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Subjective well-being in wartime: The role of age and gender

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Abstract. This study aimed to investigate the characteristics of subjective well-being and ill-being among civilians amidst the uncertainties of war, with a specific focus on age and gender factors. The study involved 147 civilians aged 17 to 49 living in Kyiv, Kharkiv, and Zhytomyr. A six-cluster subjective well-being scale was used. The results showed that the subjective well-being of Ukrainians was generally at an average level. Analysis of the key components of subjective well-being revealed certain differences depending on the age and gender of the participants. The findings indicated that only 2% of respondents reported complete subjective well-being, 22% experienced moderate emotional comfort, 64% reported a typical level of well-being, 10% tended towards depression and anxiety, and 2% experienced significant emotional discomfort. Age differences were observed: younger respondents (17-21 years) were more prone to high levels of psycho-emotional stress, rated their health more negatively, and experienced greater social isolation. In contrast, older participants (36 years and above) demonstrated better adaptation to adverse circumstances and were less affected by negative emotions. While older individuals reported lower mood scores, they also indicated higher satisfaction with their daily routines. Among all age groups, those aged 22-35 displayed the most favourable indicators of subjective well-being. Gender differences revealed that men showed slightly more signs of subjective ill-being compared to women. Men exhibited higher levels of stress and psycho-emotional symptoms, whereas women demonstrated a stronger tendency towards mood decline. These findings may inform professionals in psychological support, education, social work, and public administration in identifying at-risk groups, determining priority areas for intervention, and tailoring support to the specific needs of different demographic groups – particularly young people, older adults, women, and men – in order to enhance psychological resilience and quality of life under prolonged crisis conditions

Keywords: psychological stress; gender differences; age-related characteristics; mental health; emotional comfort/discomfort

Introduction

Wartime significantly affects individuals' subjective well-being, highlighting the need to examine key factors such as age and gender. Younger people often adapt more easily to change, while older individuals may experience heightened anxiety due to disrupted routines. Gender also plays a role: women report higher levels of anxiety, whereas men tend to suppress emotional difficulties. Studying these dynamics is essential from both scientific and practical perspectives. A deeper understanding of how age and gender influence well-being during prolonged crises can inform the development of targeted psychological support, social initiatives, and policies aimed at mitigating the psychological impact of war.

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P. Biermann *et al.* (2022) found that the relationship between age and subjective well-being does not follow the classical U-shaped curve as previously assumed. Instead, they observed relative stability in well-being throughout early adulthood, followed by a gradual increase up to approximately the age of 75. This suggests that with age, individuals develop more effective adaptation mechanisms and an enhanced capacity to derive meaning from life experiences. C. Pieh *et al.* (2020) found that the COVID-19 pandemic and its associated restrictions were particularly stress-inducing for individuals under the age of 35. In particular, young unemployed people and those on low incomes reported the highest levels of anxiety and reduced well-being. The authors also identified a positive correlation between age and levels of emotional and evaluative wellbeing. M.R. Oliveira *et al.* (2022) focused on the physical dimension of subjective well-being, demonstrating that social distancing led to reduced physical activity among older adults, which in turn negatively affected their mental health and emotional state. The study emphasised the importance of maintaining physical activity as a means of preserving well-being in later life. K.S. Birditt *et al.* (2021) found that older adults adapted more effectively to pandemic-related restrictions than their younger counterparts. They reported lower levels of stress, fewer complaints about social isolation, and a greater sense of stability – factors attributed to life experience and a reduced need for a fast-paced social life.

Regarding gender-specific aspects of subjective well-being, K.L. Peyer *et al.* (2024) discovered that women demonstrate higher emotional sensitivity, particularly under the pressures of dual responsibilities such as work and family life. They tend to experience anxiety more frequently, especially at a younger age and exhibit lower levels of psychological resilience. The researchers attributed these findings to gender roles and social expectations. D.G. Blanchflower & A. Bryson (2024) found that in recent years, even before the COVID-19 pandemic, men reported higher levels of happiness and life satisfaction than women. This well-being gap further widened during the pandemic, as women disproportionately shouldered additional responsibilities – such as childcare during school closures – and were more vulnerable to job loss or changes in employment conditions. The study also revealed that women consistently reported poorer mental health indicators, regardless of country or period, including higher levels of anxiety, depression, sadness, loneliness, and sleep disturbances.

In the Ukrainian context, E.O. Pomytkin & L.V. Pomytkina (2024) emphasised the importance of the spiritual and moral dimensions of subjective well-being, particularly in wartime conditions. In their study, they developed a programme aimed at enhancing students' well-being through the cultivation of value-based and meaningful orientations. The authors highlighted those inner personal resources play a crucial role in mitigating the destructive impacts of crises. Similarly, H. Savelyuk (2022), drawing on research into student well-being during the pandemic and the onset of full-scale war, concluded that personal growth is a key factor in resilience. The study showed that crisis conditions can trigger profound processes of reflection and the formation of new personal meanings. These internal resources contribute to the preservation – or even enhancement – of subjective well-being despite a threatening context.

Thus, subjective well-being is a dynamic construct that is highly responsive to external challenges and shaped by both age- and gender-related factors. Accounting for these variations enables more accurate modelling of risk and resilience in wartime conditions. The present research aimed to explore the characteristics of subjective well-being and psychological distress among the civilian population during the uncertainties of war, with a particular focus on the roles of age and gender.

Materials and Methods

The study was conducted in 2024 and included men (n = 24) and women (n = 123) (147 participants in total), aged 17 to 49, from the cities of Kyiv (n = 102; 16 males, 86 females), Kharkiv (n = 12; 5 males, 7 females) and Zhytomyr (n = 33; 3 males, 30 females). For the comparative analysis of the results, the sample was divided into three age groups: 17-21 years – "younger" (69 participants, 47%), 22-35 years – "middle-aged" (45 participants, 31%), and 36-49 years – "older" (33 participants, 22%). The theoretical component of the research was grounded in scientific, psychological, and related academic literature relevant to the research topic, alongside the synthesis and refinement of existing theoretical models.

The six-cluster version of the Subjective Well-Being Scale (Perrudet-Badoux *et al*., 1988) was employed as the primary instrument. This scale is a psychodiagnostic screening tool used to assess subjective well-being, particularly its emotional dimension, across six subscales (clusters). It comprises 17 statements/questions that evaluate the prevalence of positive and negative emotions, as well as satisfaction with one's mood, health, social environment, and daily activities. Low scores (1-3 Sten scores) on the scale indicate high subjective well-being, characterised by the predominance of positive emotions, a stable mood, and satisfaction with health, daily routines, and the social environment. High scores (8-10 Sten scores), conversely, reflect subjective ill-being, including the prevalence of negative emotions, mood deterioration, and dissatisfaction with various life domains. Given the inverse nature of the indicators, the cluster labels were modified and their values clarified to improve interpretability. The instrument includes the following cluster scales: T – tension, SP – symptoms accompanying psycho-emotional distress, DM – mood deterioration, SE – social environment

significance (higher scores indicate lack of social support or feelings of loneliness), SH – self-assessed health status (higher scores indicate dissatisfaction or concern about health), SA – satisfaction with daily activities (higher scores indicate reduced satisfaction), and DSW – general decline in subjective well-being. Participants rated each item on a seven-point scale. The items were either directly or inversely related to the measured indicators. Descriptive statistics and the Mann-Whitney U test (Jamil, 2024) were used to compare the results. The analysis was carried out using the Jamovi statistical software package.

Following ethical standards for research involving human participants, the study was conducted in compliance with the American Sociological Association's Code of Ethics (1997). The survey was anonymous. Data collection was carried out online via Google Forms. Each participant received a questionnaire and accompanying test materials with clear instructions and guidelines. Participants completed the tasks at their convenience and returned the c ompleted forms electronically. Upon processing the results, each participant received a detailed interpretation of their outcomes and was offered the opportunity to request further psychological support if needed.

Results and Discussion

To identify age-related differences, the authors compared the mean indicators of subjective wellbeing across the three age groups. Table 1 presents the average scores for the components of subjective well-being among the "younger", "middle-aged", and "older" groups. The findings indicated that 2% of respondents experienced complete emotional well-being, showing no significant psychological concerns. Moderate emotional comfort was reported by 22%, while 64% demonstrated an intermediate level of subjective well-being. A tendency towards subjective ill-being, including symptoms of depression and anxiety, was observed in 10%, and 2% exhibited marked emotional discomfort.

Table 1. Mean values of subjective well-being components across three age groups, %

Scale	Groups of subjects			
	17–21 "younger" (n = 69)	22–35 "middle-aged" (n = 45)	36–49 "older" (n = 33)	Total sample (n = 147)
	$\bar{x}$(%)	$\bar{x}$(%)	$\bar{x}$(%)	$\bar{x}$(%)
T	59.4	57.8	58.3	58.7
SP	57.0	49.5	51.8	53.5
DM	42.2	41.4	45.5	42.7
SE	40.0	36.4	35.4	37.8
SH	57.3	47.8	52.2	53.3
SA	57.1	47.6	42.6	50.9
DSW	52.7	47.2	47.7	49.9

Note: T – tension; SP – signs accompanying psycho-emotional symptoms (e.g., sleep disturbances, heightened anxiety, intense reactions to events); DM – mood deterioration; SE – significance of the social environment (e.g., lack of social support, loneliness); SH – poor self-assessed health; SA – dissatisfaction with daily activities; DSW – overall decrease in subjective well-being

Source: compiled by the authors based on the research findings

In terms of subjective well-being components, the overall distribution across age groups was broadly similar, though certain distinctions were observed. Participants in all groups showed comparable levels of tension (59.4 in the younger group, 57.8 in the middle-aged group, and 58.3 in the older group), with the highest levels noted among the younger participants (17-21 years). However, these differences were not statistically significant. Psycho-emotional symptoms – including sleep disturbances, heightened anxiety, and intense emotional reactivity – were most pronounced in the younger age group (57.0), compared with 49.5 in the middle-aged group and 51.8 in the older group. This pattern was supported by a statistically significant difference between the younger and middle-aged groups, as determined by the MannWhitney U test (U = 1181, p = 0.03). Mood fluctuations, such as reduced optimism, were moderately present in all three groups (42.2 for younger, 41.4 for middle-aged, and 45.5 for older participants), with the highest values observed among the older group. However, these differences were not statistically significant. On the social environment scale, results showed that most participants felt supported by friends and maintained close family relationships. Fewer than half reported feelings of loneliness. Nevertheless, the younger group scored higher on this scale, suggesting a greater sense of isolation and a perceived lack of social support compared to the middle-aged and older groups (40.0 vs. 36.4 and 35.4, respectively). This was supported by a statistically significant difference between the younger and middle-aged groups (U = 1147, p = 0.02). In terms of self-assessed health, younger participants reported greater concern (57.3) compared to their older counterparts (52.2), while the middle-aged group exhibited the lowest levels of concern (47.8). Statistically significant differences were found between the younger and middleaged groups (U = 1181, p = 0.01) and between the younger and older groups (U = 546, p = 0.00).

Participants in the middle and older age groups generally reported greater satisfaction with daily activities and were less likely to experience boredom due to routine. The highest satisfaction levels were observed in the older group (42.6), followed by the middle-aged group, whereas the younger group reported the lowest satisfaction with daily activities (57.1). A statistically significant difference was identified between the younger and middle-aged groups ($U = 1199$, $p = 0.04$). The overall indicator of subjective ill-being was lower in the middle-aged (42.2) and older (47.7) groups compared to the younger group (52.7). This pattern was confirmed by statistically significant differences between the younger and middle-aged groups ($U = 1210$, $p = 0.05$) as well as between the younger and older groups ($U = 865$, $p = 0.05$). The study's findings highlighted that the youngest age group (17-21 years) exhibited the highest levels of stress, psycho-emotional symptoms, social isolation, and dissatisfaction with daily activities, indicating greater vulnerability to stress during prolonged crises. In contrast, individuals aged 36-49 reported better physical health and lower stress levels, although they experienced more pronounced mood declines, potentially due to cumulative fatigue. The highest overall subjective well-being was observed in the 22-35 age group, with no statistically significant differences found between this group and the older 36-49 age group. This indicates that subjective well-being fluctuates considerably with age. W. Tov (2018) emphasised that life satisfaction is closely linked to how content an individual feels with various aspects of life. A decline in subjective well-being manifests as dissatisfaction, negative emotions, tension, mood deterioration, and other indicators of an undesirable emotional state. How individuals perceive their life progress, their satisfaction, and the extent to which they have achieved life goals is also critical in this context. W. Bruine de Bruin *et al.* (2020) observed that younger people are more likely to experience information overload, social restrictions, and reduced interpersonal support. In contrast, older adults generally maintain more stable social networks and possess more developed emotional regulation skills, which help to mitigate the impact of stress on their well-being.

The present study found that the youngest age group (17-21 years) demonstrated higher levels of loneliness and emotional tension. This is consistent with the findings of D.G. Blanchflower (2021), who highlighted the emotional vulnerability of younger individuals. His research indicated that young people often report lower levels of subjective well-being, particularly in situations of uncertainty. Furthermore, Blanchflower noted a U-shaped relationship between age and happiness, with wellbeing typically declining in midlife. S.C. Segerstrom *et al.* (2023) argued that this pattern may shift in times of crisis, primarily due to age-related variations in threat perception and the use of social support networks. Gradus Research (2021) reported that happiness varies across demographic factors such as gender, age, region, and settlement size. Women, on average, rated their happiness more highly (6.2 out of 10) than men (5.6). The highest happiness scores were recorded among individuals aged 3544 (6.3), whereas those over 55 reported the lowest levels (5.6). C. Kieny *et al.* (2022) emphasised that age is a key predictor of psychological well-being, particularly during periods of social upheaval. Their study demonstrated that older individuals exhibit higher emotional stability and better selfreported well-being, which they attributed to life experience, effective coping strategies, and accumulated social resources. L.M. Webb & C.Y. Chen (2022) confirmed that older adults experienced greater psychological balance during the pandemic, with lower levels of anxiety and depression compared to younger groups. The authors attributed this to established support systems, routine lifestyles, and reduced external expectations.

S. Buecker *et al.* (2023) suggested that subjective well-being fluctuates across the lifespan, declining during adolescence, gradually improving until around the age of 70, and then decreasing again in later years. These fluctuations are influenced by physiological and social factors, including health status and interpersonal relationships. S. Hsieh *et al.* (2024) emphasised the importance of examining the effects of prolonged crises on psychological well-being. Their research indicated that young individuals exhibit greater sensitivity to accumulated stress, whereas older adults maintain elevated levels of subjective well-being despite experiencing significant life losses. The authors concluded that ageing enhances individuals' ability to assimilate traumatic experiences into their personal development. In contrast, some studies report different trends. According to A.M. Abdullahi *et al.* (2019), younger adults (under 24) reported higher levels of social well-being and happiness, whereas older adults (65 and above) demonstrated greater psychological and emotional well-being and life satisfaction. In the context of contemporary Ukraine, M.V. Horenko & K.P. Radzivil (2023) found that younger individuals, particularly those under the age of 25, exhibited elevated levels of anxiety and depressive symptoms relative to their middle-aged and older counterparts. Conversely, the older group showed greater emotional stability and lower levels of acute stress, likely attributable to life experience and well-developed coping mechanisms.

Thus, previous research suggests that subjective well-being generally increases with age, particularly during challenging circumstances, owing to accumulated adaptive resources. The findings of this study partially support this trend, as the youngest age group displayed the lowest levels of well-being. However, no increase in well-being was observed among individuals

aged 36 and over compared to those aged 22-35, suggesting that contextual factors, such as the ongoing war, may neutralise typical age-related patterns of well-being. During peacetime, young people often experience higher subjective well-being due to factors such as greater energy, increased social interaction, and optimism regarding the future. In contrast, during wartime, these same characteristics – including future orientation, sensitivity to social feedback, and emotional openness – may become sources of vulnerability. War intensifies uncertainty and limits the capacity to pursue future goals, thereby significantly affecting younger individuals. This may account for the heightened levels of stress, emotional symptoms, and social isolation observed in the 17-21 age group.

The elevated well-being observed in individuals aged 22-35 can be attributed to a combination of the emotional resilience characteristic of youth and the maturity acquired through life experience. This age group typically demonstrates higher levels of autonomy, stable social connections, effective stress management strategies, and fewer age-related health risks, positioning it as a "functional peak" period for stress adaptation. The findings reveal a multifaceted and nuanced relationship between age and subjective wellbeing during wartime. Younger individuals appear to be more susceptible to psychological stress, whereas middle-aged participants exhibit the highest levels of well-being, indicating optimal adaptability. The absence of increased well-being in the 36+ age group may be attributed to the combined effects of age-related resources and specific stressors faced by this demographic during crises. Age-related variations in well-being during wartime are influenced not only by biological or social changes but also by factors such as adaptive flexibility, coping mechanisms, and threat perception. Under conditions of chronic stress, typical age-related patterns may be disrupted, highlighting the necessity for further research into how contextual factors shape age-specific wellbeing profiles. Additionally, the mean values of subjective well-being components among men and women were compared (Table 2).

Table 2. Comparison of components of subjective well-being between women and men, %

Scale	Male (n = 24) $\bar{x}$(%)	Female (n = 123) $\bar{x}$(%)	U	p
T	59.1	56.6	1,350	0.51
SP	54.8	47.3	1,088	0.04
DM	42.5	44.0	1,407	0.71
SE	38.2	36.1	1,373	0.59
SH	53.8	50.3	1,349	0.15
SA	51.8	46.2	1,204	0.16
DSW	50.5	46.7	631	0.35

Note: T – tension; SP – signs accompanying psycho-emotional symptoms (e.g., sleep disturbances, heightened anxiety, intense reactions to events); DM – mood deterioration; SE – significance of the social environment (e.g., lack of social support, loneliness); SH – poor self-assessed health; SA – dissatisfaction with daily activities; DSW – overall decrease in subjective well-being

Source: compiled by the authors based on the research findings

The study revealed that both men and women exhibit moderate levels of subjective well-being across various dimensions. The scale measuring tension and sensitivity – encompassing stress related to academic or professional workload, social expectations, the need for personal space, and general pressure – indicated that over half of the participants in both genders' groups experienced these challenges. This suggests that individuals, regardless of gender, are subject to considerable strain from demanding work or study obligations, or a combination of both. Additional contributing factors include disrupted sleep patterns, the necessity of relocation for safety, and subject to exposure to uncertainty and risk. Although men reported slightly higher tension levels than women, the difference was modest (59.1 vs. 56.6). Psycho-emotional symptoms, including sleep disturbances, heightened anxiety, and increased sensitivity to specific situations, were more frequently reported by men. Their scores exceeded 50% of the scale's maximum value (54.8), compared with 47.3 for women. This difference was statistically significant ($U = 1088$, $p = 0.04$). Both men and women experienced mood fluctuations and a moderate decline in optimism, with scores of 42.5 for men and 44.0 for women.

In terms of the social environment, most respondents reported feeling supported by friends and maintaining close family relationships. However, fewer than half indicated experiencing loneliness. Men, however, scored slightly higher on this scale, suggesting a greater sense of loneliness and a more pronounced perception of lacking social support (38.2 for men vs. 36.1 for women). On the self-assessed health scale, men expressed slightly greater concern about their health compared to women (53.8 vs. 50.3). Men also reported lower satisfaction with daily activities, perceiving their routines as more monotonous and unengaging than women did. Their scores were 51.8, whereas women scored 46.2. A similar trend was observed in the overall subjective well-being measure, where men reported slightly more dissatisfaction (50.5) than women (46.7).

While most gender differences across subjective well-being components were not statistically significant – with the exception of psycho-emotional symptoms – a consistent pattern emerged: men exhibited a stronger tendency towards subjective ill-being across multiple indicators. The only exception was mood fluctuations, which were slightly more pronounced in women. C. Kieny *et al.* (2022) noted that evaluative well-being among women declines more markedly with age than it does among men, while emotional well-being follows a similar trajectory across both genders. This suggests that age-related dynamics of subjective well-being are complex and intricately linked to gender identity. These findings indicate that men may experience higher psychological strain and tension, possibly due to societal norms that discourage emotional expression. Conversely, although women were more likely to report mood swings, their overall well-being appeared more stable. Gender significantly influences subjective well-being and life satisfaction. C. Graham & S. Chattopadhyay (2013) found that women generally report higher life satisfaction than men, especially in wealthier nations, among older individuals, those with higher levels of education, and married people. This suggests that socio-economic and demographic factors play a crucial role in shaping gender differences in well-being. Some scholars, such as E. Diener *et al.* (1999), have argued that women's lower subjective well-being may be attributed to heightened emotional sensitivity. Conversely, S.E. Taylor *et al.* (2000) found that women often maintain larger social networks and receive more emotional support, which positively contributes to their subjective well-being. These differences underscore the importance of emotional expression and social connectedness in shaping well-being across genders.

Other research suggests that men may report higher levels of subjective well-being compared to women. However, a study by D. Kahneman & A.B. Krueger (2006) did not find significant gender differences in overall well-being. Although women sometimes reported lower life satisfaction compared to men, these differences were either minimal or context-dependent. Women tend to experience greater emotional variability, such as stronger reactions to joy, sadness, or stress, which may affect their subjective well-being. Furthermore, women are more likely to experience negative emotions such as anxiety and depression, which can reduce their well-being even when supported by strong social networks. M.S.L. Ruth & J. Napier (2024) observed that human rights and gender equality enhance happiness for all, though outcomes vary across cultural, economic, and political contexts. Evidence indicates that people of all genders experience greater well-being in societies with high levels of gender equality. According to T. Gisinger *et al*. (2022), during the COVID-19 pandemic, women were more likely to experience internalised symptoms such as anxiety, sadness, depression, and hopelessness, while men tended to exhibit externalised responses such as irritability, frustration, and anger. The study highlighted that these gender differences are rooted in biopsychosocial factors and call for differentiated approaches to psychological support. Interestingly, employed women reported feeling less loneliness and isolation, suggesting that occupational engagement may buffer certain negative emotional states. D. Moreno-Agostino *et al.* (2024) found that although gender equality has advanced in various societal domains, traditional gender roles – particularly in childcare and domestic responsibilities – continue to affect women's subjective well-being. This impact was especially evident during the pandemic. L. Jiang *et al.* (2024) identified that in Western and developed East and Southeast Asian countries, the dissonance between gender equality beliefs and traditional domestic roles negatively affects women's well-being, particularly among professional women.

The findings of the current study indicate differences in psycho-emotional symptoms and selfassessed health between men and women. Men more frequently reported psycho-emotional symptoms and scored lower in self-assessed health and satisfaction with daily activities, possibly due to their responses to external stressors and roles during crises. Women more often reported mood deterioration; however, their overall subjective well-being scores were similar to or higher than those of men (Kovtun, 2023). This may be related to broader social networks and greater emotional support, which aid in effective emotion management. Moreover, women's openness in expressing emotions could act as a protective factor against the negative effects of stress. The lack of significant gender differences in most indicators suggests that factors such as youth, higher levels of education, urban residence, and gender equality might mitigate typical gender-related disparities in well-being. The ongoing wartime situation has generally increased stress levels across all demographic groups, likely neutralising gender-specific differences in subjective well-being. The findings of S. Chachko & D. Yaroslavskyi (2023) underscore the complexity of genderspecific responses to wartime stress. Their research revealed that, while men were generally less prone to overt psychological tension and clinically significant PTSD (post-traumatic stress disorder) symptoms, they demonstrated moderate levels of depression and limited adaptive resources under prolonged traumatic conditions. Women, in contrast, exhibited greater emotional reactivity, more frequent negative thoughts, more severe depressive symptoms, and lower adaptive capacity. However, women also reported lower emotional tension, fewer psycho-emotional complaints, and slightly greater satisfaction with daily activities compared to men, despite experiencing more frequent

mood fluctuations. These results highlighted subtle gender differences in psychological resilience and vulnerability during wartime.

The "female happiness paradox", as discussed by D.G. Blanchflower & A. Bryson (2024), suggests that women, despite experiencing more negative emotions and greater emotional sensitivity, often report equal or higher overall subjective well-being compared to men. This phenomenon may be attributed to several factors: women typically maintain broader social networks, which enable them to mitigate negative emotional experiences by seeking support and expressing emotions. Additionally, women tend to analyse and articulate their emotions more openly, enabling them to assess their emotional state more objectively and adjust their coping strategies accordingly. Furthermore, women's adaptive coping mechanisms in stressful situations help them integrate traumatic experiences and maintain a positive perception of their overall quality of life.

The results obtained can be understood as part of a broader context, where the female happiness paradox is shaped by heightened emotional sensitivity alongside the compensatory effects of social support and adaptive coping strategies. Various methods for measuring subjective well-being, together with the complex influence of factors such as age, education, living conditions, gender equality, and the context of war, indicate that the formation of well-being is a multidimensional and intricate process. Therefore, although high emotional sensitivity is traditionally expected to negatively affect subjective well-being, current data suggest that women may maintain – or even enhance – their overall well-being due to effective adaptation to stressful conditions. While age and gender remain, critical factors influencing subjective well-being, additional elements such as health, social support, and financial stability also play crucial roles in determining life satisfaction. The wartime context likely amplifies psychological distress across different demographic groups, making it essential to consider situational factors when interpreting subjective well-being data.

Conclusions

The present study found that levels of subjective well-being during wartime were generally moderate, suggesting that most respondents had developed adaptive mechanisms to cope with ongoing challenges. However, differences emerged across age and gender cohorts. Age-related differences were observed in several aspects of subjective well-being. Younger participants (17-21 years) experienced the highest levels of tension and psycho-emotional symptoms, while older individuals (36 and over) exhibited more pronounced mood fluctuations. On the social environment scale, younger participants reported greater feelings of loneliness and a greater lack of support compared to older groups. Health concerns were most prevalent among younger respondents, whereas older individuals expressed less concern, and the middle group (22-35 years) reported the least concern overall. Additionally, satisfaction with daily activities was highest among those aged 36 and above, while the middle group reported the lowest satisfaction. Overall, the 22-35 age group demonstrated the highest level of subjective well-being. Statistically significant differences were mainly observed between the younger and middle groups, as well as between the younger and older groups. However, no significant differences were identified between the middle and older groups across any well-being component, including the overall measure. Compared to younger respondents, older individuals exhibited lower levels of tension, better social adaptation, and a more positive perception of their health.

Gender-related differences indicated that men were more likely to experience emotional stress and to report psycho-emotional symptoms. They also scored lower in self-assessed health and satisfaction with daily activities. In contrast, women exhibited more frequent mood swings. Although most gender differences were not statistically significant (except for psycho-emotional symptoms), a clear pattern emerged: men tended to experience greater subjective ill-being across nearly all components, apart from mood swings, where women had slightly higher scores. These findings underscore the importance of tailoring psychological support to the needs of different age and gender groups. Young people require additional resources to enhance social adaptation and stress management, while men may benefit from targeted interventions aimed at reducing psycho-emotional stress. These differences provide a foundation for further research into the mechanisms of psychological resilience and adaptation during prolonged crises. Future research could examine the role of personality traits in coping strategies, including stress management techniques such as physical activity, meditation, and time management. Moreover, studies might investigate how different demographic groups (e.g., men/women, younger/older) utilise coping mechanisms to maintain well-being under sustained stress. Another important key for exploration is the development of psychological strategies for long-term crisis adaptation, including the creation of personalised support programmes tailored to the specific needs of various age and gender cohorts.

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Conflict of Interest

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Суб'єктивне благополуччя в умовах воєнного часу: роль віку та статі

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Анотація. Метою статті було вивчення особливостей суб'єктивного благополуччя та неблагополуччя цивільних громадян в умовах тривалого воєнного стану з урахуванням віку та статі. Дослідження проводилося серед 147 цивільних осіб віком від 17 до 49 років, які проживають у Києві, Харкові та Житомирі. Використовувалася шестикластерна шкала суб'єктивного благополуччя. Дослідження тенденцій суб'єктивного благополуччя українців засвідчило, що його показники переважно знаходяться в межах середнього рівня. Аналіз основних компонентів суб'єктивного благополуччя виявив певні відмінності залежно від віку та статі досліджуваних. За результатами дослідження лише 2 % мають повне емоційне благополуччя, 22 % – помірний емоційний комфорт, 64 % – середній рівень суб'єктивного благополуччя, 10 % – схильність до депресії і тривоги, і 2 % – значний емоційний дискомфорт. Вікові групи відрізняються: молодші респонденти (17-21 років) частіше демонстрували високий рівень психоемоційної напруженості, гірше оцінювали своє здоров'я та відчували соціальну ізоляцію. Натомість представники старших вікових груп мали кращу адаптацію до складних обставин та демонстрували меншу вираженість негативних емоцій. Старші (36 років і більше) мали гірші показники настрою, але вищу задоволеність повсякденною діяльністю. Досліджувані середньої групи (22-35 років) мали найкращі показники суб'єктивного благополуччя. Виявлені гендерні відмінності показали, що чоловіки порівняно з жінками мали дещо більші відхилення у бік суб'єктивного неблагополуччя; зокрема чоловіки демонстрували вищий рівень напруженості та психоемоційної симптоматики, водночас жінки частіше відзначали погіршення настрою. Отримані результати можуть бути використані фахівцями у сфері психологічної допомоги, освіти, соціальної роботи та державного управління для виокремлення груп ризику, визначення пріоритетних напрямів психологічної допомоги, адаптації інтервенцій до потреб різних груп населення, зокрема, молоді, людей старшого віку, жінок і чоловіків, з метою підвищення їх психологічної стійкості та якості життя в тривалих кризових умовах

Ключові слова: психологічний стрес; гендерні відмінності; вікові особливості; ментальне здоров'я; емоційний комфорт/дискомфорт