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Existential Anxiety of Ukrainian Students under Martial Law

Екзистенційна тривога українських студентів в умовах воєнного стану

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Abstract

The aim of the study is to empirically identify the specificity of the structure of existential anxiety among Ukrainian students with different profiles of post-traumatic and clinical symptomatology and, on this basis, to substantiate differentiated targets of psychological counseling. **Methods.** The sample consisted of young adults ($n = 109$; $M = 19.86$; $SD = 1.82$), including 63 women (57.8%) and 46 men (42.2%). The Existential Concerns Questionnaire (Kuchyna, 2020) and the Impact of Event Scale-Revised (Krupelnyska et al., 2025) were administered in their Ukrainian adaptations, together with the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983). The design was cross-sectional, comparative, and correlational: Spearman's rank correlation coefficients were computed, the sample was split into contrasting groups by the median of five symptom markers, and between-group differences were assessed using the Mann-Whitney U test with effect sizes. **Results.** Clinically significant post-traumatic distress was recorded in 56.9% of participants. Fear of death dominated the hierarchy of existential concerns ($M = 2.88$). All correlations were positive and significant ($r_s = .311-.680$; $p < .001$), the strongest being between clinical anxiety and fear of identity loss ($r_s = .680$; $p < .001$). All twenty group comparisons were significant ($p \leq .040$),

Анотація

Метою дослідження є емпіричне з'ясування специфіки структури екзистенційної тривоги українських студентів із різними профілями посттравматичної і клінічної симптоматики та обґрунтування на цій основі диференційованих мішеней психологічного консультування. **Методи.** Досліджено осіб юнацького віку ($n = 109$; $M = 19.86$; $SD = 1.82$), з них 63 жінки (57.8%) і 46 чоловіків (42.2%). Застосовано опитувальник "Види екзистенційної тривоги" (Кучуна, 2020), "Шкалу впливу травматичної події – переглянуту" (Krupelnyska et al., 2025) в українських адаптаціях. Також використано "Госпітальну шкалу тривоги та депресії" (Zigmond, Snaith, 1983). Дизайн – крос-секційний порівняльно-кореляційний: обчислено коефіцієнти рангової кореляції Спірмена, вибірку поділено на контрастні групи за медіанним критерієм п'яти симптоматичних маркерів, відмінності оцінено за U-критерієм Манна-Вітні з визначенням розмірів ефекту. **Результати.** Клінічно значущий рівень посттравматичного дистресу зафіксовано в 56.9% досліджуваних. В ієрархії онтологічного неспокою домінує страх смерті ($M = 2.88$). Усі кореляційні зв'язки виявилися прямими і значущими ($r_s = .311-.680$; $p < .001$), максимальний – між клінічною тривогою і страхом втрати ідентичності ($r_s = .680$; $p < .001$). Усі двадцять групових порівнянь значущі ($p \leq .040$), при-

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with effect sizes ranging from $r = .20$ to $r = .58$. The avoidance cluster proved the most informative marker: large effect sizes were recorded across all scales ($r = .50$ -.58), peaking for fear of identity loss. Fear of death led to the intrusion and hyperarousal profiles; clinical anxiety produced a uniform elevation of three components; in the depressive profile, fear of loneliness was the only component of medium effect size ($r = .33$) and the only one comparably represented in both clinical registers. The post-traumatic clusters surpassed the clinical subscales in differentiating power.

Discussion and conclusions. The structure of existential anxiety differs significantly by symptom type, and the leading components of concern do not coincide across contrasting groups. Standard screening for anxiety and depression yields the least differentiated picture, which argues for extending the diagnostic protocol in counseling. The identified configurations outline differentiated targets of assistance: restoring self-continuity in the avoidance profile, legitimizing death anxiety in the intrusion and hyperarousal profile, and relationally oriented work in the depressive profile.

Keywords: existential fears, ontological anxiety, post-traumatic symptomatology, fear of identity loss, fear of loneliness, psychological counseling.

Introduction

The everyday wartime reality in Ukraine has transformed psychological distress from a situational reaction into a chronic sociocultural backdrop that adversely shapes individual mental health. According to a survey conducted by Polyvianaia et al. (2025), twenty months after the onset of the full-scale war, symptoms of post-traumatic stress were found in almost half of higher education students (48.1%), with moderate and severe levels of anxiety and depression recorded in 34.1% and 33.6% of the respondents, respectively. Notably, the protracted conflict is reshaping distress itself: whereas acute anxiety may subside somewhat as people adapt to the new reality, depressive states deepen – accumulated pain, losses, and depleted resources take their toll (Polyvianaia et al., 2025). This dynamic carries

чому значення розміру ефекту варіюють у діапазоні $r = .20$ -.58. Найінформативнішим маркером став кластер уникнення, за яким зафіксовано високу вираженість розміру ефекту за всіма шкалами ($r = .50$ -.58) з максимумом за страхом втрати ідентичності; за інтрузій і гіперзбудження домінує страх смерті; за клінічної тривоги встановлено рівномірне підвищення трьох компонентів; за депресії єдиним компонентом середньої сили став страх самотності ($r = .33$) – єдиний однаково представлений в обох клінічних регістрах. Посттравматичні кластери випередили клінічні субшкали за силою диференціації.

Дискусія і висновки. Встановлено, що структура екзистенційної тривоги диференціюється залежно від типу симптоматики, а провідні компоненти неспокою в контрастних групах не збігаються. Стандартне оцінювання тривоги й депресії дає найменш диференційовану картину, що аргументує розширення діагностичного протоколу консультування. Виокремлені конфігурації окреслюють диференційовані мішені короткотривалої допомоги: відновлення тягlosti “Я” за уникнення, легітимізацію мортальної тривоги за інтрузій і гіперзбудження, реляційно-орієнтовану роботу за депресивно-го профілю.

Ключові слова: екзистенційні страхи, онтологічний неспокій, посттравматична симптоматика, страх втрати ідентичності, страх самотності, психологічне консультування.

a tangible cost for academic functioning: levels of anxiety and depression correlate significantly with declining academic performance and a general disorganization of the learning process (Korda et al., 2025). Paradoxically, such a high prevalence of symptoms does not convert into a corresponding increase in help-seeking behavior; instead, chronic stress is gradually normalized in the public mind and ceases to be perceived as a legitimate reason to seek support (Lushchak et al., 2026). This underscores the urgent need for both screening instruments (Aleksina et al., 2024) and greater precision in identifying targets of short-term psychological assistance (Frankova et al., 2026).

This destructive dynamic is particularly dangerous in young adulthood. The developmental stage that Erikson (1959) described as a

psychosocial moratorium, a period of free identity exploration and safe experimentation with possible versions of oneself, has been transformed by the pressure of wartime threats into a period of forced existential revision, where the individual concentrates on survival strategies instead of envisioning their future (Kosyanova, 2024). The collapse of familiar life scripts, including education, career, stable relationships, makes the crisis acute and irreversible, while the dominant experiences become fear for one's own safety and that of loved ones, and fear of an irrevocable loss of the future (Sachko, 2023). Broader concomitant changes have also been documented empirically: transformations in the value orientations of youth (Symonenko & Onyshchenko, 2025), deformation of the time perspective in individuals with traumatic experiences (Plokhikh et al., 2025), and a diminished sense of meaning in life (Shrahina & Omelnychenko, 2025); meanwhile, students' adaptive resources are uneven and fluctuate with the stage of the conflict (Hrabovska et al., 2024). Importantly, traumatization is not confined to direct exposure: constant immersion in the media flow is itself associated with stronger traumatic reactions (Gazit & Eden, 2025), and longitudinal data demonstrate the persistence of post-traumatic symptoms even in relatively safe conditions (Krupelnyska et al., 2026; Łubianka & Filipiak, 2026). Where subjective autonomy and safety are lacking, traumatic experience is not integrated into a coherent personality structure but persists as disjointed fragments that intensify ontological insecurity (Ravn, 2024).

The choice of anxiety rather than fear as the central construct of the study is deliberate. Unlike fear, which has a concrete external object, anxiety concerns the very fragility and uncertainty of existence – and precisely for this reason – that the existential tradition views it not as a pathology but as a normal response of a person who has become aware of their own finitude (Yalom, 1980). The risk arises when such anxiety remains without support and fails to be integrated into experience: adaptive disquiet hardens into what Frankl (1992) termed noogenic neurosis – a clinically significant condition engendered not by a deficit of mental health but by an unfilled existential vacuum. Traumatization complicates

this integration because the gap between the bodily experience of threat and the capacity to endow it with meaning blocks the symbolization of experience (van der Kolk, 2015). The clinical profile of such hardening depends on the duration of traumatization, ranging from acute anxiety and freeze reactions at the initial stages to existential exhaustion during a chronic course (Paraniak-Gieszczyk & Ogłodek, 2025).

The theoretical groundwork of the study is Yalom's (1980) conceptualization of the four ultimate concerns of existence – death, freedom, isolation, and meaninglessness – which, under wartime conditions, turn from philosophical categories into direct threats to life. A high level of existential anxiety is not an isolated worldview phenomenon: it is associated with a diminished awareness of life as a whole, through which existence begins to be perceived as chaotic and devoid of perspective (Popovych et al., 2020), while existential dimensions in general act as factors of the individual's subjective social well-being (Halian & Halian, 2025). Recent developments carry these propositions beyond the worldview plane: the neuroexistential approach invites us to consider existential conflicts not merely as states of consciousness but as states of an integral system possessing its own neurobiological substrate (Chan et al., 2026). This is corroborated by evidence on the biochemical correlates of existential profiles in post-traumatic stress disorder, in particular the variability of serotonin and cortisol levels depending on the depth of the ontological deficit (Paraniak-Gieszczyk & Ogłodek, 2025).

However, despite solid research on the psychometric provision of trauma assessment (Krupelnyska et al., 2025) and on students' adaptability under wartime conditions (Hrabovska et al., 2024), the question of how the structure of ontological anxiety relates to the particular dimensions of clinical and post-traumatic symptomatology remains insufficiently studied. Existing research mostly operates with integral indices of distress, whereas the differentiation of post-traumatic symptom clusters (intrusion, avoidance, hyperarousal), anxiety, and depression through the prism of basic existential fears has not received adequate

empirical attention. Systematizing the existential anxiety of youth based on four fundamental fears – death, loss of identity, loneliness, and loss of meaning (Kuchyna, 2020) – makes it possible to move from describing general distress to constructing differentiated psychological profiles, a necessary foundation for developing targeted logotherapeutic and resource-oriented interventions in counseling practice (Gawda & Korniluk, 2024; Haydabrus & Giménez-Llort, 2026; Ronzhes & Khmelyova, 2025; Olstad et al., 2022).

The aim of the study is to empirically ascertain the specificity of the structure of existential anxiety among Ukrainian students with different profiles of post-traumatic and clinical symptomatology and, on this basis, to substantiate differentiated targets of psychological counseling under martial law.

Hypothesis: the structure of existential anxiety (the scores for the fears of death, identity loss, loneliness, and loss of meaning) in students varies statistically significantly depending on the severity of clinical anxiety, depression, and post-traumatic intrusion, avoidance, and hyperarousal.

Methods

Participants. The study involved 109 young adults, all students: 63 women (57.8%) and 46 men (42.2%); age: $M = 19.86$, $SD = 1.82$ (range 16–24 years). The inclusion criteria were: (1) student status; (2) age within the period of young adulthood (16–24 years). The sample was formed through self-selection: participants joined voluntarily in response to announcements on social media specifying the participation criteria. To ensure full anonymity and minimize the amount of personal data collected, the questionnaire contained only two socio-demographic questions – age and gender. No information enabling personal identification (region of residence, educational institution, contact details, internally displaced person status) was collected.

Procedures and Instruments. Data were collected remotely via Google Forms. The study complied with the ethical principles of voluntariness, anonymity, and confidentiality. Before proceeding, respondents read the informed consent statement posted on the first page of the

form and continued only after confirming it. The diagnostic battery comprised three instruments.

The Existential Concerns Questionnaire (ECQ; van Bruggen et al., 2017) in the Ukrainian adaptation by Kuchyna (2020) served as the ontological lens of the study, making it possible to move beyond purely symptomatic analysis and to examine the structure of the personality's disquiet in the face of the ultimate concerns of existence. The questionnaire consists of twenty-two statements rated on a five-point scale. The Ukrainian adaptation differentiates four factors: fear of death, fear of identity loss, fear of loneliness, and fear of loss of meaning in life (which corresponds to the domain of meaninglessness in the original instrument); the existential guilt subscale of the original instrument was excluded from the Ukrainian version due to insufficient internal consistency (Kuchyna, 2020). Each subscale score was computed as the arithmetic mean of the corresponding items. In the present sample ($n = 109$), the internal consistency of the Ukrainian version of the ECQ (Kuchyna, 2020) was confirmed by a high Cronbach's alpha coefficient of .910.

To operationalize traumatic experience, the Impact of Event Scale-Revised (IES-R; Weiss, 2007) in its Ukrainian adaptation by Krupelnyska et al. (2025) was employed. The instrument was chosen because the Ukrainian version was validated specifically on experiences related to the 2022 full-scale invasion. The scale comprises twenty-two statements and operationalizes the respondent's state through three symptom clusters – intrusion, avoidance, and hyperarousal – and a total index of post-traumatic distress severity; a total score of ≥ 33 was adopted as clinically significant. The internal consistency of the instrument on this sample was excellent: $\alpha = .947$.

The current clinical state was assessed with the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983), which acted as a clinical filter for evaluating the psycho-emotional background. The instrument has been applied previously in studies of mental states under martial law (Popovych et al., 2023). The questionnaire consists of fourteen statements distributed across two autonomous subscales of seven items each –

anxiety and depression (subscale score ranges: 0–7, norm; 8–10, subclinical level; 11–21, clinically significant state). The internal consistency of the HADS subscales (Zigmond & Snaith, 1983) on the studied sample was: anxiety $\alpha = .767$ (acceptable) and depression $\alpha = .610$ (questionable); the mean inter-item correlation of the subscale ($\bar{r} = .18$) falls within the acceptable range.

Organization of research. The empirical study follows a cross-sectional comparative-correlational design and was conducted in two stages. At the first stage (January 2026), a pilot survey ($n = 39$) was administered, and its results were used to refine the procedure. At the second stage (May–August 2026), the sample was expanded to $n = 109$ through additional distribution of the questionnaire via social media, using the same selection criteria. The homogeneity of the two subsamples on the key instrument scores was verified with the Mann–Whitney U test, which revealed no statistically significant differences (all $p > .05$), allowing the combined dataset to be used.

Variables. The study assessed the structure of existential anxiety, the severity of post-traumatic symptomatology, and the respondents' current clinical state. Existential anxiety was operationalized through four subscales of the ECQ (Kuchyna, 2020): fear of death, fear of identity loss, fear of loneliness, and fear of loss of meaning; each subscale score was computed as the arithmetic mean of the corresponding items (range 1.00–5.00) in order to ensure direct comparability between factors with different numbers of diagnostic items. Post-traumatic distress was operationalized through the three symptom clusters of the IES-R (Krupelnyska et al., 2025) – intrusion, avoidance, and hyperarousal – and the scale's total score. The current clinical state was operationalized through the anxiety and depression subscales of the HADS (Zigmond & Snaith, 1983).

Statistical analysis. The empirical data were processed using IBM SPSS Statistics v. 27.0.1. For each measure, descriptive statistics were computed: the arithmetic mean (M), the median (Me), the standard deviation (SD), skewness (S), and kurtosis (K). The normality of the distribution was tested using the Kolmogorov–Smirnov test with the Lilliefors correction, chosen based on

the sample size ($n > 100$). Since a statistically significant deviation from normality was found for most scales ($p < .05$), nonparametric methods were applied in subsequent analyses. The internal consistency of the diagnostic items of each instrument was assessed with Cronbach's alpha, with the obtained values interpreted according to standard descriptors ($< .70$, questionable; $.70$ – $.79$, acceptable; $.80$ – $.89$, good; $\geq .90$, excellent).

The relationships between the measures of existential anxiety, post-traumatic distress, and the clinical symptoms of anxiety and depression were examined with Spearman's rank correlation coefficient (r_s). The strength of the association was interpreted according to conventional limits: $|r_s| < .300$, weak; $.300$ – $.490$, moderate; $.500$ – $.690$, strong; $\geq .700$, very strong.

To implement the comparative task of the study, the sample was successively divided into contrasting groups by five symptom measures: the anxiety and depression subscales of the HADS (Zigmond & Snaith, 1983) and the three IES-R clusters (Krupelnyska et al., 2025) – intrusion, avoidance, and hyperarousal. The division followed the median criterion (Me), which ensured balanced subsample sizes and a uniform methodological principle of analysis. Notably, the median values obtained for the HADS subscales (Zigmond & Snaith, 1983) proved close to the clinical cut-off for distress ($Me = 9$ for anxiety and $Me = 7$ for depression against the cut-off score of ≥ 8), indicating that the sample was shifted toward elevated psycho-emotional strain. The median-split procedure was likewise applied to the IES-R clusters (Krupelnyska et al., 2025), for which no normative cut-off points have been established on a Ukrainian-speaking sample. The differences between the resulting contrasting groups in the severity of existential anxiety measures were assessed with the nonparametric Mann–Whitney U test. The effect size (r) was computed with the standardized formula $r = |Z| / \sqrt{n}$, where $|Z|$ is the absolute value of the standardized Z statistic and n is the total sample size. The resulting indices were interpreted according to Cohen's criteria: $.10$ – $.29$, small effect; $.30$ – $.49$, medium effect; $.50$ – 1.00 , large effect. Given the exploratory nature of the comparative part of the analysis and the multiplicity of comparisons,

the results are interpreted with caution, and the limitations of the sampling design are discussed separately in the Discussion section.

Results

The descriptive statistics of the studied measures, the shape indicators of the empirical distribution, and the results of the normality testing with the Kolmogorov-Smirnov test with the Lilliefors correction are presented in Tabl. 1.

Table 1. Descriptive statistics and parameters of the normal distribution of the sample (n = 109)

Scale	M	Me	SD	Normal distribution		
				S	K	K-Sb (p)
“ECQ” (Kuchyna, 2020)						
FD	2.88	2.86	.85	-.061	-.649	.020
FLM	2.53	2.50	.78	.049	-.916	.103
FLO	2.36	2.20	.87	.289	-.626	.045
FIL	2.42	2.25	1.01	.260	-1.024	<.001
“IES-R” (Krupelnyska et al., 2025)						
Int	13.30	13.00	8.08	.059	-1.033	.011
Av	12.73	14.00	8.63	.059	-1.056	.025
Hyp	10.13	11.00	5.62	-.051	-.987	.010
Total	36.15	38.00	20.73	-.097	-1.191	.036
“HADS” (Zigmond, Snaith, 1983)						
Ax	8.72	9.00	4.08	.200	.231	.044
Dep	7.27	7.00	3.33	.065	-.634	.025

Note: M – arithmetic mean; Me – median; SD – standard deviation; S – skewness; K – kurtosis; p – statistical significance level; K-Sb – the Kolmogorov-Smirnov test; FD – fear of death; FLM – fear of loss of meaning; FLO – fear of loneliness; FIL – fear of identity loss; Int – intrusion; Av – avoidance; Hyp – hyperarousal; Total – IES-R total score; Ax – anxiety; Dep – depression.

The structure of existential anxiety revealed a clear hierarchy of severity. The highest severity was recorded for fear of death ($M = 2.88$; $Me = 2.86$), followed by fear of loss of meaning ($M = 2.53$; $Me = 2.50$), fear of identity loss ($M = 2.42$; $Me = 2.25$), and fear of loneliness ($M = 2.36$; $Me = 2.20$). The hierarchy is uneven: fear of death is separated from the normative value of the Ukrainian adaptation of the ECQ (2.41; Kuchyna, 2020) by a gap of .47 points, whereas the other three fears fall within a range of .17. Thus, one leading component stands out in the structure of the respondents’ ontological anxiety, while the rest form a relatively homogeneous background. The greatest dispersion of empirical

values was observed for fear of identity loss ($SD = 1.01$) and the smallest by fear of loss of meaning ($SD = .78$), indicating varying degrees of sample homogeneity across the components of existential anxiety.

For the IES-R symptom clusters (Krupelnyska et al., 2025), the mean values were as follows: intrusion ($M = 13.30$; $Me = 13.00$), avoidance ($M = 12.73$; $Me = 14.00$), and hyperarousal ($M = 10.13$; $Me = 11.00$). The scale’s total score ($M = 36.15$; $Me = 38.00$) exceeded the normative cut-off value (≥ 33), indicating that the level of post-traumatic distress in this sample falls within the range of probable clinical significance. The proportion of respondents with

a score of ≥ 33 was 56.9% ($n = 62$). For three of the four scale measures, the median exceeded the arithmetic mean, reflecting a shift of the bulk of the data toward higher values.

The indicators of the current clinical state fell within the range of elevated psycho-emotional strain: anxiety ($M = 8.72$; $Me = 9.00$) corresponds to the subclinical range (8–10), and depression ($M = 7.27$; $Me = 7.00$) to the upper limit of the normative range (0–7). It was found that 61.5% ($n = 67$) of the respondents on the anxiety scale and 47.7% ($n = 52$) on the depression scale were in the zone of pronounced clinical tension and subclinical risk (≥ 8). A clinically significant level of anxiety (≥ 11) was recorded in 33.9% ($n = 37$) of the respondents, and of depression in 19.3% ($n = 21$). Thus, on both subscales, anxiety symptomatology substantially exceeds depressive symptomatology both in mean severity and in the overall proportion of individuals beyond the normative range.

Verification of the shapes of the empirical distributions showed no critical deviations in skewness: the values of S ranged from $-.097$ to $.289$, i.e., the distributions are practically

symmetric. The kurtosis (K) values, however, displayed a pronounced negative direction for nine of the ten scales. The obtained values indicate platykurtic distributions: the respondents are spread across the entire range of the scales rather than concentrated around the central tendency, which indicates polarization of the sample at the levels of both post-traumatic symptomatology and ontological anxiety. This feature of the empirical distributions substantiates the subsequent division of the sample into contrasting groups. The Kolmogorov-Smirnov test confirmed a statistically significant deviation from the normal distribution for nine of the ten scales ($p < .05$); the only exception was fear of loss of meaning ($p = .103$). This result determined the use of nonparametric methods of statistical processing.

The relationships between the measures of existential anxiety and the symptoms of war-related distress in youth were examined with Spearman's rank correlation coefficient (Tabl. 2).

Table 2. Spearman's rank correlation coefficients between the measures of existential anxiety and the symptoms of war-related distress in youth ($n = 109$)

Scale	Int	Av	Hyp	Total	Ax	Dep
FD	.563**	.519**	.559**	.582**	.555**	.332**
FLM	.516**	.557**	.512**	.571**	.506**	.341**
FLO	.484**	.566**	.458**	.544**	.476**	.475**
FIL	.532**	.594**	.512**	.592**	.680**	.311**

Note: ** – $p < .001$ (two-tailed); FD – fear of death; FLM – fear of loss of meaning; FLO – fear of loneliness; FIL – fear of identity loss; Int – intrusion; Av – avoidance; Hyp – hyperarousal; Total – IES-R total score; Ax – anxiety; Dep – depression.

All twenty-four computed coefficients proved statistically significant at $p < .001$: greater severity of any symptom measure was accompanied by a positive correlation with all components of existential anxiety. The magnitude of the associations ranged from $r_s = .311$ to $.680$.

The strongest association in the entire correlation matrix was recorded between clinical anxiety and fear of identity loss ($r_s = .680$; $p < .001$) – the only value approaching the boundary of

a very strong association. Fear of identity loss also showed strong associations with avoidance ($r_s = .594$; $p < .001$), the IES-R total score (Krupelnyska et al., 2025) ($r_s = .592$; $p < .001$), intrusion ($r_s = .532$; $p < .001$), and hyperarousal ($r_s = .512$; $p < .001$). Fear of death demonstrated strong associations with the IES-R total score ($r_s = .582$; $p < .001$), intrusion ($r_s = .563$; $p < .001$), hyperarousal ($r_s = .559$; $p < .001$), and clinical anxiety ($r_s = .555$; $p < .001$). Fear of loss of

meaning displayed a homogeneous structure of associations, with all coefficients falling within the .506–.571 range. Fear of loneliness was most closely related to avoidance ($r_s = .566$; $p < .001$) and the IES-R total score ($r_s = .544$; $p < .001$).

A distinct configuration of associations was found for depression. For this measure, all four coefficients fell below the boundary of a strong association and belonged to the moderate range: fear of loneliness ($r_s = .475$; $p < .001$), fear of loss of meaning ($r_s = .341$; $p < .001$), fear of death ($r_s = .332$; $p < .001$), and fear of identity loss ($r_s = .311$; $p < .001$). Depression is the only symptom measure for which fear of loneliness occupied the leading position, and the only one for which fear of identity loss was the lowest. The magnitude of depression's associations with existential anxiety ($r_s = .311$ –.475; $p < .001$) is substantially inferior to that of the corresponding associations of clinical anxiety ($r_s = .476$ –.680; $p < .001$).

A comparison of the two clinical subscales for each component of existential anxiety revealed a further regularity. The gap between the coefficient of association with anxiety and the coefficient of association with depression is maximal for fear of identity loss (.680 and .311; a difference of .369), substantial for fear of death (.555 and .332; a difference of .223), and fear of loss of meaning (.506 and .341; a difference of .165), yet practically zero

for fear of loneliness (.476 and .475; a difference of .001). Thus, fear of loneliness is the only component of ontological anxiety represented to a comparable degree in both clinical registers, whereas fear of identity loss shows the maximal specificity toward the anxiety register.

To implement the comparative task of the study, the sample was successively divided into contrasting groups using the median split method across five symptom markers. The sizes of the resulting subsamples were: for intrusion, $n_1 = 55$ (50.5%) and $n_2 = 54$ (49.5%); for avoidance, $n_1 = 61$ (56.0%) and $n_2 = 48$ (44.0%); for hyperarousal, $n_1 = 60$ (55.0%) and $n_2 = 49$ (45.0%); for anxiety, $n_1 = 64$ (58.7%) and $n_2 = 45$ (41.3%); for depression, $n_1 = 57$ (52.3%) and $n_2 = 52$ (47.7%). For the depression subscale, the median split ($Me = 7.00$) exactly reproduced the instrument's normative cut-off point (≥ 8), so that the statistical and clinical grouping criteria coincided: subsample 2 fully corresponds to the range of clinically relevant depressive symptomatology. The results of the comparison are presented in Tabl. 3.

Table 3. Differentiation of the existential fear measures in the contrasting groups of respondents (Mann–Whitney U test, $n = 109$)

Symptom marker	Statistical parameter	FD	FLM	FLO	FIL
Int	$Me_1 (n = 55)$	2.29	2.17	2.00	1.75
	$Me_2 (n = 54)$	3.36	2.83	2.60	3.00
	U	605.0	737.0	765.5	682.0
	r	.51	.44	.42	.47
	p	<.001	<.001	<.001	<.001
Av	$Me_1 (n = 61)$	2.43	2.17	2.00	1.75
	$Me_2 (n = 48)$	3.43	3.00	2.80	3.25
	U	609.5	606.0	619.0	474.5
	r	.50	.50	.50	.58
	p	<.001	<.001	<.001	<.001

Hyp	Me_1 ($n = 60$)	2.43	2.17	2.00	1.75
	Me_2 ($n = 49$)	3.43	3.00	2.60	2.75
	U	691.5	795.0	830.0	779.0
	r	.46	.39	.38	.41
	p	<.001	<.001	<.001	<.001
Ax	Me_1 ($n = 64$)	2.43	2.17	2.00	1.75
	Me_2 ($n = 45$)	3.43	2.83	2.60	2.75
	U	702.5	759.5	913.0	766.0
	r	.44	.40	.31	.40
	p	<.001	<.001	.001	<.001
Dep	Me_1 ($n = 57$)	2.57	2.33	2.00	2.00
	Me_2 ($n = 52$)	2.93	2.83	2.60	2.75
	U	1112.5	1074.5	912.5	1144.5
	r	.22	.24	.33	.20
	p	.025	.013	<.001	.040

Note: Me_1 – median of the existential fear measure in the subsample with a lower level of the symptom marker ($\leq Me$); Me_2 – median in the subsample with a higher level ($> Me$); U – Mann-Whitney test value; p – asymptomatic significance level (two-tailed); r – effect size (.10 – small, .30 – medium, .50 – large); FD – fear of death; FLM – fear of loss of meaning; FLO – fear of loneliness; FIL – fear of identity loss; Int – intrusion; Av – avoidance; Hyp – hyperarousal; Ax – anxiety; Dep – depression.

Across all twenty comparisons, the subsample with a higher level of the symptom marker statistically significantly exceeded the contrasting subsample in the measures of existential anxiety ($p \leq .040$). The effect size, however, varied substantially, from $r = .20$ to $r = .58$, thereby enabling the identification of qualitatively distinct configurations of differentiation.

In the subsample with pronounced intrusion, the greatest differentiation was observed for fear of death ($U = 605.0$; $p < .001$; $r = .51$): the median of this measure increased from 2.29 to 3.36. The next positions were occupied by fear of identity loss ($U = 682.0$; $p < .001$; $r = .47$), fear of loss of meaning ($U = 737.0$; $p < .001$; $r = .44$), and fear of loneliness ($U = 765.5$; $p < .001$; $r = .42$). A similar hierarchy was obtained for the hyperarousal marker, where fear of death likewise took the leading position ($U = 691.5$; $p < .001$; $r = .46$), while the remaining measures clustered compactly in the $r = .38$ –.41 range. The overall level of differentiation for hyperarousal proved lower than for intrusion,

with the same hierarchy of measures preserved.

The highest differentiation values in the entire study were recorded for the post-traumatic avoidance marker. Fear of identity loss demonstrated the largest effect size in the comparison matrix ($U = 474.5$; $p < .001$; $r = .58$), with a median increase from 1.75 to 3.25 – the maximal gap among all twenty comparisons. The remaining measures differentiated uniformly and at the level of large effects: fear of death, fear of loss of meaning, and fear of loneliness ($r = .50$ for all three). Avoidance is the only marker for which all four components of existential anxiety reached the level of a large effect.

The contrasting groups formed by the level of clinical anxiety revealed a configuration built on the opposite principle: here, differentiation is determined not by the dominance of any particular measure but by one lagging behind. Fear of death ($U = 702.5$; $p < .001$; $r = .44$), fear of loss of meaning ($U = 759.5$; $p < .001$; $r = .40$), and fear of identity loss ($U = 766.0$; $p < .001$; $r = .40$)

differentiated the groups practically identically, while fear of loneliness noticeably lagged behind the other measures ($U = 913.0$; $p = .001$; $r = .31$). Thus, an increase in the level of clinical anxiety is accompanied by a uniform rise in three components of ontological anxiety, with a relative lag in the experience of existential isolation. At the same time, the strongest correlation between clinical anxiety and fear of identity loss recorded in the correlation analysis ($r_s = .680$) did not reproduce in the comparative analysis, where this measure ($r = .40$) showed no advantage over fear of death ($r = .44$).

The contrasting groups formed by the level of clinical depression displayed an inversion of the configuration. The only measure to reach the level of a medium effect was fear of loneliness ($U = 912.5$; $p < .001$; $r = .33$). Fear of loss of meaning ($U = 1074.5$; $p = .013$; $r = .24$), fear of death ($U = 1112.5$; $p = .025$; $r = .22$), and fear of identity loss ($U = 1144.5$; $p = .040$; $r = .20$) remained within the range of small effects. Depression is the only marker for which fear of loneliness outpaces the other measures, and the only one for which the effect size for fear of loneliness ($r = .33$) exceeds the corresponding value for clinical anxiety ($r = .31$); for the other three components, the ratio is reversed ($r = .44$ vs. $.22$; $r = .40$ vs. $.24$; $r = .40$ vs. $.20$). Thus, the results of the comparative analysis reproduce the regularity recorded in the correlation matrix: fear of loneliness is the only component of ontological anxiety whose affinity with the depressive register is not inferior to its affinity with the anxiety register.

The structural cause of the weakened differentiation for depression lies in the configuration of medians in the contrasting groups. Whereas in the subsamples with a lower level of the four other markers the medians of the existential fears practically coincide ($Me_1 = 2.29$ – 2.43 for fear of death; 2.17 for fear of loss of meaning; 2.00 for fear of loneliness; 1.75 for fear of identity loss), in the group with a lower level of depression they are noticeably higher ($Me_1 = 2.57$; 2.33 ; 2.00 ; 2.00). In the subsamples with a higher level of clinical anxiety and a higher level of depression, the medians of three of the four measures are identical ($Me_2 = 2.83$; 2.60 ; 2.75) and diverge only for fear of death (3.43 and

2.93 , respectively). Hence, the reduced distance between the contrasting groups for depression is driven not by a lower ontological anxiety in individuals with a higher level of symptomatology, but by its high severity in the subsample with conventionally normative scores.

Comparing the symptom markers by the overall magnitude of the recorded effects allowed us to assess the degree to which each of them differentiates the existential anxiety of youth. The most pronounced differential potential was shown by the post-traumatic avoidance marker, with exclusively large effects across all scales ($r = .50$ – $.58$), and by the intrusion cluster ($r = .42$ – $.51$). Somewhat lower, mostly moderate levels of differences are characteristic of the hyperarousal marker ($r = .38$ – $.46$) and clinical anxiety ($r = .31$ – $.44$); the depression marker showed the weakest differentiation, with a predominance of small effects. Overall, the entire family of IES-R post-traumatic clusters (Krupelnyska et al., 2025) surpassed both clinical HADS subscales (Zigmond & Snaith, 1983) in differentiating power; this indicates that the severity of post-traumatic symptomatology of war-related distress is more closely related to the structure of ontological anxiety in youth than the severity of the current clinical state.

Discussion

The study confirmed the stated hypothesis: the structure of students' existential anxiety differs statistically significantly depending on the severity of the symptoms of clinical anxiety, depression, and post-traumatic intrusion, avoidance, and hyperarousal. In addition, it was established that the leading components of ontological anxiety do not coincide across the contrasting groups: each symptom register has its own configuration of existential vulnerability (see Tabl. 3). Herein lies the novelty of the study: a transition was made from establishing the presence of general distress to identifying the qualitatively distinct profiles of disquiet concealed behind integral indices.

The most informative marker proved to be post-traumatic avoidance, for which all components of existential anxiety reached large effects ($r = .50$ – $.58$), with fear of identity loss showing the maximum value in the entire

comparison matrix ($r = .58$) (see Tabl. 3). This is consistent with the proposition that avoidance blocks the symbolization of traumatic experience (van der Kolk, 2015), and that non-integrated fragments of experience intensify ontological insecurity (Ravn, 2024). It is telling that the deepest vulnerability fell precisely on identity: in young adulthood, for which the war has effectively abolished the psychosocial moratorium (Erikson, 1959), identity construction is in itself the leading developmental task, so the rift between experience and its meaning, conserved by avoidance, strikes this link first of all.

The dominance of fear of death in the intrusion and hyperarousal profiles is consistent with understanding these clusters as a direct breakthrough of the threat to life into consciousness (see Tabl. 3): death anxiety here appears as an immediate response to the actualized given of finitude (Yalom, 1980), which is consonant with the data on the leading fears of Ukrainian youth in wartime (Sachko, 2023).

The clinical anxiety profile is built on the opposite principle: differentiation is determined not by the dominance of a particular component but by a uniform elevation of the fears of death, meaning, and identity ($r = .40-.44$) with a relative lag in existential isolation, which corresponds to the generalized nature of the anxiety register. It is here that the discrepancy between the two methods of analysis emerged: the strongest correlation of anxiety with fear of identity loss ($r_s = .680$; $p < .001$) did not reproduce in the comparative part of the study. The explanation is methodological: r_s describes a monotonic association across the entire range of values, whereas the U test captures the contrast at the point of the median split – which, for the anxiety subscale ($Me = 9$), lies above the normative threshold; the lower-level subsample therefore also included individuals with subclinical symptomatology, which narrowed the between-group contrast.

The depressive register displayed an inversion: the only component with a medium effect was fear of loneliness – the same component represented to an equal degree in both clinical registers of the correlation matrix (see Tabl. 2 and 3). This accords with the treatment of existential isolation

as a given connected with states of deficit rather than mobilization, and with the data on the existential dimensions of subjective social well-being (Halian & Halian, 2025). The weakened differentiation for depression, driven by the high level of fears in the subsample with normative scores, is consistent with the dynamics of chronic traumatization: over longer time horizons, acute anxiety yields to an existential exhaustion that spills beyond the boundaries of clinically significant states (Paraniak-Gieszczyk & Ogłodek, 2025). The transversality of fear of loss of meaning echoes the same pattern: second in severity ($M = 2.53$), it is not tied to any single register, and its associations are the most homogeneous ($r_s = .506-.571$; $p < .001$), which corresponds to the understanding of the existential vacuum as a diffuse background not reducible to specific symptomatology (Frankl, 1992). In the sample, anxiety symptomatology substantially exceeded depressive symptomatology (33.9% vs. 19.3% of clinically significant states) (see Tabl. 1), whereas after twenty months these proportions were approximately equal (Polyvianina et al., 2025); this discrepancy may be explained by the younger age, the self-selection of the participants, and the normalization of chronic stress (Lushchak et al., 2026), while the overall high burden is consistent with review data on Ukrainian youth (Silwal et al., 2026).

The practical contribution of the study lies in substantiating differentiated targets of short-term psychological assistance and the need for precision in identifying which grows under martial law (Frankova et al., 2026). For the post-traumatic avoidance profile, the priority target appears to be the integration of the experience of post-traumatic recovery into a coherent structure of the self, corresponding to practices for developing existential subjectivity that have been tested with Ukrainian youth (Ronzhes & Khmelyova, 2025). For the intrusion and hyperarousal profile, the target is the depathologization of death anxiety (Yalom, 1980) and the restoration of the time perspective, whose deformation is characteristic of students with traumatic experiences (Plokhikh et al., 2025); the relevance of logotherapeutic techniques in the wartime context has been confirmed quasi-experimentally

(Haydabrus & Giménez-Llort, 2026).

For the clinical anxiety profile, the uniformity of the elevation of the fears argues for a two-step logic of assistance: the anxiety subscale serves as an accessible screening entry point, while refining the target requires further differentiation by the post-traumatic clusters. For the depressive profile, the target is the experience of existential isolation, which argues for relationally oriented work and the activation of resource states, notably curiosity as a protector against the existential vacuum (Gawda & Korniluk, 2024).

Limitations

The cross-sectional design precludes causal inferences. Self-selection limits the generalization of the results to Ukrainian students as a whole. The minimization of personal data, justified by considerations of anonymity, made it impossible to control for covariates – region of residence, internally displaced person status, and the nature of traumatic exposure. The identified profiles are an analytical generalization of the configurations of group differences rather than the result of a cluster analysis of the respondents. The lower internal consistency of the HADS depression subscale (Zigmond & Snaith, 1983) ($\alpha = .610$) may have attenuated the corresponding associations; however, measurement error could not have produced the significant effects observed. Longitudinal monitoring of the dynamics of the identified configurations, cluster modeling of the empirical profiles of existential anxiety, analysis of gender differences, and empirical validation of the outlined counseling targets in an interventional design constitute directions for further research.

Conclusions

The study yielded three principal findings that refine the understanding of existential anxiety among student youth in wartime. First, the ontological anxiety of students is not a monolithic phenomenon. Each symptom register of war-related distress marks its own configuration of existential vulnerability, and the leading fears do not coincide across the contrasting groups. The most accurate indicator of this vulnerability proved to be not the current clinical state but post-traumatic symptomatology: the anxiety

and depression subscales yielded to all three IES-R clusters (Krupelnyska et al., 2025) in the power of group discrimination. It follows that screening limited to the assessment of anxiety and depression systematically underestimates the depth of a student's ontological anxiety. Second, the most powerful marker of existential vulnerability was post-traumatic avoidance ($r = .50-.58$): its target proved to be identity – the leading developmental task of young adulthood – so it is avoidance, the least conspicuous component of the symptomatic picture, that signals the deepest ontological affliction. Third, existential tension has transcended clinical categories: an elevated level of the basic fears was recorded already in the subsample with normative depression scores, meaning that ontological anxiety has spread wider than a clinical scale can capture. The study substantiated differentiated targets of short-term psychological assistance for students: in the avoidance profile, the counselor works on restoring the integrity of the self, supporting the integration of post-traumatic recovery experience and the client's subject position; in the intrusion and hyperarousal profile, the counselor normalizes death anxiety as a response to the actualized finitude and restores the time perspective; in the clinical anxiety profile, the counselor applies a two-step logic in which the anxiety subscale serves as the screening entry point and the target is refined by the post-traumatic clusters; in the depressive profile, the counselor restores the experience of connection with the Other and activates the personality's resource states. The results obtained shift the perspective of counseling work with students: from responding to a pronounced symptom toward recognizing the existential given that this symptom marks. The validation of the outlined targets in an interventional design constitutes a direction for further research.

Not Using AI Tools

No AI-assisted technologies were used in the writing, editing, or data analysis for this manuscript. All work is original and completed solely by the listed author.

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