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**THE RELATIONSHIP BETWEEN PSYCHOLOGICAL RESILIENCE AND INDICATORS OF PERSONAL DEVELOPMENT****ВЗАЄМОЗВ'ЯЗОК ПСИХОЛОГІЧНОЇ СТІЙКОСТІ ТА ІНДИКАТОРІВ ОСОБИСТІСНОГО РОЗВИТКУ**

*The study of strategies for overcoming difficult life situations is an important part of the issues related to stress coping or coping behaviour. It is quite relevant to analyse the relationship between psychological resilience of an individual and personal traits and coping strategies as determinants of mental well-being and health. The essence of the phenomenon of resistance as the ability to overcome the adverse effects of risks and traumatic events is analysed. Theoretical models explaining this phenomenon are considered. It is noted that these models explain the mechanism of resilience through the ability of protective factors to change the trajectory from risk exposure to negative outcomes. It is emphasised that resilience is not limited to recovery from difficult life situations, but also includes overcoming the difficulties themselves. It is stated that there is a connection between basic personality characteristics (extraversion, conscientiousness, benevolence, neuroticism, openness to experience) and psychological resilience. These characteristics can be used to explain, predict, and generalise individual behaviour. Traits such as openness, extraversion, and agreeableness are hypothesised to be "resilience-conducting" traits and predict adaptive responses to stress. Personality characteristics explain about one-seventh of the variation in coping strategies, and the underlying coping and personality axes are interrelated. The main components of resilience are higher levels of self-control, achievement motivation, positive emotions, social activity and emotional stability. It is emphasised that the coping strategies chosen by a person are closely related to his or her personal characteristics. The choice of strategy will depend on a person's perception of a stressful situation. The factors underlying the choice of certain coping strategies are allocated: problem-oriented; emotion-oriented; social-oriented; avoidance. It is concluded that the stress resistance of an individual is an indicator of mental health and may potentially indicate an improvement in the mental and physical condition of a person.*

**Key words:** resilience, psychological stability, personality traits, coping strategies, mental health, psychological well-being, war, military conflict, military personnel.

*Дослідження стратегій подолання складних життєвих ситуацій є важливою частиною проблематики, пов'язаної зі стрес-долаючою або копінг-поведінкою особистості. Достатньо актуальним є аналіз взаємозв'язку психологічної стійкості особистості з особистісними рисами та копінг-стратегіями як детермінанти психічного добробуту та здоров'я особистості. Проаналізовано сутність феномену резилієнсу як здатності долати несприятливі наслідки ризиків та травматичних подій. Розглянуто теоретичні моделі, що пояснюють даний феномен. Зазначено, що ці моделі пояснюють механізм резилієнсу через здатність протективних факторів змінювати траєкторію від впливу ризиків до негативних результатів. Підкреслено, що резилієнс не зводиться лише до відновлення після складних життєвих ситуацій, а й включає подолання самих труднощів. Констатовано, що існує зв'язок між базовими особистісними характеристиками (екстраверсія, сумлінність, доброзичливість, нейротизм, відкритість досвіду) та психологічною стійкістю. Ці характеристики можуть використовуватися для пояснення, передбачення та узагальнення індивідуальної поведінки. Такі риси, як відкритість, екстраверсія та доброзичливість є гіпотетичними «резилієнс-провідним» рисам та передбачають адаптивні наслідки стресу. Особистісні характеристики пояснюють близько однієї сьомої частини варіативності копінг-стратегій, а базові копінг та особистісні осі є взаємопов'язаними. Основними складовими резилієнсу є вищі рівні самоконтролю, мотивації досягнень, позитивних емоцій, соціальної активності та емоційної стабільності. Акцентовано увагу на тому, що копінг-стратегії, які обирає людина, тісно пов'язані з її особистісними характеристиками. Від сприйняття людиною стресової ситуації залежатиме вибір стратегії. Виокремлено фактори, що лежать в основі вибору тих чи інших копінг-стратегій: проблемно-орієнтований; емоційно-орієнтований; соціально-орієнтований; унікальний. Зроблено висновок про те, що стресостійкість особистості є показником психічного здоров'я та потенційно може свідчити про покращення психічного і фізичного стану людини.*

**Ключові слова:** резилієнс, психологічна стійкість, особистісні риси, копінг-стратегії, психічне здоров'я, психологічне благополуччя, війна, воєнний конфлікт, військовослужбовці.

**Introduction.** Various political, economic and social changes in society undoubtedly affect the formation of personal traits, mechanisms for overcoming difficult situations and the level of stress resistance. Psychological resilience

is an important characteristic of a mature personality that determines a person's ability to successfully overcome life's difficulties. In today's dynamic and uncertain world, the issue of developing psychological resilience and vitality

of an individual is of particular importance. At the same time, the relationship between psychological resilience and other indicators of personal development, such as traits, coping strategies, and psychological well-being, remains insufficiently studied.

**The purpose of the article** is to explore the theoretical views on the relationship between psychological resilience and personality traits and coping strategies.

**The main part.** Resilience is defined as the ability to overcome the adverse effects of risks, traumatic events, or to avoid negative developmental trends associated with these risks [16]. There are several theoretical models that explain the phenomenon of resistance, in particular: the transactional model, the theory of psychophysiological resilience, the theory of resource conservation, the theory of stress inoculation [17]. These theoretical models explain that protective factors change the trajectory from risk exposure to negative consequences. The concept of resilience is based on the idea of a person's ability to overcome adverse situations, traumatic events and avoid destructive tendencies in personal development. According to the basic theoretical models, protective factors change the direction of movement from risk exposure to its negative consequences. These models explain the mechanism of resilience through the ability of protective factors to change the trajectory from risk exposure to negative outcomes. Accordingly, personal and social resources play the role of compensatory or protective factors, reducing the manifestations of internalising (depression, anxiety) and externalising (delinquent behaviour, substance use) problems [16].

The proposed model [5] interprets resilience as a system of three components that contribute to the mental health of an individual by: reducing harm from adversity or traumatic events; protection from everyday stressors; promoting well-being and increasing the ability to overcome potential threats. Thus, resilience is seen as a kind of immunity to stressors of different nature and is complex in nature and its definition depends on the context.

At the same time, Cunningham M., Francois S., Rodriguez G., Lee X. [3] distinguish three types of difficult life circumstances: chronic (poverty, etc.); catastrophes (death of loved ones, natural disasters, etc.); cumulative (numerous stressors throughout life). The impact of these difficulties on a person depends on the context in which they occur.

According to Bonanno G., Romero S., Klein S. [2], for the effectiveness of the study of resilience, it is necessary that its structure

includes the following components: the basic level of functioning before the adverse event; the direct negative impact of difficult circumstances; resilient consequences after such an event; predictors of resilient recovery. This approach will allow for a fuller understanding of the processes of coping and adaptation to stress and trauma.

In terms of practice-oriented models of resilience, the cognitive behavioural therapy approach is interesting, as it treats resilience as a process rather than a trait, which is the ability to cope and adapt to difficulties and to restore positive functioning after excessive stress. An individual model of resilience in cognitive behavioural therapy is built on the basis of the individual's strengths, turning them into adaptive behavioural strategies [12].

Thus, resilience is not only about recovering from difficult life situations, but also necessarily involves overcoming difficulties and dealing with pain, which allows individuals to face their deepest values and encourages positive changes in line with these values despite obstacles [6].

Personality traits are defined through the stability, consistency, and resilience that comes from an individual's patterns of behaviour, feelings, and habits [1]. Such characteristics can be used to explain, predict and generalise individual behaviour. Research on personality traits can be complemented by dynamic and process concepts for a holistic understanding of personality.

According to the Big Five model of personality (McCrae R., Costa P.) [10], the basic characteristics of personality include: extraversion, conscientiousness, agreeableness, neuroticism, and openness to experience. There are links between these five factors and monoaminergic brain activity, which is the neurobiological basis for the stability of traits among the main personality dimensions. This stable configuration of personality traits is largely inherited and relatively unchanged. In contrast, characterological traits, such as honesty and kindness, are based largely on an individual's beliefs and can change under certain conditions, although this requires considerable effort.

Researchers believe that personality traits are stable due to the accumulation of certain patterns of interaction, but at the same time flexible, as significant individual differences in behaviour depend on the situation and internal conditions [7]. The authors call these traits "resilience-conductive" because they can contribute to the formation of a flexible and positive reflection on difficulties. Traits such as openness, extraversion, and agreeableness are

hypothesised to be "resilience-conductive" traits and predict adaptive effects of stress. We agree with this approach and believe that "resilient personality" and "resilience mechanisms" need to be further studied in the context of their impact on psychological well-being.

People recover from stress or trauma in different ways. Certain personality characteristics are known to be associated with vulnerability and resilience to stressors. This variation in recovery is due to individual psychological characteristics, such as previous experience, coping skills, consequential reactions to events, etc. A study [15] found a specific combination of characteristics that make up the profile of a resilient personality – low neuroticism, high extraversion, conscientiousness, as well as openness and friendliness. Such individuals tend to create a safe, stable social environment that facilitates successful adaptation to stress. The combination of traits – high scores on conscientiousness, extraversion, and agreeableness, and the presence of supportive social relationships – contributes to the creation of a safe and stable environment, which leads to successful adaptation to stress [15].

Children and adults react to stress in different ways, but coping mechanisms are formed and developed throughout life. While some may develop mental disorders, others are able to demonstrate resilience and resilience, and still others become stronger after a stressful situation. The following groups of protective resilience factors are distinguished: 1) those that reduce individual exposure to risks; 2) those that interrupt negative chain reactions; 3) those that increase self-esteem and a sense of self-efficacy; 4) those that open up new positive opportunities; 5) those that provide positive cognitive processing of negative experiences.

Padesky C., Mooney K. [12] believe that personality characteristics explain about one seventh of the variation in coping strategies, and that basic coping and personality axes are interrelated.

Resilience is associated with a wide range of psychological characteristics, including positive and negative affect [9], broad adaptive capabilities to overcome difficult situations, building internal resources through positive emotions [2; 17].

There is evidence of a correlation between resilience and personality traits according to the Big Five model. In particular, a negative relationship between neuroticism and a positive relationship between extraversion and conscientiousness with resilience has been found. A meta-analysis of studies showed weak correlations between traits and general coping strategies, but confirmed

that all five personality factors are predictors of certain specific coping behaviours. Extraversion and conscientiousness predict problem-focused strategies, while neuroticism is associated with emotion-focused coping and avoidance. These connections are more pronounced in young people, under stress, and in relation to dispositional coping strategies [10].

According to the study [11], the correlation between resilience and extraversion is 0.40, and with neuroticism – -0.4. The main components of resilience are higher levels of self-control, achievement motivation, positive emotions, social activity and emotional stability. This suggests that resilience is associated with a certain profile of personality traits. Resilience as a trait acts as a protective factor in difficult situations and is associated with extraversion, conscientiousness, friendliness, openness, and low neuroticism. The meta-analysis showed that, regardless of the questionnaires, the correlations of resilience with these five traits are consistent.

Identifying sub-characteristics of resistance and their functions can be useful in finding its "superfactor" and studying it in more detail. The conclusions of this study [11] indicate the need to study resilience from different perspectives – as a single-factor model, a multifactor model, and as a personality characteristic that is inherent in each person and can be measured on a continuum, regardless of life circumstances.

The article also reveals the links between adaptive coping styles (coping mechanisms) and personality traits in the five-factor model. In particular, neuroticism is most closely associated with passive and ineffective coping strategies. Conscientiousness, on the other hand, is a powerful predictor of active and problem-oriented coping mechanisms. Extraversion correlates somewhat less strongly with coping, but is associated with seeking social support, positive redefinition and growth, and problem solving. No statistically significant relationships were found between openness to experience and coping strategies. However, a broader interpretation of this trait suggests that it includes flexible, creative, and intellectually sophisticated coping. Agreeableness is weakly correlated with coping mechanisms.

Coping strategies, as a rule, involve the conscious use of certain means to deal with a difficult life situation in order to overcome it and restore internal balance. Since coping is the use of cognitive and behavioural strategies to cope with the demands of a situation that are perceived as burdensome or exceeding available resources, as well as to reduce negative emotions and internal tension caused by stress [1].



Thus, the coping strategies chosen by a person are closely related to his or her personality characteristics. Certain personality traits can be a prerequisite for choosing a particular type of behaviour. A person's perception of a stressful situation – either as a challenge or as a threat – will determine the choice of coping strategy that will be preferred.

According to the study [8], factor analysis identified four groups of variables that underlie the individual choice of ways to overcome stress. These factors reflect certain tendencies in coping behaviour and allow us to classify the main styles of coping in stressful situations. More specifically, the factors underlying the choice of certain coping strategies were identified: problem-oriented (reflects a focus on problem solving); emotion-oriented (concerns emotional response); social-oriented (reflects the search for social support to get advice or express emotions); avoidant (avoidance of negative emotions and thoughts about the stressor).

Active coping is a process of purposeful actions aimed at eliminating a stressful situation, reducing its impact or adapting to it. It includes initiating direct actions, mobilising efforts and trying to master a difficult situation step by step. It is worth noting that the preference for a particular coping style during stress does not preclude the use of other strategies or a combination of them. The choice of specific further behaviour depends on the individual's experience of coping with difficult life situations.

An optimistic worldview and the ability to positively rethink negative experiences can contribute to the formation of a stable long-term adaptation to stressful situations. Instead, passive coping strategies, such as avoiding problems, denying reality, avoiding conflicts, or suppressing emotions, provide only short-term adaptation to stressors.

Thus, personality traits are viewed as internal individual factors that are a prerequisite for the formation of personality stress resistance. Coping strategies are considered dynamic mechanisms that embody the process of achieving and maintaining resilience. Achieving a high level of resilience is the result of these mechanisms and can act as a mediator for achieving psychological well-being or recovery from mental disorders.

The level of stress resistance is positively correlated with such indicators of psychological well-being as life satisfaction and positive emotions. Mental well-being can be viewed both as a positive consequence of developed stress resistance and as a factor contributing to an increased level of resilience. Studies show that there is a correlation between an individual's ability to adapt to stressful situations and his or her overall mental well-being [5; 13].

**Conclusion.** The study of individual stress resilience through the analysis of coping strategies may be of clinical relevance, as pilot studies show that resilience building programmes improve adaptive coping mechanisms focused on effective goal achievement and contribute to overall psychological well-being. Psychological well-being is defined as a state of joy and satisfaction with life, with low distress, generally good physical and psychological health, a positive outlook and a high quality of life [1].

Mental health is defined as a state of mind characterised by emotional comfort, adaptive behaviour, relative freedom from anxiety and symptoms of disorders, as well as the ability to establish constructive relationships and cope with normal life demands and stressors [1]. Numerous empirical studies have shown that the level of developed stress resilience is negatively correlated with such conditions as depression, anxiety and the experience of negative emotions [2; 11].

In our opinion, the level of mental health can be a factor that contributes to the development and maintenance of stress resilience through problem-based coping strategies. A low level of mental well-being may be associated with the absence or depletion of resilience, for example, due to a lack of sufficient resources at the moment. It should be noted that the development of stress resistance and depression symptoms can occur simultaneously.

In view of this, it can be concluded that a person's stress resilience is an indicator of mental health and can potentially indicate an improvement in the mental and physical state of a person. Studies of coping strategies indicate that the ability to flexibly choose reactions to stress allows for a higher level of resilience. Flexible coping is positively correlated with the development of stress resilience.

#### Bibliography:

1. American Psychological Association, In APA dictionary of psychology. 2018. URL: <https://dictionary.apa.org/coping>.
2. Bonanno G. A., Romero S. A., Klein S. I. The temporal elements of psychological resilience: An integrative framework for the study of individuals, families, and communities. *Psychological Inquiry*. 2015. 26(2). P.13 –169.

3. Cunningham M., Francois S., Rodriguez G., Lee X. W. Resilience and coping: An example in African American adolescents. *Research in Human Development*. 2018. 15(3–4). P. 317–331.
4. Gárriz M., Gutiérrez F., Peri J. M., Baillés E., Torrubia R. Coping strategies within a personality space. *Personality and Individual Differences*. 2015. 80. P. 96–100.
5. Hu T., Zhang D., & Wang J. A meta-analysis of the trait resilience and mental health. *Personality and Individual Differences*. 2015. 76. P. 18–27.
6. Hutnik N., Smith P., Koch T. Using cognitive behaviour therapy to explore resilience in the life-stories of 16 UK centenarians. *Nursing open*. 2016. 3(2). P. 110–118.
7. Kalisch R., Müller M. B., Tüscher O. A conceptual framework for the neurobiological study of resilience. *Behavioral and brain sciences*. 2015. 38.
8. Litman J. A. The COPE inventory: Dimensionality and relationships with approach-and avoidance-motives and positive and negative traits. *Personality and Individual Differences*. 2006. 41(2). P. 273–284.
9. Lü W., Wang Z., Liu Y., Zhang H. Resilience as a mediator between extraversion, neuroticism and happiness, PA and NA. *Personality and Individual Differences*. 2014. 63. P. 128–133.
10. McCrae R. R., Costa P. T., Jr. Toward a new generation of personality theories: Theoretical contexts for the five-factor model. In J. S. Wiggins (Ed.), *The five-factor model of personality: Theoretical perspectives* (pp. 51–87). New York: Guilford. 1996.
11. Oshio A., Taku K., Hirano M., Saeed, G. Resilience and Big Five personality traits: A meta-analysis. *Personality and Individual Differences*. 2018. 127. P. 54–60.
12. Padesky C. A., Mooney K. A. Strengths-based cognitive-behavioural therapy: A four-step model to build resilience. *Clinical psychology & psychotherapy*. 2012. 19(4). P. 283–290.
13. Rettger M. B. Finding the silver lining: How positive psychology can help you use critical feedback to flourish. 2018.
14. Semenets-Orlova, I., Mykhailych, O., Klochko, A., Nestulya, S., & Omelyanenko, V. (2019). Readiness of the education manager to provide the organizational development of institutions (based on the sociological research). *Problems and Perspectives in Management*, 17(3), 132-142.
15. Semenets-Orlova, I. A. (2018). Derzhavne upravlinnia osvitynymi zminamy v Ukraini: teoretychni zasady [Public Management of Educational Change in Ukraine: Theoretical Principles]. Kyiv: YuSPTON.
16. Ungar M. Practitioner review: diagnosing childhood resilience—a systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of child psychology and psychiatry*. 2015. 56(1). P. 4–17.
17. van der Werff S. J., van den Berg S. M., Pannekoek J. N., Elzinga B. M., Van Der Wee N. J. Neuroimaging resilience to stress: a review. *Frontiers in Behavioral Neuroscience*. 2013. 7. P. 39.
18. Wang J. L., Zhang D. J., Zimmerman M. A. Resilience theory and its implications for Chinese adolescents. *Psychological Reports*. 2015. 117(2). P. 354–375.
19. Wiley R. «Who Am I Now?»: Distress and Growth After Trauma (Doctoral dissertation, Arizona State University). 2013.

#### References:

1. American Psychological Association (2018). *APA Dictionary of Psychology*. Retrieved from: <https://dictionary.apa.org/coping>.
2. Bonanno, G. A., Romero, S. A. & Klein, S. I. (2015). The temporal elements of psychological resilience: An integrative framework for the study of individuals, families, and communities. *Psychological Inquiry*, 26(2), 13–169.
3. Cunningham, M., Francois, S., Rodriguez, G. & Lee, X. W. (2018). Resilience and coping: An example in African American adolescents. *Research in Human Development*, 15(3–4), 317–331.
4. Gárriz, M., Gutiérrez, F., Peri, J. M., Baillés E., Torrubia, R. (2015). Coping strategies within a personality space. *Personality and Individual Differences*, 80, 96–100.
5. Hu, T., Zhang, D., & Wang, J. (2015). A meta-analysis of the trait resilience and mental health. *Personality and Individual Differences*, 76, 18–27.
6. Hutnik, N., Smith, P., Koch, T. (2016). Using cognitive behaviour therapy to explore resilience in the life-stories of 16 UK centenarians. *Nursing open*, 3(2), 110–118.
7. Kalisch, R., Müller M. B., Tüscher O. A conceptual framework for the neurobiological study of resilience (2015). *Behavioral and brain sciences*, 38.
8. Litman, J. A. (2006). The COPE inventory: Dimensionality and relationships with approach-and avoidance-motives and positive and negative traits. *Personality and Individual Differences*, 41(2), 273–284.
9. Lü, W., Wang, Z., Liu, Y. & Zhang, H. (2014). Resilience as a mediator between extraversion, neuroticism and happiness, PA and NA. *Personality and Individual Differences*, 63, 128–133.
10. McCrae, R. R., Costa, P. T. (1996). Toward a new generation of personality theories: Theoretical contexts for the five-factor model. In J. S. Wiggins (Ed.), *The five-factor model of personality: Theoretical perspectives*, New York, Guilford, 51–87.
11. Oshio, A., Taku, K., Hirano, M., Saeed, G. (2018). Resilience and Big Five personality traits: A meta-analysis. *Personality and Individual Differences*, 127, 54–60.

12. Padesky, C. A., Mooney, K. A. (2012). Strengths-based cognitive-behavioural therapy: A four-step model to build resilience. *Clinical psychology & psychotherapy*, 19(4), 283–290.
13. Rettger, M. B. (2018). *Finding the silver lining: How positive psychology can help you use critical feedback to flourish*.
14. Semenets-Orlova, I., Mykhailych, O., Klochko, A., Nestulya, S., & Omelyanenko, V. (2019). Readiness of the education manager to provide the organizational development of institutions (based on the sociological research). *Problems and Perspectives in Management*, 17(3), 132–142.
15. Semenets-Orlova, I. A. (2018). Derzhavne upravlinnia osvitynymi zminamy v Ukraini: teoretychni zasady [*Public Management of Educational Change in Ukraine: Theoretical Principles*]. Kyiv: YuSPTON [in Ukrainian].
16. Ungar, M. (2015). Practitioner review: diagnosing childhood resilience—a systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of child psychology and psychiatry*, 56(1), 4–17.
17. Van der Werff, S. J., van den Berg, S. M., Pannekoek, J. N., Elzinga, B. M., Van Der Wee, N. J. (2013). Neuroimaging resilience to stress: a review. *Frontiers in Behavioral Neuroscience*, 7, 39.
18. Wang, J. L., Zhang, D. J., Zimmerman, M. A. (2015). Resilience theory and its implications for Chinese adolescents. *Psychological Reports*, 117(2), 354–375.
19. Wiley, R. (2013). «Who Am I Now?»: *Distress and Growth After Trauma* (Doctoral dissertation, Arizona State University).