

# Psychological Support for Individuals Experiencing the Loss of a Loved One during War

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**Abstract:** *The article analyzes the main theoretical and practical approaches to understanding psychological aspects of grief resulting from the loss of a loved one during wartime. It focuses on the primary methods of addressing the challenges associated with such loss, examines the psychological experiences of children facing this trauma during war and investigates strategies for providing psychological support to those affected. This theoretical piece states that losing a loved one in war is both a personal and international tragedy, highlighting how war devastates not only individuals but also entire families and communities. Due to the war initiated by the Russian Federation, Ukraine continues to experience combat operations, and enemy missile strikes are destroying civilian homes. During the war, Ukrainians live in constant stress, with some losing their loved ones. The experience of loss has both emotional and physical impacts.*

**Keywords:** *the loss of a loved one; psychological aspects of coping with loss; the experience of children losing a significant person during wartime; methods of psychological support.*

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## **Introduction**

Preparing for the death of a loved one is nearly impossible, especially in times of war. Individuals in such circumstances, despite having all the necessary information, often struggle to fully prepare for the death of a loved one, as they may hold onto the hope for an unlikely recovery. They may also find it difficult to accept the inevitability of the death of a relative or friend. This challenge is even more significant in the case of sudden death, such as those resulting from wartime violence or missile strikes on residential buildings, as seen in Ukraine today. Consequently, it is crucial to differentiate between expected and sudden death.

Delespaux et al. (2013) demonstrate that each individual responds to the loss of a loved one uniquely, attributing their personal meaning to the experience. Most individuals who have dealt with the death of a loved one during wartime acknowledge that such a loss carries characteristics of irreversibility and profound significance. Jordan & Litz (2014) believe that it is often not the event itself but the context of the loss that shapes one's reaction to the death of a loved one. As noted by Avramchuk (2019), multiple factors affect one's response to loss. They are as follows: the context of the loss during wartime, the importance of the deceased, their role in the mourner's life, the mourner's personality and traits, prior experiences with similar situations, including their understanding and beliefs about death, as well as the support available to navigate the situation.

The educational aim of the article is to examine the main approaches to studying the issues surrounding the loss of a loved one, investigate the psychological aspects of children experiencing the loss of a significant person during wartime and explore methods of psychological support for individuals coping with such loss during the war.

### **The main approaches to studying the issues related to coping with the loss of a loved one**

In psychology, grief is defined as an intense emotional state that arises after the loss of someone (or something) with whom one has a deep emotional bond. Clinically, acute grief is recognized as a syndrome encompassing both psychological and physiological symptoms. This response to mourning arises when a significant object, a component of personal identity, or a future possibility is lost. The grieving process progresses through specific stages, with its duration and intensity shaped by the importance of the lost object and one's characteristics (Dabel, 2018).

In some cases, grief may evolve into a pathological or problematic response, characterized by delayed or distorted reactions to the loss, emotional responses such as aggression or depression, symptoms resembling those of the deceased's illness, or alterations in relationships with family, friends, or particular individuals. Psychological support is crucial in mitigating such disorders and preventing disruptions in social adaptation. The psychological objectives and mechanisms for processing grief following the loss of a loved one during wartime are viewed in light of both traditional and current perspectives. From an Orthodox theological perspective, spiritual experiences related to the death of a loved one facilitate a deeper personal connection during the farewell, underscore the value of the time spent in life and emphasize the necessity for individual spiritual and personal growth (Gillies et al., 2015).

A review of ancient philosophy, spiritual literature and current research underscores the profound emotional impact experienced by individuals who have lost a loved one in wartime. This profound suffering is illustrated by the idea that fully experiencing grief leads to a deeper understanding of oneself (Kosminsky & McDevitt, 2012).

The pathological progression of grief following such a loss can cause mental disorders and psychosomatic conditions. The experience of loss often results in loneliness, which, while potentially fostering personal growth, may also lead to adverse effects such as enduring emotional isolation accompanied by psychopathological symptoms. A structural-dynamic analysis of post-traumatic stress disorder in individuals who have experienced the loss of a loved one during wartime highlights its correlation with variables such as gender, age, educational background, employment status and the circumstances of the death. In instances where one family member experiences psychological stress, other family members, or the majority, tend to implement a unified family strategy to address the adverse situation. This collective approach operates within the context of family dynamics, maintaining the integrity and functionality of familial relationships (Onishchuk et al., 2020).

When one deals with the death of a loved one, particularly a sudden death due to or during wartime, one may display various signs of grief. They may include a) numbness, a sense of unreality, or the belief that they are imagining or hallucinating the situation; b) an expectation that the deceased will return and life will revert to normal; c) a feeling that the deceased is still "communicating" with them, indicating a perceived connection; d) difficulties with concentration and memory; e) emotions such as anger,

injustice, frustration, irritation, helplessness and hopelessness in response to the situation (Robinson & Smith, 2021).

The death of a loved one during wartime is a profound and ongoing aspect of many people's lives and a common reason for seeking psychological assistance. The complexities of experiencing such a loss in wartime and the efforts to provide support in these difficult circumstances are the focus of extensive research by psychologists, psychotherapists, philosophers, theologians, cultural scholars and others. The experience of death has a significant dual impact, particularly on children, since it involves both the grief associated with losing a loved one and the loss of an element vital for normal psychological development, which affects their personality development.

Currier et al. (2015) describe acute grief as a normal initial response to loss, characterized by its intense and pervasive nature. This stage often involves a continual desire to reconnect with the deceased, significant emotional distress and a feeling of unreality about the surrounding circumstances. Physical symptoms may also be present, including rapid heartbeat, frequent yawning, dizziness, disorientation, uncontrollable tears and insomnia. These reactions are normal and adaptive aspects of the grieving process.

Integrated grief, on the other hand, signifies a more stable adaptation to the loss, marked by the gradual ability to resume enjoyment of life. It involves the ongoing acceptance of the death's reality and significance, with the deceased's memory integrated into one's autobiographical recollections. At this stage, the loss no longer significantly disrupts daily life. In some cases, complicated grief may arise, characterized by persistent acute grief symptoms and complications that hinder the necessary restructuring process to manage the loss effectively (Lord, 2006).

According to Hofmann et al. (2011), complicated grief is classified as a mental disorder, characterized by symptoms such as frequent attempts to disregard the grief, denial or distortion of the events that have occurred, severe emotional distress and, finally, emotional numbness.

This condition increases the likelihood of developing both physical and psychological disorders, such as depression, anxiety, sleep disturbances, suicidal thoughts and behaviours and decreased immune function. A prevalent approach to managing the pain of loss is avoidance, which involves avoiding discussion, acknowledgement, or confrontation of the reality of death. While this approach may seem to provide a less painful way to shield oneself and loved ones from distress, it ultimately hinders the

healing process. By avoiding the pain, individuals not only impede their personal growth but also end their emotional connection with the deceased.

### **Psychological characteristics of children experiencing the loss of a significant person during war**

The reaction to losing a significant person during wartime in children is a specific psychological process governed by its own principles. The core of this process is universal and consistent, depending on what the individual has lost. However, its duration and intensity vary based on the importance of the lost object and the child's individual traits.

The psychological characteristics of grief in childhood, including their similarities and differences from adult reactions, are explored by various theoretical schools. As stated by Currier et al. (2012), the type of loss experience typical for adults is not characteristic of children. Practical psychologists have observed that grief can occur at any age, though the psychological patterns of each developmental stage influence how it manifests (Zeitlin et al., 2001).

For children up to three years old, grief has a physical and emotional impact but does not affect their intellect. Unlike adults, children at this stage struggle to cope psychologically without the ability to verbalize their feelings, which helps reduce emotional tension.

Children under the age of six can only grasp the concrete actions of adults and observable events. Abstract concepts such as "death" and "never coming back" remain beyond their cognitive grasp.

When children reach the age of ten, they begin to engage more with the concept of death. They start to understand death as a final and inevitable phenomenon, recognizing its reality, even though they are not yet capable of conceptualizing their own mortality or that of their loved ones.

By the age of twelve, children's notions of death become more abstract, and they develop an increasing interest in the biological aspects of death. During adolescence, there is a significant development of higher-order cognitive processes that align adolescents' thinking more closely with adult perspectives. Adolescents engage in self-exploration and adopt adult behavioural models. The death of a significant adult during this developmental stage can be profoundly distressing, and such grief may precipitate psychological regression, resulting in behaviours that resemble earlier stages of childhood.

In times of war, adolescents might resort to psychological defenses to block out or delay their feelings of loss. In early adolescence, parental figures play a crucial role in shaping the semantic structure of life values,

which then affect their aspirations towards family formation and motherhood. Disruption in the positive coherence of perceptions regarding the mother, father and parental family may impact future reproductive behaviour and necessitate targeted psychological intervention (Nerubasska et al., 2020).

Girls raised in orphanages due to parental death, disappearance, or loss of parental rights often retain stress-related emotional experiences associated with their fathers and may have an underdeveloped identification with the maternal figure. Typically, they develop compensatory idealizations regarding their future family and motherhood, resulting in a specific psychological type of family idealization.

Mothers and families coping with the grief of having children with health limitations require psychological support to achieve optimal outcomes in the child's rehabilitation process. This support should encompass not only family resources but also those of the broader social environment.

There are some common psychological responses in children experiencing the loss of a significant person. The death of a close person can evoke fears of a recurring disaster, leading children to express worries about the safety of their loved ones or themselves. Persistent anxiety, vigilance and tension may manifest as physical symptoms, including abdominal, shoulder, neck and head pain. Additionally, withdrawal, isolation and difficulties with concentration can adversely affect academic performance and behavioural functioning (Roos, 2002).

In early childhood, the presence of both parents is essential for optimal development. When a child loses one parent, they may experience a compounded sense of loss, as the surviving parent, due to their own grief, may become emotionally disengaged. Rather than offering support, the surviving parent might respond with criticism or rejection. Consequently, the child's typical expressions of mourning and sadness, such as stubbornness, tearfulness, and tantrums, may emerge.

Anger is a natural response to loss and may be directed towards the situation or specific individuals. When a child feels profoundly lost, anxious, powerless and frustrated, their anger may be targeted at others, potentially leading to destructive behaviours.

According to Smith (2007), it is crucial to differentiate between normal and pathological responses to loss in children: a) enuresis, stuttering, excessive drowsiness or insomnia, nail-biting, anorexia (loss of appetite), hallucinations; b) persistent and uncontrollable behaviour; c) heightened sensitivity to separation; d) complete lack of emotional expression; e)

delayed grief, which may surface in response to other traumatic or crisis events; f) depression (in adolescents, often manifested as internalized anger).

When children experience the loss of a loved one during wartime, it can have a big effect on them based on their age and can shape their development. This process primarily impacts the child's personality and emotional well-being, potentially leading to neurotic reactions. Therefore, it is necessary to provide individualized emotional support to a grieving child, considering their age and personal qualities.

### **Psychological support for individuals experiencing the loss of a loved one during war**

The loss of a loved one can be a profound source of stress, given that the presence of parents, partners, friends, relatives, or children forms a central component of daily life. The sudden absence of a loved one necessitates the adjustment to living without them, an experience that can initially feel as though the world has been changed. The death of a loved one disrupts established life patterns, leading to uncertainty in managing this significant change.

In the context of Russia's war against Ukraine, numerous families are confronting such grief, highlighting the critical need for psychological support that is not always readily available from family and friends. Providing effective psychological support demands considerable patience and sensitivity. Grieving individuals may experience feelings of isolation or expect universal sympathy from their social circle. Despite the profound impact of a loved one's death, it is essential to muster the strength to continue leading a fulfilling life (Nerubasska et al., 2020).

It is imperative, however, not to become overwhelmed by grief, as this can impede the process of emotional recovery. Professional psychological assistance can be particularly beneficial for individuals struggling to manage their thoughts amidst stress, depression and ongoing mourning.

The most effective strategy for addressing acute grief involves integrating the loss into one's life. This integration does not suggest a return to the pre-tragedy state, as that is unattainable. Instead, the memory of the deceased should be incorporated into one's ongoing life, which may involve internal dialogue, seeking imagined guidance and expressing feelings related to the loss. The objective is to avoid excessive preoccupation with the past or feelings of guilt. Generally, profound depression fades within a month, with initial signs of emotional recovery typically emerging around six months post-loss.

Rituals and ceremonies serve as effective mechanisms for managing grief and facilitating the acceptance of loss. Funerals, in particular, can be highly therapeutic as they provide an opportunity to both physically lay the deceased to rest and psychologically integrate their memory into one's life.

Expressing grief, sharing one's feelings and receiving support from others are crucial aspects of this process. Memorial services, days of mourning and anniversaries are designed to support these needs.

Over time, the intensity of grief generally diminishes, even though it does not disappear entirely. This period often involves reassessing plans and reflecting on the meaning of life. It is important to embrace positive emotions and not feel ashamed of them, as neglecting these feelings can impede recovery.

Constantly dwelling on grief or excessively numbing it can lead to complete inadaptation. If support from loved ones is insufficient to create a supportive environment for grieving, professional psychological help may be necessary (Onishchuk et al., 2020).

There are several stages of grief, such as shock, denial, acute emotional response, mourning, reconciliation and adaptation. During the shock phase, individuals may not fully grasp the reality of the loss and might temporarily detach from reality. In the denial phase, there is a refusal to accept the reality of the loss. Following this is the phase of acute emotional response, characterized by intense feelings of emptiness, loneliness, abandonment, despair, powerlessness, a desire for isolation, fear, anxiety, guilt and irritation. Guilt often emerges as a belief that more could have been done to prevent the tragedy. This stage may also involve significant memory issues and unexpected crying. The mourning phase involves a more deliberate expression of grief and an emotional farewell to the deceased. This stage can be followed by symptoms such as a depressed mood, insomnia and profound depression.

During the phase of overcoming loss, physiological functions start to recover. The individual gradually comes to terms with the death of a loved one, resumes professional activities and begins to make plans. In the adaptation phase, there is an opportunity to reorganize one's life entirely as new meanings and perspectives emerge. While grief subsides, leaving behind only a sense of sadness, one realizes that future actions need not be overshadowed by the pain of loss (Onishchuk et al., 2020).

It is important to recognize that grief is not always a linear process. One may experience periods of improvement, while triggers or memories from the past can cause temporary setbacks in one's mental state. Over time, the intensity of pain will lessen, although this process is gradual.



For handling grief without compromising mental well-being, it is recommended to practice the following strategies:

- *Facilitating emotional expression.* It is crucial to allow oneself to express emotions and feelings. Crying is a natural and healthy response to grief. Suppression of pain should be avoided. Support from friends and family, even if initially uncertain, can provide substantial psychological assistance. Sharing emotions with loved ones can offer significant comfort and support.
- *Engaging in self-care.* Self-care is an integral component of the healing process. Maintaining a structured daily routine, consuming a balanced diet, ensuring adequate rest and participating in physical activity are essential practices.
- *Preserving the deceased's memory.* Finding meaningful ways to honour and remember the deceased, such as creating a shared photo album, composing a dedicated poem, or writing a letter, can be deeply comforting and facilitate the transition through the acute phase of grief.
- *Avoiding imposing rigid recovery timelines.* Recovery from grief should not be restricted by rigid deadlines. It is important to allow oneself the time needed to mourn fully. Rather than isolating oneself, it is crucial to seek out support groups comprising individuals who have experienced similar losses. Engaging with others in comparable stages of grief can facilitate emotional equilibrium. Furthermore, embracing the possibility of developing new relationships or friendships may positively impact the healing process (Lord, 2006; Robinson & Smith, 2021; Roos, 2002; Smith, 2007).

If one finds oneself overwhelmed by grief, seeking the help of a psychological counsellor or psychotherapist is recommended. These professionals can provide essential support for managing one's emotional well-being and assist one in regaining a sense of balance.

Grief is a natural response to any type of loss, whether it results from natural causes, sudden events, or violence. Individuals must progress through all stages of grief and recovery to cope effectively (Lord, 2006).

It is also vital to be aware of the potential for significant emotional distress, known as anniversary syndrome, which may occur on the anniversary of the deceased's death. It may be beneficial to focus on celebrating the deceased's birthday as an alternative way to honour their memory.

It is necessary to avoid physical gestures such as pushing, shaking, hugging, or kissing the grieving person. Instead, one might offer support through verbal affirmations, namely, “I am here for you whenever you need me,” and suggest specific activities, such as, “Let’s visit the market, park, concert, or exhibition together.” Tailoring one’s approach to the individual’s needs and one’s relationship with them is essential. Direct and specific assistance should be provided, as those who are grieving may not always be able to articulate their needs and may struggle to respond to such questions as, “How can I help you?”.

Effective psychological support during periods of grief incorporates traditional spiritual practices, established psychological techniques and preventive measures. As such, the emotional response to the loss of a significant person progresses through identifiable stages, each with distinct durations and psychological characteristics, aimed at facilitating the resolution of the grief process.

The loss of a loved one during wartime constitutes a tragedy with both personal and global ramifications. War disrupts not only individual lives but also entire families and communities, necessitating critical international support for those who have suffered such losses. This assistance is pivotal in enhancing international cooperation and solidarity, allowing nations to collaboratively address the needs of war-affected populations and contribute to global improvements.

Numerous international organizations are dedicated to providing psychological support to individuals affected by conflict. The World Health Organization (2024) offers a comprehensive array of psychosocial resources and programmes tailored to those impacted by war and violence. The International Committee of the Red Cross (2024) delivers psychosocial support, including individual and group counselling, as well as training in psychological first aid for local communities affected by armed conflict. UNICEF (2024) focuses on providing psychosocial assistance specifically for children who have been affected by warfare. Additionally, Médecins Sans Frontières (Doctors Without Borders) (2024) supplies both medical and psychosocial aid to individuals suffering from the effects of armed conflict.

## **Conclusions**

The significance of the article lies in demonstrating that every individual inevitably faces the death of a loved one at some point, especially during times of war.

The article thoroughly examines the main components of experiencing sudden loss. They are the following: disbelief/denial and

numbness, anger, guilt, depression and sadness, internal turmoil and disorientation, fear of losing another loved one, flashbacks, changes in attitudes towards death and sleep difficulties.

Additionally, the article explores the psychological aspects of children experiencing the loss of a significant person during wartime. The reaction to such a loss in children is a specific mental process that develops according to its own rules. The essence of this process is universal and unchanging, depending on what the individual has lost. Only its duration and intensity differ, influenced by the significance of the lost object and the personal characteristics of the child.

It is crucial to acknowledge that international aid must be comprehensive and tailored to the specific needs of those receiving it. This aid should encompass humanitarian assistance, psychosocial support, human rights protection and other initiatives that enable individuals to manage their loss and work towards a better future.

In some instances, the effects of loss can linger for an extended period, potentially lasting several months, years, or even decades. If the grief remains as acute and painful as initially felt for more than a year, seeking help from a psychologist is advisable. After all, the recovery process can be long and challenging, which is a natural part of healing.

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### References

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- Avramchuk, O. (2019). Kliniko-psykholohichni aspekty perezhyvannya vtraty ta diahnozyky uskladnenoho horiuvannya [Clinical and psychological aspects of the bereavement and diagnostic of complicated grief]. *Problemy suchasnoyi psykholohiji* [Problems of Modern Psychology], 45, 11–39.  
<https://doi.org/10.32626/2227-6246.2019-45.11-39>
- Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2012). Prolonged grief symptoms and growth in the first 2 years of bereavement: Evidence for a nonlinear association. *Traumatology*, 18(4), 65–71.  
<https://doi.org/10.1177/1534765612438948>

- Currier, J. M., Holland, J. M., Drescher, K., & Foy, D. (2015). Initial psychometric evaluation of the Moral Injury Questionnaire--Military version. *Clinical Psychology & Psychotherapy*, 22(1), 54–63. <https://doi.org/10.1002/cpp.1866>
- Dabel, T. (2018, April 4). *Complicated bereavement vs post-traumatic stress disorder: Understanding the differences and overlaps. Bridges to Recovery*. <https://www.bridgestorecovery.com/blog/complicated-bereavement-vs-post-traumatic-stress-disorder-understanding-the-differences-and-overlaps/>
- Delespaulx, E., Ryckebosch-Dayez, A. S., Heeren, A., & Zech, E. (2013). Attachment and severity of grief: The mediating role of negative appraisal and inflexible coping. *Omega*, 67(3), 269–289. <https://doi.org/10.2190/OM.67.3.b>
- Gillies, J. M., Neimeyer, R. A., & Milman, E. (2015). The grief and meaning reconstruction inventory (GMRI): Initial validation of a new measure. *Death Studies*, 39(2), 61–74. <https://doi.org/10.1080/07481187.2014.907089>
- Hofmann, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical Psychology Review*, 31(7), 1126–1132. <https://doi.org/10.1016/j.cpr.2011.07.003>
- International Committee of the Red Cross. (2024). *Protection: Upholding the rights of people affected by conflict*. <https://www.icrc.org/en>
- Jordan, A. H., & Litz, B. T. (2014). Prolonged grief disorder: Diagnostic, assessment, and treatment considerations. *Professional Psychology: Research and Practice*, 45(3), 180–187. <https://doi.org/10.1037/a0036836>
- Kosminsky, P. S., & McDevitt, R. (2012). Eye movement desensitization and reprocessing (EMDR). In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative practices for counseling the bereaved* (pp. 95-98). Routledge/Taylor & Francis Group. <https://doi.org/10.4324/9780203152683>
- Lord, J. H. (2006). *No time for goodbyes. Coping with sorrow, anger and injustice after a tragic death*. AMAZON.COM.
- Médecins Sans Frontières [Doctors without Borders]. (2024). *How we work: Discover how we deliver medical humanitarian assistance*. [https://www.msf.org/who-we-are?gad\\_source=1&gclid=CjwKCAjw74e1BhBnEiwAbqOAJB-MVY4E-eBbv3\\_u8huVjakK1eGuNTE9Qr-zcuRi5GeF6fWBrPmLfBoC0jMQAvD\\_BwE](https://www.msf.org/who-we-are?gad_source=1&gclid=CjwKCAjw74e1BhBnEiwAbqOAJB-MVY4E-eBbv3_u8huVjakK1eGuNTE9Qr-zcuRi5GeF6fWBrPmLfBoC0jMQAvD_BwE)
- Nerubasska, A., Palshkov, K., & Maksymchuk, B. (2020). A systemic philosophical analysis of the contemporary society and the human: New potential. *Postmodern Openings*, 11(4), 275-292. <https://doi.org/10.18662/po/11.4/235>
- Onishchuk, I., Ikonnikova, M., Antonenko, T., Kharchenko, I., Shestakova, S., Kuzmenko, N., & Maksymchuk, B. (2020). Characteristics of foreign

- language education in foreign countries and ways of applying foreign experience in pedagogical universities of Ukraine. *Revista Romaneasca Pentru Educatie Multidimensionala*, 12(3), 44-65.  
<https://doi.org/10.18662/rrem/12.3/308>
- Robinson, L., & Smith, M. (2021). Bereavement: Grieving the loss of a loved one. *HelpGuide.org*. <https://www.helpguide.org/articles/grief/bereavement-grieving-the-death-of-a-loved-one.htm>
- Roos, S. (2002). *Chronic sorrow: A living loss*. Routledge.
- Smith, H. I. (2007). *ABC's of healthy grieving: A companion for everyday coping*. Ave Maria Press
- UNICEF. (2024). *Ukraine emergency response in neighbouring countries: Supporting children and families on the move across Europe*.  
[https://www.unicef.org/eca/?gad\\_source=1&gclid=CjwKCAjw74e1BhBnEiwAbqOAJH0PJSClr2ZhuHA3SHbwwB\\_GvVZNB-5\\_BBPwZ4c05katn\\_JO0KX2phoCMqoQAvD\\_BwE](https://www.unicef.org/eca/?gad_source=1&gclid=CjwKCAjw74e1BhBnEiwAbqOAJH0PJSClr2ZhuHA3SHbwwB_GvVZNB-5_BBPwZ4c05katn_JO0KX2phoCMqoQAvD_BwE)
- World Health Organization. (2024). *Ukraine emergency*. <https://www.who.int/>
- Zeitlin, S. J., Harlow, I. B., & Jordan, T. (2001). *Giving a voice to sorrow: Personal responses to death and mourning*. Perigee Trade.