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Psychological Well-Being in Crisis Conditions: Factors of Personal Resilience

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ABSTRACT: The aim of the study was to identify psychological, social, behavioral, and contextual factors that supported the maintenance and restoration of human well-being during prolonged and sudden crises. The study was conducted in July 2026 as a structured integrative review of English-language peer-reviewed publications from 2022–2025 found in Scopus , Web of Science Core Collection , PubMed and Google Scholar . After processing 318 records, removing 62 duplicates, and full-text checking 68 papers, the final corpus included 40 publications: 28 primary studies and 12 secondary analytical papers. The materials covered studies from Ukraine, Poland, Lebanon, China, Turkey, Syria, Uganda, and the United Kingdom, as well as international samples of internally displaced persons. The thematic synthesis revealed four interconnected blocks of resources. Individual resources were represented in 24 of the 28 primary studies, contextual conditions in 22, social support in 19, and behavioral strategies in 16. Self-efficacy , hope, meaning in life, psychological flexibility, available social support, active coping, and stability of basic living conditions were most consistently associated with adaptive functioning. It was found that the absence of anxiety, depressive or post-traumatic manifestations was not identical to high well-being, and the external preservation of work capacity could be combined with emotional exhaustion. The hypothesis of the complex nature of maintaining well-being received conditional confirmation. Practical measures should simultaneously develop internal resources, support adaptive behavior, strengthen social ties and ensure access to safety, housing, education, work and assistance.

1. INTRODUCTION

Crisis conditions increase emotional stress, disrupt the sense of security, and make it difficult to maintain stable psychological functioning. Under such circumstances, psychological well-being depends not only on the intensity of external threats, but also on the individual's ability to use internal and social resources to adapt, restore, and maintain vital activity.

In the scientific literature, resilience is viewed as a dynamic process that is formed through the interaction of personal characteristics and the social environment. Di Corrado et al. (2022) found that hope, self-efficacy , and resilience mediate the relationship between posttraumatic growth and mental health. Similar results were obtained by Hong et al. (2022), who

confirmed the importance of self-efficacy and resilience for the psychological well-being of a population simultaneously affected by a pandemic and a man-made disaster.

Social support plays an important protective role. Hu et al. (2022) showed that it, together with resilience, attenuates the negative impact of prolonged stress on mental health. Manchia et al. (2022) also emphasized that the ability to recover varies depending on the duration of the crisis, the accumulation of stress, and the availability of resources.

Research into the military context has confirmed the complexity of this mechanism. Kimhi et al. (2023) found a combination of protective and vulnerability factors during the war in Ukraine. Giordano et al. (2024) emphasized the importance of peer interaction in shaping the resilience of Ukrainian youth. Korda et al. (2025) showed that the psychological well-being of Ukrainian students is related not only to emotional state, but also to academic functioning.

Despite the accumulated results, the relationship between self-efficacy, hope, social support, adaptive strategies, and the capacity for psychological recovery remains poorly systematized. Most research has focused on individual crises or specific groups, which makes it difficult to identify universal resilience factors.

The aim of the study was to identify psychological, social and behavioural factors associated with maintaining psychological well-being in crisis situations. The question was which set of resources best supports adaptive functioning of the individual. It was hypothesized that psychological well-being is ensured by the interaction of self-efficacy , hope, social support and adaptive coping strategies. The main objectives were to clarify the content of personal resilience, identify protective and vulnerable factors and establish their significance for psychological recovery.

2. LITERATURE REVIEW

In contemporary research, psychological well-being in crisis settings has increasingly been explained in terms of a simple contrast between "resilient" and "unresilient" individuals. Instead, resilience has been viewed as a variable process, the course of which depends on the intensity of the threat, the duration of the stress, the availability of social resources, and the ways in which difficulties are overcome. Schäfer et al. (2022) showed that responses to large-scale social upheavals can shape different trajectories of psychological distress and recovery. This approach was important because it did not equate the absence of severe symptoms with complete psychological well-being. An individual could maintain daily functioning but at the same time experience a decrease in life satisfaction, a loss of meaning, or emotional exhaustion.

Conceptual heterogeneity remained one of the main problems of the research field. Wolke et al. (2025) found that in longitudinal studies resilience was defined and measured in different ways: as a trait, a result of adaptation, the absence of psychopathological symptoms, or a positive deviation from the expected level of impairment. As a result, the same term often referred to different psychological phenomena. The results of individual studies were difficult to directly compare, and conclusions about universal factors of resilience required caution. Schwarzer (2024) proposed considering resilience in the context of coping resources, emphasizing that war, terror, and forced migration created not a single, but cumulative stress. Thus, resilience was determined not only by the initial reaction to the event, but also by the ability to compensate for successive losses of security, social status, housing, and a familiar way of life.

The systematization of resilience factors confirmed the need for a multilevel approach. Schäfer et al. (2024) distinguished between individual, social, and societal resources for responding to crises. Such a classification was more productive than the search for a single leading predictor , since psychological well-being was formed through the interaction of several levels. Personal self-efficacy could lose its protective value in the absence of accessible help, while social support did not always compensate for maladaptive coping strategies. Accordingly, it was advisable to consider resilience factors not in isolation, but as an interconnected resource system.

Key individual resources included hope, meaning in life, satisfaction of basic psychological needs, and belief in one's own ability to influence the situation. Rasheed et al. (2022) linked students' psychological well-being to meaning in life, with resilience serving as a mediator. This result indicated that meaning in life did not in itself guarantee a positive state, but could support adaptation through the formation of an internal capacity to withstand uncertainty. A similar logic was presented by Yıldırım and Arslan (2022), who analyzed the relationships between resilience, dispositional hope, preventive behavior, subjective well-being, and psychological health. A strong aspect of this model was the combination of cognitive -motivational resources with actual behavior. Hope served not only as a positive expectation, but also as a basis for actions aimed at reducing threat.

At the same time, the protective value of hope was not unconditional. Slezackova et al. (2024) examined its moderating role in the relationship between anxiety and posttraumatic growth during war. This allowed us to abandon the simplistic assumption that positive expectations automatically reduced negative experiences. Hope may have changed the way anxiety was psychologically processed, but it did not eliminate the threat itself. In the context of prolonged war, an excessive emphasis on positive thinking may even obscure the need for professional help or structural support.

Watershot et al. (2024) linked resilience to the satisfaction of basic psychological needs. Autonomy, competence, and connectedness were protective against anxiety and depression. This perspective broadened the analysis of psychological well-being by shifting the focus from individual "strength of character" to the conditions under which an individual could maintain a sense of control and social belonging. Critically, crisis environments often restricted these very needs. Thus, the decline in well-being could not be explained solely by a lack of personal resilience.

Social connections turned out to be no less important than internal resources. Ihm and Lee (2023) showed the role of communication networks in maintaining individual resilience and well-being during a crisis. However, the mere presence of contacts did not mean effective support. What mattered was the quality of interaction, the availability of reliable information, and the ability to receive practical help. Nickerson et al. (2024), summarizing the protective and promoting factors of mental health of refugees, also confirmed the multilevel nature of adaptation. Along with personal resources, family relationships, social integration, stable housing conditions and access to services were significant. At the same time, the heterogeneity of refugee samples made it difficult to transfer findings across countries, age groups and types of traumatic experiences.

This problem was particularly evident in studies of Ukrainians who experienced war and displacement. Baran et al. (2024) in a thematic analysis of the resilience of Ukrainian refugee women found a complex mix of forced autonomy, responsibility, and adaptation. The image of a "strong woman" could support activism, but at the same time created the risk of normalizing overload. Resilience in this context did not always mean high well-being. Sometimes it reflected the need to continue functioning in the absence of alternatives.

Moret-Tatay et al. (2025) linked social support to higher resilience and more positive affective states in both refugees and non-displaced Ukrainians. Comparing these groups was important because it showed that physical displacement was not the only determinant of psychological vulnerability. Those who remained in the country were also exposed to prolonged exposure to danger, loss, and uncertainty. At the same time, Khailenko and Bacon (2024) drew attention to unique coping among Ukrainian refugee and internally displaced women. Their findings suggested that formal adaptation to new conditions could coexist with posttraumatic symptoms if strategies of denial, emotional detachment, or avoidance of reminders of the trauma were used.

In child and adolescent samples, resilience factors had distinct contextual specificity. Mattelin et al. (2024) found that the health of refugee children depended on a combination of family, educational, and social conditions. A single factor rarely had a stable protective effect without a supportive environment. Korcz et al. (2024) analyzed the role of school functioning, physical activity, age, gender, and body mass index in shaping the resilience of Ukrainian refugee children. The value of this approach was to include everyday behavioral and educational parameters, but the use of somatic indicators required careful interpretation. Body mass index could not be considered as a direct psychological resource without taking into account eating behavior, socioeconomic conditions, and health status.

Studies of other types of disasters have confirmed similar logic. Lomeli-Rodriguez et al. (2025) examined the psychological resilience of adolescents and their caregivers after disasters, which allowed them to assess the intergenerational interdependence of adaptation. The psychological state of the adult could enhance or weaken the child's recovery. İme and Dilmaç (2025) showed the mediating role of self-efficacy and social support in the relationships between resilience and depression, anxiety, and stress among earthquake survivors in Turkey. However, the prevalence of correlational models did not allow for a definitive determination of the direction of causality: support may have increased resilience, but individuals with higher resilience may also have been more likely to seek and use support.

The practical dimension of the problem was presented in the Papola review et al. (2024), devoted to psychological and social interventions in countries affected by humanitarian crises. The analysis showed the need to combine individual assistance with accessible social programs. At the same time, the effectiveness of interventions depended on cultural adaptation, training of specialists and stability of institutional support. Therefore, the transfer of programs between different crisis contexts without prior adaptation may have had limited results.

Thus, the scientific literature confirmed that psychological well-being in crisis conditions was supported not by a single factor, but by a configuration of personal, interpersonal and social resources. The most consistently protective values were hope, self-efficacy, meaning in life, satisfaction of psychological needs, social support and adaptive coping strategies. At the same time, a significant part of the studies had a cross-sectional design, used different definitions of resilience and focused on individual social groups. The mechanism of interaction of factors, under which the same resource could perform a protective function in one context, but lose it under prolonged, multiple or structurally determined crisis stress, remained insufficiently clarified. It was this gap that formed the analytical basis for testing the hypothesis of the complex nature of maintaining psychological well-being.

3. MATERIALS AND METHODS

The study was conducted in July 2026 in the format of a structured integrative review of the scientific literature. The bibliographic search was completed on July 24, 2026 in the *Scopus* , *Web databases of Science Core Collection* , *PubMed* and *Google Scholar* . The basic search query was as follows: (" psychological well-being " OR " subjective well-being "OR" mental well-being ") AND (resilien * OR " psychological flexibility " OR hope OR " self-efficacy " OR coping OR " social support") AND (crisis OR war OR disaster OR pandemic OR " forced migration " OR refugee * OR " humanitarian emergency "). The wording was adapted to the syntax of each database. On *Google Scholar* reviewed the first 200 results, ordered by relevance.

The search yielded 318 records. After removing 62 duplicates, the titles and abstracts of 256 publications were checked. At this stage, 188 papers were excluded that did not match the topic or type of study. Full-text evaluation was performed for 68 publications. Of these, 28 were excluded: due to the lack of a clearly defined crisis context – 7, lack of indicators of psychological well-being or resilience – 6, insufficient description of the sample, data collection procedure or method of processing the results – 5, reuse of the same sample without new results – 4, non-peer-reviewed format or protocol without results – 3, focus exclusively on clinical treatment without assessing well-being – 3. 40 publications were included in the final corpus.

The sample was formed non-randomly according to the criteria of thematic and methodological relevance . It included 28 primary studies and 12 secondary works: eight systematic reviews, including three with meta-analyses , two critical and two reviews of the subject field. English-language peer-reviewed cross-sectional, longitudinal , qualitative, mixed and randomized controlled studies, as well as systematic, critical and reviews of the subject field, published in 2022–2025, were included. Publications from 2026 were not included, since at the time of completion of the search the annual array remained incomplete and unevenly indexed.

Psychological well-being was defined as life satisfaction, positive and negative affect, sense of meaning, satisfaction of basic psychological needs, subjective well-being, and maintenance of social, academic, or daily functioning. Anxiety, depression, posttraumatic symptoms, and psychological distress were used only as co-indicators of risk or maladaptive adjustment.

Primary studies formed the basis of the thematic synthesis. Secondary studies were used to contextualize the findings without re-considering the data from the primary samples included in them. Coding was performed by one researcher in four blocks: individual resources, social support, behavioral strategies, and contextual conditions. The thematic blocks were pre-defined according to the subject of the study, but the coding process allowed for the formation of additional subcategories based on the content of the publications.

After two weeks, 20% of the corpus was recoded. Identified discrepancies between the initial and recoding were resolved by refining operational definitions of categories and rechecking relevant fragments. Quality was assessed by clarity of design, reasonableness of sampling, validity of instruments, transparency of data processing, control of confounding factors, and consistency of conclusions with results. Publications with limitations were considered with caution during interpretation. Quantitative meta-analysis was not performed due to heterogeneity of designs and measures.

4. RESULTS

4.1 Structure of the evidence base and features of the operationalization of well-being

A sequential selection of publications resulted in a corpus of 40 sources, of which 28 were primary studies and 12 were secondary studies. The latter group included systematic reviews, meta-analyses , critical reviews, and field reviews. Secondary publications were not included in the frequency calculation of thematic codes, as this could have resulted in repeated inclusion of the results

of the same primary samples. They were used to test the extent to which the patterns identified were consistent with the broader body of research on psychological resilience.

The primary research was dominated by studies on war, forced displacement, and living in an environment of prolonged danger. The second largest group was comprised of publications that examined the consequences of the pandemic. Fewer studies addressed earthquakes, humanitarian disasters, economic instability, and working in emergencies. Thus, the evidence base reflected not one model of crisis but several different types of stress: sudden traumatic events, prolonged threats, forced environmental change, and accumulation of everyday losses.

Analysis of the ways in which the dependent variable was operationalized revealed significant methodological heterogeneity. In eight primary studies, psychological well-being was assessed directly through subjective well-being, life satisfaction, positive and negative affect, sense of meaning, satisfaction of psychological needs, or maintenance of academic and social functioning. In the remaining 20 studies, the central outcome measures were psychological distress , anxiety, depressive symptoms, posttraumatic symptoms, or general mental health. These measures were considered as concomitant indicators of impaired adaptation, but were not identified with psychological well-being.

This distinction changed the interpretation of the results. Low levels of anxiety or the absence of clinically pronounced symptoms did not yet indicate high well-being. At the same time, the presence of moderate distress did not always mean a complete loss of adaptive functioning. Some participants continued to study, work, maintain social ties and fulfill family responsibilities, although they also reported tension, fear or exhaustion. Within the framework of the synthesis, this state was defined as functional stability without a full recovery of well-being.

Thematic coding of primary publications confirmed the presence of all four predefined blocks. Individual resources and contextual conditions were most frequently recorded. Social support occupied an intermediate position, while behavioral strategies were described less frequently and less consistently. One article could contain several codes, so the sum of frequencies exceeded the total number of primary studies.

Before detailing the results, a generalized distribution of thematic blocks is given in Table 1.

Table 1. Distribution of resistance factors in primary studies

Thematic block	Number of primary studies, n (%)	Main subcategories	Generalized result
Individual resources	24 (85.7%)	resilience , self-efficacy , hope, optimism, meaning of life, psychological flexibility	Maintained a sense of control, future orientation, and ability to resume daily functioning
Contextual conditions	22 (78.6%)	threat intensity, displacement, housing instability, access to education and services, economic losses	Determined the limits within which personal resources could be realized
Social support	19 (67.9%)	family support, peers, communication networks, community support, formal services	Eased isolation, facilitated access to information, and provided practical assistance
Behavioral strategies	16 (57.1%)	active coping, seeking help, maintaining routine, physical activity, self-care , avoidance	Adaptive actions promoted the use of available resources, while avoidance was associated with the accumulation of unresolved distress.

Note: Percentages are calculated from 28 primary studies. A single study may have been assigned to multiple thematic blocks. Code frequency is not an indication of statistical effect size.

Source: compiled by the authors based on the results of thematic coding.

The data in Table 1 showed that resilience was most often explained by internal resources of the individual, but almost as often depended on environmental conditions. Therefore, a model in which psychological well-being was determined only by the strength of character or a stable trait did not receive sufficient confirmation. The revealed structure was closer to the configurational approach: individual characteristics created the potential for adaptation, social ties provided its support, behavioral actions translated resources into practice, and the context determined the possibility of such implementation.

4.2 Individual resources for maintaining psychological well-being

Individual factors were identified in 24 of the 28 primary studies. The most consistent subcategories were general resilience , self-efficacy , hope, optimism, meaning in life, and psychological flexibility. Despite the frequent use of these concepts together, their functions differed.

Resilience has most often been defined as the ability to maintain or recover functioning after exposure to a threat. However, its operationalization has varied. Some studies have used standardized scales of personal resilience, while others have combined high exposure to adverse events with lower than expected levels of psychopathological symptoms. As a result, high levels of resilience have not always been synonymous with the same psychological state.

This has been particularly evident in studies of forcibly displaced children. Popham et al. (2023) used a performance criterion of resilience, according to which the child had to demonstrate a relatively favorable mental state despite significant war experience. Only 19.3% of participants met the established criterion. High risk was associated not only with the number of traumatic events, but also with loneliness, isolation, bullying , strict psychological control and health problems of adults who provided care. Thus, the individual resilience of children could not be separated from the quality of the immediate social environment.

Self-efficacy served a different function. It characterized the belief that a person can influence their own actions and at least partially manage the consequences of a crisis situation. In the body of research, this factor was associated with a higher willingness to actively cope, seek support, continue education or professional activity. Self-efficacy did not eliminate external threat, but it reduced the subjective experience of helplessness.

The protective potential of self-efficacy was most pronounced when an individual had access to real means of action. In the absence of housing, security, income, or institutional support, beliefs in one's own ability did not always translate into sustained improvements in well-being. Thus, self-efficacy was defined not as an autonomous protective factor, but as a resource whose effectiveness depended on the capabilities of the environment.

Hope and optimism also had different functional characteristics. Optimism was associated with general positive expectations, while hope more often contained two components: an idea of a desired future state and the perception of possible ways to achieve it. In crisis conditions, the second component turned out to be fundamental. Positive expectations without realistic ways of action did not guarantee the maintenance of well-being.

In a study of young adults in Ukraine, Pavlova et al. (2024) simultaneously considered hope, optimism, resilience , posttraumatic growth, coping , and contextual circumstances. The latter included being under occupation, living in an environment of active danger, and frequent displacement. This framework allowed us to establish that subjective well-being depended not only on internal resources, but also on the nature of the lived experience and current living conditions.

Meaningfulness of life was coded as a resource that provided temporal and value continuity. In situations where usual plans became unavailable, a sense of meaning supported the ability to connect current difficulties with a broader life context. At the same time, the content of this resource depended on age and social position. For young people, it was more often associated with education, professional future and interaction with peers. For parents - with responsibility for children. For older people - with maintaining family roles, connection with the community and a sense of one's own usefulness.

Psychological flexibility was a less common subcategory, but it served a separate function. It reflected the ability to change behavior according to the situation, without denying difficult experiences. Unlike avoidance, psychological flexibility did not involve eliminating unpleasant thoughts or emotions. Its defense mechanism was the ability to continue value- based activities in the presence of stress.

Based on the set of individual codes, three sequential mechanisms were established. The first was the preservation of subjective agency through self-efficacy and perceived control. The second was maintaining a focus on the future through hope, optimism, and the meaning of life. The third was adaptive adjustment of behavior through psychological flexibility. The highest protective potential was formed not with the maximum expression of one resource, but with their combination.

However, there were limitations in the evidence base. Much of the work used cross-sectional designs, which left the direction of the relationship ambiguous. Higher well-being may support self-efficacy and hope, just as these resources may contribute to well-being. Therefore, within the integrative synthesis, individual factors were identified as being associated with adaptation, but not as definitively proven unidirectional causes.

4.3 Social support and multi-level resilience

Social support was coded in 19 primary studies. Its protective effect was not limited to emotional approval. Four subcategories were identified: emotional support, practical help, informational interaction, and social belonging support.

Emotional support reduced feelings of isolation and created opportunities for the expression of difficult experiences. Practical assistance included access to housing, childcare, financial resources, medical and psychological services. Informational support provided orientation in the new environment, especially after forced displacement. Social belonging was associated with participation in family, educational, professional or community networks.

The metasynthetic level of results confirmed that social support was one of the most consistent factors in posttraumatic adaptation. Ning et al. (2023) summarized the relationship between social support and posttraumatic growth and separately tested the role of sample characteristics, traumatic experience, and measurement method. This confirmed the overall positive direction of the relationship, but also showed its dependence on methodological and sociocultural context.

In the original studies, support was most effective when it was tailored to a specific need. General social support did not compensate for the lack of safe housing or medical care. Similarly, material support without acceptance and trust may not reduce loneliness. Thus, the protective effect was determined not only by the amount of social contact, but also by the relevance of the support to the nature of the resource deficit.

In works devoted to forced migration, connections with family, ethnocultural community, local population and formal organizations have acquired particular importance. Lindert et al. (2023) identified a sense of connectedness, perceived control, social contacts, religious resources, personal responsibility, and assistance from nongovernmental organizations among the resilience factors of migrants, refugees, and asylum seekers. This confirmed that adaptation after displacement was shaped simultaneously at the personal, interpersonal, and institutional levels.

Age-specificity changed the structure of social support. For children and adolescents, relationships with parents, peers, and teachers were central. For adults, family ties, professional networks, and access to practical help were important. For older people, intergenerational contacts, access to health services, familiar cultural practices, and the ability to remain socially engaged were important.

Tippens et al. (2023) showed that the psychosocial well-being of older refugees was not explained by a single type of resource. The results required a multi-system approach that considered the interactions of the individual, family, community, health services, and broader social institutions. Thus, social support did not operate as a single variable, but as a network of interconnected opportunities.

A separate finding was the dual role of social ties . Supportive relationships enhanced well-being, but conflictual or controlling relationships were risk factors. In the child samples , bullying , isolation, strict control, and psychological problems from adults were particularly adverse. In the adult samples, family conflicts, excessive responsibility for others, and the inability to openly report one's own exhaustion had a negative impact.

Thus, the social environment was not a neutral channel for the transmission of support. It could simultaneously create resources and additional demands. In particular, family responsibility provided meaning and motivated activity, but in the absence of help increased overload. In the thematic synthesis, this result was labeled as the ambivalence of relational resilience.

4.4 Behavioral strategies and translating resources into action

Behavioral block was identified in 16 primary studies. Compared to personal resources, it was described less systematically, but it was behavior that determined whether hope, self-efficacy , and social support translated into specific adaptive outcomes.

Active strategies included planning, information seeking, seeking help, maintaining academic or occupational activities, physical activity, self-care, and restoring daily routines. These actions did not always directly reduce psychological distress . Their role was to restore predictability, time structure, and control over available aspects of life.

Maintaining routine was particularly important during prolonged crises. Regular schooling, work, household duties, and socializing provided a minimum of stability in an environment where strategic planning remained difficult. Routine was protective only when it matched the person's actual capabilities. Excessive strain or the requirement to continue activities despite exhaustion could worsen the condition.

Seeking help was linked to two prerequisites: awareness of the need and the availability of appropriate services. Even when support was available, some individuals did not use it due to mistrust, stigma, language barriers, or a desire to cope with difficulties on their own. Therefore, the mere existence of services did not guarantee their inclusion in an individual's resilience system.

Unique coping was coded separately in five primary studies. It included denial of the problem, emotional withdrawal, delaying seeking help, and limiting contact with reminders of the traumatic event. In the short term, avoidance may reduce the intensity of experiences and support the completion of urgent tasks. In the long term, it has been associated with the accumulation of distress and the persistence of posttraumatic symptoms.

This result allowed us to distinguish between temporary protective distance and a persistent unique strategy. The first could be part of adaptation, when the person dosed contact with traumatic content. The second limited the psychological processing of the experience and prevented seeking support. Therefore, the same external behavior could have a different function depending on the duration and context.

Physical activity and self-care were less common, but formed a separate subcategory. They included sleep, nutrition, physical activity, rest, and conscious limitation of overload. Their influence was mostly indirect: they supported physiological recovery, structured the day, and reduced exhaustion, but did not replace social or professional support.

Generalization of behavioral results showed that personal resources by themselves did not provide stability. To maintain well-being, they had to be transformed into specific actions. High self-efficacy without available strategies could remain a declarative belief. Social support without a willingness to accept help also did not give the expected result. The behavioral block served as a mechanism for the implementation of other resources.

4.5 Contextual constraints and differential impact of crises

Contextual factors were identified in 22 primary studies. They included the intensity and duration of the threat, the number of losses experienced, forced displacement, housing instability, economic vulnerability, and access to education, employment, medicine, and psychological support.

The most consistent risk factor was the accumulation of stressors. A single event could be partially compensated for by personal and environmental resources. Instead, the simultaneous action of several threats – danger, loss of housing, separation from family, financial difficulties and uncertain legal status – reduced the effectiveness of each individual protective factor .

Kalaitzaki study et al. (2024), conducted in 11 countries, confirmed the association of war stressors with symptoms of posttraumatic and complex posttraumatic stress. In the review, these indicators were used as indicators of psychological risk, rather than as a direct measure of well-being. At the same time, they showed that the intensity and proximity of the crisis impact should be taken into account when assessing resilience resources.

Forced displacement formed a separate set of risks. Physical escape from a dangerous environment could reduce the immediate threat, but was accompanied by the loss of familiar roles, social contacts, professional status and a sense of belonging. Therefore, displacement was not seen as a uniquely protective or negative event. Its psychological effect depended on the conditions of the receiving environment.

Systematic review and meta-analysis Lane et al. (2025) confirmed a robust association between resilience and mental health outcomes among forcibly displaced groups. However, findings varied depending on population characteristics, measurement method, and displacement context. This was consistent with the thematic finding that resilience was important but did not eliminate the impact of housing, legal, and economic instability.

Access to education and work served a dual function. It provided resources, social contacts, and a sense of normality, but it also created additional demands. Under favorable conditions, educational or professional activities supported well-being. Under excessive workloads, unstable schedules, unsafe environments, or lack of rest, they could exacerbate exhaustion.

Age differences were also contextual. For children, well-being depended most on family stability, adult status, school environment, and peer relationships. For young adults, education, career prospects, mobility, and the ability to plan for the future were of particular importance. For older adults, access to health services, intergenerational support, cultural identity, and maintaining socially significant roles were of particular importance.

As a result, it was determined that the context performed the function of a limiter or amplifier. It did not replace individual resources, but determined the range of their possible implementation. Even high hope and self-efficacy did not ensure sustainable well-being in conditions of continuous danger and lack of basic resources. At the same time, a favorable environment did not guarantee a positive state if the person used predominantly unique strategies or could not activate available support.

4.6 Integrated configuration of personal resilience factors

A four-level configuration of psychological well-being maintenance was formed . Its components corresponded to the thematic blocks defined in the methodology.

The first level was individual resources that supported agency , time perspective, and psychological flexibility. The second level encompassed the behavioral implementation of these resources. The third was shaped by social ties that provided emotional, informational, and practical support. The fourth level was contextual opportunities and constraints.

The detected configuration is presented in Table 2.

Table 2. Integrated configuration for maintaining psychological well-being

Component	Main function	Protective manifestations	Manifestations of vulnerability
Individual resources	Maintaining agency and future-orientedness	self-efficacy , hope, optimism, meaning of life, psychological flexibility	helplessness, loss of meaning, rigidity, unrealistic expectations
Behavioral strategies	Converting resources into concrete actions	active coping, help-seeking behavior, routine, self-care	prolonged avoidance, isolation, delaying help, overload
Social support	Compensating for resource shortages and maintaining belonging	emotional, practical and informational support, family and community connections	conflicts, control, bullying , loneliness, inadequate support
Contextual conditions	Determining the availability and effectiveness of other resources	security, housing stability, access to education, work and services	multiple losses, prolonged danger, displacement, economic and legal instability

Note: The components do not form a rigid hierarchy. Their contribution varied depending on the type of crisis, age, duration of exposure, and availability of resources.

Source: compiled by the authors based on the results of a comparative thematic synthesis.

The integrated matrix showed that each component could take on a protective or risky form. For example, responsibility for others maintained meaning in life, but in the absence of help caused exhaustion. Routine restored predictability, but could turn into overload. Social contacts reduced loneliness, but conflicting relationships increased distress .

Based on the synthesis, three typical configurations were identified. The first, resource- aligned, was characterized by a combination of personal agency , active coping, available support, and a relatively stable environment. It most often corresponded to preserved or restored psychological well-being.

The second configuration was compensatory. In adverse external conditions, the individual maintained functioning through one or two strong resources, such as family support or high self-efficacy . This resilience remained unstable, as prolonged depletion of the compensatory resource increased the risk of deterioration.

The third configuration was functionally vulnerable. The individual continued to perform duties but displayed high levels of distress , avoidance, or emotional exhaustion. External performance in this case could create a false impression of complete psychological recovery.

4.7 Testing the research hypothesis

The research question was which set of resources most supported adaptive functioning in crisis. The results showed that no single universal factor was identified. Psychological well-being was most consistently supported by a configuration of self-efficacy , hope or meaningfulness, social support, active coping, and available contextual resources.

The hypothesis was tentatively confirmed. Its main premise was that well-being was ensured by the interaction of several resources, rather than by one stable personality trait. At the same time, the assumption needed clarification: social support and individual factors did not have the same strength in all crisis contexts. Their effect depended on the duration of the danger, the number of losses, age, displacement, and the ability to convert resources into practical actions.

Thus, personal resilience was defined as the dynamic ability to maintain or restore psychological well-being through the coordination of internal resources, behavioral strategies, social connections , and environmental opportunities. This definition did not equate resilience with the absence of negative emotions. It could include the experience of anxiety and sadness, as long as the person maintained meaningfulness, social inclusion , the ability to act, and gradually restored positive components of well-being.

5. DISCUSSION

The thematic synthesis showed that psychological well-being in crisis conditions was not supported by a single trait, but by the interaction of individual resources, social support, behavioral strategies, and contextual opportunities. This result only partially confirmed the hypothesis. Self-efficacy , hope, meaning in life, and psychological flexibility were indeed associated with adaptive functioning, but their protective effect depended on safety, access to care, housing stability, and the quality of social ties .

The four-component configuration identified has important theoretical implications. It does not allow us to interpret resilience as an immutable property of a “strong” personality. The results obtained rather indicate the procedural nature of resilience: resources could be strengthened, depleted, or lose their effectiveness depending on the duration of the crisis. This interpretation is consistent with Jo et al. (2024), who distinguished between resilience and psychological flexibility. The latter provided the ability to change behavior according to the situation, while resilience encompassed the broader process of maintaining or restoring functioning.

One of the key findings was the distinction between psychological well-being and mental health. The absence of significant anxiety, depression, or post-traumatic symptoms did not necessarily indicate life satisfaction, positive affect, a sense of meaning, or social engagement. Conversely, a person could be in distress but still be able to continue their education, work, and maintain meaningful relationships. This state was defined as functional resilience without full recovery of well-being. In practical terms, this means that external performance should not be used as the sole criterion for successful adaptation.

The role of hope also turned out to be more complex than its understanding as a general positive expectation suggested. Satici et al. (2025) found that the relationship between loss experience and resilience was mediated by psychological distress and hope. This is consistent with the finding that hope was protective when it included not only expectations of improvement but also perceptions of realistic ways forward. In the absence of such ways, positive thinking did not compensate for the loss of housing, income, or safety.

Therefore, the results did not support an overly individualized model of resilience. The requirement to be strong, optimistic, or self-recovering could shift responsibility from social institutions to the affected individual. The identification of contextual

factors in most primary studies showed that psychological resources were only realized when at least minimal external opportunities were available. A similar conclusion was reached by van Kessel et al. (2025), who linked community resilience to emergencies to trust, resource availability, communication, and the ability of institutions to respond to the needs of the population.

Social support was central to the configuration, but its effectiveness was determined by the quality, not just the quantity, of contacts. Emotional support reduced isolation, practical assistance compensated for material losses, and informational interaction facilitated orientation in the new environment. At the same time, conflicts, excessive control, or inappropriate assistance could increase vulnerability.

The obtained conclusion is consistent with Liu et al. (2024), who used cross-lagged analysis to establish a reciprocal relationship between resilience , perceived social support, and mental health. Thus, support may have enhanced resilience, but more resilient individuals may also be more likely to seek help and maintain social contacts. This suggests that intervention programs should not be limited to the formal availability of services. Accessible channels of access, active information, and de-stigmatization of psychological care are needed.

Behavioral strategies served as a mechanism through which internal and social resources were translated into practical actions. Maintaining routines, seeking help, physical activity, and self-care helped restore predictability. However, they could not replace structural support. Blomberg et al. (2024), studying individuals involved in earthquake response, showed that self-care depended not only on individual habits but also on team interactions and organizational conditions. This is consistent with the results of the review: the requirement to independently maintain resilience under excessive strain was insufficient.

unique coping strategy required special attention . In the short term, distancing oneself from the traumatic content could reduce emotional overload. However, prolonged avoidance limited help-seeking and contributed to the maintenance of distress . Thus, the same external behavior could have different meanings depending on its duration and function. This confirmed the need to assess not only the form of coping but also its consequences for everyday functioning.

Age and biographical differences also influenced the structure of resilience. For children and adolescents, the state of adults, the school environment, and safe social spaces were particularly important. Metzler et al. (2023) showed that organized child-friendly spaces in humanitarian settings could improve individual indicators of protection and mental health, although the effects were not the same for all groups. This is consistent with the finding of contextual dependence of interventions : one program did not provide a universal outcome regardless of age, trauma experience, and family situation.

Hughes results et al. (2024) complement this position. Adverse childhood experiences were associated with coping strategies during the economic crisis. Thus, the current response was determined not only by the intensity of the current threat, but also by previous experiences. This means that the same crisis conditions could have different psychological effects depending on accumulated vulnerability and available resources.

The multi-level nature of resilience was particularly evident among forcibly displaced Ukrainians. Andrushko and Lanza (2024) linked resilience to a complex of psychological and social determinants of forced migration. Their findings are consistent with the results of the synthesis: physical displacement may have reduced immediate danger, but at the same time created a loss of social status, professional role, residential stability, and a sense of belonging.

Overall, the results confirmed that practical support programs should be multi-level. At the individual level, it is advisable to develop self-efficacy , hope, and psychological flexibility. At the behavioral level, it is advisable to support adaptive coping and timely seeking help. At the social level, it is advisable to strengthen family and community networks. At the institutional level, it is advisable to provide housing, educational, medical, and informational support.

Prospects for further research are related to conducting longitudinal studies that will allow us to distinguish temporary functioning from sustainable recovery of well-being. It is also necessary to standardize the operationalization resilience and not to reduce it to the absence of psychopathological symptoms. It is advisable to study compensatory and functionally vulnerable configurations separately, since externally adapted individuals may remain a hidden risk group.

Thus, psychological well-being in crisis conditions was shaped by the coordination of internal resources, behavior, social relationships, and environmental opportunities. It was this interaction, rather than a single trait, that determined the ability to

maintain meaningfulness, social inclusion , and everyday functioning. This conclusion provided the basis for formulating concluding statements and practical recommendations.

6. CONCLUSIONS

A structured integrative review identified a complex of psychological, social, behavioral, and contextual factors associated with the maintenance and restoration of psychological well-being in crisis settings. The final corpus included 40 publications, of which 28 were primary studies and 12 were secondary analytical works. The thematic synthesis showed that personal resilience could not be reduced to a single stable trait or to the absence of psychopathological symptoms.

Individual resources were most frequently reported in primary research, in 24 of 28 publications, or 85.7%. These included self-efficacy , hope, meaning in life, optimism, resilience , and psychological flexibility. Contextual conditions were reported in 22 studies, or 78.6%, social support in 19, or 67.9%, and behavioral strategies in 16, or 57.1%. The resulting ratio confirmed that internal resources had the most analytical representation, but their effectiveness was determined by the availability of safety, housing, education, employment, and health and social services.

It was found that psychological well-being is best assessed through life satisfaction, positive affect, a sense of meaning, the satisfaction of basic psychological needs, and the preservation of social and everyday functioning. Anxiety, depression, psychological distress , and post-traumatic symptoms characterized the risk of impaired adaptation, but did not act as direct equivalents of well-being. This allowed us to distinguish a state of functional stability in which a person continued to perform basic duties, although full psychological recovery had not yet been achieved.

The research hypothesis was conditionally confirmed. Psychological well-being was supported by the interaction of self-efficacy , hope, social support, adaptive coping, and favorable environmental conditions. None of these resources had a universal protective effect outside of a specific crisis context. The practical significance of the results was to substantiate a multi-level model of care. Psychological programs should develop self-efficacy , hope, psychological flexibility, and help-seeking skills. At the same time, it is necessary to ensure social integration, access to basic services, a stable educational and professional environment, as well as family and community support.

Limitations of the study were related to non-random corpus formation, the predominance of cross-sectional designs , scale heterogeneity, and different ways of operationalization. resilience . Coding was performed by a single researcher, which did not exclude the subjectivity of thematic grouping. In addition, publications from 2026 were not included due to incomplete indexing. Further research should be directed at longitudinal studies of well-being trajectories, standardization of resilience indicators, and testing the effectiveness of multilevel interventions in different age, cultural, and crisis contexts.

AUTHOR CONTRIBUTIONS

Olesia Cherniakova: Conceptualization, Writing—Original Draft, Project Administration.
Yurii Shyrobokov: Formal Analysis, Investigation, Writing—Original Draft.
Inga Bolotnikova: Methodology, Supervision, Data Curation.
Mariia Zamishchak: Investigation, Literature Review, Writing—Review & Editing.
Svitlana Zabolotska: Validation, Visualization, Writing—Review & Editing.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ETHICS STATEMENT

Ethical approval was not required for this study.

DATA AVAILABILITY STATEMENT

Data supporting the findings of this study are available from the corresponding author upon reasonable request.

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