UDC 159.944.4:355.292-058.833(477) **DOI: 10.31652/2786-6033-2026-5(3)-112-117**

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TRAUMA-RELATED DISTRESS AND COPING STRATEGIES AMONG WIVES OF MILITARY PERSONNEL DURING WARTIME

Анотація. У статті представлено результати емпіричного дослідження взаємозв'язку рівня психотравматичного дистресу та стратегій копінг-поведінки у дружин військовослужбовців в умовах повномасштабної війни. Актуальність дослідження зумовлена зростанням поширеності проявів травматичного стресу серед членів сімей військовослужбовців та необхідністю подальшого наукового обґрунтування заходів їх психологічної підтримки.

Мета - емпірично дослідити рівень і структуру травматичного дистресу та особливості копінг-поведінки у дружин військовослужбовців, а також встановити характер взаємозв'язку між вираженістю дистресу та типами копінг-стилів (проблемно-орієнтованим, емоційно-орієнтованим, уникаючим).

У дослідженні взяли участь 30 жінок віком від 24 до 54 років, чиї партнери є військовослужбовцями. Зважаючи на обсяг вибірки, результати мають пілотний характер. Отримані дані є складовою ширшого дисертаційного дослідження посттравматичного зростання членів сімей військовослужбовців і в подальшому будуть інтегровані з результатами інших методик на розширеній вибірці.

Для діагностики застосовано україномовну адаптовану версію Шкали впливу травматичної події (IES-R) та ситуаційну версію опитувальника Brief-COPE для визначення стилю подолання (копінгу). Було встановлено, що результати 80% респонденток перевищують рекомендований поріг клінічної значущості за IES-R (> 30 балів), що свідчить про виражену симптоматику травматичного стресу. Серед більш виражених копінг-стилів можна виділити емоційно-орієнтований та уникаючий. Виявлено статистично значущий прямий зв'язок між рівнем дистресу та стратегією позитивного рефреймінгу, яка є складовою проблемно-орієнтованого копінг-стилю ($rs = 0.56$; $p = 0.001$). Для субшкал «звернення до релігії» ($rs = -0.35$; $p = 0.055$) та «поведінкового розмежування» ($rs = -0.32$; $p = 0.083$) виявлено помірні (слабкі) зворотні кореляційні зв'язки.

Практичне значення дослідження полягає у формуванні емпіричного підґрунтя для розроблення психологічних рекомендацій та програм супроводу членів сімей військовослужбовців, спрямованих на підтримку адаптації до тривалого стресу, розвиток резильєнтності, актуалізацію адаптивних копінг-ресурсів і створення передумов для посттравматичного зростання.

Ключові слова: війна, дистрес, дружини військовослужбовців, копінг-стратегія.

Abstract. The article presents the results of an empirical study on the relationship between the level of psychotraumatic distress and coping behavior strategies among the wives of military personnel under the conditions of full-scale war. The relevance of the study is driven by the growing prevalence of traumatic stress manifestations among family members of military personnel and the need for further scientific substantiation of measures for their psychological support.

The aim is to empirically investigate the level and structure of traumatic distress and the characteristics of coping behavior among the wives of military personnel, as well as to establish the nature of the relationship between the severity of distress and the types of coping styles (problem-oriented, emotion-oriented, avoidant).

The study involved 30 women aged 24 to 54 whose partners are military personnel. Given the sample size, the results are of a pilot nature. The obtained data are a component of a broader dissertation study on the post-traumatic growth of family members of military personnel and will be further integrated with the results of other methods on an expanded sample.

For diagnostics, a Ukrainian-adapted version of the Impact of Event Scale-Revised (IES-R) and a situational version of the Brief-COPE questionnaire were used to determine the coping style. It was established that the results of 80% of the respondents exceed the recommended threshold of clinical significance according to the IES-R (> 30 points), which indicates pronounced symptoms of traumatic

stress. Among the more pronounced coping styles, emotion-oriented and avoidant styles can be distinguished. A statistically significant direct relationship was found between the level of distress and the positive reframing strategy, which is a component of the problem-oriented coping style (rs = 0.56; p = 0.001). For the subscales «turning to religion» (rs = -0.35; p = 0.055) and «behavioral disengagement» (rs = -0.32; p = 0.083), moderate (weak) inverse correlations were revealed.

The practical significance of the study lies in forming an empirical foundation for developing psychological recommendations and support programs for family members of military personnel, aimed at supporting adaptation to prolonged stress, developing resilience, actualizing adaptive coping resources, and creating prerequisites for post-traumatic growth.

Keywords: war, distress, wives of military personnel, coping strategy.

Introduction. The full-scale military invasion of Ukraine by the russian federation has exerted a profound traumatic impact not only on military personnel and combatants but also on their family members. The closest relatives, particularly the wives of military personnel, find themselves in a situation of chronic secondary traumatization characterized by an ongoing stress of anticipation, profound uncertainty, and the constant threat of loss, in addition to direct existential threats to their own lives and health.

Additional psychological burdens include a forced restructuring of their daily routines, heightened responsibility for family functioning, the necessity of independently managing household, financial, and child-rearing duties, and, in some cases, limited access to immediate social support. Under such extreme conditions, military wives frequently experience a broad spectrum of negative emotional states, including severe anxiety, fear, depressive moods, helplessness, and emotional exhaustion, which significantly compromise their psychological well-being and daily functioning [3, 2].

Prolonged deployment of a partner to high-risk zones, restricted communication, and continuous environmental reminders of warfare aggravates the psychological toll [3]. This context necessitates an in-depth exploration of how military wives experience and process trauma-related distress and what coping mechanisms they employ to navigate this adversity. Understanding these regularities provides an essential empirical foundation for assessing prospective pathways toward personal growth, developing target-oriented psychological support programs, and formulating actionable practical recommendations [8, 4].

Theoretical foundations of the study. The phenomenon of traumatic stress response has been extensively conceptualized within the framework established by Weiss and Marmar, which was operationalized via the Impact of Event Scale - Revised (IES-R) [6]. This framework delineates three primary symptom clusters: intrusive thoughts and memories (intrusion), active avoidance of trauma-related stimuli, and physiological hyperarousal [6]. The Ukrainian version of this tool was validated on a domestic sample exposed to wartime conditions by Krupelnytska et al. (2025) [6].

The theoretical foundation for exploring coping behaviors relies heavily on the transactional model of stress and coping formulated by Lazarus and Folkman (1984), which interprets coping as a dynamic, context-dependent process divided into problem-focused and emotion-focused efforts [7]. This model was subsequently refined by Carver (1997) into the Brief-COPE inventory, which allows for a more granular assessment of 14 distinct coping strategies [1]. The instrument was successfully adapted for the Ukrainian population by Yablonska et al. (2023) [12].

The psychological experience of military spouses should be considered within the broader context of prolonged and cumulative stress rather than as a response to a single traumatic event. Unlike situations in which a traumatic event has a clearly defined beginning and end, wartime conditions are characterized by continuing uncertainty, repeated exposure to threatening information, and the possibility of new potentially traumatic events. For wives of military personnel, these general wartime stressors are combined with concerns regarding the safety and well-being of their partners, periods of limited or interrupted communication, changes in family roles, and increased responsibility for maintaining everyday family functioning. Consequently, psychological adaptation occurs while the source of stress remains active, which may considerably complicate the process of emotional recovery.

An important characteristic of this experience is the coexistence of objective and anticipated threats. Even when a woman is not directly exposed to combat, information about hostilities, prolonged absence of communication with her partner, reports of casualties, and uncertainty regarding future developments may continuously activate threat appraisal mechanisms. From the perspective of the transactional model of stress and coping, the psychological impact of such circumstances depends not only on the objective characteristics of the stressor but also on its subjective appraisal and on the resources perceived as available

for managing it. Therefore, similar external circumstances may be associated with substantially different levels of distress and different patterns of coping behavior.

The situation experienced by military spouses may also be interpreted through the concept of ambiguous loss, in which psychological uncertainty emerges because a significant person is physically absent while remaining psychologically present. Although military deployment does not necessarily constitute loss in the conventional sense, prolonged separation combined with uncertainty about a partner's safety can create some of the psychological conditions characteristic of ambiguous loss. The absence of certainty and closure may complicate emotional regulation and maintain a persistent state of vigilance. In such circumstances, distress should not automatically be interpreted as evidence of psychological dysfunction; rather, elevated distress may represent a contextually understandable response to prolonged exposure to uncertainty and threat. At the same time, its intensity, duration, and impact on everyday functioning remain important indicators of the need for psychological support.

Coping behavior is particularly important in this context because it represents one of the mechanisms through which individuals attempt to regulate the relationship between external demands and available psychological resources. Problem-oriented coping may facilitate a sense of agency through planning, active problem solving, and the mobilization of available resources. Emotion-oriented strategies may help regulate intense affective responses when the stressor itself cannot be directly controlled. Avoidant strategies, in turn, may provide short-term relief by temporarily reducing contact with distressing thoughts or emotions, although their prolonged or rigid use may interfere with psychological adaptation. Thus, individual coping strategies should not be viewed as universally adaptive or maladaptive independently of the circumstances in which they are used.

This contextual perspective is especially relevant to the interpretation of coping among military wives. Many aspects of military service and combat-related risk cannot be directly influenced by family members. Consequently, strategies aimed primarily at changing the external situation may have limited applicability, whereas emotional regulation, seeking social support, acceptance, positive reframing, spirituality, and temporary distraction may acquire greater functional significance. The effectiveness of a particular strategy may therefore depend on its flexibility, intensity, duration, and correspondence with the controllability of the stressor.

At the same time, coping resources may play an important role not only in reducing distress but also in longer-term processes of adaptation and psychological transformation. The experience of overcoming prolonged adversity can contribute to the reconsideration of personal priorities, recognition of individual strengths, changes in interpersonal relationships, and the formation of new meanings. These processes are conceptually related to post-traumatic growth, which does not imply the absence of distress and may coexist with significant trauma-related symptoms. Therefore, examining the relationship between traumatic distress and coping strategies among wives of military personnel is important both for understanding their current psychological state and for identifying potential mechanisms that may subsequently contribute to adaptation, resilience, and post-traumatic growth.

Accordingly, the analysis of traumatic distress and coping behavior should take into account their dynamic and context-dependent nature. The identification of specific coping profiles associated with different levels of distress may provide a more differentiated understanding of psychological adaptation among military spouses and contribute to the development of support interventions that strengthen flexible and contextually appropriate coping resources rather than focusing exclusively on symptom reduction.

The mental health of individuals under acute and chronic wartime stress, alongside the determinants of psychological resilience, has been widely addressed in contemporary Ukrainian psychological literature. Crucial contributions have been made regarding the organizational and systemic aspects of mental health preservation (Karamushka et al., 2023) [3] and the maintenance of personality resilience under martial law (Kokun, 2023) [5]. The broad paradigm of mental health challenges and modern clinical-psychological responses during the war was thoroughly mapped by Chaban and Khaustova (2022) [2]. Furthermore, the conceptualization of resilience as a dynamic capacity and self-help tools under prolonged traumatisation were developed by Lazos (2018) [8] and Tytarenko (2018) [11] respectively. While the baseline mechanisms of post-traumatic transformation, individual crisis resolution, and post-traumatic growth have been studied theoretically (Klymchuk, 2016; Lushyn, 2005; Tedeschi & Calhoun, 1996) [4, 9, 10], there remains a distinct scarcity of empirical investigations examining the direct interplay between trauma-related distress and specific coping profiles exclusively among military wives in Ukraine. This empirical gap justifies the relevance and timeliness of the current study.

Experimental part. The sample consisted of 30 women - wives of servicemen of the Armed Forces of Ukraine and other military formations, aged between 24 and 54 years (M = 36.6; SD = 8.7). All participants were citizens of Ukraine, residing primarily in the western and northern regions of the country. The vast majority were in long-term relationships (exceeding 10 years) and had children (24 out of 30 respondents). In terms of the partner's current deployment status:

- partner deployed directly in the combat zone - 19 individuals;
- partner serving outside the combat zone - 9 individuals;
- partner demobilized or discharged from active duty - 2 individuals.

Participation was strictly voluntary, and all respondents provided informed consent prior to data collection. No personally identifiable information was gathered. Due to the limited sample size, this study bears a pilot character, which mandates a cautious interpretation of generalized quantitative parameters; hence, the analytical focus is placed on descriptive statistics and non-parametric correlation analysis to guide subsequent large-scale research phases.

Traumatic distress was measured using the Ukrainian-language version of the Impact of Event Scale - Revised (IES-R) [6] - 22 items forming three subscales: intrusion, avoidance, and hyperarousal; total score range 0-88, clinical significance threshold 30 points. Coping behaviour was assessed with the situational version of Brief-COPE [1; 12] (28 items, 14 subscales, 4-point response scale), grouped into three styles: problem-focused, emotion-focused, and avoidant.

Internal consistency (Cronbach's alpha) was calculated for both instruments. IES-R demonstrated excellent consistency: total scale $\alpha = 0.963$; subscales: intrusion $\alpha = 0.907$, avoidance $\alpha = 0.911$, hyperarousal $\alpha = 0.878$. Brief-COPE: total scale $\alpha = 0.909$; styles: problem-focused $\alpha = 0.771$, emotion-focused $\alpha = 0.801$, avoidant $\alpha = 0.870$. All values exceed the accepted threshold of adequate consistency ($\alpha > 0.70$), confirming the reliability of the instruments in this sample.

Processing included descriptive statistics, Shapiro-Wilk normality test, and Spearman's rank correlation coefficient (rs). Given the small sample size and the non-parametric nature of the analysis, no parametric tests were applied. The significance level was set at $p < 0.05$.

Level and structure of traumatic distress: the mean IES-R total score was 50.33 (SD = 21.87), substantially exceeding the clinical threshold. The results of 80% of respondents (24 out of 30) exceed the recommended clinical significance threshold (IES-R > 30 points), indicating pronounced traumatic stress symptomatology. The mean per-item scores on the intrusion (M = 2.35), avoidance (M = 2.23), and hyperarousal (M = 2.29) subscales all fall above the midpoint of the 0-4 scale, suggesting pronounced manifestations across all three symptom clusters. The relatively balanced subscale profile points to the simultaneous presence of intrusive, avoidant, and hyperarousal symptoms (Table 1).

Table 1.

Descriptive statistics of traumatic distress (IES-R, n = 30)

IES-R Subscale	M	SD	Score range
Intrusion	2.35	1.03	0-4
Avoidance	2.23	1.04	0-4
Hyperarousal	2.29	1.03	0-4
Total score	**50.33**	**21.87**	**0-88**

Coping behaviour structure: analysis of the three generalised coping styles revealed the dominance of emotion-focused coping (M = 25.10; SD = 4.99) and avoidant coping (M = 24.10; SD = 4.57), with a somewhat lower but notable problem-focused style (M = 20.47; SD = 4.74). Among individual subscales, the highest scores were obtained for self-distraction, acceptance, and positive reframing; the lowest for substance use. These results reflect a combination of adaptive (reframing, acceptance, planning) and temporarily relieving (self-distraction) coping pathways, which is typical for conditions of prolonged uncontrollable stress (Table 2).

Table 2.

Descriptive statistics of generalised coping styles (Brief-COPE, n = 30)

Coping Style	M	SD

Problem-focused	20.47	4.74
Emotion-focused	25.10	4.99
Avoidant	24.10	4.57

Associations between distress and coping: the Shapiro-Wilk test did not reveal significant deviations from normality for the main scales; however, given the relatively small sample size, Spearman's rank correlation was applied. At the level of generalised coping styles, no statistically significant associations with the IES-R total score were found: problem-focused coping rs = 0.28 (p = 0.139); emotion-focused rs = -0.08 (p = 0.662); avoidant rs = -0.15 (p = 0.422).

At the level of individual subscales, a statistically significant positive association was found between distress level and the positive reframing strategy (rs = 0.56; p = 0.001). Moderate inverse correlations were identified for the religion subscale (rs = -0.35; p = 0.055) and behavioural disengagement (rs = -0.32; p = 0.083), both falling short of conventional significance thresholds. The correlation results are presented in Table 3.

Table 3.

Spearman's rank correlations between traumatic distress and coping strategies (n = 30)

Brief-COPE Subscale / Style	rs with IES-R total	p
Positive reframing	0.56	0.001
Religion	-0.35	0.055
Behavioral disengagement	-0.32	0.083
Problem-focused style (total)	0.28	0.139
Emotion-focused style (total)	-0.08	0.662
Avoidant style (total)	-0.15	0.422

Discussion. At the level of individual coping strategies, corresponding to the subscales of coping styles, a statistically significant positive correlation was found between traumatic distress and positive reframing (rs = 0.56; p = 0.001). This association may indicate that as the level of traumatic distress increases, so does the tendency to reflect on experienced events, search for their personal meaning, and integrate the acquired experience into one's system of life beliefs and perceptions. At the same time, moderate (weak) negative correlations were identified for the strategies of religion (rs = -0.35; p = 0.055) and behavioural disengagement (rs = -0.32; p = 0.083). In turn, the absence of statistically significant associations between general coping styles and indicators of traumatic distress may be explained by the sample size or may suggest that the analysis of individual coping strategies provides greater informational value than the examination of broader coping clusters. The inverse - albeit sub-threshold - correlations for religion and behavioural disengagement should be interpreted cautiously given the sample size.

Conclusions. The analysis of the empirical data revealed a high level of traumatic distress among wives of military personnel: 80% of respondents scored above the clinical cut-off point on the IES-R, with a relatively balanced representation of intrusion, avoidance, and hyperarousal symptoms. In the coping structure, emotion-focused and avoidant coping styles predominated. The key empirical finding of the study was the identification of a statistically significant strong positive correlation between the level of traumatic distress and the positive reframing strategy (rs = 0.56; p = 0.001), which constitutes a subscale of the problem-focused coping style. These findings may indicate that under conditions of more intense stress, respondents are more likely to engage in meaning-making and constructive reappraisal of their experiences.

The obtained results may be useful in the development of programmes and recommendations aimed at identifying and strengthening adaptive mechanisms for coping with stress-related and traumatic experiences associated with wartime conditions among wives of military personnel. A promising direction for further research is the integration of these findings with data obtained from other psychodiagnostic instruments, particularly those assessing changes in life perspectives and post-traumatic growth.

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The article has been submitted to the editorial board 04.07.2026
The article has been recommended for publication 28.08.2026
The article was published on 31.08.2026