

Features of War Injuries in Persons of Different Ages Residing in the Kyiv and Kharkiv Regions of Ukraine

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Abstract

The article is devoted to determining the specifics of war injuries among people of various ages living in the de-occupied Kyiv and Kharkiv regions of Ukraine. The purpose of the research is to determine the residents' traumatic experience in the de-occupied territories of Ukraine caused by the Russian-Ukrainian war. The direct effects of PTSD concern intimate relationships such as marriage, social interactions, decreased productivity, and decreased resilience. This study shows that PTSD symptoms are more common for respondents over fifty years of age, who have deficit of social resources. It has been proven that the severity of PTSD symptoms in the residents of the de-occupied Kharkiv region is statistically significantly lower than the symptoms of the residents of the de-occupied Kyiv region, which is due to the longer occupation and more pronounced joy from liberation. Therefore, the appearance of PTSD symptoms in a more delayed period is likely.

Keywords

traumatic stress, post-traumatic stress disorder, grief, loss, war, personality.

Introduction

Psychological help and support of individuals in life crisis situations has always been the focus of attention of scientists and practitioners. However, the Russian-Ukrainian war, a full-scale invasion which has begun in February 2022 and continues to this day presented psychologists with new challenges, including the need to create their own system of psychological assistance for children and adults affected by the war. War encompasses all possible elements of trauma, its impact is long-lasting and, in our conditions, unpredictable in prevalence and intensity. In addition to the risks of physical harm and immediate threat to life, the individual suffers multiple and chronic psychological traumas, i.e. a sudden and often massive loss of resources that potentially worsens over time.

Currently, the situation in the field of assistance to civilian victims of war is quite critical: on the one hand, there is foreign experience accumulated over the years, and on the other hand, it is somewhat contradictory and it is difficult to adapt it to the realities of modern Ukraine, on the territory of which the war is still ongoing. The uniqueness of the situation in Ukraine lies primarily in the fact that until now the psychological problems of victims of armed conflicts were studied mainly in communities with a low socio-psychological status which mean low standard of living, moderate and high anxiety, and residents' depression (Syria, Somalia, Vietnam, Cambodia), i.e. the researchers focused on individuals who were already pre-war repeatedly became victims of violence throughout their lives. In addition, the Muslim faith and adaptive fatalism often mediated the negative impact on their psyche (Joshanloo, 2013), while adaptation and recovery were determined by the characteristics of collectivist societies, not Western individualistic cultures, one of which is Ukraine. In essence, war is a collective rather than an individual experience, and, therefore, the destruction of the social worlds of adults and children cannot be ignored. Primarily, it concerns a change in worldview at the level of values as well as the loss of the feeling of a „safe and controlled world”, which is provided to children by adults (Haidt et al., 2009).

The phenomenon of PTSD and traumatic grief during war

In modern psychological science, there are two main approaches to the psychological support of persons affected by war: the first involves psychosocial and psychological assistance to individual or small groups; it is trauma-oriented and helps people cope with their stressful experiences more quickly (Alipour & Ahmadi, 2020). The second one is preventive; instead of focusing on past experiences, interventions are aimed at solving people's current problems so that they can adapt to a maximally productive life in a safe place (Silove, 2013). That is, we can state that nowadays in the psychology of extreme situations, the emphasis is shifted from the psychopathological impact (PTSD, depression, developmental deviations) to the change of values, life priorities, and social relations of war victims.

In this study, we are based on the concepts of post-traumatic stress disorder, traumatic stress, traumatic grief, and social support as an integrative resource for reducing the negative effects of war trauma on individuals of different ages.

Post-traumatic stress disorder (PTSD) occurs as a delayed or prolonged response to a stressful event (short or long) of an exceptionally threatening or catastrophic nature that can cause profound stress in almost anyone. Adverse factors such as compulsivity, fatigue, or a history of nervous disease may lower the threshold for the development of the syndrome or worsen the course, but they are never necessary or sufficient to explain its occurrence. Typical symptoms include episodes of repetitive experiences of the traumatic event in intrusive memories, thoughts, or horrors that appear against a persistent background of feelings of numbness, emotional inhibition, alienation from other people, and avoidance of actions and situations reminiscent of the trauma. Usually, there is over-excitation and pronounced excessive alertness, increased reaction to fright, and insomnia. Anxiety and depression are often associated with the above symptoms, and suicidal thoughts are not uncommon. The appearance of symptoms of the disorder is preceded by a latent period after the injury, ranging from several weeks to several months. The course of the disorder is different, but in most cases recovery occurs. In some cases, the condition can take a chronic course for many years, with a possible transition to a permanent personality change (Bryant, 2019).

The death of a loved one is a potentially stressful life event that can lead to grief reactions such as longing for the deceased, difficulties with moving on, and intense sadness. Most bereaved people are able to adjust to life without the deceased and do not need professional support during this adjustment process. However, according to psychologists and psychotherapists, one in ten who lost a loved one due to natural causes and one in two whose loss was caused by unnatural circumstances report serious grief reactions that deserve attention and professional help (Peña-Vargas et al., 2021).

Intense and prolonged grief reactions that seriously impair daily functioning are called Persistent Complex Bereavement Disorder (PCBD) in the DSM-5. PCBD is included in Section III as a condition for further study. PCBD encompasses 16 symptoms, including four symptoms representing

separation distress (e.g. "Preoccupation with the circumstances of the death") and 12 symptoms representing reactive distress and impaired social adjustment (e.g. "Difficulty with positive memories of the deceased"). In the upcoming revision of the DSM-5 text (DSM-5-TR), PCBD will be replaced by Prolonged Grief Syndrome (PGD) and moved to Section II. The DSM-5-TR PGD includes two separation distress criteria ("Strong longing for the deceased person," "Preoccupation with thoughts or memories of the deceased person") and eight associated symptoms (e.g. "Strong loneliness"). PGD is also included in ICD-11, but although they have the same names, the time criterion (12 vs. 6 months after the loss, respectively), the number of symptoms (10 vs. 12, respectively), and the meaning of PGD symptoms in DSM-5-TR and ICD-11 all differ. PGD in ICD-11 includes two separation distress items (e.g. "Persistent preoccupation with the deceased") and ten associated symptoms (e.g. "Inability to experience positive mood"). There is currently no single generally accepted classification of mourning periods, although researchers (Maercker, 2021; Mulder et al., 2016) note the presence of general trends in different periodisations of this process. In our study, we draw on the Dual Process Model of Bereavement (DPM) (Stroebe & Schut, 2021), which integrates cognitive stress theory and traditional grief theories. Adaptation to loss consists in oscillating between these two orientations (loss-oriented and restoration-oriented) until meaning is found both in the lost relationship and in the new (re)built life.

Traumatic grieving is more likely to occur after certain types of death, including sudden and unexpected violent death, death by PTSD, homicide, or suicide. Usually, traumatic grief is characteristic of people who believe that they could have prevented the death of a loved one. Situations in which the survivor witnessed death, his/her own life was in danger, or he/she faced the death of many people in a short period of time, can also cause traumatic grief. In the case of a traumatic loss of weight, the symptoms of grief overlap with the symptoms of trauma. In fact, because the impact of a sudden traumatic loss is so devastating, it often leads to symptoms of post-traumatic stress disorder (PTSD), meaning survivors face the dual task of grieving the loss and coping with the trauma that accompanied the death. After a traumatic loss, grief symptoms are usually more intense (Bryant, 2019).

During war, traumatic stress and grief always occur at the same time and negatively affect the adaptive resources of the individual (Sagberg & Røen, 2011). However, while in adults PTSD and complicated grief may co-occur, in children traumatic loss dominates the grieving response, therefore requiring priority attention. For example, children who witnessed the terrible death of relatives, torture, or destruction may suffer from repeated obsessive images that prevent them from remembering the deceased, especially positive moments from their life. Therefore, first of all, when working with children and adolescents, the emphasis should be on restoring a non-traumatic image of the deceased, with the help of which children can recall and remember positive life experiences with a close deceased person (Alvis et al., 2022). Morese et al. (2019) suggested a level-temporal model of promoting social adaptation of civilians who witnessed hostilities. The main component of this model is interpersonal, instrumental, and social support, which means the satisfaction of specific social needs: closeness, protection, information, practical help, relief, and comfort (Morese et al., 2019). We assume that social support contributes to the minimisation of the severity of post-traumatic symptoms and the adaptation of individuals of different ages to the need to survive in war conditions.

In general, research into the psychological characteristics of war trauma among people of different ages is only gaining popularity in Ukraine; it is mainly conducted with refugees who are in territories free from the danger of war. This research is a pilot study, since it was carried out under the conditions of the existence of the threat of shelling in the territory of the Kyiv and Kharkiv regions.

Material and methods

The International Trauma Questionnaire (ITQ) was developed in 2017 by Cloitre et al. (2018). The methodology includes two diagnostic parts – PTSD and PTSD-complex, which cover three clusters of symptoms of this disorder – re-experiencing a traumatic event, avoidance of thoughts and feelings related to the trauma, and excessive sense of threat (excitation). To diagnose the severity of clusters of symptoms, it is enough to make sure that at least one of the symptoms received

a score greater than 2. The diagnosis of complex PTSD, in addition to the three basic symptoms of intrusions, avoidance, and excitation, requires the presence of the so-called DSO-cluster – self-organisation disorder, which consists of emotional self-regulation disorders, negative self-concept, and relationship disorders with other people.

Traumatic Grief Inventory-Self Report Plus (TGI-SR+) consists of 22 items to assess chronic grief disorder as defined by ICD-11 and DSM-5-TR, and persistent complex bereavement disorder according to DSM-5. The subject is asked to indicate how often he/she experienced the reactions presented in the text after the death of a loved one during the last month. Did he/she experience numerous losses? To evaluate the statements given in the questionnaire, the person should focus on the loss that most often bothers him/her and/or most upsets him/her at the moment. The TGI-SR score is calculated by adding the scores for all questionnaire items.

We diagnosed the severity of PTSD symptoms using the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) PTSD Symptom Questionnaire PCL-5 (Weathers et al., 2013). These methods are aimed at monitoring the symptoms of post-traumatic stress disorder in the process of medical and psychological rehabilitation, and are often used to make a preliminary diagnosis of PTSD. Both the overall PTSD index and the severity of symptoms for each of the clusters (according to DSM-5) are determined.

Research results

Sample characteristic. In this study, we compared the severity of PTSD and traumatic grief in persons aged 14 to 70 who were in the zone of active hostilities, left it through internal migration, and were in their cities and towns under temporary occupation (the Kyiv and Kharkiv regions of Ukraine). In total, 394 people took part in the study, of which 199 people lived in the Kyiv region (14–18 years old – 10,55%, 19–30 years old – 18,09%, 31–50 years old – 34,17%, 51–70 years old – 37,19%); while in Kharkiv – 195 people (14–18 years – 14,36%, 19–30 years – 10,31%, 31–50 years – 27,18%, 51–70 years – 49,74%). The average age of the adults is $53,7 \pm 11,2$ years; female – 246 (62,44%), male – 148 (37,56%). We note that we did not find statistically-significant differences between civilian men and women who took part in this study; most men are represented in the age groups under 18 and over 50 years of age, which is probably due to the fact that many men aged 20 to 50 from the Kharkiv region have been serving in the 92nd OMBr, SMBr (Separate Mechanised Brigade), the 93rd OMBr, special unit “Kraken”, and volunteer battalion „Khartia” since the first days of the war. It should be noted that the men of the Kyiv region were mostly evacuated together with their families to territories controlled by Ukraine, then only a small percentage of them joined the ranks of the Armed Forces; however, both in the Kharkiv region and in the Kyiv region during the period of occupation, many men aged 25 to 60 died, were captured, or went missing.

The data was collected using Google Forms and through personal interviews of the research subjects with volunteer psychologists. Each participant consented to anonymous participation in the survey and was informed about its objectives.

Hypothesis. Given that traumatic loss and complicated grieving are integral parts of life during wartime, we suggest that considering the specifics of the course of grieving in combination with or without the severity of PTSD symptoms in people of different ages will provide a clearer and more complete understanding of various problems, faced by civilians and military personnel during war, and will contribute to the development of effective psychological interventions for different age groups.

Peculiarities of PTSD symptoms and grief reactions during the war in residents of the de-occupied Kyiv and Kharkiv regions

First of all, we found out that 100% of the respondents feel grief due to the death of at least one person (Table 1).

Table 1. Frequency analysis of the relatives and friends loss

Ago	Mother/ Father (%)	Sibling (%)	Another relative (%)	Friends (%)	Number of deaths (mean)
Kyiv region (period of occupation February–March)					
14–18 years	42.86	9.52	57.14	80.95	3.11
19–30 years	19.45	44.43	61.11	80.56	4.18
31–50 years	1.47	17.65	38.24 (of which: children – 34.61, other relatives – 65.39)	52.94	5.48
51–70 years	0	1.35	85.13 (of which: children – 28.57, grandchildren – 4.76, other relatives – 66.68)	86.49	6.93
Kharkiv region (period of occupation February–September)					
14–18 years	46.43	60.71	67.86	28.57	4.72
19–30 years	35.29	88.24	52.93	94.12	6.38
31–50 years	3.77	33.96	69.81 (of which: children – 37.84, other relatives – 62.16)	43.39	6.43
51–70 years	0	9.28	63.92 (of which: children – 27.42, grandchildren – 11.07, other relatives – 64.51)	47.51	6.79

Source: Own elaboration.

In our opinion, the largest category of subjects aged 51 to 70 should be analysed separately, in which among „other relatives” we single out the loss of children and grandchildren. It is in this age category that the largest number of losses of relatives and friends during the war was found. In addition, the longer the period of occupation, the more deaths we ascertain among our subjects. In general, the number of traumatic losses increases with age, but if teenagers and young people from the Kyiv region lost mostly friends (especially older ones), their peers from the Kharkiv region lost siblings and other relatives, but both of them essentially talked about people 25–40 years old.

Below, we will analyse the severity of PTSD, the severity of traumatic loss, and the severity of symptoms caused by traumatic loss in residents of the de-occupied Kyiv and Kharkiv regions (Table 2).

Residents of the de-occupied areas are characterised by pronounced PTSD symptoms such as agitation and avoidance (PCL-5), excitation as a symptom of traumatic grief (ITQ), and moderate strength of impact on the mental state of traumatic loss (TGI-SR). In particular, arousal in the context of PTSD and traumatic grief is most typical of teenagers and young adults; young people are characterised by symptoms of avoidance and intrusions; subjects aged 31–50 years are characterised by intrusions, and for the oldest subjects it is arousal. In addition, it is the oldest persons who observe relationship disruption as a symptom of traumatic grieving, which is probably due to the large number of losses (not only of relatives and friends, but also of property) experienced during the occupation.

Therefore, the severity of PTSD symptoms in the residents of the de-occupied Kharkiv region is statistically significantly lower than the symptoms of the residents of the de-occupied Kyiv region. We hypothesise that this is due primarily to the greater euphoria of release (a pronounced measure of emotional arousal), the shorter time elapsed since de-occupation and participation in our study, and, therefore, the likely increase in the severity of PTSD symptoms in the longer-delayed period. As Serhii Zhadan, a Ukrainian writer and volunteer from Kharkiv, said in one of his interviews, now it is only necessary to state the facts, record the events, and we will describe them only after the victory. Hence the lower reflection of the symptoms of PTSD (PCL-5) and traumatic loss (ITQ) when stating what happened to a person then and is happening now; that is, due to the excessive painfulness of their own experience, the subjects talk about themselves as if they were observing someone else, very rarely appealing to emotions (in particular, in the Kharkiv Oblast, related to the joy of de-occupation). Instead, after the victory, in safe conditions, they will be able to reflect on their own traumatic experience. Under such conditions, factualisation of one’s own situation in the here

Table 2. PTSD, severity of traumatic loss, severity of symptoms caused by traumatic loss in residents of the de-occupied Kyiv and Kharkiv regions

Indicators	14–18 years	19–30 years	31–50 years	51–70 years
Kyiv region (period of occupation February-March)				
Re-experiencing (PCL-5)	1.16	2.46	2.87	3.25**
Avoidance (PCL-5)	2.19	2.38	2.32	2.94**
Excitation (PCL-5)	3.94**	2.06	2.18	3.67**
Traumatic loss (TGI-SR)	69.96	62.77	64.88	71.33
Re-experiencing (ITQ)	2.92	2.78	2.85	3.11
Avoidance (ITQ)	2.19	2.31	2.69	2.25
Sense of current threat (ITQ)	3.21	3.18	3.37	2.98
Affective dysregulation (ITQ)	2.18	2.07	2.94	2.76
Negative self-concept (ITQ)	1.09	1.18	1.37	1.06
Disturbances in relationships (ITQ)	0.43	0.81	1.89**	1.84
Kharkiv region (period of occupation February-September)				
Re-experiencing (PCL-5)	1.09	2.58	2.11	2.43**
Avoidance (PCL-5)	2.12	2.68	2.09	2.37
Excitation (PCL-5)	3.18	3.38	2.47	2.32
Traumatic loss (TGI-SR)	66.84	61.99	65.71	70.41
Re-experiencing (ITQ)	2.76	2.17	2.09	3.25
Avoidance (ITQ)	2.12	2.35	2.66	2.16
Sense of current threat (ITQ)	3.24	3.25	3.13	2.08
Affective dysregulation (ITQ)	2.16	2.12	2.84	2.63
Negative self-concept (ITQ)	1.01	1.16	1.39	1.28
Disturbances in relationships (ITQ)	0.46	0.89	2.38**	2.17**

** differences are statistically significant at $p < 0.001$

Source: Own elaboration.

and now becomes more important for the residents of all de-occupied regions in the context of our analysis. For this purpose, we used the TGI-SR questionnaire. The results of the Traumatic Grief Inventory Self Report Plus (TGI-SR+) (Lenferink & Eisma, 2022) questionnaire for the residents of the de-occupied Kyiv region and Kharkiv region are shown in Table 3.

Data contained in Table 3 shows the indicators expressed as much as possible in the respondents; in particular, all the respondents have the highest scores for the criterion „I very much blame others for his/her death”, they blame the Russian invaders for the war and for the death of their relatives. Subjects aged 13–18 have statistically significant differences according to the criteria „I felt emotionally numb” (i.e. emotional numbness is characteristic of them the most out of all age groups) and „I avoided places, objects or thoughts, reminding me that he/she is dead” (consistent with the PTSD avoidance criterion). The oldest participants of the study, aged 51 to 70, found statistically significant differences according to the criteria „I had a desire to die in order to be with the deceased” (indicates a strong emotional connection with the deceased and a lack of strength for his/her transformation during the grieving process) and „It was difficult to experience positive feelings” (in this case, the complicating factor is a long traumatic event – war, which intensifies grief and slows down adaptation to loss, as it also causes anticipatory grief from the potential deaths of relatives and friends during hostilities). However, according to the results of the application of this technique, statistically significant differences in the general level of traumatic grief in different age groups were not found ($p > 0.05$); the subjects aged 19 to 30 adapt most effectively to the

war situation, often engage in volunteering; their active civil position allows them to minimise the consequences of traumatic losses and, despite the war, to function effectively in current situations.

Table 3. Peculiarities of traumatic grieving of residents of the de-occupied Kyiv and Kharkiv regions

Indicators	14–18 years	19–30 years	31–50 years	51–70 years
Average values of severity of symptoms of traumatic grief (mean)				
I have experienced intense emotional pain, sadness, or grief	53.21 (52.11)	46.12 (43.19)	54.38 (52.74)	68.27** (63.12**)
I longed and felt sorrow for the deceased	64.29 (63.11)	66.12 (66.19)	64.53 (67.12)	66.69 (65.58)
I avoided places, objects, or thoughts that reminded me that he/she had died.	78.32* (64.12)	64.19 (65.32)	66.11 (66.29)	45.17** (42.82**)
I had a hard time trusting others	67.18 (66.98)	54.12* (54.45*)	54.98* (54.91)	63.19 (61.15)
I felt emotionally numb	84.23** (86.98**)	66.28 (66.04)	65.13 (63.15)	65.82 (65.92)
I had a desire to die in order to be with the deceased	67.12 (68.18)	63.39 (62.09)	64.18 (69.21*)	89.67** (96.08**)
I blame others a lot for his/her death	87.17 (76.55*)	86.85 (86.98)	90.56 (91.11)	93.58 (91.64)
It was difficult for me to experience positive feelings	58.19 (56.75)	55.10 (51.64)	59.13 (61.16)	78.22** (76.93*)
TGI-SR+	69.96 (66.84)	62.77 (61.99)	64.88 (65.71)	71.33 (70.41)

Data for the Kharkiv region is given in brackets

Source: Own elaboration.

To determine the relationship between PTSD, traumatic loss, and traumatic grief, we conducted a correlation analysis using the Pearson test, which measures the degree of linear correlation relationship between quantitative features (Table 4).

Table 4. Correlations between PTSD, traumatic loss, and traumatic bereavement

	Re-experiencing (PCL-5)	Avoidance (PCL-5)	Excitation (PCL-5)
Traumatic loss (TGI-SR)	0.783**	0.894**	0.387
Re-experiencing (ITQ)	0.672**	0.681**	0.298
Avoidance (ITQ)	0.585**	0.726**	0.391
Sense of current threat (ITQ)	0.887**	0.839**	0.275
Affective dysregulation (ITQ)	0.289	0.794**	0.904**
Negative self-concept (ITQ)	0.291	0.284	0.189
Disturbances in relationships (ITQ)	0.707**	0.874**	0.608**

** differences are statistically significant at $p < 0.001$

Source: Own elaboration.

PTSD is associated with traumatic grief, in particular with symptoms of intrusions ($r = 0,783$) and avoidance ($r = 0,894$). In addition, all symptoms of traumatic grief according to the ITQ questionnaire (intrusions, avoidance, excitation also characterise the course of PTSD of residents of the Kyiv and Kharkiv regions during the war, primarily the intrusions and avoidance we mentioned above; instead, excitement is statistically significantly positively correlated with the violation of emotional self-regulation of the International Trauma Questionnaire ($r = 0,904$). In addition, it should be emphasised that in PTSD there is a violation of relationships, not least in turn, it is caused by the

destruction of established social ties of the individual, which is typical of areas where active hostilities are taking place or which are occupied by invaders.

Discussion

Research to date has shown that complicated grief has serious consequences for behavioural (e.g. agitation, withdrawal, and fatigue), psychological (e.g. loneliness, depression, and suicidal thoughts), and physical health (Bertuccio & Runion, 2020; Stroebe, 2007). It is important to note that the main arena of war conflicts (Russia's war operations in Ukraine) is not in the physical space, but in the psychological one. Pathological grief is primarily defined in quantitative (e.g. "normal" acute grief responses that persist over a defined "abnormally long" period of 6 or 12 months) rather than in qualitative (e.g. categorical) terms, and is indeed considered unidimensional (Holland et al., 2009). Residents of the de-occupied regions of Ukraine are characterised by pronounced symptoms of PTSD such as agitation and avoidance, excitation as a symptom of traumatic grief, and a moderate force of influence on the mental state of traumatic loss. On the one hand, this study expands the existing knowledge on the factors contributing to PTSD, while on the other hand, it provides new insights to advance our understanding of the relationship between socio-demographic factors and the severity of traumatic loss (TGI-SR+), statistical differences were not found (71.33 and 70.41, respectively at $p > .05$). On the other hand, the indicator of traumatic grief among the residents of the Kyiv region was 2.33 ± 1.16 , while among the residents of the Kharkiv region – 2.12 ± 2.64 , which corresponds to moderate grief in war conditions, but during de-occupation (statistically significant differences between these two groups are absent, at $p > .05$). Conversely, less attention has been paid to direct assessment of potential etiological risk, vulnerability, and protective factors for maladaptive grief, particularly the role played by the specific circumstances of death (e.g. prolonged illness, suicide, homicide, combat, sudden natural death) (Gilbert et al., 2021), as well as exploring possible ways in which these factors may influence families' ability to adapt to loss (Boelen et al., 2021). We emphasise that almost all foreign studies of PTSD and traumatic grief were conducted not in combat conditions, but in war-free territory, and, therefore, unlike our sample, all subjects were in safe conditions.

Conclusions

Therefore, regardless of age, war traumas such as separation from family members, numerous deaths of family members and friends, destroyed houses, and the death of pets are characteristic of the subjects regardless of age. The traumas of the war had the greatest impact on the system of values and beliefs of teenagers and young people. However, PTSD symptoms are more characteristic of the subjects over the age of 50, who have a lack of internal and external resources (social support). Residents of the de-occupied regions of Ukraine are characterised by pronounced symptoms of PTSD such as agitation and avoidance, excitation as a symptom of traumatic grief, and a moderate force of influence on the mental state of traumatic loss. PTSD and traumatic grief in adolescents and young adults is primarily manifested by symptoms of arousal; young people are characterised by symptoms of avoidance and intrusions; there is the symptom of intrusions in subjects aged 31–50 years; and arousal in the oldest subjects. In addition, it is in the oldest persons that a violation of relationships is observed as a symptom of traumatic grieving, which is probably due to the large number of losses (not only of relatives and friends, but also of property) experienced during the occupation. On the other hand, the severity of PTSD symptoms in the residents of the de-occupied Kharkiv region is statistically significantly lower than the symptoms of the residents of the de-occupied Kyiv region. We hypothesise that this is due to longer occupation and more pronounced joy of release, and, therefore, a more delayed onset of PTSD symptoms.

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