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RESEARCH ARTICLES

Transforming Trauma: The Role of Positive Psychology Interventions for Ukrainian Military Spouses

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This study explores the impact of a retreat-style intervention on the well-being and resilience of Ukrainian military families, focusing on military spouses. The intervention, Healing Base Camp facilitated by the Mountain Seed Foundation, fostered personal growth and post-traumatic recovery through positive psychology, peer support, and experiential activities such as mountain climbing. Using a qualitative descriptive design, the study examines the experiences of 26 Ukrainian military spouses (all females) who participated in the program. Findings reveal improvements in self-efficacy, emotional well-being, and family dynamics, with participants reporting increased confidence, strengthened family relationships, and renewed hope. These results emphasize the role of community-based interventions in promoting resilience in conflict-affected populations and offer insights into the potential for scalable programs to support mental health and recovery in military families.

Russia's military invasion of Ukraine, which began in 2014 and escalated in 2022, has created profound humanitarian, political, economic, and societal challenges for the Ukrainian population (Kostenko et al., 2024). Since the onset of the full-scale invasion, approximately 46,000 Ukrainian soldiers have been killed and over 390,000 wounded (Institute for the Study of War, 2025). The ongoing conflict has also led to widespread displacement, with distinct gendered patterns shaped by martial law and conscription policies that restrict most men from leaving the country to be readily available for military service (U.S. Committee for Refugees and Immigrants, 2025). As of early 2025, approximately 3.7 million people remain internally displaced, while nearly 6.9 million have fled Ukraine (USA for UNHCR, 2025). Displaced women face increased gender-based vulnerabilities and often assume expanded roles as caregivers, providers, and protectors (U.S. Committee for Refugees and Immigrants, 2025). These differing gendered experiences reflect both unequal exposure to the conflict and the need for distinct, targeted interventions.

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In response to Russian aggression, Ukrainians have engaged in acts of resistance and self-defense to preserve their independence (Phillips & Martsenyuk, 2023). However, the ongoing war has stretched national resources, and the enduring stigma surrounding disability and mental health, rooted in Soviet-era ideologies, continues to pose barriers to veterans' reintegration into their families and communities (Hyde, 2024; Seleznova et al., 2023). Supportive interventions for military families as a whole while providing targeted care may offer a direct route to needed services for this population.

Review of the Literature

It is estimated that 5 million Ukrainian service members and veterans (SMVs) and military family members will need professional intervention as a direct result of the war with Russia (Hyde, 2024; Seleznova et al., 2023). Treating and supporting SMVs with war-related mental health challenges such as posttraumatic stress disorder (PTSD) is critically important and promotes well-being among military populations and their families (Hyde, 2024; Klymenko et al., 2024). Ukraine has sought to implement rehabilitation efforts to support the psychological well-being of SMVs in response to direct experiences with military activities (Klymenko et al., 2024; Prykhodko et al., 2023), however, barriers to accessing and engaging in traditional mental health treatments exist (Straud et al., 2019). Due to the ongoing duration of the conflict, an important area of focus has been on reducing these barriers for SMVs; however, the independent needs of family members have received far less attention (Komar & Burenko, 2024; Yablonska & Melnychuk, 2017).

Family Members as an Ancillary Component in the Care of SMVs

A content analysis by Krasnodemska et al. (2023) showed that psychological support is necessary for both Ukrainian SMVs and their family members. Participation in rehabilitation programs demonstrated improvement in mental state and well-being and promoted healthier marital relationships (Krasnodemska et al., 2023). Despite its benefits at the personal and family level, psychological treatment is not seen as a mandatory element to social reintegration for SMVs within the context of Ukrainian military culture (Prykhodko et al., 2023). Stigma associated with formal mental health diagnoses and aversion to psychological treatment are common in military populations (Barrett & Currin, 2024; Seleznova et al., 2023) which further impedes access for Ukrainian SMVs and their families at a time when support may be critical.

It is estimated that over 300,000 Ukrainian SMVs currently experience disability due to sustaining a war-related injury (Hyde, 2024), and disabled SMVs are at an increased risk for suicide as compared to the general population (Klymenko et al., 2024). Family involvement is a key factor in the successful rehabilitation of disabled SMVs in Ukraine and other Western countries (Hrynzovskyi et al., 2022; Kostenko et al., 2024; Singh et al., 2021;

Yablonska & Melnychuk, 2017). As a SMV experiences disability, the entire family may experience restructuring, and roles may be adapted to provide care to the SMV (Komar & Burenko, 2024).

Military caregivers provide care without pay to someone who is injured, ill, or disabled as a result of war (Easom et al., 2018). Military caregivers are more often the spouses of those they care for and tend to experience a greater caregiver burden than caregivers of civilians (Brickell et al., 2020). Several factors are known to influence the level of caregiver burden, including the type of care provided, financial strain, parenting responsibilities, available personal time, the recipient's severity of symptoms and level of impairment (Brickell et al., 2019, 2020; Easom et al., 2018). For instance, caregivers report worse emotional well-being, increased burden, and feeling trapped when caring for someone who displays emotional dysregulation and aggressive or angry behaviors (Brickell et al., 2019, 2020; Easom et al., 2018; Keatley et al., 2019). Challenging presentations may be more common among SMVs with diagnoses of traumatic brain injuries (TBI) and PTSD (Brickell et al., 2020; Keatley et al., 2019). Military caregivers are at an increased risk for mental health concerns such as depression, grief, fatigue, guilt, anxiety, stress, and decreased physical health due to exhaustion and self-neglect (Brickell et al., 2020; Yablonska & Melnychuk, 2017); yet some reports include positive emotional gains experienced by caregivers (Easom et al., 2018).

Changing Family Roles in a Ukrainian Context

A majority (65%) of Ukrainian women conceptualize caring for injured civilians and SMVs as demonstrative of active resistance to the Russian war (Phillips & Martsenyuk, 2023). With 94.2% of caregivers in Ukraine identifying as women (Hillis et al., 2024), tying caregiving to empowerment and personal agency may also be intertwined with adherence to traditional gender roles (Maltseva & Rozenfeld, 2024). Gender equity has existed in Ukraine since 1991, yet traditional gender roles are still prevalent (Maltseva & Rozenfeld, 2024; Phillips & Martsenyuk, 2023). Many Ukrainians place strong emphasis on stable and loving family units, with women expected to take care of the household and children (Maltseva & Rozenfeld, 2024). Paralleling national socio-political views, Ukrainian women have traditionally held equal decision-making power within their families and some families are maternalistic (Maltseva & Rozenfeld, 2024).

The continuation of the conflict will likely necessitate ongoing reorganization and restructuring of Ukrainian families, continued shifting of gender roles, and increased overall care burden (Maltseva & Rozenfeld, 2024). Women's leadership in families and communities has increased as a result of the conflict (Phillips & Martsenyuk, 2023). Many spouses began shouldering the full responsibility for their family's social and psychological well-being while their servicemember partners were away (Komar & Burenko, 2024). Military spouses face disruptions while attempting to maintain their family's involvement in employment, childcare, housework, and education due to utility outages and heightened security risks (Phillips & Martsenyuk,

2023). Performing these daily essentials requires more time and effort which adds to the overall care burden (Phillips & Martsenyuk, 2023). This burden is increased if the family has experienced displacement from their pre-war place of residence (Phillips & Martsenyuk, 2023; U.S. Committee for Refugees and Immigrants, 2025).

Traumatogenic Experiences of Ukrainian Civilians

Concurrently, many Ukrainians have experienced their own direct exposure to military actions including violence and destruction (Karatzias et al., 2023; Zasiekina et al., 2023), potentially resulting in impaired personal functioning. A study of internally displaced Ukrainians showed participants experienced high levels of psychological stress symptoms such as depression, isolation, anxiety and intrusive memories due to their own direct exposures at levels similar to SMV populations (Singh et al., 2021). Recent studies showed that over 40% of Ukrainian civilian parents meet diagnostic criteria for PTSD or complex post-traumatic stress disorder (CPTSD) due to exposure to war-related traumas (Karatzias et al., 2023; Zasiekina et al., 2023). Statistics reflect higher instances of PTSD and/or CPTSD among Ukrainians than the global rates (26.5%), with a nearly 20% increase since 2016 among Ukrainians (Zasiekina et al., 2023). In a study accounting for gender-based differences, rates of PTSD and CPTSD were found to be higher in females (Zasiekina et al., 2023).

Earlier studies suggesting that spouses of SMVs possessed an enhanced ability to cope with stress more effectively due to experiencing relatively less trauma than SMVs, may no longer accurately reflect the circumstances surrounding the population. It had been suggested for spouses to proactively reduce tension in relation to SMVs experiences of symptoms (Yablonska & Melnychuk, 2017), yet higher rates of PTSD and CPTSD in civilian populations may indicate previous levels of emotional and relational functioning may no longer accurately reflect current abilities. These accounts highlight shifts in the factors that shape our current understanding of military caregivers' experiences and their capacity to support SMVs.

Addressing Needs and Preventing Caregiver Burden

Strategies to help Ukrainian families navigate these tumultuous times and periods of adjustment can be directed toward preventing caregiver burden (Maltseva & Rozenfeld, 2024). Specialized programming for military caregivers should be aimed at increasing life satisfaction, problem-solving skills, and social support (Easom et al., 2018). In Ukraine, programming for war-affected parents showed a decrease in rates of depression, increase in engagement in self-care, hopefulness, and more positive parenting behaviors (Hillis et al., 2024). In a study by Komar and Burenko (2024) the self-efficacy in wives of Ukrainian SMV's was enhanced through programming on communication skill development, emotional balancing, and self-help.

Interventions to mitigate caregiver burden for Ukrainian women that align with the theme of resistance (Maltseva & Rozenfeld, 2024; Phillips & Martsenyuk, 2023) can benefit caregivers through identifying and restoring individual resources necessary to improve adaptation and relational functioning of their families (Komar & Burenko, 2024). Research supports holistic interventions that address the mental health concerns of SMVs and caregivers concurrently (Brickell et al., 2020). Ukrainian military families with higher emotional cohesion and better communication experience less stress and better problem-solving abilities (Yablonska & Melnychuk, 2017). Advocates purport holistic interventions that include family members and social supports in rehabilitation programming which may be especially beneficial within the context of Ukrainian culture (Castle et al., 2023; Klymenko et al., 2024; Kostenko et al., 2024).

Empowerment as Agents of Their Own Care

Ukrainian family life is shaped by ongoing political and war-related crises (Yablonska & Melnychuk, 2017). Among military families, changes in family structures due to periods of service and/or disability experienced by SMVs affect overall adjustment and coping (Yablonska & Melnychuk, 2017). Research shows psychological support is necessary for family members of SMVs (Krasnodemska et al., 2023); additionally, spouses benefit from psychoeducation on PTSD symptoms such as reframing SMVs' behaviors as delayed reactions to war-related trauma (Yablonska & Melnychuk, 2017). To increase access and receptivity to care, targeted healing and rehabilitation interventions that incorporate non-traditional treatment modalities such as retreats, sport, and peer-mentorship have shown increased receptivity and efficacy among military populations, with SMVs experiencing psychological gains from participation (Barrett & Currin, 2024; Bobrow et al., 2013; Brittain et al., 2024; Caddick & Smith, 2014). As military-identified families face unique challenges, incorporating strategies that have been shown efficacious for SMVs would likely benefit the entire family; changes in any one family member's behavior affect all members of the family (Yablonska & Melnychuk, 2017).

The experience of being a Ukrainian spouse of an SMV is complex and under-addressed by researchers (Komar & Burenko, 2024). It may however be surmised from research related to experiences of women from other war torn nations that these experiences are further complicated by direct experiences with war as civilians, gender differences in PTSD and CPTSD acuity, specific factors influencing caregiver burden, parenting responsibilities, increased complexity in managing daily tasks, and navigating changing family structure and roles. As Ukrainian women take on greater responsibility for making decisions on behalf of their entire families (Maltseva & Rozenfeld, 2024), it is essential to develop targeted interventions that address their unique needs in order to support the well-being of the entire family. Programming for Ukrainian parents that fosters social support, addresses caregiving and parenting challenges, and promotes hopefulness about the

future have shown positive psychological gains and increased frequency in self-care practices in participants (Hillis et al., 2024). Interventions that provide care to military caregivers may be especially relevant for furthering active resistance and empowerment during the ongoing war (Phillips & Martsenyuk, 2023).

Though conceptually supported by the literature, there is a need to evaluate retreat-style interventions specifically for Ukrainian families which incorporate programming for spouses in a therapeutic context. Healing Base Camp (HBC), provided through the Mountain Seed Foundation (MSF) with funding from the Howard G. Buffett Foundation, is a seven-day retreat-style intervention for disabled Ukrainian soldiers, spouses (all females), and their children (Mountain Seed Foundation, 2025). The specific components of the program include overnight stay at an immersive retreat in the mountains of Austria with programming comprised of daily psychoeducational groups for spouses utilizing the principles of positive psychology, daily art therapy, daily full participant group sessions held each morning and evening also applying positive psychological techniques, mountain climbing (two days for spouses), veteran-led talks on rehabilitation experiences during each evening group session, and continuous peer support. Positive psychology, a field pioneered by Martin Seligman (1998), focuses on enhancing well-being by fostering strengths such as resilience, gratitude, and hope. This approach is particularly relevant for individuals facing adversity, such as the wives of disabled SMVs, as it emphasizes personal growth and flourishing in the face of challenges.

The application of Seligman's PERMA model (2011) underpins many of the retreat's activities. The model posits that well-being is achieved through five key elements: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment. In the context of this intervention, women's daily psychoeducational groups aim to cultivate positive emotion through mindfulness and gratitude exercises. Engagement is fostered by activities such as art therapy and mountain climbing, which encourage flow experiences where participants are fully immersed in the activity. Relationships are supported through peer support groups, promoting a sense of connection and camaraderie. The participants are encouraged to find meaning in their experiences and in supporting their families, which fosters a sense of purpose. Finally, accomplishment is achieved through overcoming personal and group challenges, such as the physical feat of mountain climbing, and through setting and achieving personal growth goals.

The purpose of this study was to explore the effect of the programming on the experiences of the wives of disabled SMVs at the MSF HBC retreat-style intervention. Our study explored the following research question: What was the perceived impact of the positive psychology programming on the well-being and hope-building of the wives of disabled Ukrainian SMVs who participated in the MSF HBC retreat-style intervention?

Methods

This study utilized a qualitative descriptive design to explore the experiences of the wives of injured Ukrainian soldiers attending a therapeutic retreat-style summer intervention for military families applying a positive psychology framework. A qualitative descriptive approach is well-suited for studies aiming to capture participants' views in their own words and is commonly used in human services research to inform practice and program evaluation (Merriam & Tisdell, 2016; Patton, 2015). This approach allowed the research team to gather insights about how participants perceived the impact of the retreat programming on their well-being. The study was guided by an interpretivist framework, which assumes that people construct their own understanding of reality through lived experience (Guba & Lincoln, 1994). We also drew on principles of phenomenology to emphasize participants' lived experiences (Moustakas, 1994) and hermeneutics to explore how participants and researchers together made meaning of those experiences within the camp context (Gadamer, 2004).

Researcher Positionality and Reflexivity

Our research team consisted of three research faculty and two doctoral scholars from a research university in the Midatlantic region of the United States. Of this group, two faculty and one doctoral scholar attended the MSF HBC programming to oversee the research, gain contextual and cultural knowledge, and build rapport with participants. An Israeli American, English-speaking psychologist, who facilitated the MSF HBC programming, led the data collection process with assistance from a Ukrainian supporting psychologist. Both had prior relationships with participants through their roles at the camp. This rapport likely encouraged open and authentic sharing (Rubin & Rubin, 2012); however, their dual roles as facilitators and data collectors may have influenced how participants framed their responses. To minimize this influence, the prompt for the written reflection was stated to all participants at once using a predetermined script, and explicit assurances of confidentiality were provided as part of the informed consent process. It is also important to note that the psychologists were not involved in the data analysis or research team. The researchers responsible for analyzing the data were the faculty and doctoral scholar who did not attend the therapeutic retreat and had no direct interaction with participants. This separation helped reduce potential bias during interpretation. Analysts engaged in reflexive journaling and peer debriefing throughout the process to enhance transparency, remain attentive to their own assumptions, and maintain analytic rigor. These combined safeguards, including use of a standard protocol, confidentiality assurances, the use of analysts without prior participant contact, and ongoing reflexive practices, helped preserve the trustworthiness and credibility of the findings.

Participants

The MSF HBC camp was offered two times during back-to-back weeks in the summer in Austria, and each lasted one week. Participants included all 26 wives of the disabled Ukrainian soldiers who had been injured in service and were attending the therapeutic summer retreats with their families. A census sampling strategy was used: all wives attending the camp were invited to participate, and all chose to participate. Fourteen women participated during the first camp and twelve during the second. The camp provided structured recreational activities and positive psychology psychoeducational support designed to promote healing and connection.

Participants received information about the study during a group orientation and gave informed consent electronically. While the program took place in Austria, all participants were Ukrainian citizens residing in Ukraine. The average age of the participants was 41 with a range from 31 to 52. To protect confidentiality, pseudonyms were used in all written records (Kaiser, 2009). The study received approval from the Institutional Review Board at the researchers' affiliated institution.

Data Collection

Data were collected by the lead psychologist (English speaking) and supporting psychologist (Ukrainian) through a brief, open-ended written reflection completed on the 6th day of the therapeutic retreat. The wording of the question reflected the wives' experiences being in the Austrian alps and having the opportunity to summit mountains. The primary prompt asked: "How did this week at camp elevate you?" Follow-up questions included: "How has this week changed you?" and "What did this program give you?" The lead psychologist asked the questions in English and the supporting psychologist translated them in Ukrainian.

Each participant took approximately 10–20 minutes to complete their reflection. Responses were written in Ukrainian and later professionally translated to ensure accurate and culturally sensitive interpretation. The formal translation process helped ensure that both the content and emotional tone of the participants' reflections were accurately preserved.

Data Analysis

The analysis followed an inductive thematic approach consistent with qualitative descriptive methodology. The lead analyst [Author X] began by reading and re-reading the translated reflections multiple times to gain familiarity with the data. Open coding was used to identify meaningful units of text, which were then grouped into broader categories. At this stage, three categories were identified and were shared with [Author Y] as part of a peer debriefing process that involved independently reviewing all transcripts and the identified categories to explore if and how they supported the data. Next, Author X and Y met and discussed the categories and reflected on the drafted categories together. These categories were then refined through an iterative

process of team discussion to develop final themes that reflected recurring ideas and emotional tones in the participants' reflections. To support trustworthiness, the team maintained a detailed audit trail, engaged in peer debriefing, and employed reflexive journaling to monitor assumptions and maintain objectivity throughout the analytic process. Since the study was guided by an interpretivist framework, we aimed to construct themes, taking into account the analysts and their positionality as a part of the analysis process, as opposed to seeking thematic saturation.

Findings

Based on the data analysis, three themes were constructed that illustrate the Mountain Seed Foundation's Healing Base Camps' adult female participants' experiences at the week-long retreat-style intervention: (1) Conquering the Summit- Physically and Psychologically, (2) Finding Light in the Darkness, (3) Evolving Family Perceptions and Dynamics.

Theme 1: Conquering the Summit- Physically and Psychologically

Several participants described how MSF HBC helped them build strength and confidence throughout the positive psychological programming. For example, one participant shared that, "These incredible five days of my life turned my world upside down, giving me confidence, strength, and inspiration to move forward and conquer every [metaphorical] summit along the way!" Others shared similar sentiments, stating, "We did a lot of different things together, we connected, we became stronger, and cultivated character strengths in ourselves." and "I feel like I am strong and harmonious. I think of myself as extraordinary and very cool." Cumulatively, these extracts helped demonstrate the power that participation in the programming had for the participants. One of whom eloquently stated that MSF HBC helped them "realize that I'm incredible and now for the first time in my life. I believe in myself."

For many of the participants, the development and realization of their strength and confidence was related specifically to completing a task that they didn't think they ever could during the week of the program. That is, during the program, the participants had an opportunity to climb to the summit of a mountain at the end of the week, which placed them in a position to confront their fear of heights. Highlighting this, one participant shared that, "My fear of heights was only in my head. It was so overwhelming that it stopped me from taking the first step. But I conquered it and started taking action." Similarly, another participant shared that "I overcame my fear of heights, which boosted my self-confidence."

The conquering of the summit was often described as a result of the community support that the participants developed with one another. One participant made the connection between summiting a mountain and overcoming her own inner fears, attributing it to the support around her: "Support. Without it, I wouldn't have conquered the summit, not just the one outside, but the one within myself." Other participants shared that, "All

the girls supported me on my walk to the gorge. I was so happy that I left the bench and went with the rest of the group and had an opportunity to see the gorgeous nature." and "This week enabled me to understand that I'm not alone. Everyone who was with me this week gave me confidence in myself."

While many of the participants noted support amongst the group of wives, others also noted that support could also be found within their own families. That is, climbing as a family promoted a team effort for some, as one participant shared:

> They [family members] didn't want to climb but they put themselves together and did it. The program works. Now I have the inspiration to move forward, and I can push them to improve themselves because I saw the results of this program.

Theme 2: Being Present

The participants described the environment as one that allowed them to recognize the beauty and potential around them and within themselves, and to learn to be present in the moment. They described practicing intentional presence, often referred to as "me time." One participant shared the following: "I really liked 'me time.' I understand it's better to let go of my family and make time for myself, to walk, to eat ice cream, just to have me time without having to think about others." Similarly, other participants voiced the value they learned about "me time," reflecting that, "I've realized the following, focus on your well-being, your feelings... and desires." and "I understand that I need to move forward and not be afraid to love myself and to give myself time for self-development." Through thinking about and discussing "me time," the participants described a sense of relaxation and removal of fear that they gained from the experience at MSF HBC.

With more opportunities for the participants to have intentional time to focus on themselves, many discussed how their time at the retreat-style intervention helped them to "see the beauty in the little things" and realize they can "be more open to the world." The recognition of the beauty around them and the importance of self-care promoted hope. For example, one participant shared that, "I can now understand that I can be the light in the darkness. It's difficult with so much darkness around me, but I can be that light. I liberated it here. Another participant shared that, "I'm an optimist but sometimes it is difficult to see the light at the end of the tunnel or feel hope. Now I'm sure there's a light at the end of the tunnel and I have hope."

Positive outlooks such as these were highlighted in the generation and recognition of dreams, with MSF HBC sessions helping draw out steps to achieve said dreams. One participant shared that, "I know how to paint a painting of my future and how to walk towards it" and another shared that "This week gave me motivation. A push to realize my dreams."

Theme 3: Evolving Family Perceptions and Dynamics

The benefits of participation in MSF HBC appeared to extend beyond the participants. That is, many of the study's participants reflected on the changes that they witnessed in their families due to their participation in the MSF HBC program. Some shared that their understanding of their husband or child changed throughout the week, having gained a deeper understanding of the family member. One participant shared:

> I also have a new perception of my son. Before this camp he was not confident and maybe the reason was the online education. Now at this camp I saw him climbing the wall and realized he is a strong man also.

Another participant stated:

> I am so happy for my husband and my son because this week changed him [referring to her son]. Despite all the challenges, he always wanted to continue, and he is improving his English. I am happy for my husband. He never showed positive emotions, just aggression. He never smiled, everything was always bad. But with everything here he's excited, he is talking about his positive emotions here.

While some of the participants learned about their partners and children, others learned more about themselves and how they need to operate within their family. For example, participants reflected on the importance of letting go of some control in their familial dynamics.

One participant stated:

> I was always too independent but now I can let myself be a woman. I'm a strong woman. I tried to be a mother for all of them and for my husband also, now it's a balance. Now I can be more his wife.

Finally, despite her prior thoughts about her husband's impairment, a woman recognized her husband as an independent individual as a result of participation in the program. She shared: "I can let go of my husband, knowing that he is independent and that he can handle everything. Essentially, I already knew this, but I overprotected him. Here I saw our power." Taken together, the women in this study described their experiences as helping to reshape their views on themselves, their families, and their family dynamics.

Discussion and Implications

This study explored the perceived impact of a week-long positive psychology therapeutic retreat-style intervention, Mountain Seed Foundation Healing Base Camp, on the well-being and hope-building of Ukrainian

spouses of disabled service members and veterans. The findings illustrate the complex, multifaceted experiences of these women as they navigated post-trauma identity reconstruction, self-efficacy, and family restructuring in the context of war.

Participants described physical and psychological empowerment, gaining confidence through overcoming fears and engaging in physically demanding activities like mountain climbing. These symbolic acts of mastery paralleled internal transformations, with participants highlighting how communal support and structured reflection contributed to self-recognition and growth. This aligns with broader findings that experiential, peer-supported programming grounded in positive psychology can promote post-traumatic growth among military families (Barrett & Currin, 2024; Brittain et al., 2024). Positive psychology, which emphasizes the cultivation of strengths such as resilience, hope, and self-efficacy, is particularly relevant in trauma-focused interventions as it allows individuals to not only recover but thrive in the face of adversity (Seligman, 2011). The principles of positive psychology, which focus on strengths, resilience, and growth, are clearly reflected in the transformative experiences of participants at MSF HBC, especially as they navigated through moments of physical and emotional challenge.

The application of Seligman's PERMA model (2011) provided a strong foundation for the retreat's programming, with its five key elements—Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment—directly reflected in participants' experiences. Positive Emotion, as outlined by Seligman, emphasizes fostering joy, gratitude, and optimism, all of which were central to the psychoeducational groups. Participants engaged in mindfulness and gratitude exercises that encouraged positive reflection, mirroring the findings from previous research suggesting that cultivating positive emotion through such interventions can significantly enhance emotional resilience (Barrett & Currin, 2024). This is especially relevant in post-trauma contexts, where emotional recovery is pivotal to the healing process (Seligman, 2011).

Engagement was fostered through activities like art therapy and mountain climbing, which encouraged participants to immerse themselves fully in the experience. The flow state, as described by Csikszentmihalyi (1990), was evident as many participants reported being fully absorbed in these activities, leading to a sense of accomplishment and well-being. This aligns with the literature suggesting that engaging in challenging yet achievable activities can promote engagement and flow, leading to greater personal fulfillment (Brittain et al., 2024; Seligman, 2011).

The role of Relationships in this intervention was particularly powerful. Peer support groups were integral to the retreat, helping participants form meaningful connections with one another, which is consistent with research emphasizing the importance of relationships in fostering resilience (Easom et al., 2018). Participants repeatedly noted how the communal aspect of the retreat allowed them to share experiences and feel supported by others, which

contributed to a sense of belonging and reduced feelings of isolation. These findings echo prior research, which highlights the essential role of social support in mitigating caregiver stress and improving mental health outcomes (Yablonska & Melnychuk, 2017).

The element of Meaning was also integral, as participants expressed a deep sense of purpose derived from both their own personal growth and the collective experience of supporting one another. Many wives reframed caregiving as not just a duty but a source of empowerment, which aligns with literature suggesting that finding meaning in challenging circumstances can lead to greater well-being and post-traumatic growth (Barrett & Currin, 2024; Phillips & Martsenyuk, 2023). The participants' ability to connect their caregiving roles to broader societal and national resistance further deepened the meaning they derived from the experience, reflecting the literature's emphasis on meaning-making as a key mechanism in coping with trauma (Seligman, 2011).

Finally, Accomplishment, a crucial aspect of the PERMA model, was experienced through both personal and collective challenges. The physical feat of mountain climbing provided a tangible sense of achievement for participants, while overcoming personal barriers contributed to enhanced self-efficacy and hope. This resonates with the literature, which consistently links accomplishment to improvements in mental health and emotional resilience, particularly for those recovering from trauma (Seligman, 2011). The participants' reports of feeling stronger and more confident after completing difficult tasks reflect the positive psychological effects of goal-setting and achievement, both central to the PERMA model and evidenced in prior studies (Klymenko et al., 2024; Yablonska & Melnychuk, 2017).

Integration of the PERMA model in the Mountain Seed Foundation Healing Base Camp program directly contributed to the positive psychological outcomes observed in the participants. The findings align closely with the existing literature on positive psychology, post-traumatic growth, and family resilience, highlighting the effectiveness of using positive psychology principles to support the healing and empowerment of military families in conflict settings.

Another significant finding was the emergence of "me time" as both a coping strategy and a form of resistance, echoing prior literature that positions Ukrainian women's caregiving as a form of national resistance (Phillips & Martsenyuk, 2023). Participants reframed caregiving not only as an obligation but as a vehicle for personal empowerment. This shift, combined with moments of reflection and respite during the retreat, seemed to create space for participants to envision a hopeful future—both individually and collectively. The shift from caregiving as a burden to caregiving as an opportunity for empowerment reflects the growing recognition in the literature that women in post-conflict societies are increasingly seeing their caregiving roles as forms of agency, despite the gendered expectations placed upon them (Maltseva & Rozenfeld, 2024). This

also aligns with Seligman's concept of flourishing (2011), wherein people develop the ability to move beyond mere survival and actively pursue a life of well-being, meaning, and accomplishment.

Importantly, the findings suggest that MSF HBC participation facilitated positive changes in family dynamics, including shifts in relational roles, emotional expression, and perception of independence among family members. The narratives indicate that therapeutic intervention for one family member can catalyze wider systemic change, a concept well supported in family systems literature (Yablonska & Melnychuk, 2017). This aligns with previous findings indicating that when one family member engages in therapeutic intervention, it can lead to positive cascading effects throughout the family system, enhancing emotional cohesion and communication (Brickell et al., 2020; Easom et al., 2018). This change is in line with the PERMA model, particularly the importance of relationships in fostering a sense of belonging and connection, which was a recurring theme among participants who reported feeling more understood and supported by their families following the intervention.

Limitations

This study has several limitations. First, participation in the Mountain Seed Foundation Healing Base Camp was limited to a small number of heterosexual families with male SMVs and female spouses. As such, the findings may not generalize to same-sex couples, dual-military families, or women veterans, all of whom are present in the Ukrainian military context. The sample's homogeneity also reduces the transferability of insights to the broader population of Ukrainian military families. Second, the study relied on a single data source—written reflections from female participants—which, although rich qualitative data, may not capture the full depth or nuance of participants' lived experiences. Triangulating these reflections with interviews, observations or additional data from other family members could have strengthened the validity of the findings. Additionally, the study lacked longitudinal follow-up over time, which prevents understanding how participants' experiences and outcomes may have continued or changed after returning to their home environments. Third, although the reflections provided meaningful insights into the perspectives of female spouses, the voices of other family members—including SMVs themselves, children, and extended family—were not directly examined. This limits the ability to draw conclusions about the program's systemic or multigenerational impact. Fourth, participation in the camp required international travel and extended time away from home, which may have excluded families with fewer financial resources, single parents, or those living in more precarious security situations. Additionally, self-selection bias may be present, as individuals who chose to attend may have been more motivated to engage in healing processes or more receptive to psychosocial programming. Finally, the gendered framing of the program—where female spouses attended psychoeducation groups while male SMVs engaged in physical rehabilitation—may

inadvertently reinforce traditional gender roles, despite the evolving sociopolitical positioning of Ukrainian women during the war (Maltseva & Rozenfeld, 2024).

Implications for Human Services

This study underscores the need for culturally responsive, family-inclusive interventions for populations affected by war, particularly those that apply a positive psychology framework. Human services professionals working with military families from Ukraine or elsewhere should recognize the dual impact of displacement and trauma, both on SMVs and their caregivers. Programs like MSF HBC, which emphasize experiential learning, self-reflection, and peer support through application of the PERMA model, offer a replicable approach that promotes post-traumatic growth and family system resilience for those suffering regardless of their settings.

The insights gained from this study may apply beyond the Ukrainian context and can inform human services interventions with refugee and military families in other post-conflict regions, where communities often face similar intersections of loss, transition, and identity reconstruction. For example, human services practitioners working with refugee families, veterans returning from peacekeeping missions, or displaced communities of individuals from other conflicts may adapt MSF HBC's experiential and strengths-based approach to address both cultural specificity and universal needs for resilience, connection, and meaning-making after conflict.

Human services practitioners should also advocate for and develop interventions that explicitly address caregiver burden and psychological well-being in military-affected families. Military families experience a significant overlap between war trauma, role restructuring, and mental health challenges, integrated programming that supports both individual and familial healing is essential.

The findings also have implications for designing and refining interventions in both Ukrainian and other post-conflict contexts. While programs like MSF HBC offer a powerful model for fostering resilience and post-traumatic growth, they may inadvertently reinforce traditional gender roles if caregivers and SMVs are consistently placed in separate, role-based activities. To counter this, programs could incorporate mixed-gender psychoeducational sessions, joint skill-building exercises, and facilitated discussions that address evolving gender norms within military and refugee families. Integrating activities that encourage shared caregiving responsibilities and mutual support can help dismantle restrictive role expectations while promoting equity in family healing. These modifications would enhance the program's inclusivity and ensure relevance for diverse family structures, including female veterans, same-sex couples, and dual-military households. Applying strategies like this, in other post-conflict settings, whether with refugees, veterans in post-war nations, or displaced communities, can strengthen the cultural adaptability of interventions, expanding their capacity to support holistic recovery in military-affected families worldwide.

Summary

The experiences of Ukrainian military spouses participating in the Mountain Seed Foundation Healing Base Camp retreat-style program highlight the profound potential of holistic, family-centered interventions grounded in positive psychology to foster personal growth, emotional resilience, and evolving family dynamics amid war-related adversity. By addressing the unique needs of caregivers and reinforcing hope, strength, and connection, such programs offer a meaningful pathway toward healing and empowerment for military-affected families. Expanding access to inclusive, culturally responsive support remains critical as Ukraine continues to navigate the ongoing challenges of war and displacement.

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