

# Peculiarities of psychological assistance in overcoming the consequences of COVID-19: a resilience approach

Tetiana Melnychuk<sup>1</sup>, Tamara Grubi<sup>2</sup>, Svitlana Alieksieieva<sup>3</sup>, Svitlana Maslich<sup>4</sup>, Vitalii Lunov<sup>5</sup>

<sup>1</sup>Laboratory of Organizational and Social Psychology, G.S. Kostiuk Institute of Psychology of NAES of Ukraine, Ukraine

<sup>2</sup>Department of the Applied Psychology, Institute of Human Sciences, Borys Grinchenko University of Kyiv, Ukraine

<sup>3</sup>Institute of Pedagogy, National Academy of Pedagogical Sciences of Ukraine, Ukraine

<sup>4</sup>Department of Vocational Education Methodology and Humanities, Bila Tserkva Institute of Continuous Professional Education, Kyiv, Ukraine

<sup>5</sup>Department of General and Medical Psychology, Bogomolets National Medical University, Kyiv, Ukraine

Neuropsychiatria i Neuropsychologia 2022; 17, 1–2: 95–107

## Address for correspondence:

Tetiana Melnychuk, PhD

Laboratory of Organizational and Social Psychology,  
G.S. Kostiuk Institute of Psychology of NAES of Ukraine  
e-mail: [t\\_melnychenko@edu-knu.com](mailto:t_melnychenko@edu-knu.com)

## Abstract

**Introduction:** The urgency of the study is due to the appearance of an emergency caused by an extremely dangerous outbreak of the COVID-19 pandemic. Every emergency, especially one which threatens health, is characterized by increased anxiety and depression among the population, causes chronic emotional disorders and requires provision of psychological and psychosocial assistance to the individual. In this regard, this article aims to describe and summarize theoretical and empirical research that will help identify the factors that shape the appropriate resource strategies for the development of resilience in overcoming the consequences of COVID-19. At the same time, this study revealed the role of resilience as a potential protective factor for mental health during an outbreak of the COVID-19 pandemic.

**Material and methods:** The leading method of research is theoretical and methodological analysis, comprehension, comparison, classification and generalization of the main content of bibliographic sources that are relevant to the problem and purpose of the study.

**Results:** The article presents the factors influencing resilience in the individual overcoming the consequences of COVID-19 taking into account the world experience. The main approaches to providing psychological assistance to a person in difficult life circumstances caused by the pandemic are identified.

**Conclusions:** The factors influencing the resilience of a person during the COVID-19 pandemic are substantiated and singled out. The materials of the article are of practical value and extremely important for psychologists, psychotherapists, and physicians working to eliminate the consequences of the pandemic.

**Key words:** resilience, stress, resource recovery, psychological support, COVID-19 pandemic.

## Introduction

For the most part, people worldwide, regardless of nationality, citizenship, or religion, react very painfully to any news of new terrible diseases, especially those that are spreading at breakneck speed around the world (Zubiashvili and Melnychuk 2021). COVID-19 became the new “plague” of the 21<sup>st</sup> century, which the World Health Organization recognized as a health emergency and on March 11, 2020 declared the outbreak of COVID-19 as a global pandemic (World Health Organization 2020), which has international importance. As a result, a significant number of countries have introduced strict indefinite quarantine conditions,

which have disrupted their way of life and forced millions of people to change their social order and behavioral norms as a result of mental health disorders (Ojo *et al.* 2021).

Contact tracing, case isolation and quarantine have proved to be effective ways to combat an outbreak of an infectious disease (Guan *et al.* 2020), although they have become quite stressful for people in different countries. Given the published data confirming moderate and high levels of stress in the population, high levels of anxiety in general, both through contact with a probable carrier of the virus and through isolation from further contact (Ojo *et al.* 2021), high levels of depression, sleep disorders due to

lack of reliable information about the virus, low level of trust in the competence of doctors, and lack of medication for the disease exacerbating certain mental illnesses with psychopathological symptoms, this condition often persists both during and after the disease (Barzilay *et al.* 2020; Batz-Barbarich *et al.* 2018).

Therefore, scientists rightly emphasize the urgent need to provide timely psychological care and mental health support in this composition period (Duan and Zhu 2020; Velikodna and Frankova 2020; Qiu *et al.* 2020; Liu *et al.* 2020). At the same time, researchers from different countries provide evidence of a significant impact of the COVID-19 pandemic on the psychological state and mental balance not only of infected people and their families (Duan and Zhu 2020), but also those at risk of infection (Wang *et al.* 2020) residents of areas with confirmed cases (Qiu *et al.* 2020), health workers, psychologists and volunteers (Dai *et al.* 2020; Velikodna and Frankova 2020).

Many scientists around the world, responding to the global challenges of the COVID-19 pandemic, emphasize the importance and special need to find new, effective strategies that develop favorable conditions for maintaining mental health, developing psychological resilience, and overcoming the consequences of traumatic events during pandemic (Velikodna and Frankova 2020). Of course, the degree of resilience of the individual depends largely on certain resources, especially his own. In our study, we have identified several hypotheses that we will try to investigate:

- accessible and continuous psychological support, social benefits, medical care and event information are resources for resilience in emergencies,
- the focus and control of the individual on their own resources and proactive thinking have a positive effect on psychological resilience and its resilience, which supports the mental health of the individual during the COVID-19 pandemic,
- the resilience approach in overcoming the effects of the COVID-19 pandemic includes close cooperation and interconnection of all government systems, community organizations, volunteers, psychologists, physicians, and other sources, including family and friends, to provide favorable conditions for psychological well-being during the emergency situation and forms its psychological stability.

In recent years, more and more scientists and practitioners have begun to confirm the

role of resilience in adapting to adverse conditions (De Roon-Cassini *et al.* 2010; Southwick *et al.* 2014; MacLeod *et al.* 2016; Michaelson 2020). At the same time, the issue of defining and further developing a resilience approach for the comprehensive and good functioning of a person's mental health while overcoming the effects of a pandemic, especially COVID-19, remains a prerequisite (Tatsyi *et al.* 2010; Petrov and Serdyuk 2008; Yaroshenko *et al.* 2018).

## Material and methods

In the course of the research the methods of modeling and reconstruction were used as a means of analysis, interpretation and interpretation of data of various psychological studies and phenomena for further formation of methodological principles, theoretical positions and practical recommendations on the research problem. These research methods will also serve to identify strategies for the resilience approach in providing psychological assistance to overcome the pandemic. To determine the attributive and stylistic predisposition of behavioral activity of the individual we used: A. Beck, A. Weissman Dysfunctional Attitudes Scale (Beck's Dysfunctional Attitudes Scale); test of attributive styles (L. Rydina); Ronnie Yanov-Bulman scale of basic beliefs (standardization by M. Padun, A. Kotelnikov). To establish the features of vitality and resourcefulness of the individual we used: a resistance test; the SVF120 questionnaire (V. Yanke, G. Erdmann, adaptation by N. Vodopianova); methods of measuring psychological protection (Petrov and Serdyuk 2008); Ammon's self-structural test; the Short Dark Triad (SD3). Methods of mathematical statistics: multiple linear modeling.

In times of a global pandemic, protracted isolation and uncertainty, it is natural to feel stress and anxiety, but this state of the population is a significant problem in every pandemic in society. At the same time, in such difficult situations, some people are more psychologically resistant to problems than others, which is a very important fact and the subject of many studies (William *et al.* 2020). Studies during the COVID-19 pandemic are no exception, in which scientists identify factors that affect high resistance and resilience during such a crisis.

The concepts of vitality, viability, stress resistance, resistance to trauma, emotional stability, etc. are often considered by modern scientists in the context of the related resilience concept (Gubenko *et al.* 2013; Luthar *et al.* 2000). In

general, the phenomenon of resilience is studied from two positions: as a personality trait that reflects the level of emotional resilience after experiencing stressful traumatic events, as a process of successful adaptation to emergencies (Fergus and Zimmerman 2005), and as the ability to amortize their impact and restore and develop new adaptive resources (Gusak and Chernobrovkina 2017). These areas of research are united by the idea that a high level of resilience, which protects against the negative effects of the crisis (Nearchou and Douglas 2021; Ogińska-Bulik and Juczyński 2008), can be a protective factor in difficult everyday situations and emergencies (Gusak and Chernobrovkina 2017; Guliyeva *et al.* 2018). The main theoretical concepts on viability as a personal phenomenon that shapes its resilience are set out in the works of Meichenbaum (2015), Padesky and Mooney (2012), Kobasa *et al.* (1982).

It should also be noted that the literature describing resilience points to two ways of understanding this concept. First, resilience is perceived as a personality trait (resiliency); in other words, it is a relatively constant set of human characteristics. The second approach points to resilience as a process of overcoming difficult, stressful events that a person encounters during his life (resilience) (Fergus and Zimmerman 2005; Falewicz 2016).

Some researchers interpret resilience as an integrative quality of personality, consistent with the usual level of mental activation (Khovanets 2017), the level of personality ability that helps to adapt and maintain well-being, performance and maintain internal balance even during prolonged exposure to stress (Kobasa *et al.* 1982), personal cognitive style developed to stressful situations, while maintaining internal balance and ability to work effectively (Padesky and Mooney 2012; Abrhám *et al.* 2018) a person's ability to social adaptation and self-regulation, which is a mechanism managing personal resources, such as physical and mental health, the proper functioning of the emotional, motivational, volitional, and cognitive spheres in the context of social and cultural environmental factors, and nurturing one's own spirituality (Prime *et al.* 2020). In Ukrainian science, the term itself is identified and translated as "stress resistance", "viability", "viability", resilience – the ability to restore previous physical and psychological states, and the concept of "process resilience" is interpreted as factors and approaches to the development and cultivation of resilience. This approach to understanding, resilience and

the resilience process is involved in dealing with psychological stress and trauma and is based on the UN General Assembly Standing Committee on Mental Health and Psychosocial Support (PPSP) Guidelines in Emergencies since 2007. In Ukraine, the use of the concept of the resilience approach began in 2017, in connection with the psychological trauma of society due to hostilities in the country (Gusak and Chernobrovkina 2017).

The researchers Assonov and Khaustova (2019), systematizing and comparing the approaches presented in Ukrainian and foreign scientific literature in recent years to the conceptualization of the concept of "resilience" and its delimitation with other terms, noted that both in English and in Ukrainian-language literature in the category of adaptation, it is preceded by a traumatic event or stress, dominated by the definition of resilience as a dynamic process. At the same time, in the Ukrainian-language literature the interpretation of resilience is interpreted mainly as resistance to stress, maintaining normal functioning in conditions of traumatic influence, while in recent years in English-language literature the conceptualization of resilience is interpreted mainly as a return to the previous level of functioning, and rapid recovery of both mental health and psychological well-being.

## Results

It is known that the first studies of resilience arose not from the academic substantiation of its theory, but rather from the so-called phenomenological separation of the characteristics of those people who survived serious injuries and disasters. Historically, researchers, clinicians and theorists have worked within the traditional medical model. The essence of their work was to understand, describe and classify diseases, psychopathologies and mental disorders. The scientific literature, research models and technologies of practical intervention focused on human mental problems; the emphasis was mainly on risk factors and negative consequences – disorders caused by excessive stress. According to Bolton and Richardson, in the late 1980s there was a transition from this medical model to the so-called interdisciplinary model (according to Richardson, a "new movement of science"), when researchers began to study not only the mental consequences of trauma, but also the characteristics of those people who have managed to adapt to adverse conditions, survive them and

then even grow psychologically (Bolton 2013). From this moment the focus of scientific interest is not only attempts to understand, classify and describe the factors and conditions that lead to psychopathology after stressful events that exceed human adaptation, but also ways and conditions that lead to healthy psychological development and positive adaptation. During this change, innovative works on the concept of personality resilience and the resilience approach appeared (Lazos 2018).

Reviewing modern research, Lazos (2018) considered the problem of personality resilience through the prism of four waves of research, during which the focus and methodology changed, and the study of certain factors of resilience deepened. In particular, Lazos summarized and noted that the third wave of research focused on expanding the notion of resilience as a dynamic process that helps people find and maintain their own trajectory of development to positive adaptation and recovery. As a result, scientists began to develop and apply new measures and means of prevention aimed at the development of resilience and the development of protective factors of personality, ways to attract external factors and resources to increase the level of resilience (Lazos 2018).

In Ukraine, the resilience approach is quite effectively used in the psychosocial support of the population during hostilities in the east, in particular in the socio-psychological rehabilitation of the military, their families and other segments of the population. The methodological recommendations for providing psychosocial support in emergencies are quite effective and practical

– the resilience approach (Gusak and Chernobrovkina 2017) where the main emphasis is placed on the individual's own resources. Therefore, the interest of psychologists and researchers in the topic of resilience shows its relevance and importance for today. Initially, resilience was studied as a personality trait in children, and over time, an understanding of resilience as a process that helps children and adults experience important life circumstances and become more resilient in stressful situations has developed. In various studies, we have seen that resilience is similar to certain muscles that can be developed and consists in the resourcefulness of the personality condition that accumulates, nurtured over the years.

Our previous studies (Lunev and Yevlanova 2021) summarized the content of the resilience of men and women in terms of attributive and stylistic determination and resourcefulness of the individual. It should be noted that the proposed models may be targets of psychological intervention (Fig. 1).

It was found that resilience of women is inversely related to the basic belief in the value of self (23.199 at  $p = 0.01$ ), mechanisms of psychological protection – omnipotence (3.087 at  $p = 0.000$ ), altruism (2.706 at  $p = 0.005$ ), reactive formations (1.717 at  $p = 0.004$ ) and non-clinical narcissism (1.802 at  $p = 0.000$ ). It is determined that these properties reduce resilience. At the same time, it was found that the constructive level of internal self-separation increases the rate of resilience (9.266 at  $p = 0.000$ ), and the mechanisms of psychological protection – dissociation (2.768. at  $p = 0.05$ ) and isolation (2.121 at  $p = 0.05$ ).

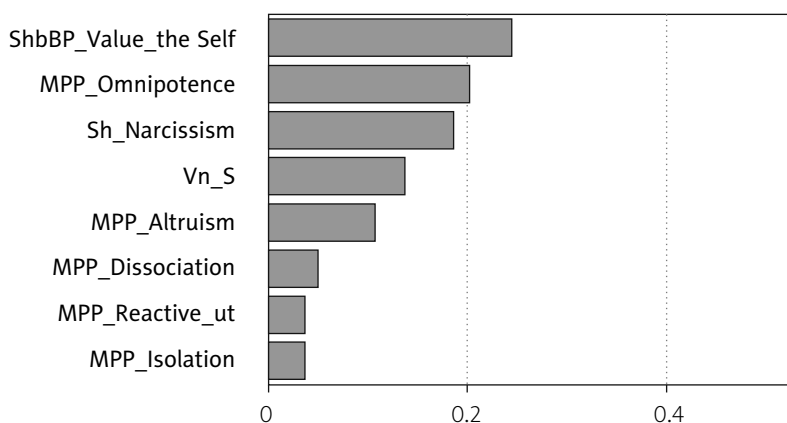


Fig. 1. The content of women's resilience by the degree of significance of the components

*ShbBP\_Value\_the Self* – value of the self; *MPP\_Omnipotence* – the mechanism of psychological protection omnipotence; *Sh\_Narcissism* – narcissism; *Vn\_S* – internal self-delimitation of the constructive level; *MPP\_Altruism* – the mechanism of psychological protection of altruism; *MPP\_Dissociation* – the mechanism of psychological protection dissociation; *MPP\_Reactive\_ut* – mechanism of psychological protection reactive education; *MPP\_Isolation* – the mechanism of psychological protection isolation.

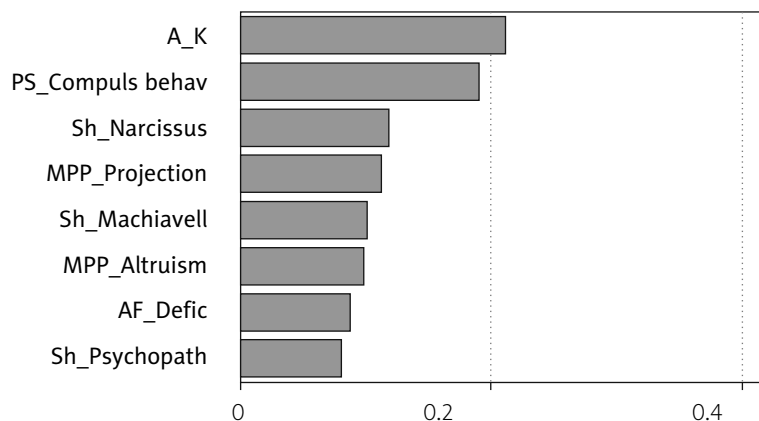


Fig. 2. The content of male resilience by the degree of significance of the components

Prediction and effect of male resilience were revealed. Thus, there was noted a positive effect on the resilience of constructive aggression (0.362 at  $p = 0.005$ ), projection (1.552 at  $p = 0.0038$ ), the mechanism of psychological protection – altruism (1.319 at  $p = 0.051$ ).

However, it was found that the negation of resilience occurs under the influence of the mechanism of psychological protection: compulsive behavior (−2.379 at  $p = 0.008$ ), increased clinical narcissism (−0.529 at  $p = 0.032$ ), Machiavellianism (−0.233 at  $p = 0.048$ ), deficiency anxiety and fear (−0.571 at  $p = 0.064$ ).

It should be noted that in accordance with the obtained results, the main approaches to active

psychological influence on hierarchical models of personality resilience are proposed from the standpoint of genetic psychology (Maksimenko) (Fig. 2). Based on the basic principles of genetic psychology (the principle of unit analysis, the principle of unity of experimental and genetic lines in the implementation of psychological influence, the principle of systematization of mental formations, which are viability and articulation, and the principle of design – active modeling and reproduction of mental reflection – attributive style behavioral activity) in combination with the basic principles of phenomenological, positive and cognitive psychology proposed a model of psychological support (Fig. 3).

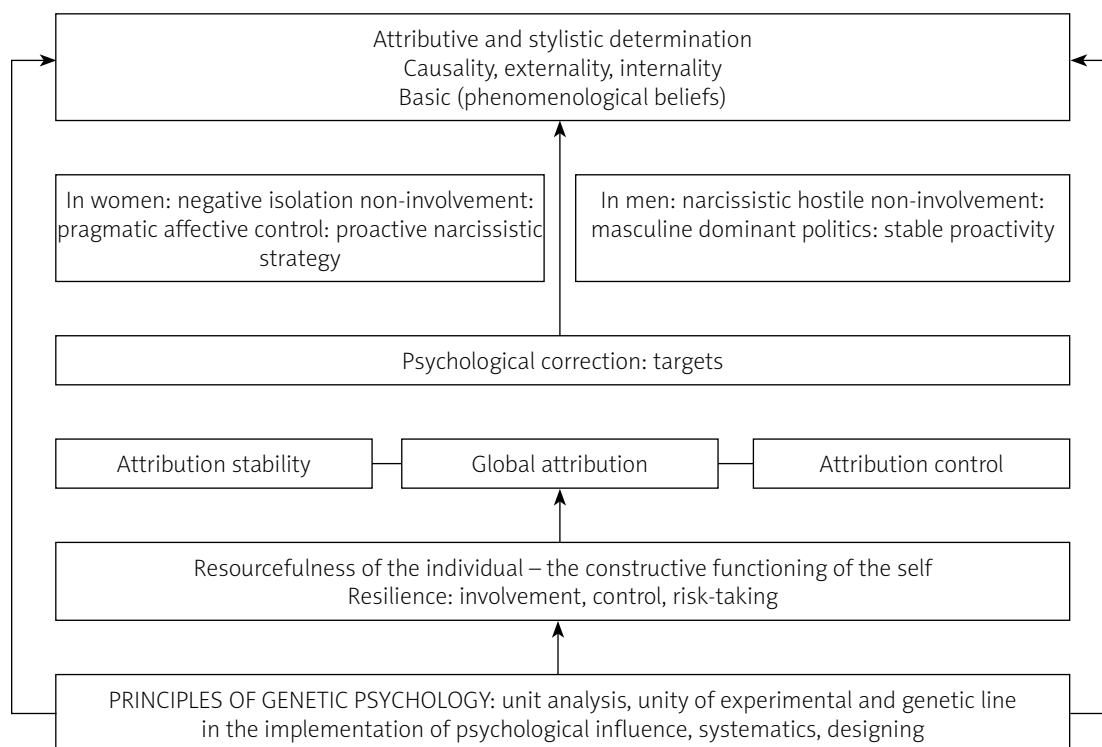


Fig. 3. Model of psychological intervention of resilience (Lunev and Yevlanova 2021)



Note that the initial “units” are targets of correction in women and may be invariants of resilience: negativistic isolation non-involvement, pragmatic affective control, proactive narcissistic strategy, and accordingly in men: narcissistic hostile non-involvement, masculine dominant politics, stable proactivity, passive detachment.

## Discussion

Mental health is about the balance between man and the environment. This is influenced by a number of biological, psychological, social and cultural factors (Korkeila *et al.* 2003). Given the fundamental role of resilience in maintaining mental health, we sought to identify and combine the importance of providing psychological assistance to the population and general social and day-to-day activities that can develop greater resilience during a pandemic.

In the two years since the pandemic, a number of interesting studies have been presented from around the world on how humanity responds to COVID-19, what factors help to restore vitality and how to use the resources of the state, community or individual to raise vitality. We have analyzed a significant amount of research in the resilience approach. In these studies, it is noted that each cultural scheme (nationality) has its own characteristics of crisis response, which depend on the level of socio-economic development and the maturity of the individual (Li *et al.* 2021). This is partly due to different quality of life and level of education, partly due to the ability to provide certain social services with a culture of mental health, by constantly seeking professional psychological help after COVID-19 (Gusak and Chernobrovkina 2017; Chew 2020; Barzilay *et al.* 2020; Landa-Blanco *et al.* 2021; Li *et al.* 2021).

Faced with crisis events, and in our case with the COVID-19 pandemic, people can experience different psychological states. The focus and approach to the intervention differ at different stages. In particular, in a balanced state before the crisis, people apply the skills of overcoming difficulties and techniques of self-regulation to maintain homeostasis between themselves and the environment. From our practice we can note that at this stage it is advisable to conduct psychological education through the media, and appropriate training in the workplace to mentally prepare people to overcome the crisis to reduce the negative consequences. Already in a state of crisis (during a crisis), people begin to experience emotional distress or even psychological break-

down due to severe stress and anxiety. At this stage, the intervention should include a 24-hour hotline consultation, individual intervention, and group therapy to help people overcome mood instability. To balance the mental state during the crisis (after the crisis), people gained experience, acquired stress management skills, and learned to show psychological resilience. Thus, timely and strategic psychological intervention at various stages is extremely important to reduce adverse health effects.

Numerous studies have shown that people recover more quickly from the effects of emergencies when they feel safe, think positively, have close (family) ties, and are at peace; have access to social, physical and emotional support, have the opportunity to provide for themselves financially, and find ways to help themselves (Chew *et al.* 2020; Li *et al.* 2021; William *et al.* 2020). The main risk factors for the development of mental illness are the unfavorable environmental conditions in which people find themselves and the lack of support in this environment, both family and social. An adequate response to social problems related to the environment alleviates some psychological problems and prevents the development of some mental disorders (Prime *et al.* 2020; Gusak and Chernobrovkina 2017).

Health systems should be aware that the COVID-19 crisis may exacerbate symptoms associated with anxiety, depression, and obsessive-compulsive behavior. A way to mitigate this situation could be to provide professional psychological help using online resources, as was the case in China at various stages of the pandemic. In this sense, two simultaneous actions during a crisis intervention can be considered: 1) to reduce the fear of illness and 2) to help cope with difficulties in the process of adaptation (Zhang *et al.* 2020; Nearchou and Douglas 2021; Barzilay *et al.* 2020).

China has made tremendous progress in using psychological interventions to successfully overcome the public psychological crisis following several natural disasters, such as the 2008 Wenchuan earthquake. However, because COVID-19 has a very high risk of rapid human-to-human transmission, traditional personal intervention is virtually impossible. In this light, the methods of psychological intervention should be different from those commonly used in the event of a natural disaster or a sudden public health crisis (He *et al.* 2020).

Thus, we suggested that the provision of psychological care during the COVID-19 pandemic should be dynamic and adapted to different

stressful situations and people's reactions to crisis events, i.e. a balanced state before and during the crisis. We believe that during a pandemic, mental health professionals should be actively involved in the overall intervention process so that psychological and psychosocial interventions can be mobilized in a timely manner. In this process, psychological intervention should include three simultaneous actions: 1) disseminating knowledge about mental health and improving the psychological preparation of the population for the crisis through live media; 2) providing convenient psychological assistance to remove negative emotions through round-the-clock hotlines and online videos; 3) managing cases with serious mental health problems and providing psychological assistance on the spot. During this process, a psychological intervention called the "Model of psychological resistance to COVID-19" was developed (He *et al.* 2020).

According to the stress response questionnaire developed by Ogińska-Bulik and Juczyński (2008), the generalized components of resilience demonstrate openness to new experiences, the ability to cope with negative emotions and the ability to mobilize in complex situations. Subjective control over one's own behavior and situation – locus of control – is an important personal resource on the basis of which behavior is formed that overcomes stress. This resource largely depends on the choice of adaptation to the social environment and lifestyle of the individual. According to Rotter, the locus of control is "a certain degree of people's perception of events that depend either on their own behavior (internal locus of control) or on other people, fate, luck (external locus of control)" and is considered a degree of understanding the causal relationships between one's own behavior and the achievement of the desired. There are four different categories of control: behavioral, cognitive, informational and retrospective. Behavioral control is defined as the belief in the possibility that an individual's behavior may affect a stressful situation; cognitive – as the belief that cognitive strategies allow you to control the impact of stressors; information control is associated with the fact that the help of information from the environment allows the individual to cope with a stressful event (Frijda 1986). It is safe to say that resilience is a psychosocial phenomenon that correlates with personal anxiety, psychological well-being, optimism, self-developed strategies for overcoming stress, self-control, self-efficacy and locus of control, and so on.

Thus, we can note that self-control, as one of the components of resilience, is related to the concept of "locus of control". This concept, introduced by Rotter, implies the tendency of the individual to attribute responsibility for events that occur in his life, his own efforts, actions and abilities (internal locus of control) or external circumstances (external locus of control). There is a direct relationship between control indicators (and overall resilience) and the severity of the internal control locus (Florian *et al.* 1995). In his research, Fergus and Zimmerman (2005) noted that resilience is a process of overcoming the negative effects of traumatic events, successfully combating traumatic consequences after these events and avoiding negative life and development trajectories associated with risk by the individual, that is, control over the situation and condition.

In particular, Kranz and Manusk (Greenleaf 2011) argue that individuals with a high level of vitality are less vulnerable to disease because their neuroendocrine, sympathetic and parasympathetic systems can withstand higher levels of nervous excitement. In addition, they take measures to prevent disease (lead a healthy lifestyle, follow their own diet, play sports). Due to this, even long-term counteraction to stress will not become excessively exhausting for such individuals. Similar data were also confirmed in the works of Gemmott, Loske, and McCoy (Florian *et al.* 1995). Hence, a resilient person is able to focus and modify the level of control, increasing or decreasing it, depending on the situation, which in turn helps to adequately respond to stressful situations (Falewicz 2016) (Velikodna and Frankova 202; Gusak and Chernobrovkina 2017; and others).

Masten *et al.* (2014) note that in definition of what resilience is it is necessary to focus not only on what the person or the environment should be, and it is necessary to accentuate attention to processes which allow a person to positively adapt to difficult life circumstances. Since the definition of resilience as a characteristic of a person does not have to be related to stressful situations, the analysis of resilience as a process requires exposure to such events. It is very important how society and the social environment (family, community, work) will act in difficult circumstances for the positive adaptation of the individual in crisis life circumstances and how, accordingly, the individual perceives these life circumstances.

Thus, the author of the book *Develop Resilience in the CPT Approach* (Neenan 2009) emphasizes

that in the development of resilience it is essential to recognize their attitude to a difficult situation. Therefore, we can also attribute it to the resilience and the main statement of the CPT, which is that people do not react to the event itself, but to its interpretation. A person's reaction to stressful, adverse events largely depends on the interpretation and importance given to these events. Recognizing each specific way of thinking, you can see whether it helps to cope with difficult situations and leads to optimism and adequate self-esteem, or, conversely, complicates the situation, takes away strength and motivation to move forward. A person's resilience or proactive stability depends on how he thinks, how he perceives this or that event. Therefore, a significant number of researchers believe that resilience, vitality or resilience can be trained through positive psychological interventions, the effectiveness of which has been proven empirically (Coo *et al.* 2020; Coo and Salanova 2018; Peláez *et al.* 2020).

A group of scientists, practitioners from Ukraine, in particular Gusak and Chernobrovkina (2017), also noted the importance of psychological support during emergencies for the development of resilience in the client. In particular, they emphasize the direct involvement of the client in the process of developing his resilience. The authors recommend the use of special counseling techniques when the counseling psychologist becomes a client's assistant in the process of change, in an unobtrusive manner helping him in the conversation to analyze their problem or condition from different angles and decide whether to change something in their behavior, and, if so, what ways and actions to use for this (Gusak and Chernobrovkina 2017). It should be noted that Padesky and Mooney (2012) also use a similar approach when providing psychological support. They offer a new model (the Strengths-based CBT model – SB CBT), which focuses on discovering and identifying the strengths of the client and the formation of stable beliefs that guide thinking and behavior in the resource state, which also aims to develop an internal model of client resilience, which will allow him to positively adapt to stressful events without the development of depression, excessive anxiety or other disorders. Thus, hypothesis 2 states that the focus and control of the individual on their own resources and proactive thinking have a positive effect on psychological resilience, which supports the mental health of the individual during the COVID-19 pandemic.

It should also be noted that using different approaches in the work of psychologists one cannot forget about the importance of the role of the family and community, especially in the COVID-19 pandemic. Therefore, it remains very important to involve the client in mutual assistance and support, in the provision of psychological assistance, from the family, community, and social environment, including employers. The importance of the impact of sources of social support for different age groups during a pandemic has been empirically proven (Li *et al.* 2021). An interactive analysis in this study showed that resilience has a positive relationship with mental health, and community social support, work providers, and family support served as a buffer against the negative impact of the pandemic on mental health and information. The resilience approach used by the community of one city has become an important factor that has helped to develop high psychological resilience and ensure a harmonious balance of mental health (Li *et al.* 2021; Katolik and Kornienko 2003).

The average and negative correlations found in studies between depression and psychological resilience show that psychological services for the population are quite important to increase psychological resilience and nurture resilience. The provision of psychological help and support needs to be more widespread and accessible during a pandemic. Therefore, it is important to use all possible programs of psychological education, to involve psychological education, through online support to promote groups and individual therapy (Karaşar and Canli 2020).

In turn, research on the resilience of psychological service providers – psychologists, psychotherapists, psychoanalysts – has shown that they may also need to develop resilience and, importantly, apply a resilience approach to balance their own mental health (Velikodna and Frankova 2020). Researchers, analyzing possible further changes in practice due to the COVID-19 pandemic, including the situation in which the new coronavirus pandemic worsens, drew attention to the factors that will ensure provision of psychological stability by psychologists and psychotherapists. They identified factors that could be considered a resilience approach that would provide greater security and quarantine, on the one hand, and allow for further psychological support, which is essential for certain categories of the population on the other: a review of financial arrangements during the pandemic, their stabilization, optimization for clients and at the same time lessors of offices



for psychologists, which would allow clients to continue to receive stable and guaranteed psychological or psychotherapeutic help; needs for additional knowledge and supervision (Velikodna and Frankova 2020); providing online platforms for free psychological services, conducting group and individual training to increase resilience and develop resilience.

Morganstein (2020), chairman of the Committee on Psychiatric Disaster Relief of the American Psychiatric Association, proposed a list of recommendations useful for patients and their families during outbreaks of infectious diseases: to prefer reliable sources of information (information channels of the Ministries of Health, the WHO); teach and share basic information on how to reduce the spread of the disease in accessible and understandable language for children or the elderly; correct misinformation and misperceptions; restrict the display of the media, turning to them only to make informed decisions; anticipate exaggerated reactions due to stress and resolve conflict situations.

The author also summarizes the recommendations of psychologists and suggests direct steps of minimization to overcome stress, nurture their own resilience and raise psychological resilience: follow the usual routine procedures every day; participate in activities that bring pleasure; focus on the positive aspects of life and things that are outside one's control; seek support from others; engage in physical activity regularly; meet basic needs (food, sleep, etc.), take breaks and rest, stay in touch with colleagues, friends and family, rely on reliable information, monitor one's own level of stress, understand the importance and honor of their work.

In conducting this study, it can be noted that in addition to relying on the international experience of coping with anxiety during the COVID-19 pandemic, local research would also be valuable to assess local research connected with culture, mentality and effectiveness of specific methods, and practical recommendations for maintaining psychological well-being (Velikodna and Frankova 2020). An analysis of crisis interventions in the experience of practicing certain psychological and psychotherapeutic approaches can also be useful: psychoanalysis, CPT, Gestalt therapy, positive psychotherapy, etc. Inter-theoretical discussions of practice and research of psychological and psychotherapeutic phenomenology during the pandemic of a new coronavirus disease are also relevant. However, it is important to directly link research, reviews and strategies to work with direct providers of psychological care and

psychotherapy in response to their educational and supervisory needs (Velikodna and Frankova 2020; Gubenko *et al.* 2013).

With regard to the practical application of the resilience approach, we recommend to orient and use in practice the resilience model in the CPT approach, which was described in detail and studied by Padesky and Mooney (2012) and which we mentioned above. In their work, practitioners have identified a four-step model of cognitive-behavioral therapy (SB CBT) that is designed to enable you to cope and adapt to difficulties or restore the positive functioning of the body and mental system when stressors become excessive. The authors propose an option for building an individual-resilience model in the CPT approach, based on the strengths of the individual, during practical work, turning them into behavioral strategies, in particular (Padesky and Mooney 2012):

- look at the challenges from a different angle,
- focus on what you can control, change and what is up to you,
- try to find meaning in difficulties,
- start with small steps,
- develop relationships and seek support,
- and, of course, use the awareness that change is what fills our lives.

Researcher Ryff, integrating various theories related to the psychological well-being of the individual and mental health, has developed and proposes his own model of personality sustainability, which includes six components:

- positive attitude towards yourself and your past life,
- the presence of goals and hobbies that give meaning to life,
- ability to meet the requirements of everyday life,
- a sense of constant development and self-realization,
- relationships with others, imbued with care and trust,
- ability to adhere to one's own beliefs (Ryff 1998).

Thanks to research, we know that some people are born with a natural system of "navigation" which means that they are able to maintain calm and clarity in reasoning when faced with stress. However, it can also be developed, because, according to experts, people can learn and develop skills that will help to better cope with difficulties. Since, as we have said, resilience is a process of effectively overcoming troubles and difficulties, the most interesting and valuable thing in it is that it is not determined only by personality traits, but includes our attention,

thinking and behavior, so each can learn to be more resistant to difficulties.

Consider the important factors that trigger the resilience process:

- effective time planning,
- tendency to optimism,
- ability to relax,
- understanding their emotions,
- self-control and positive mood,
- fresh air, walks, nature.

Thus, we noted that the second effective mean of overcoming the medical and psychological consequences of the COVID-19 pandemic in Ukraine may be the cultivation of resilience. It should also be noted that recent studies around the world have finally confirmed the impact of COVID-19 on human mental processes. A psychologist can help a person maintain mental health, based on the fact that the best helpers of immunity are intelligent actions and a harmonious mental state, the manifestation of emotions and their voice, self-analysis and self-control of the psycho-emotional state.

Moreover, instead of looking at the troubles as something ugly and insurmountable, you should try to find small ways to solve the situation in a healthy way or make changes that can help cope or at least support you in a difficult time. The analysis of medical and psychological research and own practice allows one to prove the efficiency of use of art therapy as a method of psychological intervention in a problem of support of post-conscious states (Fig. 4).

Art therapy can be quite effective – as a modern plastic direction in psychotherapy, psychocorrection and rehabilitation, based on the activities of clients (patients) with different types of creativity, activities in which creativity and figurative thinking can be manifested; it is a method of self-expression and self-knowledge (Fig. 4). Modern art therapy is not against indications; it is always resourceful and environmentally friendly

in terms of its application. The technique of art therapy is based on the belief that the inner “I” of man is transformed into visual materialized symbolic images. The creation of visual images is seen as an important means of interpersonal communication and as a form of cognitive activity of the client, which allows him to express early or relevant “here-and-now” experiences that are not easy to express in words.

Given the above, the main means of overcoming the medical and psychological consequences of the COVID-19 pandemic in Ukraine should be identified as follows:

- formation of a national policy aimed at the introduction of proactive broadcasting through the media, to properly launch the process of viability, i.e. the process of resilience in the population,
- development and nurturing in the individual of the process of resilience (viability) by reformatting thinking and lifestyle,
- the use of art therapy as a method of self-knowledge and self-analysis of personality, and a method that can be used in psychotherapy for diagnosis, psychocorrection, psychoprophylaxis, rehabilitation, treatment, healing, fixing-strengthening the success of health and health vector, development, expression of feelings, disclosure of creative potential, inclusion in individual creative activity, etc.

## Conclusions

Developing strategies to provide psychological assistance in overcoming the COVID-19 pandemic to increase resilience and resilience in the population can be important in terms of mental health outcomes and psychological well-being. The study of “resilience resources” before, during or after a pandemic can affect an individual in terms of his or her post-traumatic survival, adaptation, or growth. Practically,

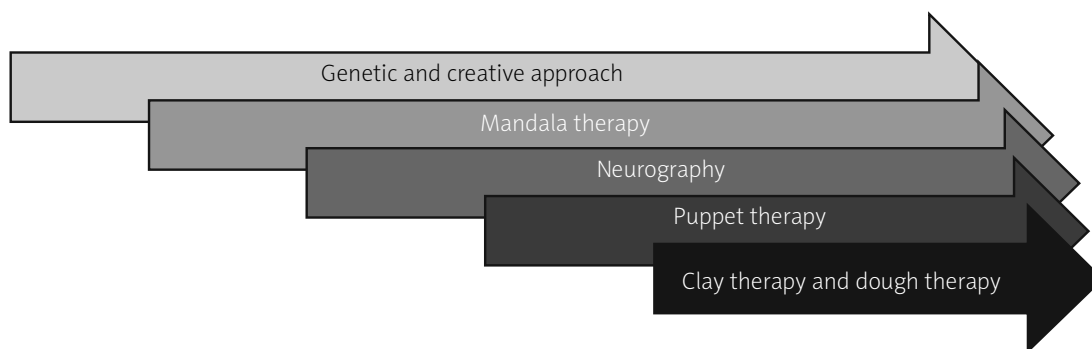


Fig. 4. Generalization of the functionality of art therapy as a method of psychological intervention in the maintenance of post-COVID states

the resources of stability are important factors that serve to form resilience in the individual.

Note that the initial “units” that are targets of correction in women may be invariants of resilience: negative isolation non-involvement, pragmatic affective control, proactive narcissistic strategy; and accordingly in men: narcissistic hostile non-involvement, masculine dominant politics, stable proactivity, passive detachment. In various studies, we have seen that resilience is similar to certain muscles that can be developed and consists in the resourcefulness of the personality condition that accumulates and is nurtured over the years. Art therapy can be a very effective means of renewing and actualizing resilience.

Thus, analyzing the Ukrainian and international experience, current models and methods of psychological care during the COVID-19 pandemic, which contribute to raising resilience and developing resilience, we have identified the following factors that can be clearly defined as a resilience approach to psychological care:

Accessibility – informational, financial, temporal and spatial. The provision of psychological assistance in quarantine, illness and isolation should be organized as remote work, via mobile phone or special Internet applications, or other means of remote communication, provided both at the state level and, if possible, by volunteer or community organizations for interaction. with psychologists, psychiatrists, family doctors, social workers, volunteers, including primarily health care facilities, which makes this service affordable even in financial terms;

Continuity: for those who have already been in the process of receiving psychological, social, psychotherapeutic, psychiatric care, the maximum opportunity to continue receiving it is provided, with adaptation to new conditions that can change, using all electronic and technical resources. Focus and control: new appeals are seen as requiring rapid intervention focused on specific experiences and possible solutions. That is, a resilient person is able to focus and modify the level of control, increasing or decreasing it, depending on the situation, which in turn helps to adequately respond to stressful situations. Also, the focus of the individual on stressors and the formation of proactive thinking will help to positively develop psychological (resilience) resilience, which supports the mental health of the individual during the COVID-19 pandemic.

Interdisciplinarity and interconnection put a strong emphasis on the joint work of different departments and areas of services to the

population, which allows you to refer a doctor to a psychologist, a psychologist to a psychiatrist or social service, a social worker to a doctor or psychologist, etc. Isolation and implementation of the latest models for nurturing the development of resilience: involving the client in self-help, developing positive thinking, finding resource aspects in life situations, etc., using a client-centered approach to counseling that aims to change client behavior through analysis and overcoming ambivalence.

Educational nature of interventions and support: many interventions consist in psychological education of the population and offers of concrete actions, decisions, ways to master a situation which the person will be able to use independently, for overcoming of an infodemic. Social accessibility, which allows for psychological interventions for all segments of the population and at the same time includes the simultaneous use of appropriate services to maintain the overall psychological well-being of the client, including his social and vital needs: food, water, heat, access to medical and legal assistance, etc.

Thus, it can be concluded that the resilience approach is quite effective and efficient in providing psychological assistance to overcome the effects of the COVID-19 pandemic with the involvement of all, both governmental and non-governmental organizations, using possible resources to establish appropriate communication to make psychological assistance available, effective, and efficient. This approach will promote a person’s ability of self-preservation and effective activity in the process of overcoming quarantine conditions, disease, and its consequences (stress, crises, adverse social circumstances) while maintaining an active life position. Given the above, it should be noted that our hypotheses are fully confirmed. The results of this study show and reaffirm that the resilience approach to psychological care can help counteract the negative effects of a pandemic and maintain a person’s mental health.

The results can be useful for professional organizations that regulate the activities of practitioners in a particular approach, as well as the heads of institutional psychological services and mental health services in the country. The prospect of further exploration is a local study of resistance in individuals who relapsed with COVID-19.

Since the coronavirus infection has not yet completely disappeared, forecasts and recommendations may change depending on time. But

at the moment, the recommendations presented above are relevant for practical application.

## Disclosure

The authors declare no conflict of interest.

## References

1. Abrahm J, Britchenko I, Jankovic M, et al. Energy security issues in contemporary Europe. *J Security Sustainability Issues* 2018; 7: 387-398.
2. Assonov D, Haustova O. Development of the concept of resilience in scientific literature during the last years. *PMGP*, 2019. Retrieved from: <https://uk.e-medjournal.com/index.php/psp/article/view/219>
3. Barzilay R, Moore TM, Greenberg DM, et al. Resilience, COVID-19-related stress, anxiety and depression during the pandemic in a large population enriched for health-care providers. *Transl Psychiatry* 2020; 10: 291.
4. Batz-Barbarich C, Tay L, Kuykendall L, et al. (2018). A meta-analysis of gender differences in subjective well-being: Estimating effect sizes and associations with gender inequality. *Psychol Sci* 2018; 29: 1491-1503.
5. Bolton K. The Development and Validation of the Resilience Protective Factors Inventory: A Confirmatory Factor Analysis. University of Texas at Arlington, Texas 2013; 118.
6. Chew Q, Wei K, Vasoo S, et al. Narrative synthesis of psychological and coping responses towards emerging infectious disease outbreaks in the general population: practical considerations for the COVID-19 pandemic. *Singapore Med J* 2020; 61: 350-356.
7. Coo C, Salanova M. Mindfulness can make you happy-and-productive: A mindfulness controlled trial and its effects on happiness, work engagement and performance. *J Happiness Stud* 2018; 19: 1691-1711.
8. Coo C, Ortega A, Salanova M. Developing positive psychological resources: A diary study of a positive intervention program at work. *Front Psychol* 2020; 11: 1-12.
9. Dai Y, Hu G, Xiong H, et al. Psychological impact of the coronavirus disease 2019 (COVID-19) outbreak on health-care workers in China. *MedRxiv* 2020.
10. De Roon-Cassini TA, Mancini AD, Rusch MD, et al. Psychopathology and resilience following traumatic injury: a latent growth mixture model analysis. *Rehabil Psychol* 2010; 55: 1-11.
11. Duan L, Zhu G. Psychological interventions for people affected by the COVID-19 epidemic. *Lancet Psychiatry* 2020; 7: 300-302.
12. Falewicz A. Personality resilience and its role in the processes of coping with stress. *Koszalin-Kołobrzeg Studies* 2016; 23: 263-275.
13. Fergus S, Zimmerman MA. Adolescent resilience: a framework for understanding healthy development in the face of risk. *Ann Rev Public Health* 2005; 26: 399-419.
14. Florian V, Mikulincer M, Taubman O. Does hardiness contribute to mental-health during a stressful real-life situation: the roles of appraisal and coping. *J Pers Soc Psychol* 1995; 68: 687-695.
15. Frijda N. The emotions. Cambridge University Press, Cambridge and New York 1986.
16. Greenleaf AT. Human agency, hardiness, and proactive personality: potential resources for emerging adults in the college-to-career transition. *Iowa* 2011; 138.
17. Guan WJ, Ni ZY, Hu Y, et al. Clinical characteristics of coronavirus disease 2019 in China. *N Engl J Med* 2020; 382: 1708-1720.
18. Gubenko IJ, Karnatska OS, Shevchenko OS, et al. Fundamentals of general and medical psychology, mental health and interpersonal communication: a handbook. Medicine, Kyiv 2013; 296.
19. Guliyeva A, Britchenko I, Rzayeva U. Global security and economic asymmetry: A comparison of developed and developing countries. *J Sec Sustainability Issues* 2018; 7: 707-717.
20. Gusak N, Chernobrovkina V. Psychosocial support in emergencies: the resilience approach. NaUKMA, Kyiv 2017. Retrieved from: <http://ekmair.ukma.edu.ua/handle/123456789/12799>.
21. He Z, Chen J, Pan K, et al. The development of the 'COVID-19 Psychological Resilience Model' and its efficacy during the COVID-19 pandemic in China. *Int J Biol Sci* 2020; 16: 2828-2834.
22. Karaşar B, Canlı D. Psychological resilience and depression during the covid-19 pandemic in Turkey. *Psychiatr Danub* 2020; 32: 273-279.
23. Katolik GV, Kornienko IO. Technogenic disasters: psychological assistance to witnesses and victims. Scientific and methodological materials for work with witnesses and victims of technogenic disasters as well as members of their families. Chervona Kalina, Lviv 2003; 124.
24. Khovanets O. Theoretical foundations of life problems in foreign psychological research. Scientific Notes of the National University "Ostrozka Academy" 2017; 5: 177-185.
25. Kobasa SC, Maddi SR, Kahn S. Hardiness and health: A prospective study. *J Pers Soc Psychol* 1982; 42: 168-177.
26. Korkeila J, Lehtinen V, Bijl R, et al. Establishing a set of mental health indicators for Europe. *Scand J Public Health* 2003; 31: 451-549.
27. Landa-Blanco M, Landa-Blanco A, Mejia-Suazo CJ, et al. Coronavirus awareness and mental health: clinical symptoms and attitudes towards seeking professional psychological help. *Front Psychol* 2021; 12: 549644.
28. Lazos GP. Resilience: conceptualization of concepts, review of modern research. Current problems of psychology. Collection of scientific works of the GS Kostyuk Institute of Psychology of the National Academy of Pedagogical Sciences of Ukraine 2018; 14: 26-64.
29. Li F, Luo S, Mu W. Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic. *BMC Psychiatry* 2021; 21: 16.
30. Liu S, Zhang K, Xiang Yu, et al. Online mental health services in China during the COVID-19 outbreak. *Lancet Psychiatry* 2020; 7: 17-18.
31. Lunev VYe, Yevlanova EM. Psychological features of attributive and stylistic determination of personality vitality. *Fund Appl Res Pract Leading Sci Schools* 2021; 44: 58-62.
32. MacLeod S, Musich S, Hawkins K, et al. The impact of resilience among older adults. *Am J Geriatr Psychiatry* 2016; 24: 157.
33. Masten A, Southwick S, Bonanno G, et al. Resilience definitions, theory, and challenges: interdisciplinary perspectives. *Eur J Psychotraumatol* 2014; 5: 10.3402/ejpt.v5.25338.
34. Meichenbaum D. Understanding resilience in children and adults: implications for prevention and interventions. 2015. Retrieved from: [https://coping.us/images/Understand\\_Resilience\\_of\\_Children\\_Adults.pdf](https://coping.us/images/Understand_Resilience_of_Children_Adults.pdf)
35. Michaelson P. Inner Conflict Ripens in the Hothouse of Pandemic. 2020. Retrieved from: <https://whywesuffer.com/inner-conflict-ripens-in-the-hothouse-of-pandemic>



36. Morganstein J. Coronavirus and mental health: taking care of ourselves during infectious disease outbreaks. American Psychiatry Association, Washington 2020. Retrieved from: <https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2020/02/coronavirus-and-mental-health-taking-care-of-ourselves-during-infectious-disease-outbreaks>
37. Nearchou F, Douglas E. Traumatic distress of COVID-19 and depression in the general population: exploring the role of resilience, anxiety, and hope. *Int J Environ Res Public Health* 2021; 18: 8485.
38. Neenan M. Developing resilience. A cognitive behavioral approach. Routledge, London 2009.
39. Ogińska-Bulik N, Juczyński Z. The Resiliency Assessment Scale (SPP-25). *Now Psychology* 2008; 3: 39-56.
40. Ojo AO, Fawehinmi O, Yuzliza MY. Examining the predictors of resilience and work engagement during the COVID-19 pandemic. *Sustainability* 2021; 13: 2902.
41. Padesky C, Mooney KA. Strengths-based cognitive-behavioural therapy: a four-step model to build resilience. *Clin Psychol Psychother* 2012; 19: 283-290.
42. Petrov R, Serdyuk O. Ukraine: The quest for democratization between Europe and Russia. *International Actors, Democratization and the Rule of Law: Anchoring Democracy?* Routledge, London 2008; 189-223.
43. Prime H, Wade M, Browne DT. Risk and resilience in family well-being during the COVID-19 pandemic. *Am Psychol* 2020; 75: 631-643.
44. Qiu J, Shen B, Zhao M. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *Gen Psychiatr* 2020; 33: e100213.
45. Ryff CD. The contours of positive human health. *Psychol Inquiry* 1998; 9: 719-727.
46. Southwick SM, Bonanno GA, Masten AS, et al. Resilience definitions, theory, and challenges: interdisciplinary perspectives. *Eur J Psychotraumatol* 2014; 5: 25338.
47. Tatsyi V, Getman A, Ivanov S, et al. Semantic network of knowledge in science of law. Paper presented at the Proceedings of the IASTED International Conference on Automation, Control, and Information Technology – Information and Communication Technology, ACIT-ICT 2010 (Novosibirsk, June 15-18). ACIT-ICT, Novosibirsk 2010; 218-222.
48. Velikodna M, Frankova I. Psychological and psychotherapeutic support during the COVID-19 pandemic: Current implications. *Psychosom Med General Practice* 2020; 5: e0501213.
49. Wang C, Pan R, Wan X, et al. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *Int J Environ Res Public Health* 2020; 17: 1729.
50. William DS, Killgore EC, Taylor SA, et al. Psychological resilience during the COVID-19 lockdown. *Psychiatry Res* 2020; 291: 113216.
51. World Health Organization. Coronavirus Disease 2019 (COVID-19). Situation Report – 116, 2020. World Health Organization, Geneva 2020.
52. Yaroshenko OM, Vapnyarchuk NM, Lozovoi SV, et al. General-compulsory medical insurance: World experience. *J Adv Res Law Economics* 2018; 9: 1829-1838.
53. Zubiashvili IK, Melnichuk TI. Impact of pandemics on the psychological health of the person. Actual problems of psychological prevention of negative information influences on the personality in conditions of modern exposure. Retrieved from: <http://lib.iitta.gov.ua/726024/>