

## THE PSYCHOLOGICAL SELF-MOBILIZATION SCALE (PSMS): DEVELOPMENT AND INITIAL VALIDATION IN WARTIME UKRAINIAN SAMPLES

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### ABSTRACT

**Background.** The full-scale war has turned everyday life in Ukraine into a chronically resource-depleting environment in which successful adaptation depends on the person's capacity to activate and coordinate personal resources purposefully – psychological self-mobilization. No instrument measuring this capacity has been available.

**Objective.** To describe the development of the Psychological Self-Mobilization Scale (PSMS) and to evaluate its psychometric properties.

**Methods.** The 22-item PSMS (five components – self-motivation, hardiness, resilience, self-efficacy, adaptive coping – comprising eleven two-item subscales) was administered online to five Ukrainian samples (N = 596; 77% women): university students (n = 343), internally displaced persons (n = 168), professionals (n = 26), and a clinical addiction-treatment sample (n = 59). Item analysis, factor analyses, reliability estimation, invariance testing, and validity examination were performed.

**Results.** Internal consistency was high ( $\alpha = \omega = .95$ ; components  $\alpha = .78-.84$ ). A five-factor correlated model fitted best (CFI = .917; RMSEA = .070; SRMR = .042), with loadings of .62–.75 and a strong general factor ( $\omega = .95$ ) supporting use of the total score. Metric invariance held across sex and student/adult cohorts. The PSMS correlated positively with resilience (pooled  $r = .72$ ), self-efficacy ( $r = .73$ ), hardiness, problem-focused coping, well-being, and sociocultural adaptation, and negatively with continuous traumatic stress, PTSD risk, burnout, and somatic complaints.

**Conclusions.** The PSMS is a reliable and valid measure of psychological self-mobilization suitable for research and applied use in wartime; provisional interpretive bands are provided, and the scale is given in English and Ukrainian in the appendices.

**Keywords:** psychological self-mobilization; personal resources; resilience; hardiness; self-efficacy; coping; scale validation; wartime Ukraine.

### Introduction

Russia's full-scale war against Ukraine has produced a prolonged, multi-vector living environment in which stressors are chronic, repeatedly escalating, and weakly bounded in time and space. Beyond direct threats to life and health, the war generates cascades of secondary stressors – material losses, forced displacement,

disrupted social ties, occupational destabilization – and sustained uncertainty about the future (Karamushka & Karamushka, 2022; Kokun, 2025; Kokun & Bezverkhyi, 2024). From the perspective of Conservation of Resources theory, such an environment is best characterized as resource-depleting: it systematically accelerates the loss of personal, social, and material resources

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while obstructing their replenishment, thereby triggering loss spirals that undermine mental health and social functioning (Hobfoll, 1989, 2001; Hobfoll et al., 2018). Under these conditions, sustained adaptation depends not only on the possession of separate personal resources but on the person's capacity to activate, coordinate, and renew those resources while continuing to function in social and professional roles (Bonanno et al., 2024; Masten & Motti-Stefanidi, 2020).

Contemporary psychology offers well-validated measures of several individual resources relevant to this task. Hardiness – the dispositional system of commitment, control, and challenge attitudes – buffers the impact of stress on health and performance (Kobasa, 1979; Maddi, 2004, 2006; Kokun, 2024). Resilience denotes the capacity for flexible adaptation and rapid recovery after adversity (Bonanno, 2004; Connor & Davidson, 2003; Luthar et al., 2000; Masten, 2001; Southwick et al., 2014). Self-efficacy captures the person's belief in their capability to organize and execute the actions required to attain goals (Bandura, 1977; Schwarzer & Jerusalem, 1995). Coping research describes the repertoire of problem-focused, emotion-focused, and avoidant strategies through which these resources are enacted (Carver, 1997; Carver et al., 1989; Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). Each of these constructs has robust measurement traditions; yet each captures a single resource or a single level of the adaptation process.

What remains unmeasured is the integrative capacity that wartime adaptation actually demands: the ability to initiate goal-directed activi-

ty, to hold an agentic stance under threat, to switch flexibly between mobilization, action, and recovery, and to convert available resources into adaptive behaviour. We have conceptualized this capacity as psychological self-mobilization – an active, conscious meta-regulatory process of initiating and mobilizing internal resources to sustain productive activity, emotional stability, and social functioning under stress, crisis, or prolonged strain (Kokun, 2026). The concept builds on earlier, domain-specific uses of the term in sport psychology (Cheban et al., 2020) and integrates them within a resource-integrative model developed for the wartime Ukrainian context. In this model, self-mobilization is not “one more resource” alongside hardiness or self-efficacy; it is the coordinating function that actualizes and aligns five component resources: (1) self-motivation – the energizing and meaning-based initiation of activity, theoretically grounded in self-determination theory (Ryan & Deci, 2000); (2) hardiness – the attitudinal frame of control, challenge, and commitment (Maddi, 2006); (3) resilience – adaptive flexibility and rapid functional recovery (Connor & Davidson, 2003); (4) self-efficacy – confidence in one's capabilities and in the effectiveness of one's actions (Bandura, 1977); and (5) adaptive coping – the problem-focused and emotion-regulation strategies through which mobilization is behaviourally realized (Lazarus & Folkman, 1984).

An instrument operationalizing this construct is needed both for research – testing the resource-integrative model and its predictions about the stabilization of mental state and preservation of social functioning – and for practice, where brief, reliable measurement of mobiliza-

tion resources can inform psychosocial support programs for populations exposed to prolonged war stress (internally displaced persons, military personnel, medical workers, educators, students). The Psychological Self-Mobilization Scale (PSMS) was therefore developed within the project “Psychological self-mobilization and mental hardiness of Ukrainians as a resource for stabilizing the mental state and social functioning under crisis changes and threats to life safety” of the National Research Foundation of Ukraine.

The **objective of this article** is to describe the theoretical basis, development procedure, and psychometric properties of the PSMS. We hypothesized that: (H1) the scale would demonstrate high internal consistency ( $\alpha \geq .80$  for the total score); (H2) its internal structure would correspond to five correlated components subsumed under a strong general factor, consistent with the meta-regulatory conception of self-mobilization; (H3) PSMS scores would correlate positively with resilience, general self-efficacy, hardiness, problem-focused coping, and indicators of well-being and adaptation (convergent validity); and (H4) PSMS scores would correlate negatively with indicators of dysfunction – continuous traumatic stress reactions, PTSD risk, occupational burnout, somatic complaints, and avoidant coping – while remaining only moderately related to broad personality traits (criterion and discriminant validity). Measurement invariance across sex and cohort (students vs. adults) was examined additionally.

## Method

### *Development of the instrument*

Items were written to operationalize the

facet structure of the resource-integrative model of psychological self-mobilization (Kokun, 2026). For each of the five components, two or three narrow facets were specified a priori, yielding eleven subscales: purposefulness and autonomous motivation (self-motivation); control, challenge, and commitment (hardiness); adaptive flexibility and rapid recovery (resilience); confidence in one’s capabilities and belief in the effectiveness of one’s actions (self-efficacy); problem-focused and emotion-focused coping (adaptive coping). Two items were written for each facet, giving a 22-item pool. Wording followed several rules: first-person present-tense statements; reference to crisis, stress, or heavy-load situations rather than to specific war events, so that the scale remains applicable across civilian and professional groups; no reverse-keyed items, to keep the scale short, cognitively simple, and suitable for respondents under chronic stress; and applicability to the adult population at large. The draft items were reviewed within the project research team for content correspondence to the model facets and clarity of wording, and were refined accordingly.

Respondents rate each statement with reference to the last 1–2 months on a 5-point Likert scale (1 = completely disagree; 2 = rather disagree; 3 = hard to say; 4 = rather agree; 5 = completely agree). All items are scored directly. Three types of indices are computed: the total score (sum of all 22 items, range 22–110), five component scores, and eleven subscale scores. The full English and Ukrainian texts of the scale, with the scoring key, are given in Appendices A and B.

### *Participants and procedure*

The scale was tested in 2026 in five samples recruited through different channels, with somewhat different accompanying test batteries (Table 1). Sample 1 comprised students of a state university in Zhytomyr (full-time and part-time, mostly teacher-training specialities). Sample 2 was a clinical sample of patients undergoing inpatient treatment for substance and behavioural addictions in a specialized clinic. Sample 3 comprised professionals of various occupations (psychologists, educators, service and creative professions). Sample 4 comprised internally displaced persons (IDPs) surveyed within a study of personal resources of socio-psychological adaptation. Sample 5 comprised full-time students of a university in Vinnytsia (humanities and social sciences). Data were collected via Google Forms, individually and anonymously.

Participation was voluntary and anonymous; respondents gave informed consent, could skip questions or withdraw at any time, and no personally identifying information was collected. The study protocol was approved by the Ethics

Committee of the G. S. Kostiuk Institute of Psychology of the NAES of Ukraine (Protocol No. 2 of 24 March 2026). Two respondents in the clinical sample who indicated an age below 18 were excluded from all analyses. The final pooled sample comprised  $N = 596$  respondents (77.3% women).

### Measures

In addition to the PSMS, the batteries included the following standardized instruments (Ukrainian versions); Cronbach's  $\alpha$  values refer to the present samples.

The 10-item Connor–Davidson Resilience Scale (CD-RISC-10; Campbell-Sills & Stein, 2007; Ukrainian version: Shkolina et al., 2020) measured resilience in all five samples ( $\alpha = .85-.86$ ).

The General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995; Ukrainian adaptation: Haletska, 2003) measured generalized self-efficacy in all five samples ( $\alpha = .89-.94$ ).

The Professional Hardiness Questionnaire (Kokun, 2021a, 2021b) measured occupational

Table 1  
Characteristics of the samples

| Sample                            | <i>n</i>   | Women, <i>n</i> (%) | Age                                     | Battery |
|-----------------------------------|------------|---------------------|-----------------------------------------|---------|
| 1. Students, Zhytomyr             | 49         | 28 (57.1)           | 19–30: 36; 31–40: 5; 41–50: 7; 51–60: 1 | A       |
| 2. Clinical (addiction treatment) | 59         | 20 (33.9)           | 19–30: 22; 31–40: 28; 41–50: 8; 61+: 1  | A       |
| 3. Professionals (various)        | 26         | 14 (53.8)           | 19–30: 17; 31–40: 5; 41–50: 4           | A       |
| 4. Internally displaced persons   | 168        | 155 (92.3)          | $M = 48.3$ , $SD = 13.4$ (22–78)        | B       |
| 5. Students, Vinnytsia            | 294        | 244 (83.0)          | $M = 20.9$ , $SD = 0.7$ (19–24)         | C       |
| <b>Total</b>                      | <b>596</b> | <b>461 (77.3)</b>   |                                         |         |

*Note.* Battery A: PSMS, MBI, CD-RISC-10, Brief-COPE, GSE, CTSR, Professional Hardiness Questionnaire, TIPI, GBB-24, and a war-experience questionnaire. Battery B: PSMS, TIPI, CTSR, CD-RISC-10, PTSD screening scale, GSE, Brief-COPE, MSPSS, modified BBC-SWB, SCAS-R, and a displacement questionnaire. Battery C: PSMS, CD-RISC-10, GSE, PTSD screening scale, GBB-24, post-experience growth questionnaire, TIPI, self-development needs questionnaire, and a war-experience questionnaire. In sample 1, age was recorded in bands; the 19–30 band prevailed (73.5%). One IDP respondent's age entry was invalid and treated as missing.

hardiness (total score and the control, challenge, and involvement subscales) in samples 1–3 ( $\alpha = .88$ ).

The Brief-COPE (Carver, 1997; Ukrainian adaptation: Yablonska et al., 2023) measured coping strategies in samples 1–4; indices of problem-focused ( $\alpha = .69$ ) and avoidant ( $\alpha = .77$ ) coping were used. One humour item was not included in the survey forms, so the emotion-focused index was not analyzed.

The Maslach Burnout Inventory (MBI; Maslach et al., 1996) measured emotional exhaustion ( $\alpha = .89$ ), depersonalization ( $\alpha = .76$ ), and reduction of personal accomplishment ( $\alpha = .79$ ; scored so that higher values indicate stronger reduction) in samples 1–3.

The Ukrainian version of the Continuous Traumatic Stress Response scale (CTSR; Zasiukina et al., 2024) measured reactions to prolonged traumatic stress (total score; exhaustion/rage and fear/betrayal subscales) in samples 1–4 ( $\alpha = .87$ ).

The short screening scale for DSM-IV PTSD (Breslau et al., 1999) was used in samples 4–5 (number of positive answers, 0–7; KR-20 = .63–.70).

The Giessen Subjective Complaints List (GBB-24; Brähler et al., 2008) measured somatic complaints (total “complaint pressure” and exhaustion subscale) in samples 1–3 and 5 ( $\alpha = .93$ –.95).

The Ten-Item Personality Inventory (TIPI; Gosling et al., 2003; Ukrainian adaptation TIPI-UKR: Klimanska & Haletska, 2019) measured the Big Five traits in samples 1–4.

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) measured perceived support in sample 4 ( $\alpha = .94$ ).

The modified BBC Subjective Well-Being Scale (BBC-SWB; Pontin et al., 2013) measured subjective well-being in sample 4 ( $\alpha = .93$ ).

The Revised Sociocultural Adaptation Scale (SCAS-R; Wilson, 2013; Wilson et al., 2017) measured sociocultural adaptation to the host community in the IDP sample ( $\alpha = .95$ ).

A post-experience growth questionnaire (25 items based on the expanded Posttraumatic Growth Inventory; Tedeschi et al., 2017) and a self-development needs realization questionnaire (15 items; Fetiskin et al., 2002) were administered in sample 5 ( $\alpha = .94$  and .90).

All samples also completed brief questionnaires on war-related experiences (experienced danger to life, changes in health, emotional state, material situation, and appraisal of life prospects) developed for the project.

### **Statistical analysis**

Analyses proceeded in five steps. First, item difficulty, dispersion, distribution shape, and corrected item–total correlations were examined in the pooled sample. Second, the pooled sample was randomly split into two halves: subsample A ( $n = 298$ ) was used for exploratory analyses (Kaiser–Meyer–Olkin measure, Bartlett’s test, eigenvalue decomposition, parallel analysis with 500 random datasets and the 95th percentile criterion, principal axis factoring), and subsample B ( $n = 298$ ) for confirmatory factor analysis (CFA). Three theoretically motivated CFA models were compared: a unidimensional model; a model with five correlated factors corresponding to the components; and a second-order model with a general self-mobilization factor above the five components. Models were estimated by maximum likelihood on covariance matrices and evaluated with



$\chi^2$ , CFI, TLI, RMSEA with 90% CI, and SRMR, using conventional benchmarks (acceptable fit: CFI/TLI  $\geq .90$ , RMSEA  $\leq .08$ , SRMR  $\leq .08$ ); the final models were re-estimated in the full sample and, additionally, separately in the two largest samples. Third, reliability was estimated with Cronbach's  $\alpha$  and McDonald's  $\omega$  (for the 2-item subscales, with the Spearman–Brown coefficient), and model-based  $\omega$ -hierarchical and the explained common variance (ECV) of the general factor were computed from the second-order solution. Fourth, configural and metric measurement invariance was tested across sex and across cohorts (students vs. adults) via multi-group CFA ( $\Delta\chi^2$  and  $\Delta CFI \leq .01$  criteria). Fifth, construct validity was examined through Pearson correlations with the external measures (within the samples in which each measure was administered; correlations of the two convergent benchmarks available in all samples – CD-RISC-10 and GSE – were additionally pooled across samples via Fisher's  $z$ ), and through comparisons by sex, age, group, and war-exposure indicators. Analyses were run in Python 3.11 (NumPy/SciPy) with standard estimation routines.

## Results

### Item analysis

Table 2 presents the descriptive statistics of the 22 items in the pooled sample. Item means ranged from 3.04 to 3.82 (on the 1–5 scale) with standard deviations of 0.98–1.18, indicating good use of the response range without floor or ceiling effects. Absolute skewness did not exceed 0.72 and absolute excess kurtosis did not exceed 0.78, so the items can be treated as approximately normally distributed for the purposes of maximum likelihood estimation. Corrected item–total corre-

lations were uniformly high (.57–.72), and removal of no item would increase the total-scale  $\alpha$  (all  $\alpha$ -if-item-deleted = .945–.947 against  $\alpha$  = .948). Thus, all 22 items were retained.

### Factor structure

In subsample A, the data were well suited to factoring (KMO = .951; Bartlett's  $\chi^2(231) = 3455.4$ ,  $p < .001$ ). The first eigenvalues were 10.24, 1.27, and 1.13; the first factor accounted for 46.6% of the total variance, and parallel analysis indicated one factor exceeding the 95th-percentile random threshold. In a single-factor principal axis solution all items loaded .57–.73 (mean .66). Thus, exploratory analyses pointed to one powerful general dimension – an expected result, given that the theoretical model treats self-mobilization precisely as an integrative meta-

**Table 2**  
**Item descriptive statistics, corrected item–total correlations, and standardized CFA loadings (pooled sample, N = 596)**

| Item | <i>M</i> | <i>SD</i> | Skewness | Kurtosis | <i>rit</i> | $\lambda$ |
|------|----------|-----------|----------|----------|------------|-----------|
| 1    | 3.43     | 1.06      | –0.28    | –0.42    | .66        | .74       |
| 2    | 3.57     | 1.03      | –0.46    | –0.33    | .63        | .70       |
| 3    | 3.25     | 1.03      | –0.16    | –0.42    | .66        | .69       |
| 4    | 3.44     | 1.10      | –0.35    | –0.48    | .63        | .66       |
| 5    | 3.31     | 1.06      | –0.18    | –0.58    | .71        | .73       |
| 6    | 3.34     | 1.07      | –0.34    | –0.40    | .67        | .73       |
| 7    | 3.04     | 1.17      | –0.06    | –0.70    | .59        | .65       |
| 8    | 3.21     | 1.07      | –0.11    | –0.56    | .68        | .70       |
| 9    | 3.23     | 1.04      | –0.15    | –0.38    | .70        | .73       |
| 10   | 3.53     | 0.98      | –0.34    | –0.33    | .71        | .75       |
| 11   | 3.29     | 1.14      | –0.27    | –0.63    | .62        | .66       |
| 12   | 3.82     | 1.06      | –0.72    | –0.07    | .63        | .68       |
| 13   | 3.71     | 1.08      | –0.64    | –0.19    | .57        | .63       |
| 14   | 3.29     | 1.05      | –0.13    | –0.46    | .60        | .62       |
| 15   | 3.16     | 1.10      | –0.01    | –0.60    | .70        | .73       |
| 16   | 3.30     | 1.18      | –0.21    | –0.78    | .64        | .66       |
| 17   | 3.44     | 1.03      | –0.28    | –0.37    | .63        | .67       |
| 18   | 3.20     | 1.12      | –0.18    | –0.57    | .69        | .75       |
| 19   | 3.46     | 1.16      | –0.42    | –0.58    | .69        | .73       |
| 20   | 3.61     | 1.02      | –0.49    | –0.17    | .72        | .75       |
| 21   | 3.82     | 1.04      | –0.71    | –0.07    | .64        | .69       |
| 22   | 3.35     | 1.12      | –0.17    | –0.69    | .67        | .71       |

Note. *rit* = corrected item–total correlation;  $\lambda$  = standardized loading on the assigned factor in the five-factor correlated CFA model (full sample). All loadings  $p < .001$ .

regulatory capacity whose components operate in concert.

The theoretically specified structure was then tested confirmatorily (Table 3). In subsample B and in the full sample alike, the five-factor correlated model outperformed the unidimensional model (full sample:  $\Delta\chi^2(10) = 140.9$ ,  $p < .001$ ), reaching acceptable fit (CFI = .917; TLI = .904; RMSEA = .070, 90% CI [.065, .075]; SRMR = .042) and the lowest AIC and BIC values. The second-order model, in which the five components load on a general self-mobilization factor, fitted only marginally worse (CFI = .910; RMSEA = .072; SRMR = .043), a difference that is negligible in practical terms; it retains the substantive advantage of representing the construct exactly as theorized. The five-factor model also showed adequate fit when estimated separately in the two largest samples (IDPs:  $\chi^2/df = 2.43$ , SRMR = .053; students of the Vinnytsia university:  $\chi^2/df = 3.12$ , SRMR = .053).

In the five-factor solution (full sample), all standardized loadings were substantial (.62–.75; Table 2). Latent factor intercorrelations were high (.79–.97), and in the second-order model the general factor loaded the five components at .92–

.99. Accordingly, model-based reliability indices attributed nearly all reliable variance to the general factor:  $\omega$ -hierarchical = .95, ECV = .93. Observed component scores intercorrelated at .61–.81 and correlated with the total score at .85–.93. Taken together, these results support a hierarchical interpretation: the PSMS measures one general capacity for psychological self-mobilization that manifests through five distinguishable but tightly co-acting component facets. The total score should serve as the primary index, while component and subscale scores are appropriate for profile description rather than as independent dimensions.

### Reliability

Reliability indices are given in Table 4. Internal consistency of the total scale was excellent ( $\alpha = .95$ ;  $\omega = .95$ ) and remained high in every individual sample ( $\alpha = .91$ –.96). The five components showed good internal consistency for their length ( $\alpha = .78$ –.84;  $\omega = .78$ –.84). The eleven 2-item subscales showed inter-item correlations of .41–.55 (Spearman–Brown coefficients .58–.71) – expectedly moderate values for 2-item indices, which should therefore be used only for qualitative profile description.

Table 3  
Fit of the confirmatory factor models

| Model                        | $\chi^2$ | df  | $\chi^2/df$ | CFI  | TLI  | RMSEA [90% CI]    | SRMR |
|------------------------------|----------|-----|-------------|------|------|-------------------|------|
| <b>Subsample B (n = 298)</b> |          |     |             |      |      |                   |      |
| One factor                   | 677.9    | 209 | 3.24        | .876 | .863 | .087 [.080, .094] | .051 |
| Five correlated factors      | 611.3    | 199 | 3.07        | .891 | .874 | .084 [.076, .091] | .048 |
| Second-order (5 + G)         | 630.9    | 204 | 3.09        | .887 | .872 | .084 [.077, .091] | .049 |
| <b>Full sample (N = 596)</b> |          |     |             |      |      |                   |      |
| One factor                   | 919.8    | 209 | 4.40        | .898 | .888 | .076 [.071, .081] | .046 |
| Five correlated factors      | 778.9    | 199 | 3.91        | .917 | .904 | .070 [.065, .075] | .042 |
| Second-order (5 + G)         | 831.3    | 204 | 4.08        | .910 | .898 | .072 [.067, .077] | .043 |

Note. All  $\chi^2 p < .001$ . G = general factor of psychological self-mobilization. Maximum likelihood estimation.

**Table 4**  
**Reliability of the PSMS scales (pooled sample, N = 596)**

| Scale              | Items | $\alpha$ | $\omega$ | Mean inter-item |
|--------------------|-------|----------|----------|-----------------|
| PSMS total score   | 22    | .95      | .95      | .46             |
| 1. Self-motivation | 4     | .78      | .78      | .47             |
| 2. Hardiness       | 6     | .84      | .84      | .47             |
| 3. Resilience      | 4     | .79      | .79      | .49             |
| 4. Self-efficacy   | 4     | .82      | .82      | .53             |
| 5. Adaptive coping | 4     | .80      | .80      | .49             |

*Note.* Subscale Spearman–Brown coefficients: purposefulness .63; autonomous motivation .58; control .65; challenge .63; commitment .66; adaptive flexibility .65; rapid recovery .71; confidence in capabilities .66; belief in action efficacy .67; problem-focused coping .71; emotion-focused coping .71. Total-score  $\alpha$  by sample: students (Zhytomyr) .91; clinical .93; professionals .94; IDPs .96; students (Vinnytsia) .95.

### Measurement invariance

Multi-group CFAs of the five-factor model supported configural invariance across sex (women  $n = 461$ , men  $n = 135$ :  $\chi^2(398) = 1034.9$ , CFI = .910) and across cohorts (students  $n = 343$ , adults  $n = 253$ :  $\chi^2(398) = 1115.0$ , CFI = .901). Constraining all loadings to equality did not worsen fit in either comparison (sex:  $\Delta\chi^2(22) = 20.4$ ,  $p = .559$ ,  $\Delta\text{CFI} < .001$ ; cohort:  $\Delta\chi^2(22) = 13.7$ ,  $p = .911$ ,  $\Delta\text{CFI} = .001$ ), supporting metric invariance: the items measure their factors equivalently for women and men and for student and adult respondents.

### Descriptive statistics and provisional norms

Total-score distributions were closely comparable across the five samples (Table 5); means ranged narrowly from 73.2 to 78.4, and a one-way ANOVA across the three broad groups (students, non-clinical adults, clinical sample) found no differences,  $F(2, 593) = 0.06$ ,  $p = .944$ ,  $\eta^2 < .01$ . In the pooled sample the total score was normally distributed ( $M = 74.82$ ,  $SD = 16.44$ ,  $Mdn = 74$ ; skewness = 0.02, kurtosis =  $-0.11$ ;

Kolmogorov–Smirnov  $D = .035$ ,  $p = .444$ ) and covered virtually the whole theoretical range (25–110).

Table 5 also reports percentile values, which can serve as provisional reference points until representative standardization is completed. Based on the pooled distribution, we recommend refining the provisional interpretive bands of the instrument to 22–66 (reduced self-mobilization; 32.4% of the pooled sample), 67–82 (moderate; 36.4%), and 83–110 (high; 31.2%), which correspond to  $M \pm 0.5$  SD and yield an approximately even three-way split. The initial working bands proposed at the development stage (22–59, 60–75, 76–110) classified 15.4%, 37.2%, and 47.3% of respondents, respectively, and are thus asymmetric in population terms.

**Table 5**  
**Descriptive statistics of the PSMS total score**

| Sample                         | $n$        | $M$          | $SD$         | $Mdn$     | Skew.       | Kurt.        |
|--------------------------------|------------|--------------|--------------|-----------|-------------|--------------|
| Students, Zhytomyr             | 49         | 73.24        | 12.64        | 73        | –0.09       | –0.79        |
| Clinical (addiction treatment) | 59         | 75.47        | 15.90        | 76        | 0.03        | 0.14         |
| Professionals (various)        | 26         | 78.35        | 16.77        | 81        | –0.42       | –0.42        |
| Internally displaced persons   | 168        | 74.30        | 17.04        | 74        | –0.21       | 0.46         |
| Students, Vinnytsia            | 294        | 74.93        | 16.78        | 74        | 0.19        | –0.52        |
| <b>Pooled sample</b>           | <b>596</b> | <b>74.82</b> | <b>16.44</b> | <b>74</b> | <b>0.02</b> | <b>–0.11</b> |

*Note.* Percentiles of the pooled distribution: P5 = 48, P10 = 54, P25 = 64, P50 = 74, P75 = 85, P90 = 96, P95 = 106. Component scores (pooled): self-motivation  $M = 14.54$  ( $SD = 3.29$ ); hardiness  $M = 19.75$  ( $SD = 4.87$ ); resilience  $M = 13.03$  ( $SD = 3.45$ ); self-efficacy  $M = 13.51$  ( $SD = 3.45$ ); adaptive coping  $M = 13.98$  ( $SD = 3.38$ ).

### Construct validity

Correlations of the PSMS with the external measures are summarized in Table 6. The convergent pattern was strong and consistent across batteries and samples. The PSMS total score correlated with resilience (CD-RISC-10) at  $r = .68$ –.79 (pooled  $r = .72$ ) and with general self-efficacy at  $r = .71$ –.75 (pooled  $r = .73$ ) – high val-



ues that confirm the kinship of self-mobilization with its component resources while leaving roughly half of the variance unshared, in line with the conception of the PSMS as an integrative rather than duplicate measure. Correlations with occupational hardiness ( $r = .44$ ), problem-focused coping ( $r = .35-.47$ ), perceived social support ( $r = .35$ ), and need for self-development realization ( $r = .71$ ) were also positive, and in the IDP sample self-mobilization was strongly related to subjective well-being ( $r = .73$ ) and sociocultural adaptation in the host community ( $r = .71$ ).

Criterion and discriminant relations were equally coherent. The PSMS correlated negatively with continuous traumatic stress reactions ( $r = -.49$  and  $-.55$  in the two batteries; with the exhaustion/rage subscale up to  $-.55$ ), PTSD screening risk ( $r = -.51$  among IDPs;  $-.21$  among students), emotional exhaustion ( $r = -.50$ ) and reduction of personal accomplishment ( $r = -.55$ ) in burnout, somatic complaint pressure ( $r = -.26$  to  $-.40$ ), and avoidant coping ( $r = -.24$  to  $-.29$ ). Correlations with the Big Five traits were, as expected, only weak to moderate (the largest with emotional stability among IDPs,  $r = .48$ , and openness,  $r = .31-.36$ ), indicating that the PSMS is not reducible to broad personality dispositions.

Correlations with war-exposure and functioning indicators provided additional criterion evidence. Higher self-mobilization was associated with more favourable appraisals of one's life prospects ( $r = .27$ ,  $p < .001$ , students;  $r = .40$ ,  $p = .002$ , clinical sample), better current well-being ( $r = .16$ ,  $p = .006$ ), more positive changes of emotional state during the war ( $r = .12-.42$  across samples), whereas experienced danger to life showed weak negative associations (significant

among IDPs,  $r = -.16$ ,  $p = .040$ ). Men scored slightly higher than women in the pooled sample ( $77.5$  vs.  $74.0$ ;  $t(594) = 2.19$ ,  $p = .029$ ,  $d = 0.21$ ). Age was unrelated to PSMS scores in the two samples with exact age data (IDPs  $r = .02$ ; students  $r = .02$ ).

Table 6  
Correlations of the PSMS with external measures

| Measure                                        | Total   | SM      | H       | R       | SE      | AC      |
|------------------------------------------------|---------|---------|---------|---------|---------|---------|
| <b>Samples 1–3 pooled (n = 134)</b>            |         |         |         |         |         |         |
| CD-RISC-10 (resilience)                        | .79***  | .61***  | .75***  | .67***  | .70***  | .64***  |
| General self-efficacy (GSE)                    | .73***  | .58***  | .70***  | .53***  | .69***  | .60***  |
| Professional hardiness (total)                 | .44***  | .40***  | .43***  | .31***  | .36***  | .36***  |
| Brief-COPE: problem-focused                    | .47***  | .47***  | .45***  | .32***  | .41***  | .35***  |
| Brief-COPE: avoidant                           | -.24**  | -.29*** | -.27**  | -.12    | -.17*   | -.17    |
| MBI: emotional exhaustion                      | -.50*** | -.42*** | -.52*** | -.39*** | -.45*** | -.33*** |
| MBI: depersonalization                         | -.06    | -.07    | -.10    | .03     | -.08    | -.05    |
| MBI: reduced accomplishment                    | -.55*** | -.56*** | -.49*** | -.35*** | -.46*** | -.48*** |
| CTSR (continuous traumatic stress)             | -.49*** | -.48*** | -.51*** | -.36*** | -.40*** | -.32*** |
| GBB-24: complaint pressure                     | -.40*** | -.38*** | -.40**  | -.34*** | -.31*** | -.25**  |
| <b>Sample 4: IDPs (n = 168)</b>                |         |         |         |         |         |         |
| CD-RISC-10 (resilience)                        | .74***  | .61***  | .74***  | .66***  | .66***  | .65***  |
| General self-efficacy (GSE)                    | .75***  | .61***  | .72***  | .64***  | .71***  | .70***  |
| Brief-COPE: problem-focused                    | .35***  | .30***  | .37***  | .33***  | .25**   | .30***  |
| Brief-COPE: avoidant                           | -.29*** | -.28*** | -.30**  | -.20**  | -.22**  | -.28*** |
| CTSR (continuous traumatic stress)             | -.55*** | -.49*** | -.53*** | -.48*** | -.48*** | -.48*** |
| PTSD screening scale                           | -.51*** | -.45*** | -.50*** | -.47*** | -.42*** | -.45*** |
| MSPSS (social support)                         | .35***  | .29***  | .33***  | .37***  | .30***  | .29***  |
| BBC-SWB (well-being)                           | .73***  | .65***  | .72***  | .59***  | .68***  | .63***  |
| SCAS-R (sociocultural adaptation)              | .71***  | .74***  | .66***  | .53***  | .60***  | .66***  |
| TIPI: emotional stability                      | .48***  | .44***  | .48***  | .37***  | .41***  | .44***  |
| <b>Sample 5: students, Vinnytsia (n = 294)</b> |         |         |         |         |         |         |
| CD-RISC-10 (resilience)                        | .68***  | .59***  | .61***  | .60***  | .64***  | .61***  |
| General self-efficacy (GSE)                    | .71***  | .63***  | .62***  | .60***  | .69***  | .65***  |
| PTSD screening scale                           | -.21*** | -.11    | -.25*** | -.23*** | -.18**  | -.16**  |
| GBB-24: complaint pressure                     | -.26*** | -.23*** | -.25*** | -.26*** | -.20*** | -.22*** |
| Post-experience growth                         | .39***  | .35***  | .38***  | .30***  | .39***  | .34***  |
| Self-development needs realization             | .71***  | .73***  | .65***  | .54***  | .64***  | .62***  |
| Current well-being (0–100)                     | .16**   | .11     | .21***  | .15**   | .10     | .11     |

Note. SM = self-motivation; H = hardiness; R = resilience; SE = self-efficacy; AC = adaptive coping. \*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

## Discussion

This article has presented the development and first psychometric evaluation of the Psychological Self-Mobilization Scale – to our knowledge, the first instrument designed to measure the integrative capacity of a person to activate and coordinate internal resources under conditions of prolonged crisis. The results support all four hypotheses. Internal consistency exceeded the project benchmark of  $\alpha \geq .80$  by a wide margin, in the pooled data and in every individual sample (H1). The theoretically specified five-component structure was confirmed: the five-factor correlated model fitted the data best, all items loaded substantially on their assigned factors, and metric invariance held across sex and cohorts. At the same time, the components proved to be tightly interrelated, and nearly all reliable variance was carried by a general factor ( $\omega_h = .95$ ; ECV = .93) (H2).

This hierarchical picture deserves emphasis, because it is exactly what the underlying theory predicts. The resource-integrative model conceptualizes self-mobilization not as a set of independent resources but as a meta-regulatory function that actualizes and aligns them in a coordinated adaptive response (Kokun, 2026). The empirical signature of such a construct is precisely a strong general dimension expressed through distinguishable facets – comparable to the structure of general self-efficacy or trait resilience measures, yet broader in content. The practical implication is straightforward: the total score is the primary measurement index; component scores describe the internal profile of mobilization (e.g., relatively weaker recovery or motivation), and the 2-item subscales serve qualitative

interpretation only.

The validity evidence forms a coherent nomological network (H3, H4). Self-mobilization converged strongly with resilience and self-efficacy – its closest theoretical relatives – while sharing only about half of their variance, and correlated in theoretically ordered ways with hardiness, problem-focused (positively) and avoidant (negatively) coping. It was substantially associated with adaptation outcomes: subjective well-being and sociocultural adaptation among displaced persons, appraisal of life prospects, and post-experience growth among students. Negative correlations with continuous traumatic stress, PTSD screening risk, emotional exhaustion, reduced personal accomplishment, and somatic complaints position self-mobilization as a protective resource factor consistent with the resource-loss framework (Hobfoll, 1989; Hobfoll et al., 2018). Weak-to-moderate correlations with the Big Five confirm that the PSMS does not duplicate broad dispositional traits; the strongest personality correlate, emotional stability, is itself a plausible resource substrate of mobilization.

Two descriptive findings warrant comment. First, mean scores did not differ across student, adult, and clinical samples. Regarding the clinical sample, respondents were surveyed while undergoing structured addiction treatment – a context that typically mobilizes motivation and is often accompanied by rehabilitation-related optimism – so this result should not be read as evidence that the scale is insensitive to clinical status; sensitivity to clinical severity requires targeted study with independent clinical criteria. Second, within samples, self-mobilization was systematically higher among respondents who ap-

praised their emotional state, prospects, and functioning more favourably, and slightly lower among those reporting stronger exposure to life danger – a pattern consistent with the view of self-mobilization as a resource that is spent by extreme stressor load and manifested in preserved functioning.

Practical applications of the PSMS within the project and beyond include: screening of mobilization resources in groups at high risk of exhaustion (IDPs, helping professionals, students in wartime); identification of persons with reduced self-mobilization (total score  $\leq 66$  under the refined provisional bands) for targeted psychosocial support; profiling of the five components for individualized resource-oriented interventions; and monitoring of change in the forthcoming resource-oriented training program of self-mobilization development. The scale is brief (5–7 minutes), free for research and practical use, and is provided in Ukrainian and English (Appendices A and B).

### ***Limitations and future directions***

Several limitations should be noted. First, all samples were convenience samples with a predominance of women, and two of the five were student groups; representative standardization remains a task for the project's next stage, and the interpretive bands reported here are provisional. Second, the design was cross-sectional; test-retest reliability and sensitivity to change have not yet been established, and the discriminative capacity of the scale with respect to clinical criteria requires dedicated studies. Third, all data were self-reported, so common-method variance may inflate correlations among measures; the convergent coefficients should be interpreted with this

in mind. Fourth, model estimation treated the 5-point item scores as continuous; although item distributions were close to normal, replication with estimators for ordinal data would be useful. Fifth, scalar invariance (equality of intercepts) was not yet tested and is needed before latent mean comparisons across groups. Future research within the project will address these tasks in the planned 2027 study of military personnel, medical workers, educators, and IDPs, including longitudinal assessment within the resource-oriented development program, testing of the model's structural predictions, and development of population norms.

### **Conclusions**

The Psychological Self-Mobilization Scale is a 22-item self-report instrument that operationalizes the resource-integrative model of psychological self-mobilization through five components (self-motivation, hardiness, resilience, self-efficacy, adaptive coping) and eleven subscales. Across five Ukrainian samples surveyed under wartime conditions ( $N = 596$ ), the scale demonstrated excellent internal consistency ( $\alpha = \omega = .95$ ; components  $\alpha = .78-.84$ ), a confirmed five-factor structure subsumed under a strong general factor ( $CFI = .917$ ;  $RMSEA = .070$ ;  $SRMR = .042$ ;  $\omega_h = .95$ ), metric measurement invariance across sex and cohorts, and a coherent pattern of convergent, criterion, and discriminant relations with fourteen external measures. The total score, normally distributed in the pooled sample ( $M = 74.8$ ,  $SD = 16.4$ ), is recommended as the primary index, with refined provisional interpretive bands of 22–66 (reduced), 67–82 (moderate), and 83–110 (high) self-mobilization. The PSMS can be recommended for research and

applied use with Ukrainian adult populations under conditions of war and post-war recovery; its English version is offered for further cross-cultural validation.

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**Conflict of interest.** The author declares no known conflict of interest.

### **Ethics and consent**

The study protocol was approved by the Ethics Committee of the G. S. Kostyuk Institute of Psychology, National Academy of Educational Sciences of Ukraine (Protocol No. 2 of 24 March 2026). All procedures complied with the Declaration of Helsinki. Participation was voluntary and anonymous; all respondents provided informed consent electronically before completing the survey and could skip any question or withdraw at any time without consequences. In the clinical sample, refusal or withdrawal had no effect on participants' access to treatment. All participants whose data were analysed were adults; two respondents who indicated an age below 18 were excluded from all analyses.

### **Declaration of generative AI use**

Generative artificial intelligence was used

in the preparation of this article. An AI assistant, Claude (Anthropic; model version Claude Fable 5, 2026), was used to support the statistical analysis and its verification, to synthesise literature, to prepare the English version of the Psychological Self-Mobilization Scale for the author's review, and to draft and edit the manuscript text, in every case under the direction of the author. It was used because the study's analytic strategy – item-level analysis, exploratory and confirmatory factor modelling, measurement invariance testing, reliability and validity estimation, and verification of all reported values against the source data – required extensive computation, and to support accurate scientific reporting in English, which is not the author's first language. The author developed the scale and its underlying theoretical model, specified the research questions, designed the studies, organised data collection, critically revised all text, and reviewed and verified all analyses, results, interpretations and references. The author takes full responsibility for the content of the published article.

### **Data availability statement**

The data supporting the findings of this study are openly available in the Digital Library of the National Academy of Educational Sciences of Ukraine at <https://lib.iitta.gov.ua/id/eprint/750040>

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## Appendix A

### Psychological Self-Mobilization Scale (PSMS) – English version

**Instructions.** Below are 22 statements describing possible reactions and ways of acting in difficult or tense circumstances. Rate how well each statement has described you over the last 1–2 months by choosing one answer: 1 = completely disagree; 2 = rather disagree; 3 = hard to say (both yes and no); 4 = rather agree; 5 = completely agree.

| No. | Statement                                                                 | Answer (1–5) |
|-----|---------------------------------------------------------------------------|--------------|
| 1   | My life goals remain clear even in crisis situations                      | 1 2 3 4 5    |
| 2   | I find inner incentives to stay active                                    | 1 2 3 4 5    |
| 3   | I believe I have sufficient resources to keep the situation under control | 1 2 3 4 5    |
| 4   | I am interested in overcoming difficult tasks                             | 1 2 3 4 5    |
| 5   | I remain active when the situation becomes difficult                      | 1 2 3 4 5    |
| 6   | I respond flexibly to unexpected situations                               | 1 2 3 4 5    |
| 7   | I find it easy to return to normal life after difficult situations        | 1 2 3 4 5    |
| 8   | I know that I have the resources needed to solve problems                 | 1 2 3 4 5    |
| 9   | I am convinced that my actions are effective in crisis situations         | 1 2 3 4 5    |
| 10  | I focus on active steps to solve the problem                              | 1 2 3 4 5    |
| 11  | I know how to control my emotions in stressful situations                 | 1 2 3 4 5    |
| 12  | The prospect of achieving a result motivates me                           | 1 2 3 4 5    |
| 13  | My motivation almost always depends on myself                             | 1 2 3 4 5    |
| 14  | I am confident that I can influence the course of events                  | 1 2 3 4 5    |
| 15  | Crisis situations mobilize my efforts                                     | 1 2 3 4 5    |
| 16  | I do not lose interest in life even under crisis conditions               | 1 2 3 4 5    |
| 17  | I am able to change my decisions quickly, depending on the circumstances  | 1 2 3 4 5    |
| 18  | I can quickly return to work after a stressful situation                  | 1 2 3 4 5    |
| 19  | I consider myself capable of withstanding heavy loads                     | 1 2 3 4 5    |
| 20  | I am confident that I will find a way to solve a problem                  | 1 2 3 4 5    |
| 21  | I analyse the problem in order to find the best solution                  | 1 2 3 4 5    |
| 22  | I do not let negative emotions interfere with my activity                 | 1 2 3 4 5    |

**Scoring.** All items are scored directly (1–5). Total score = sum of all 22 items (range 22–110). Components and subscales (item numbers in parentheses): 1. Self-motivation: 1.1 Purposefulness (1, 12), 1.2 Autonomous motivation (2, 13); 2. Hardiness: 2.1 Control (3, 14), 2.2 Challenge (4, 15), 2.3 Commitment (5, 16); 3. Resilience: 3.1 Adaptive flexibility (6, 17), 3.2 Rapid recovery (7, 18); 4. Self-efficacy: 4.1 Confidence in one's capabilities (8, 19), 4.2 Belief in the effectiveness of one's actions (9, 20); 5. Adaptive coping: 5.1 Problem-focused coping (10, 21), 5.2 Emotion-focused coping (11, 22).

**Provisional interpretation of the total score** (this study, pooled N = 596): 22–66 – reduced self-mobilization; 67–82 – moderate self-mobilization; 83–110 – high self-mobilization.

## Appendix B

### Шкала психологічної самообілізації (ШПСМ) – українська версія

**Інструкція.** Нижче наведено 22 твердження, що описують можливі реакції та способи дій людини у складних або напружених умовах. Оцініть відповідність себе кожному твердженню за останні 1–2 місяці, обравши одну відповідь: 1 – повністю не згоден/-на; 2 – скоріше не згоден/-на; 3 – важко сказати (і так, і ні); 4 – скоріше згоден/-на; 5 – повністю згоден/-на.

| №  | Твердження                                                         | Відповідь (1–5) |
|----|--------------------------------------------------------------------|-----------------|
| 1  | Мої життєві цілі є чіткими, навіть у кризових ситуаціях            | 1 2 3 4 5       |
| 2  | Я знаходжу внутрішні стимули для продовження активності            | 1 2 3 4 5       |
| 3  | Я вважаю, що маю достатньо ресурсів для контролю ситуації          | 1 2 3 4 5       |
| 4  | Я зацікавлений/-на у подоланні важких завдань                      | 1 2 3 4 5       |
| 5  | Я залишаюсь активним, коли ситуація стає важкою                    | 1 2 3 4 5       |
| 6  | Я гнучко реагую на неочікувані ситуації                            | 1 2 3 4 5       |
| 7  | Мені легко повернутись до нормального життя після важких ситуацій  | 1 2 3 4 5       |
| 8  | Я знаю, що маю необхідні ресурси для вирішення проблем             | 1 2 3 4 5       |
| 9  | Я переконаний/-на у результативності моїх дій у кризових ситуаціях | 1 2 3 4 5       |
| 10 | Я зосереджуюсь на активних діях для вирішення проблеми             | 1 2 3 4 5       |
| 11 | Я вмію контролювати свої емоції у стресових ситуаціях              | 1 2 3 4 5       |
| 12 | Мене мотивує перспектива досягнення результату                     | 1 2 3 4 5       |
| 13 | Моя мотивація майже завжди залежить від мене самого                | 1 2 3 4 5       |
| 14 | Я впевнений/-на, що можу впливати на хід подій                     | 1 2 3 4 5       |
| 15 | Кризові ситуації мобілізують мої зусилля                           | 1 2 3 4 5       |
| 16 | Я не втрачаю інтересу до життя навіть у кризових умовах            | 1 2 3 4 5       |
| 17 | Я здатний/-на швидко змінювати свої рішення, залежно від обставин  | 1 2 3 4 5       |
| 18 | Я можу швидко повернутися до роботи після стресової ситуації       | 1 2 3 4 5       |
| 19 | Я вважаю себе здатним/-ною витримувати значні навантаження         | 1 2 3 4 5       |
| 20 | Я впевнений/-на у тому, що знайду спосіб вирішити проблему         | 1 2 3 4 5       |
| 21 | Я аналізую проблему, щоб знайти оптимальне рішення                 | 1 2 3 4 5       |
| 22 | Я не дозволяю негативним емоціям заважати моїй діяльності          | 1 2 3 4 5       |

**Обробка результатів.** Усі пункти мають пряме кодування (1–5). Сумарний бал = сума відповідей за всіма 22 пунктами (від 22 до 110). Компоненти та субшкали (номери пунктів): 1. Самомотивація: 1.1 Цілеспрямованість (1, 12), 1.2 Автономна мотивація (2, 13); 2. Життєстійкість: 2.1 Контроль (3, 14), 2.2 Виклик (4, 15), 2.3 Включеність (5, 16); 3. Резильентність: 3.1 Адаптивна гнучкість (6, 17), 3.2 Швидке відновлення (7, 18); 4. Самоефективність: 4.1 Впевненість у можливостях (8, 19), 4.2 Віра у результативність дій (9, 20); 5. Адаптивний копінг: 5.1 Проблемно-орієнтований копінг (10, 21), 5.2 Емоційно-орієнтований копінг (11, 22).

**Попередня інтерпретація сумарного бала** (за даними цього дослідження, N = 596): 22–66 – знижена самообілізація; 67–82 – помірна самообілізація; 83–110 – висока самообілізація.

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**Keywords:** psychological self-mobilization; personal resources; resilience; hardiness; self-efficacy; coping; scale validation; wartime Ukraine.

**THE PSYCHOLOGICAL SELF-MOBILIZATION SCALE (PSMS): DEVELOPMENT AND INITIAL VALIDATION IN WARTIME UKRAINIAN SAMPLES**

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**ABSTRACT**

**Background.** The full-scale war has turned everyday life in Ukraine into a chronically resource-depleting environment in which successful adaptation depends on the person's capacity to activate and coordinate personal resources purposefully – psychological self-mobilization. No instrument measuring this capacity has been available.

**Objective.** To describe the development of the Psychological Self-Mobilization Scale (PSMS) and to evaluate its psychometric properties.

**Methods.** The 22-item PSMS (five components – self-motivation, hardiness, resilience, self-efficacy, adaptive coping – comprising eleven two-item subscales) was administered online to five Ukrainian samples ( $N = 596$ ; 77% women): university students ( $n = 343$ ), internally displaced persons ( $n = 168$ ), professionals ( $n = 26$ ), and a clinical addiction-treatment sample ( $n = 59$ ). Item analysis, factor analyses, reliability estimation, invariance testing, and validity examination were performed.

**Results.** Internal consistency was high ( $\alpha = \omega = .95$ ; components  $\alpha = .78-.84$ ). A five-factor correlated model fitted best ( $CFI = .917$ ;  $RMSEA = .070$ ;  $SRMR = .042$ ), with loadings of  $.62-.75$  and a strong general factor ( $\omega_h = .95$ ) supporting use of the total score. Metric invariance held across sex and student/adult cohorts. The PSMS correlated positively with resilience (pooled  $r = .72$ ), self-efficacy ( $r = .73$ ), hardiness, problem-focused coping, well-being, and sociocultural adaptation, and negatively with continuous traumatic stress, PTSD risk, burnout, and somatic complaints.

**Conclusions.** The PSMS is a reliable and valid measure of psychological self-mobilization suitable for research and applied use in wartime; provisional interpretive bands are provided, and the scale is given in English and Ukrainian in the appendices.

**ШКАЛА ПСИХОЛОГІЧНОЇ САМОМОБІЛІЗАЦІЇ (ШПСМ): РОЗРОБЛЕННЯ ТА ПЕРВИННА ВАЛІДІЗАЦІЯ НА УКРАЇНСЬКИХ ВИБІРКАХ ВОЄННОГО ЧАСУ**

**АНОТАЦІЯ**

**Актуальність.** Повномасштабна війна перетворила повсякденне життя в Україні на хронічно ресурсно-виснажливе середовище, в якому успішна адаптація залежить не стільки від окремого особистісного ресурсу, скільки від здатності людини цілеспрямовано актуалізувати та координувати власні ресурси – психологічної самообілізації. Інструмента для вимірювання цієї здатності досі не існувало.

**Мета.** Описати розроблення Шкали психологічної самообілізації (ШПСМ) та оцінити її психометричні властивості.

**Методи.** ШПСМ із 22 пунктів (п'ять компонентів – самомотивація, життестійкість, резильєнтність, самоефективність, адаптивний копінг; одинадцять двопунктових субшкал) була застосована онлайн у п'яти українських вибірках (загалом  $N = 596$ ; 77% жінок): студенти ( $n = 343$ ), внутрішньо переміщені особи ( $n = 168$ ), фахівці різних професій ( $n = 26$ ) та клінічна вибірка осіб, які проходять лікування від залежностей ( $n = 59$ ). Проведено аналіз пунктів, експлораторний і конфірмаційний факторний аналіз, оцінювання надійності, перевірку інваріантності вимірювання та конструктивної валідності.

**Результати.** Внутрішня узгодженість висока ( $\alpha = .95$ ;  $\omega = .95$ ; компоненти  $\alpha = .78-.84$ ). Найкращу відповідність даним показала п'ятифакторна корельована модель ( $CFI = .917$ ;  $RMSEA = .070$ ;  $SRMR = .042$ ) зі стандартизованими навантаженнями  $.62-.75$  та потужним загальним фактором ( $\omega_h = .95$ ;  $ECV = .93$ ), що об-

ґрунтовує використання загального бала. Метрична інваріантність підтверджена за статтю та когортами (студенти/дорослі). ШПСМ позитивно корелює з резильєнтністю (узагальнене  $r = .72$ ), самоефективністю ( $r = .73$ ), життєстійкістю, проблемно-орієнтованим копінгом, суб'єктивним благополуччям і соціокультурною адаптацією та негативно – з реакціями на тривалий травматичний стрес, ризиком ПТСР, вигоранням і соматичними скаргами.

**Висновки.** ШПСМ є надійним і валідним інструментом вимірювання психологічної самообілізації, придатним для наукового та практичного застосування в умовах війни та повоєнного відновлення; наведено попередні інтерпретаційні межі. Повний текст шкали подано англійською та українською мовами в додатках.

**Ключові слова:** психологічна самообілізація; особистісні ресурси; резильєнтність; життєстійкість; самоефективність; копінг; валідація шкали; війна в Україні.

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