

“The 5-step model of self-reflection on choice and adaptation”: Empirical verification of the “Integrative model of existential choice and adaptation” within N. Peseschkian’s transcultural approach in Positive Psychotherapy

Iya Gordienko-Mitrofanova*

Doctor of Psychological Sciences, Professor
H.S. Skovoroda Kharkiv National Pedagogical University
61168, 2 Valentynivska Str., Kharkiv, Ukraine
European Certified Positive Psychotherapist (WAPP)
Private Practice Consultant
Kharkiv, Ukraine
<https://orcid.org/0000-0001-5332-0663>

Nataliya Bondarenko

Master, Certified Basic Positive Psychotherapy Consultant (WAPP)
Private Practice Consultant
Kharkiv, Ukraine; Riga, Latvia
<https://orcid.org/0009-0002-9254-8788>

Oksana Dokunina

Master, Certified Basic Positive Psychotherapy Consultant (WAPP)
Private Practice Consultant
Kharkiv, Ukraine; Norheimsund, Norway
<https://orcid.org/0009-0009-8791-3788>

Abstract. Ukraine’s prolonged war crisis creates critical mental health service gaps, with 9.6 million at risk yet <10% receiving adequate support. Guided self-help tools are recognised as priority strategy for addressing this 90% treatment gap. The aim of the study was to present empirical verification and procedural operationalisation of the “Integrative Model of Existential Choice and Adaptation” (Iteration 1.2), applied to Kharkiv residents experiencing continuous traumatic stress. The theoretical framework synthesised N. Peseschkian’s transcultural Positive Psychotherapy approach, continuous traumatic stress theory, and agency restoration principles. The practical implementation – a digital “5-Step Model of Self-Reflection on Choice and Adaptation” – was empirically tested with N > 300 respondents using an 18-item structured feedback questionnaire. The model operationalised five self-reflection modules: Interpretation Module (transforming affect-laden memories into narrative), Existential Choice Module (diagnosing motivation across six bipolar continua with ambivalence validation), Integration Module (identifying war-specific place-identity using extended seven-type typology), Balance Module (assessing resources and “escape spheres” per Peseschkian’s model), and Adaptation Module (evaluating posttraumatic growth/depreciation co-existence). Over 95% of respondents reported new situation awareness; 97% identified place-identity awareness as most valuable outcome. Key innovation lied in integrating cross-cutting psychoeducation

Article’s History: Received: 16.06.2025 Revised: 10.11.2025 Accepted: 30.12.2025 Published: 13.01.2026

Suggested Citation:

Gordienko-Mitrofanova, I., Bondarenko, N., & Dokunina, O. (2025). “The 5-step model of self-reflection on choice and adaptation”: Empirical verification of the “Integrative model of existential choice and adaptation” within N. Peseschkian’s transcultural approach in Positive Psychotherapy. *Scientific Studios on Social and Political Psychology*, 31(2), 54-61. doi: 10.61727/ssppj/2.2025.54.



Copyright © The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License 4.0 (<https://creativecommons.org/licenses/by/4.0/>)

*Corresponding author

enabling cognitive reframing, symptom depathologisation, and secondary stress reduction. The model addresses critical wartime mental health gaps, combining clinical rigor with independent-use accessibility

Keywords: posttraumatic growth; posttraumatic depreciation; war trauma; guided self-help; psychoeducation; continuous traumatic stress; place identity

INTRODUCTION

This article continues research aimed at developing and empirically specifying the Integrative “Model of Existential Choice and Adaptation” for Kharkiv residents under prolonged war-induced traumatic crisis (Iteration 1.0 and 1.1). The main findings from that foundational study are presented in a separate manuscript currently under editorial review. This current work (Iteration 1.2) focuses on procedural operationalisation and empirical verification through development of a practical digital tool. Transitioning from theoretical modeling to practical implementation represents a critical stage in any psychological concept’s development. While the “Integrative Model of Existential Choice and Adaptation”, grounded in N. Pesechian’s transcultural Positive Psychotherapy approach, demonstrated strong capacity for interpreting Ukrainian wartime adaptation strategies, theoretical validity alone does not guarantee accessibility for populations needing psychological support amid limited specialist access.

The relevance of creating a practical toolkit (full title: “5-Step Model of Self-Reflection on Choice and Adaptation: An Author’s Guided Psychological Self-Help Tool”) based on the theoretical model is necessitated by Ukraine’s crisis specifics, characterised by continuous traumatic stress (CTS) amid critical resource deficits. According to the “Humanitarian Response Plan for Ukraine” (2025), approximately 9.6 million people are at risk of developing mental disorders. Simultaneously, per latest World Health Organization (2025) estimates less than 10% of those affected in conflict zones and resource-limited conditions receive adequate assistance. This indicates the mental health treatment gap reaches critical 90%. In this context, guided self-help (GSH) tools are recognised by international organizations as priority strategy for addressing this imbalance (World Health Organization, 2022).

As noted by A. Wasil *et al.* (2019), the context of digital solutions in mental health (mHealth) is characterised by exponential growth, offering over 20,000 applications. However, systematic reviews indicate significant fragmentation of this market and the dominance of approaches that have limited relevance to the context of protracted war. According to observations by K. Fitzpatrick *et al.* (2017) and B. Inkster *et al.* (2018), the largest segment of evidence-based tools is based on cognitive behavioural therapy (CBT) protocols, emphasising the restructuring of cognitive distortions. Among them are artificial intelligence chatbots such as Woebot and Wysa, which are effective in reducing symptoms of

depression and anxiety in controlled studies. Moodgym, one of the oldest web platforms for depression prevention, is also widely known. However, J. Torous *et al.* (2021) noted that such tools often implement a mechanistic “symptom-correction” approach, ignoring the existential dimension of suffering and the search for meaning, which is critical to traumatic experiences.

The second dominant cluster is relaxation and meditation apps, led by Headspace, Calm, and Insight Timer. According to meta-analyses by É. Gál *et al.* (2021) found that mindfulness-based tools can be effective in reducing stress. However, despite their positive impact, such apps are often criticised for commercialising mindfulness practices. As emphasised by M. Mani *et al.* (2015), the lack of in-depth therapeutic processing limits their effectiveness, as these tools do not always incorporate the complex aspects of mental health and do not promote adequate psychological adaptation in conditions of constant stress. In the trauma treatment field, tools based on PTSD Coach and derivatives (CPT Coach, PE Coach), developed by the National Centre for PTSD (USA), are considered the standard of excellence, as noted by K. Possemato *et al.* (2016). These tools have a substantial evidence base, but their effectiveness is limited by their strict adherence to DSM-5 clinical protocols for PTSD treatment. According to G. Eagle & D. Kaminer (2013), their structure involves working with a past event (“post-trauma”), which makes them less effective in conditions of continuous traumatic stress, where trauma is a constant part of life. Thus, existing tools do not cover the specifics of adaptation to constant stress, characteristic of war or other prolonged crises.

One of the main problems that reduces the effectiveness of such tools is low audience retention. According to J. Torous *et al.* (2018) and A. Baumel *et al.* (2019), over 90% of users discontinue the use of mHealth applications within the first two weeks. The main reason for this phenomenon, according to the researchers, is the lack of proper psychoeducation that would reveal the essence of interventions and determine why these exercises are crucial for users, rather than simply offering a set of techniques. As noted by J. Bäuml *et al.* (2016), psychoeducation is the foundation that transforms situational self-support practices into a structured process of self-reflection. It provides a “cognitive framework”, reduces anxiety about uncertainty, and creates a sense of control. The absence of this component in most popular tools creates a scientific and practical gap that the proposed model is designed to fill.

Therefore, the study aimed to operationally define and empirically verify the "Integrative Model of Existential Choice and Adaptation" using the example of Kharkiv residents in the context of a prolonged traumatic crisis (Iteration 1.2) caused by the war, implemented as an electronic resource – the author's "5-step model of self-reflection of choice and adaptation. A tool for guided psychological self-help". The study involves adapting the theoretical core of the model (developed based on the "Kharkiv case") to the national context and assessing its heuristic value for Ukrainians in the context of a prolonged war.

MATERIALS AND METHODS

The study was implemented as part of the volunteer project "Facets of Life/Life on the Edge", initiated by researchers from the Ukrainian Association of Psychotherapists (UAP). The initiative arose at a UAP meeting, where the personal experience of staying in Kharkiv shared by Olga Antoshkina (head of the Kharkiv branch of UAP) became a catalyst for initiating the research by one of the authors, I. Gordienko-Mitrofanova. Five researcher-practitioners (UAP members) responded to the open call, forming a diverse team of interviewers: N. Bondarenko, O. Dokunina, V. Sukhan, S. Sauta, and S. Bezkorovainy. The developer of the electronic version of the "5-Step Model of Self-Reflection on Choice and Adaptation" is S. Sauta, PhD in Psychology, Basic Consultant in Provocative Psychotherapy, AI Director of FRACTAL group of companies.

This study employed a sequential mixed-methods design comprising three consecutive phases: (1) conceptualisation and empirical specification of the "Integrative Model of Existential Choice and Adaptation" (Iteration 1.2) based on narrative interview corpus ($N > 100$); (2) operationalisation of model constructs into digital format ("5-Step Model of Self-Reflection on Choice and Adaptation"); (3) empirical piloting using structured feedback questionnaire ($N > 300$). Research was conducted within the volunteer project "Facets of Life/Life on the Edge" by Ukrainian Association of Psychotherapists (UAP) research team. Project initiative emerged at UAP meeting where Olga Antoshkina's (UAP Kharkiv Branch Head) personal Kharkiv experience catalysed research initiation by author I. Gordiyenko-Mytrofanova. Five researcher-practitioners (UAP members) formed diverse interviewer team: N. Bondarenko, O. Dokunina, V. Sukhan, S. Sauta, and S. Bezkorovainy. Electronic version developer: S. Sauta, PhD Psychology, Basic Consultant Provocative Psychotherapy, AI Director FRACTAL company group.

Sampling occurred at two levels. Qualitative stage (empirical specification, Iteration 1.2): corpus of over 100 semi-structured narrative interviews with Kharkiv residents analysed using purposive (criterion-based) sampling ensuring representation of all migration choice types (stay, leave, return). Testing stage: adult

Ukrainian citizens ($N > 300$: online version respondents and workshop participants) engaged in tool piloting. Procedure involved obtaining informed consent for data processing per ethical standards. Procedure entailed independent completion of full self-reflection cycle via digital "5-Step Model" algorithm: (1) Interpretation Module (I), (2) Existential Choice Module (C_1-C_6), (3) Integration Module (G), (4) Balance Module (R_1-R_4), (5) Adaptation Module (PTG/PTD co-existence). Tool validity assessment employed author-designed structured 18-item feedback questionnaire (16 core items plus 2 demographic; see Appendix A) measuring cognitive comprehensibility, emotional safety, and subjective utility parameters. Quantitative data processing included descriptive statistics calculation (frequency analysis, central tendency measures) from questionnaire results. Qualitative stage involved reflexive thematic analysis of open-ended questionnaire comments plus oral feedback generalisation from workshop group discussions.

The first block assessed the usability and cognitive accessibility of the tool. It aims to measure the ease of use of the tool and includes indicators that assess the subjective comprehensibility of instructions, the accessibility of terminology, and the adequacy of time expenditure. To this end, binary questions were used to identify complex terms, as well as a 5-point Likert scale to assess the perception of instructions. The time required to complete the 5-step model was also assessed, with the ability to determine whether there was excessively rapid completion, which may indicate superficial completion, or a significant excess of time, which is an indicator of cognitive load. The second block examined the content validity of the instrument by assessing the relevance of each of the five modules of the model. Respondents were asked to evaluate the heuristic value of each stage of the instrument, in particular the modules related to structuring memories, differentiating choice motivation along the axes of existential choice, typology of belonging identity, diagnosis of the balance model, and conceptualisation of adaptation patterns (growth, depreciation, coexistence, avoidance). The third block assessed effectiveness and behavioural activation, which made it possible to measure the integral impact of the model on the cognitive, behavioural and reflective state of respondents. This included assessing the model's ability to structure chaotic experiences, the respondents' readiness to perform the formulated action, and the value of the insights gained. The social validity of the tool was also measured through a consumer loyalty index, which assessed the respondents' willingness to recommend the tool to others. completion, or significantly exceeding the time, which is an indicator of cognitive load. The fourth block focused on ethics and safety, as the study deals with traumatic experiences. This block assessed the usefulness of psychoeducational inserts, in particular, crisis warnings and the possibility of pausing while completing the tool.

Respondents also self-assessed their emotional state after completing the model, which identified potential risks of retraumatisation and assessed the extent to which the model provides an emotionally safe space for self-reflection.

Data collection was conducted in several stages. First, respondents independently completed a full cycle of self-reflection using an electronic version of the 5-step model. After completing each stage, respondents completed a feedback questionnaire. In addition, qualitative data were collected through open-ended questions and oral discussions during group workshops. Quantitative data were processed using descriptive statistical methods, in particular frequency analysis and calculation of central tendency indicators. Qualitative data from open-ended questions were subjected to content analysis to identify typical difficulties, barriers to interpretation, and to obtain feedback on further improvements to the tool. The study included respondents of different ages and with different experiences of adapting to war. More than 300 adult citizens of Ukraine participated in the study. The sample was formed in two stages: at the qualitative stage, more than 100 narrative interviews with residents of Kharkiv were analysed, and at the testing stage, respondents who used the electronic version of the tool and participated in master classes were involved. The study was conducted in strict compliance with ethical standards, in accordance with the principles of the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research (1979), which include ensuring the informed consent of participants, their voluntary participation and the protection of their confidentiality throughout the research process.

RESULTS AND DISCUSSION

Architecture and procedural operationalisation of the 5-step model

The main result of the study was the development of an algorithmic tool for guided self-help and self-reflection, which transforms the theoretical constructs of the “Integrative Model of Existential Choice and Adaptation” into a consistent procedure for cognitive structuring of experience. The tool was developed in response to the specifics of continuous traumatic stress, which requires constant adaptation during a crisis, facilitating intervention specifically in conditions of ongoing traumatisation. The model is structured in the form of five self-reflection modules, each of which is based on a specific psychotherapeutic mechanism that helps users adapt to stressful situations and find ways to overcome mental stress.

The architecture of the 5-step model involves a step-by-step process of self-reflection, consisting of the following stages: Interpretation, Existential Choice, Integration, Balance, and Adaptation. Each of these stages corresponds to a specific stage of psychotherapeutic work and aims to help the participant cognitively

comprehend the traumatic experience, make an existential decision, integrate a new identity, restore the balance between resources and stress, and facilitate adaptation to new conditions. This model was developed in the context of the theoretical foundations of the “Integrative Model of Existential Choice and Adaptation”, which includes six continuums of existential choice (C_1 - C_6) and an expanded typology of identity. Specific stages, including interpretation, motivation assessment, identity integration, resource diagnosis, and adaptation patterns, create a sequence that can be used for systematic analysis of the personal experiences and resources of the respondent.

Step 1, the Interpretation Module, actualises and systematises traumatic experience. This stage transforms chaotic affective traces – fragmented sensory imprints – into coherent narrative form. The mechanism operates through transforming affect-laden memory fragments into structured narrative, constituting a clinically validated strategy for reducing anxiety and PTSD symptomatology based on Dual Representation Theory (Ehlers & Clark, 2000; Brewin, 2014). Step 1 operationalises the theoretical construct “Interpretation (I)”, which describes meaning-making of lived experience within the Integrative Model: value reassessment, establishing causal-value connections, and embedding experience into personal temporal perspective (past-present-future).

The second stage, the Existential Choice module, consists of diagnosing the motivation behind decisions regarding further actions in a crisis – to stay, leave or return. Motivation is analysed using a system of six bipolar continua, each of which assesses the relevance of various factors influencing decision-making. An innovation at this stage is the use of a scale to record ambivalence – a state in which both poles of choice are relevant. This approach correlates with research, which indicates that emotional ambivalence is not a mistake in choice, but a sign of cognitive complexity and adaptability in crisis conditions (Larsen *et al.*, 2001). Validating ambivalence at this stage helps reduce secondary stress by alleviating the pressure to make an unambiguous decision. The procedural operationalisation of this approach is implemented through the evaluation of each continuum using a special 4-point scale (0-3), where respondents are asked to determine the degree of influence of factors on decision-making: 0 – neither one nor the other: this axis is insignificant for the respondent's choice; both factor-poles are weakly expressed; 1 – left pole: the choice was determined by the factor indicated on the left; 3 – right pole: the choice was determined by the factor indicated on the right; 2 – both left and right poles: a marker of ambivalence, indicating that both factors were equally important and created high internal tension.

Step 2 is the operationalisation of the theoretical construct “Continuum of Existential Choice (C_1 - C_6)”, which moderates the adaptation process. Six bipolar

axes of existential tension moderate the transition from Interpretation (I) to Integration (G) and further Adaptation (PTG/PTD) (detailed descriptions are shown below), answering the question: "Under what conditions, in what direction and with what intensity does the integration of experience take place?". Example continuum: C1 Security-Belonging: orientation toward risk reduction and safety vs. orientation toward social engagement, sense of "one's place" and community.

Step 3, the Integration Module, determines place-identity type transformed by war (War-specific Place Identity). The proposed seven-trajectory typology differentiates states by attachment quality. This approach aligns with contemporary environmental psychology trends moving beyond binary oppositions to consider "multiple belonging" and "liminality" as key to understanding mental health in forced migration contexts (Scannell & Gifford, 2017; Manzo & Devine-Wright, 2021). The seven post-crisis place-identity types: Transformed Local Identity – stayed; Alienated Local Identity – stayed; Multilocal Identity – left; Temporary Evacuation Identity – left; Monolocal (Assimilated) Identity – left; Liminal Identity – left; Reintegrated Identity – consciously returned.

Step 4, the Balance Module, implements resource diagnostics based on N. Peseschkian's balance model through a two-stage algorithm. Stage one: respondent works with structured resource registry (R1-R4), identifying actual supports across four spheres: Body/Sensations (somatic regulation, sleep, sport), Activity/Achievement (structuring routines, work), Contacts/Traditions (emotional intimacy, group belonging), and Fantasies/Future (values, faith, future plans).

Stage two implements didactic function: teaching distinction between chronometric time and psychic energy (emotional investment intensity). Mastering this skill enables respondent to independently construct individual visual model of 100% life-energy distribution. This visualisation facilitates automatic disproportion identification: "Escape Sphere" (significantly >25%): defined as pseudo-resource and hypercompensation defense mechanism (e.g., workaholism as escape from loneliness); "Deficit Sphere" (significantly <25%): zone of ignored needs, marking burnout or psychosomatisation risk. Such imbalance, particularly hypercompensation, qualifies as ineffective long-term adaptation strategy leading to exhaustion per Conservation of Resources theory (Hobfoll *et al.*, 2018).

Step 5, the Adaptation Module, assesses crisis consequences through the lens of co-existing independent processes: posttraumatic growth (PTG) and posttraumatic depreciation (PTD). The model identifies the full spectrum of adaptation patterns: from dominant growth or depreciation vectors to their combination or cognitive avoidance state (emotional numbing). This approach grounds in the orthogonality (independence) concept of PTG and PTD constructs (Cann *et al.*, 2010;

Taku *et al.*, 2008), avoiding "toxic positivity" traps while ensuring diagnostic process ecology.

Four adaptation pattern types based on process interaction: (1) growth (PTG), (2) depreciation (PTD), (3) simultaneous combination of growth and depreciation (PTG and PTD), and (4) cognitive avoidance/emotional numbing. Unlike traditional diagnostic instruments, this model's key innovation is integrating cross-cutting psychoeducation directly into diagnostic process structure. It accompanies respondents at each stage, functioning not as passive information transfer but as active cognitive reframing method. The toolkit thereby accomplishes key therapeutic tasks – ambivalence validation, symptom depathologisation, and agency restoration – implemented through comprehensive instruction system following this algorithm:

1. Step 1 (Interpretation): Memory Structuring

Respondent learns to structure fragmented affective memories into coherent narrative. Psychoeducation explains this as temporal "relocation" mechanism ("that was then, not now"), facilitating anxiety reduction and cognitive control restoration over memory.

2. Step 2 (Existential Choice): Ambivalence Validation

Toolkit explains that simultaneously choosing opposite poles (score "2") marks depth of situational understanding, not error. This directly validates ambivalence, reducing secondary stress from pressure to make "unambiguous" decisions.

3. Step 3 (Integration): Place-Identity Identification

Through describing place-identity types, methodology provides terminological apparatus for naming experiences regarding different place-attachment feelings. This destigmatises "unrootedness," helping see it as adaptation stage.

4. Step 4 (Balance): Resource Management

At this stage, respondent learns distinguishing physical time from psychic energy. "Escape Sphere" concept (pseudo-resource) is introduced, interpreting hypercompensation (e.g., workaholism) as avoidance defense reaction against painful experiences, traumatic memories, etc., helping respondent differentiate productive adaptation from exhaustion.

5. Step 5 (Adaptation): Reaction Depathologisation

This stage implements PTG/PTD co-existence model. Methodology normalises paradoxical pain-development combination. Also provides explanation of "emotional numbing" phenomenon as protective "freezing", removing guilt for emotion absence. Final stage: cycle completion through behavioral activation (formulating "one concrete action"), closing process by restoring sense of agency, returning person to active subject role in their own life.

Empirical testing results and comparison with existing evidence

The 5-step model testing (N > 300) employed author-designed 18-item feedback questionnaire implemented

via Google Forms with subsequent spreadsheet export and descriptive statistics analysis. Summary results indicated over 95% of respondents reported new situation understanding (insight, “chaos structuring” sensation), while nearly 97% identified place-identity awareness (“where I feel at home now”) as most important outcome. A separate 30-participant group requested model completion with team member accompaniment. This work documented typical difficulties, semantic barriers, and interpretive requests, forming basis for in-depth tool refinement. Based on obtained data: resource block expanded, balance model construction instructions reformulated, “escape spheres” and “deficit spheres” described in psychoeducational format, adaptation patterns (PTG/PTD co-existence and cognitive avoidance) detailed. Overall, approximately one-quarter of model formulations and instructions underwent review and refinement, substantially increasing clarity, clinical sensitivity, and independent-use suitability.

Comparison with Existing Evidence. Obtained results align with emerging digital mental health tool effectiveness research. S. Lahutina *et al.* (2024) described digital chatbot providing psychoeducation and self-help in war context, with approximately 50,000 users receiving stress regulation knowledge, emphasising early digital support importance in crises – consistent with the model’s accessibility and psychoeducation emphasis. M. Olff *et al.* (2025) systematic review demonstrated psychoeducation improves mental reaction knowledge and help-seeking, though self-application often fails producing stable PTSD symptom reduction without further support. This partially aligns with the model, which integrates psychoeducation not as standalone element but as cross-cutting mechanism aimed at experience awareness increase and secondary stress reduction. Recent studies further validate PTG as a distinct adaptive process. Z. Yang *et al.* (2025) revealed significant heterogeneity in PTG and confirmed social support’s positive impact on adaptation, validating the model’s emphasis on resource-based strategies. Similarly, J.R. Rhodes *et al.* (2024) demonstrated that PTG-oriented programming for veterans yields both short- and long-term improvements, supporting the practical value of integrating growth elements into digital interventions. While many digital tools focus primarily on symptomatic relief (e.g., CBT-based interventions), this study addresses meaningful reinterpretation and the active coexistence of PTG and posttraumatic depreciation

(PTD). A key methodological distinction is that the model treats PTG as an active process available during ongoing stress, rather than a delayed post-event outcome. In summary, contemporary research confirms the utility of digital interventions with psychoeducational and adaptive components while underscoring the need for further randomised long-term studies to ensure consistency and quality of evidence.

CONCLUSIONS

The 5-Step Model of Self-Reflection on Choice and Adaptation, combining cognitive structuring, behavioral activation, and narrative exposure, has demonstrated high effectiveness for psychological support delivery to individuals experiencing prolonged stress in wartime conditions. Empirical testing on expanded sample (N > 300) yielded significant results: over 95% of respondents reported new situation awareness, while nearly 97% identified place-identity awareness as primary outcome. The model facilitated secondary stress reduction through integrated psychoeducation as cross-cutting mechanism. Comparison with other digital mental health tools confirmed that psychoeducation integration is key factor contributing to model effectiveness in prolonged stress contexts, enhancing both self-regulation and overall adaptation.

The scientific-practical novelty lies in creating first Ukrainian-language guided self-help model adapted to prolonged war experience specifics. Unlike existing analogues, the tool integrates cross-cutting psychoeducation/safety component, employs extended seven-strategy identity typology, and diagnoses adaptation through PTG/PTD co-existence model. Future research prospects include extended psychometric verification (reliability, validity, change sensitivity) and longitudinal study of identity dynamics, resource spheres, and adaptation patterns in various war-affected groups. Comparative analysis with other guided self-help tools and effectiveness assessment within stepped-care mental health programs are also warranted.

ACKNOWLEDGEMENTS

None.

FUNDING

None.

CONFLICT OF INTEREST

None.

REFERENCES

- [1] Baumel, A., Muench, F., Edan, S., & Kane J.M. (2019). Objective user engagement with mental health apps: Systematic search and panel-based usage analysis. *Journal of Medical Internet Research*, 21(9), article number e14567. doi: 10.2196/14567.
- [2] Bäuml, J., Froböse, T., Kraemer, S., Rentrop, M., & Pitschel-Walz, G. (2006). Psychoeducation: A basic psychotherapeutic intervention for patients with schizophrenia and their families. *Schizophrenia Bulletin*, 32(1). doi: 10.1093/schbul/sbl017.

- [3] Brewin, C.R. (2014). Episodic memory, perceptual memory, and their interaction: Foundations for a theory of posttraumatic stress disorder. *Psychological Bulletin*, 140(1), 69-97. doi: [10.1037/a0033722](https://doi.org/10.1037/a0033722).
- [4] Cann, A., Calhoun, L.G., Tedeschi, R.G., & Solomon, D.T. (2010). Posttraumatic growth and depreciation as independent experiences and predictors of well-being. *Journal of Loss and Trauma*, 15(3), 151-166. doi: [10.1080/15325020903375826](https://doi.org/10.1080/15325020903375826).
- [5] Eagle, G., & Kaminer, D. (2013). Continuous traumatic stress: Expanding the lexicon of traumatic stress. *Peace and Conflict: Journal of Peace Psychology*, 19(2), 85-99. doi: [10.1037/a0032485](https://doi.org/10.1037/a0032485).
- [6] Ehlers, A., & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38(4), 319-345. doi: [10.1016/S0005-7967\(99\)00123-0](https://doi.org/10.1016/S0005-7967(99)00123-0).
- [7] Fitzpatrick, K.K., Darcy, A., & Vierhile, M. (2017). Delivering cognitive behavior therapy using a fully automated conversational agent (Woebot). *JMIR Mental Health*, 4(2), article number e19. doi: [10.2196/mental.7785](https://doi.org/10.2196/mental.7785).
- [8] Gál, É., Ștefan, S., & Cristea, I.A. (2021). The effect of mindfulness apps on stress and anxiety: A meta-analysis. *Journal of Affective Disorders*, 279, 131-142. doi: [10.1016/j.jad.2020.09.134](https://doi.org/10.1016/j.jad.2020.09.134).
- [9] Hobfoll, S.E., Halbesleben, J., & Neveu, J.P. (2018). Conservation of resources in the organizational context. *Annual Review of Organizational Psychology and Organizational Behavior*, 5, 103-128. doi: [10.1146/annurev-orgpsych-032117-104553](https://doi.org/10.1146/annurev-orgpsych-032117-104553).
- [10] Inkster, B., Sarda, S., & Subramanian, V. (2018). An empathy-driven conversational artificial intelligence agent (Wysa). *JMIR mHealth and uHealth*, 6(11), article number e12106. doi: [10.2196/12106](https://doi.org/10.2196/12106).
- [11] Lahutina, S., Frankova, I., Gruen, M., Vermetten, E., Zohar, J., Spitschan, M., & Bajbouj, M. (2024). A digital self-help tool to promote mental well-being for Ukrainians affected by war – assessing predictors of stress. *Neuroscience Applied*, 3, article number 104089. doi: [10.1016/j.nsa.2024.104089](https://doi.org/10.1016/j.nsa.2024.104089).
- [12] Larsen, J.T., McGraw, A.P., & Cacioppo, J.T. (2001). Can people feel happy and sad at the same time? *Journal of Personality and Social Psychology*, 81(4), 684-696. doi: [10.1037/0022-3514.81.4.684](https://doi.org/10.1037/0022-3514.81.4.684).
- [13] Mani, M., Kavanagh, D.J., Hides, L., & Stoyanov, S.R. (2015). Review and evaluation of mindfulness-based iPhone apps. *JMIR mHealth and uHealth*, 3(3), article number e82. doi: [10.2196/mhealth.4328](https://doi.org/10.2196/mhealth.4328).
- [14] Manzo, L.C., & Devine-Wright, P. (Ed.). (2021). *Place attachment: Advances in theory, methods and applications* (2nd ed.). London: Routledge. doi: [10.4324/9780429274442](https://doi.org/10.4324/9780429274442).
- [15] National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979, April). *The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research*. Retrieved from <https://web.archive.org/web/20120426013513/http://ohsr.od.nih.gov/guidelines/belmont.html>.
- [16] Olff, M., et al. (2025). The impact of trauma and how to intervene: A narrative review of psychotraumatology over the past 15 years. *European Journal of Psychotraumatology*, 16(1), article number 2458406. doi: [10.1080/20008066.2025.2458406](https://doi.org/10.1080/20008066.2025.2458406).
- [17] Peseschkian, N. (1986). *Positive family therapy: The family as therapist*. Berlin: Springer-Verlag.
- [18] Possemato, K., Kuhn, E., Johnson, E., Hoffman, J.E., Owen, J.E., Kanuri, N., De Stefano, L., & Brooks, E. (2016). Using PTSD Coach in primary care with and without clinician support: A pilot randomized controlled trial. *General Hospital Psychiatry*, 38, 94-98. doi: [10.1016/j.genhosppsych.2015.09.005](https://doi.org/10.1016/j.genhosppsych.2015.09.005).
- [19] Rhodes, J.R., Tedeschi, R.G., Moore, B.A., Alldredge, C.T., & Elkins, G.R. (2024). Posttraumatic growth-oriented peer-based training among U.S. veterans: Evaluation of post-intervention and long-term follow-up outcomes. *Frontiers in Psychology*, 14, article number 1322837. doi: [10.3389/fpsyg.2023.1322837](https://doi.org/10.3389/fpsyg.2023.1322837).
- [20] Scannell, L., & Gifford, R. (2017). Place attachment enhances psychological need satisfaction. *Environment and Behavior*, 49(4), 359-389. doi: [10.1177/0013916516637648](https://doi.org/10.1177/0013916516637648).
- [21] Taku, K., Cann, A., Calhoun, L.G., & Tedeschi, R.G. (2008). The factor structure of the posttraumatic growth inventory: A comparison of five models using confirmatory factor analysis. *Journal of Traumatic Stress*, 21(2), 158-64. doi: [10.1002/jts.20305](https://doi.org/10.1002/jts.20305).
- [22] Torous, J., Bucci, S., Bell, I.H., Kessing, L.V., Faurholt-Jepsen, M., Whelan, P., Carvalho, A.F., Keshavan, M., Linardon, J., & Firth, J. (2021). The growing field of digital psychiatry: Current evidence and the future of apps, social media, chatbots, and virtual reality. *World Psychiatry*, 20(3), 318-335. doi: [10.1002/wps.20883](https://doi.org/10.1002/wps.20883).
- [23] Torous, J., Nicholas, J., Larsen, M.E., Firth, J., & Christensen, H. (2018). Clinical review of user engagement with mental health smartphone apps: Evidence, theory and improvements. *Evidence-Based Mental Health*, 21(3), 116-119. doi: [10.1136/eb-2018-102891](https://doi.org/10.1136/eb-2018-102891).
- [24] Wasil, A.R., Venturo-Conerly, K.E., Shingleton, R.M., & Weisz, J.R. (2019). A review of popular smartphone apps for depression and anxiety: Assessing the inclusion of evidence-based content. *Journal of Consulting and Clinical Psychology*, 123, article number 103498. doi: [10.1016/j.brat.2019.103498](https://doi.org/10.1016/j.brat.2019.103498).
- [25] World Health Organization. (2022). *Mental health gap action programme (mhGAP) guideline for mental, neurological and substance use disorders*. Geneva: WHO.

- [26] World Health Organization. (2025). *Over a billion people living with mental health conditions – services require urgent scale-up*. Retrieved from <https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up>.
- [27] Yang, Z., Gu, J., Yao, X., Wang, L., & Shao, J. (2025). Latent profile analysis of post-traumatic growth and psychological resilience among patients with mental illness during the rehabilitation period: Associations with social support. *Research Square*. doi: 10.21203/rs.3.rs-7075637/v1.

**«5-крокова модель саморефлексії вибору та адаптації»:
емпірична верифікація «Інтегративної моделі екзистенційного вибору
та адаптації» на засадах транскультурального підходу
Позитивної Психотерапії Н. Пезешкіана**

Ія Гордієнко-Мітрофанова

Доктор психологічних наук, професор
Харківський національний педагогічний університет імені Г.С. Сковороди
61168, вул. Валентинівська, 2, м. Харків, Україна
Європейський сертифікований психотерапевт з позитивної психотерапії (WAPP)
Консультант приватної практики
м. Харків, Україна
<https://orcid.org/0000-0001-5332-0663>

Наталя Бондаренко

Магістр, сертифікований консультант з базового курсу позитивної психотерапії (WAPP)
Консультант приватної практики
м. Харків, Україна; м. Рига, Латвія
<https://orcid.org/0009-0002-9254-8788>

Оксана Докуніна

Магістр, сертифікований консультант з базового курсу позитивної психотерапії (WAPP)
Консультант приватної практики
м. Харків, Україна; м. Норхеймсунд, Норвегія
<https://orcid.org/0009-0009-8791-3788>

Анотація. Тривала війна в Україні зумовила критичний дефіцит послуг у сфері ментального здоров'я: 9,6 мільйона осіб перебувають у зоні ризику, проте <10 % отримують належну підтримку. Інструменти керованої самопомогі визнані пріоритетною стратегією для подолання цього 90 % розриву в лікуванні. Метою дослідження було представити емпіричну верифікацію та процедурну операціоналізацію «Інтегративної моделі екзистенційного вибору та адаптації» (Ітерація 1.2), застосованої до мешканців Харкова, які перебувають в умовах тривалого травматичного стресу. Теоретична база синтезувала транскультуральний підхід позитивної психотерапії Н. Пезешкіана, теорію тривалого травматичного стресу та принципи відновлення суб'єктності (агенсу). Практична реалізація – цифрова «5-крокова модель саморефлексії вибору та адаптації» – була емпірично протестована на вибірці N > 300 респондентів за допомогою структурованого опитувальника зворотного зв'язку з 18 пунктів. Модель операціоналізувала п'ять модулів саморефлексії: модуль інтерпретації: трансформація афективно забарвлених спогадів у наратив; модуль екзистенційного вибору: діагностика мотивації за шістьма біполярними континуумами з валідацією амбівалентності; модуль інтеграції: ідентифікація специфічної для війни просторової ідентичності (place-identity) за розширеною типологією з семи типів; модуль балансу: оцінка ресурсів та «сфер утечі» за моделлю балансу Н. Пезешкіана; модуль адаптації: оцінка співіснування посттравматичного зростання та депреціації. Понад 95 % респондентів зазнали нового усвідомлення ситуації; 97 % визнали усвідомлення просторової ідентичності найбільш цінним результатом. Ключова інновація полягала в інтеграції наскрізної психоосвіти, що забезпечує когнітивний рефреймінг, депатологізацію симптомів та зниження вторинного стресу. Модель спрямована на подолання критичних прогалів у системі ментального здоров'я воєнного часу, поєднуючи клінічну строгість із доступністю для самостійного використання

Ключові слова: посттравматичне зростання; депривація; воєнна травма; керована самопомога; адаптація; психоосвіта; безперервний травматичний стрес; ідентичність місця