a gift for others—specifically, a full session on staging. This was a big step outside my comfort zone, as I had never run such group sessions before. I had wanted to do so for a long time, planned it, studied, but never had the resources until now. I believe I had been approaching this for about two years. After this project, I realized I was no longer afraid, and I could gather and lead a group. Not only did I lead it, but I also gained resources from the experience. I specifically associate this progress with the project.”

> “Without the groups, I doubt I would have had the courage. I likely would have stayed in the village, perhaps working remotely. But I wouldn’t have pushed myself to find a space where my presence and efforts could truly make a difference.”

> “I no longer fear being misunderstood by management or worried that someone might dislike me.”

The program facilitates the reestablishment of agency and advances individuals towards an active, autonomous stance in their personal lives. Participants achieve new heights in their professional endeavors and in their interactions with others, while their confidence in their own abilities and their courage to pursue new accomplishments are enhanced.

Changes at the Cognitive Level

Changes at this level are associated with new ways of interpreting personal experience and gaining understanding of oneself and others. Participants report changes in their beliefs and increased awareness of their own values.

“I had never perceived the world this way before. I didn't realize that pain could be turned into strength.”

“I will also attempt to view each situation from a slightly different perspective.”

“I realized that being an ‘internally displaced person’ is not defining me. To me, IDP stands for ‘survived, rose, renewed.’”

“I have not lost my memory; I do not have amnesia. I know my worth. I know my educational path. I do not have to start in an entry-level position in a new country just because I am an emigrant.”

“I began to think differently about how much our lineage, history, and roots influence us. I felt there is a lot of strength, resources, and inspiration to be gained there.”

This level further encompasses inquiries concerning identity: how individuals conceptualize themselves and their past and present selves. Frequently, shifts at this level are articulated through metaphors within participants’ narratives, a characteristic of the process-oriented approach; this method facilitates the experience of transformational processes on a more profound level. The development of a renewed perception of one’s own worth holds particular significance for participants engaged in emigration and internal displacement, where social status diminishes and identity becomes obscured.

Indicators of post-traumatic growth, encompassing 5 dimensions, are evident throughout the interview data in all five classical dimensions (Tedeschi & Calhoun). Quotations corresponding to each dimension are presented below.

Appreciation of Life

“I try to live each day pleasantly and not wait for the end of the war. There is no need to wait. You simply have to live. There are things your eye can catch on and place inside.”

“Now I want to wake up early and exercise. When I lacked resources, I just wanted to sleep and lie down. That's a whole different story.”

Improved Relationships

"After everything, I finally stopped hating and even reconnected with some people. Perhaps it was the support of the group that made a difference."

"My relatives began telling me: 'You've changed somehow. You're calmer, more reasonable, and more understanding toward others.'"

"These people stayed with me (the group participants). I understand that I have made new acquaintances."

Inner Strength

"To me, this rebirth resulted from trauma, and I see myself as a phoenix: I did not turn into ash; I grew from it."

"This pulled me out from the bottom and allowed me not to keep digging the hole deeper for myself."

"If I have succeeded twice in overcoming difficult situations, I believe I can do so again."

New Possibilities

"Without those two groups, I wouldn't have attended the conference; I would have stayed in the village. Now, I'm connected with local architects in another country and have contacts with the presidency of the International Library Association."

"I conducted a group training that I had long wanted to do and had been working toward for two years. And I conducted it in such a way that I also gained resources from it."

"I realized that it's not just about clinging to things out of fear. You need to move forward, as that's the only way to grow."

Spiritual Growth

> “This project gave me the impulse to search: one has to move. It was precisely this that pushed me toward spirituality. This is probably the most important thing a person has to find in life.”

> “I began to think differently about how much our lineage and history influence us. I felt a lot of strength, resources, and inspiration there. And I was able to connect with the masculine energy of my lineage; this was fundamental for me.”

> “My understanding deepened that it is important to maintain a constant connection with one’s body. There is a lot of resource there. If we want to solve or transform something, we need to establish a stronger connection with the body.”

All five dimensions of post-traumatic growth are evident in the participants’ narratives; they are referenced not merely as abstract concepts but as tangible, experienced changes in daily life. Appreciation of life and inner strength are the most commonly described dimensions. The dimension of new possibilities is most clearly exemplified through specific actions. Spiritual growth is frequently characterized as a “discovery that was not planned,” which emerged as one of the most unforeseen outcomes for the participants.

IMPACT ON OTHER PEOPLE AND COMMUNITIES

Participation in the project influenced not only the participants but also individuals in their immediate circles and local communities. Sensitive information is provided below; all data are protected and handled with confidentiality.

> “My relative is a veteran who lost both arms and both legs. I managed to encourage him to keep going with his life. If it were not for the Regeneration, at some point, I could not have knocked and said, ‘I am about to fall apart; advise me how to talk.’ I do not know where I, he, and our whole family would be.”

> “While teaching at an architecture school, three pairs of relatives approached me, saying: ‘Thank you for saving our child. Psychologists couldn't manage it, but you, through art therapy and your careful attention...’ This gratitude stems from what I learned in the project.”

> “I shared the program's name and link with some friends because I think it's very important for those who are facing their problems alone.”

> “At first, I hated everyone who did not understand that war would happen. After all of this, I simply stopped hating our own people. I even restored contact with some people.”

The program exerts a broader impact than initially apparent: by offering support to participants, it reverberates through their wider social networks—including family, loved ones, colleagues, and the community at large. Numerous participants have assumed the role of "ambassadors” of support; they have proactively referred others to the program or have become valuable resources within their circles.

IDENTITY IN EMIGRATION

Participants residing abroad report a particular challenge: a dissolution of identity, cultural pressure, diminishment of social status, and loss of familiar reference points. The program facilitated their establishment of stability by providing a “Ukrainian space” and instilling a sense of “being among their natives.”

> “When I arrived, I subconsciously thought I should become ‘like a German woman.’ Then a Canadian guy said, ‘We are Ukrainians in Canada,’ which made me realize: I am a Ukrainian woman in Germany! This moment helped me understand who I truly am. It happened during the project, so I paid attention to it and found an answer to a question I hadn't even asked myself.”

> “What was especially meaningful was that Ukrainians came together and shared their experiences. The theme ‘you are not the only one like this’ is very significant, because among locals, I often felt lonely.”

> “In emigration, your previous masks and templates of who you are and how you present yourself are shattered. And you start anew from scratch.”

> ”Speaking in your native language and receiving help are important. Your project stands out because it grants everyone the right to be themselves.”

Emigration induces a distinct identity crisis that necessitates dedicated focus within the program. A Ukrainian-language space and a community of “people just like me” constitute an independent value for participants abroad, one that cannot be sourced from local resources.

STRUCTURAL ELEMENTS OF THE PROGRAM

Exercises and theoretical blocks from the meetings often persist with participants well beyond the conclusion of the program. Particular emphasis is placed on bodily practices, engaging with ancestral memory, the “search for support,” and meditations.

"My favorite was the 'search for support' exercise: when feeling fear, I imagined who could help and visualized that person next to me. It left a lasting impression on me."

"I realized more clearly that maintaining a steady connection with one's body is essential. The body holds many resources, providing support and allowing us to navigate traumatic experiences."

"When a kidney stone began moving at night, I was lying there unable to breathe or reach my phone. The only thing I could control was my breathing. That's when I remembered the relaxation exercises from the project."

"Every class was very lively. Not once did I walk out and say, "This is no good." No, every class brought something unique, interesting, and new."

Bodily practices and relaxation exercises serve as practical tools for participants, functioning as a form of "psychological first-aid kit" that remains with them after the program's conclusion. Meditative and imaginative practices—such as meeting the ancestors, engaging with the feminine and masculine aspects, and seeking support — exert a particularly profound and enduring influence; participants continue to describe these experiences in detail months following the program.

SUGGESTIONS FOR FUTURE SUPPORT GROUPS

Participants articulated specific and practical suggestions concerning future project cohorts. The majority of their suggestions pertained to the duration of the program, the feasibility of offline meetings, and the implementation of systematic support following completion.

"There are many meetings, of course, and at first, it can be daunting to attend all of them. However, eventually, you find yourself missing them. So do not reduce the number of meetings under any circumstances."

"At least another month or three to four additional sessions are needed. It would, you know, help you 'polish things with sandpaper' and confidently build momentum. Because after completion, it is a little hard to do it all alone."

"Over these three months, you feel supported and secure. But this kind of support isn't something you need for just three months once every two years— you need it on an ongoing basis. It's part of the system there."

Participants are distinguished not by their interests but by their needs. Those enduring shelling and power outages in Ukraine, and those abroad without their homes. These are distinct experiences.

A peculiar paradox is observed in the perceptions of the project's duration: the extensive number of meetings initially causes apprehension among participants; however, upon the conclusion of the program, there is a desire for its continuation. This underscores the significance of the complete program cycle.

The most significant requirement articulated by participants is the provision of structured support following the completion of the project. Currently, the regeneration community offers participants the opportunity to engage in supplementary activities.

WORDS FOR WOMEN CONSIDERING PARTICIPATION

This block presents messages from participants directed at individuals who are contemplating involvement in the project. These messages reflect warmth, honesty, and personal experiences from those who have previously embarked on their own recovery journeys.

"This isn't for those who can't handle it at all. It's for those who want to maintain their emotional well-being, improve it, understand themselves, and realize that you're not alone and that there are people who can help you."

"Don't be afraid—just give it a try. If you're feeling a lack of energy, constant fatigue, uncertainty, or instability—it's to find your support."

"If you have a request, if you find it difficult to cope, if it is hard, if you feel unsure – you should definitely try. You should definitely join."

"Live here and now. This has already happened; there is no need to relive it again and again. You have what you have. Yes, you have lost. But look at it from another angle. It was precisely during regeneration that I began to perceive the world differently and came to understand that pain can be transformed into one's strength."

"I want to say that regeneration must exist."

SUBJECTIVE ASSESSMENT OF PROGRAM EFFECTIVENESS

The overall dynamics of indicators suggest that participation in the program was subjectively meaningful and psychologically beneficial for most participants.

The enhancement of the psychological well-being index, coupled with a decrease in anxiety, depressive symptoms, and PTSD manifestations, suggests that participants not only experienced immediate emotional relief but also experienced an elevation in their psychological resilience. It is probable that one of the primary contributors to the program's success was the provision of a secure and supportive environment, enabling participants to discuss their personal experiences openly without fear of judgment or devaluation.

For women who have long been experiencing tension and emotional overload, the mere existence of a space characterized by acceptance, mutual understanding, and consistent contact can exert a therapeutic influence.

It is also of significance that positive dynamics manifested concurrently across multiple categories of indicators: emotional, behavioral, and psychophysiological. This enables the assertion of the program's holistic influence on the psychological well-being of participants.

MOST SIGNIFICANT COMPONENTS OF SUPPORT

Analysis of the results obtained indicates that the most significant components of the program were:

- Regularity of group meetings
- Experience of emotional support
- Opportunity to share personal experiences
- Normalization of emotions
- Development of emotional self-regulation skills
- Formation of a sense of community and mutual support

A significant decrease in the challenges associated with emotional regulation may suggest that participants have progressively acquired more adaptive strategies for responding to stress and emotional overload. Concurrently, the diminishment of anxiety and depressive symptoms could be correlated with the experience of emotional acceptance and a reduction in feelings of loneliness related to personal experience.

The group support format is particularly significant during crisis situations, as it facilitates the restoration of social connections and enhances the feeling of community belonging. For numerous participants, this may have emerged as a key factor in psychological stabilization.

SOCIAL AND PSYCHOLOGICAL EFFECTS OF GROUP INTERACTION

The research findings reveal that the program exerted not only a personal psychological effect but also significant social and psychological impacts.

A reduction in emotional distress and an enhancement in overall functioning may signify a partial return to social activity, the capacity to sustain interpersonal relationships, and active engagement in daily life.

Group interactions have established conditions for:

- Experiencing emotional support
- Restoring trust
- Reducing feelings of isolation
- Establishing a mutual empathetic experience
- Normalizing one's own responses to stress

An important social and psychological outcome may also be the reinforcement of the subjective perception of “I am not alone,” which constitutes one of the principal factors in alleviating psychological distress during crisis situations.

For women who are experiencing the repercussions of war, involuntary alterations, or prolonged stress, engagement in supportive group interactions can serve as a vital resource for psychological recuperation.

The distinctiveness of these groups resided in their heterogeneity: they functioned as a “miniature of society," uniting women with profoundly diverse wartime experiences. This fostered an environment conducive to integrating opposing perspectives and diminished the likelihood of social alienation. The groups served as an intermediary phase for subsequent offline community initiatives, fostering a sense of solidarity among participants (“I am not alone”) and ensuring a secure environment for emotional processing within a consistent schedule. The adoption of a remote format facilitated the inclusion of women in critical situations, such as in regions of active conflict, within shelters, or during evacuation abroad. The flexibility of the format, which allows participation without a camera or via chat, ensured the continuity of contact even in critical circumstances.

An analysis of participant feedback reveals that the group format contributed to alleviating feelings of isolation and loneliness, common consequences of prolonged stress and wartime hardships. For many women, an important discovery was the understanding that their experiences are not unique and that challenging emotional reactions are typical responses to ongoing crisis situations. Acknowledging shared experiences helped reduce feelings of alienation and strengthened community bonds.

Participants also observed the emergence of an environment characterized by mutual support, trust, and acceptance, which facilitated open discussions of challenging experiences without fear of judgment. Such experiences are especially significant during wartime conditions, when traditional social bonds are often disrupted due to displacement, loss, or prolonged stress.

Therefore, the program contributed not only to the psychological recovery of individual participants but also to the enhancement of social resources, which constitute a vital component of individual and community resilience.

Limitations of the Study

Notwithstanding the results obtained, the study possesses several limitations that must be considered when interpreting the findings.

Initially, the study design did not incorporate a control group, thereby constraining the ability to attribute the observed positive changes solely to participation in the group psychological support program. In contexts characterized by war and persistent external stressors, conducting randomized controlled trials presents significant methodological and ethical challenges (Palii et al., 2025); nonetheless, future research could employ quasi-experimental designs or comparison groups to enhance validity.

Secondly, the research sample comprised solely women, inherently aligning with the particular focus of the program. However, this exclusivity concurrently restricts the generalizability of the findings to broader population groups. Future investigations might incorporate male participants or utilize a gender-diverse sample, thereby enabling the examination of gender-specific effects within group psychological support.

Third, significant participant attrition was observed between measurement waves, a phenomenon typical of long-term interventions conducted under conditions of instability and heightened stress. Although the employment of linear mixed-effects models partially mitigated the issue of missing data, the diminished sample size at the final stage could have influenced the statistical power of the analyses.

[56] Palii, V., Yakushko, O., Chunikhina, S., Solonskyi, A., Lupis, A. (2025). Ethical Dilemmas and Adaptations in Psychological Practice During Wartime. Ethical Human Psychology & Psychiatry, 27(2).

CONCLUSIONS

The research results demonstrated the effectiveness of the Regeneration project's group psychological support program as a tool of psychosocial assistance for women affected by the war. Participants demonstrated favorable progress across essential metrics of psychological well-being, including reductions in anxiety levels, depressive symptoms, post-traumatic stress disorder manifestations, challenges in emotional regulation, and impairments in daily functioning.

The most notable positive changes were observed as early as the initial phase of the program and persisted until its conclusion. This suggests that group psychological interventions can exert a relatively swift stabilizing influence and assist in enhancing the psycho-emotional well-being of participants, even amidst extended periods of war-related stress.

The results obtained affirm the significance of a secure group environment in which participants can exchange their personal experiences, obtain emotional support, and experience acceptance. Engagement with individuals who have similar experiences contributes to reducing feelings of isolation, normalizing emotional reactions, and enhancing the perception of social inclusion.

Simultaneously, the findings suggest that group psychological support serves not only the purpose of individual rehabilitation but also plays a role in enhancing social cohesion and community resilience. The development of horizontal relationships, mutual assistance, and trust constitutes vital resources for the population's adaptation to extended social crises and the repercussions of the war.

Positive changes were observed in both online and in-person work formats. Simultaneously, the findings highlight specific benefits of in-person interaction formats, potentially associated with increased interpersonal contact and group support intensity. Concurrently, the online format continues to serve as a vital resource for providing psychological assistance to populations facing mobility restrictions and disparities in service accessibility.

Despite the generally favorable developments, certain indicators, notably post-traumatic stress symptoms, challenges in emotional regulation, and sleep disturbances, persisted at a significant level following the conclusion of the program. This underscores the enduring impact of traumatic experiences and highlights the necessity of establishing long-term and recurrent psychosocial support mechanisms for specific participant groups.

Overall, the research findings confirm the substantial practical and social importance of group psychological support programs for the civilian population of Ukraine. The integration of such approaches into both national and local mental health support initiatives can serve as a crucial component in restoring the psychological well-being of the population, enhancing social resilience, and fostering capable communities during periods of war and post-war recovery.

RECOMMENDATIONS

01 Expand Access to Group Psychological Support Programs for the Civilian Population

The results obtained confirm the effectiveness of the group support format for women affected by the war. Considering the positive dynamics in indicators of psychological well-being, anxiety, depression, and PTSD symptoms, it is advisable to persist in the implementation and expansion of similar programs within communities affected by hostilities and associated social challenges.

02 Integrate Group Support Programs Into Local Psychosocial Assistance Systems

The research findings suggest that group psychological support may serve as an effective component within the mental health care framework at the community level. It is advisable to incorporate such programs into the activities of Resilience Centers, social service centers, non-governmental organizations, and other local entities that provide support to the population.

03 Ensure the Possibility of Long-Term or Repeated Support for Participants with Pronounced Consequences of Traumatic Experience

Despite the overall enhancement in psychological well-being, some participants continued to exhibit symptoms of post-traumatic stress, challenges in emotional regulation, and sleep disturbances following the completion of the program. This underscores the necessity to establish mechanisms for ongoing support, such as repeated cycles of group therapy, thematic groups, or opportunities for individual counselling for those with elevated levels of psychological vulnerability.

04 Maintain and Develop Both In-person and Online Psychological Support Formats

The study demonstrated the effectiveness of both work formats. Simultaneously, in-person groups exhibited certain supplementary benefits in enhancing specific indicators of psychological well-being. It is recommended to develop hybrid support models that integrate the advantages of face-to-face interaction with the accessibility of online formats for individuals residing in remote communities, internally displaced persons, or those abroad.

05 Strengthen the Social Component of Psychosocial Support Programs

The qualitative research findings indicated that a primary outcome of the program participation was a diminution of feelings of loneliness and isolation, the cultivation of an environment of mutual support, and the reestablishment of a sense of community belonging. Consequently, in the planning of future initiatives, it is recommended to allocate specific focus to fostering conditions conducive to participant interaction, enhancing horizontal relationships, and facilitating informal mutual aid networks.

06 Consider Utilizing Group Psychological Support as an Instrument to Enhance Community Resilience

The findings indicate that the program's impact extends beyond the immediate scope of individual psychological recuperation, encompassing broader social and psychological aspects of the participants' lives. Therefore, group support initiatives should be considered not merely as strategies for improving mental health but also as essential mechanisms for promoting social cohesion, mutual trust, and community resilience during times of conflict and subsequent recovery.

At the national and local policy levels, it is recommended to broaden the implementation of group psychosocial support programs as an effective and scalable measure for enhancing the mental health of the population during prolonged periods of war and post-war recovery.

Group psychological support during wartime serves not only as a means to alleviate anxiety and psychological distress but also as a mechanism for restoring social bonds, trust, and community resilience.

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The Regeneration Project Team