

## Algorithm for providing assistance with uncomplicated grief and prolonged grief disorder to wives of combatants during the war in Ukraine

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Dear editor,

With the beginning of the full-scale Russian invasion of Ukraine, thousands of Ukrainian women have learned about the deaths of their husbands. One of the powerful factors contributing to the formation of pathological conditions under such conditions is the individual emotional connection and the quality of the relationship with the husband (Arizmendi & O'Connor, 2015). A woman who has lost her husband in the war has a significantly higher risk of developing emotional problems and pathological conditions compared to the loss of more distant family members (Boelen, 2016; Kydon et al., 2024). Such a statement is due to the fact that partners are often very important attachment figures.

When a husband dies, a woman faces loss – the first period of grief and mourning (Boelen & Lenferink, 2022). This process can be non-pathological or a variant of pathology – prolonged grief disorder (PGD). Prolonged grief disorder is a protracted pathological reaction, characterized by the presence of distress, separation and associated symptoms that cause intense, persistent psychological suffering and significantly impair functioning in various areas (Herasymenko, 2020; Wilson et al., 2022).

The aim of the study is to develop an algorithm for providing assistance with uncomplicated grief and prolonged grief disorder for wives of combatants during war.

The study involved 67 women whose husbands died during the defense of Ukraine in the period from 2022 to 2024. At the time of the survey, the women were aged from 25 to 49 years. To achieve the aim and implement the objectives of the study, the following methods were used: clinical and anamnestic, clinical and psychopathological, psychodiagnostic and statistical. The main method of examination was the clinical and psychopathological method, which was used on the generally accepted principles of psychiatric examination by interviewing and observation with subsequent verification of the obtained data on the basis of diagnostic criteria of the ICD-11. The questionnaire "Traumatic Grief Inventory-Self Report" (TGI-SR) was used to diagnose prolonged grief disorder (Tsuber et al., 2014).

The examined women were divided into 2 groups: the first group included 53 women who experienced a "normal" grief reaction, the second group included 12 women with a confirmed diagnosis of prolonged grief disorder according to the ICD-11.

The first group of women, who lost their husbands in the war, experienced a grief reaction that was non-pathological and

manifested itself in fragmentary and short-term symptoms of depression that did not significantly affect the quality of social functioning. In the second group, women experienced the loss  $\geq 6$  months ago and felt longing, sadness, constant worry, guilt, anger, denial, accusations, difficulty accepting death, a sense of losing a part of themselves, numbness, and difficulty participating in social or other activities.

The vast majority of women who have suffered the loss of their husbands have been able to achieve an acceptable level of adaptation to life over time and have not required specific therapy. It is known that uncomplicated grief does not require specific treatment (Boiko et al., 2024). Nevertheless, the clinician needs to form an opinion about whether a person's grief is developing adaptively in order to make a decision about intervention. Thus, women who have lost their husbands in war should receive a certain algorithm for providing assistance with uncomplicated grief in order to prevent the development of a prolonged grief disorder and/or depression. If complicated grief or depression are clinically mistakenly assessed as a variant of the norm, then the woman who has suffered a severe loss will remain without appropriate therapy.

Based on the used examination methods, an algorithm was developed for providing assistance with uncomplicated grief and prolonged grief disorder to widows of combatants during the war in Ukraine.

In the first group of women, significant attention should be paid to psychosocial interventions. Of course, when a woman is grieving and seeking help, she should have access to emotional support and information that confirms that her response is typical after a loss. When a woman loses her husband, it is important to understand that this is the loss of a part of the family and her support. In such cases, psychosocial support is provided by other family members, friends and sometimes clergy, and can also be carried out by mutual support groups. When conducting group meetings, it is advisable to use an online format, which is a modern, evidence-based approach to providing help. Video communication ensures continuity and individualization of the interaction process, allowing women to receive support regardless of their location.

Given that the intensity and duration of grief over time can be very variable, it is therefore advisable to regularly visit a family doctor who has experience and clinical vision for further referral to a psychologist, psychotherapist or psychiatrist. Also,

a family doctor can provide psychosocial interventions and primary psychological care if necessary. Thus, the algorithm for providing assistance with uncomplicated grief to wives of combatants during the war in Ukraine should include the following scheme: support from family members, friends, community, interaction with a family doctor, if necessary, psychosocial interventions (self-help groups), interaction with mental health professionals (psychologist, psychotherapist, psychiatrist).

When examining women in the second group, the following factors were identified and established as predictors of the formation of prolonged grief disorder:

1. Suddenness of loss – 100%.
2. Uncertainty of loss (missing persons) – 33.3%.
3. Number of losses (loss not only of husband, but also of friends, relatives, community members) – 8.3%.
4. Experiencing previous losses – 25.0%.
5. Additional stress factors (internal displacement, migration, unemployment, etc.) – 16.7%.
6. Personal characteristics of the woman, in the form of anxious accentuation – 8.3%.
7. Anxiety and mood disorders in the anamnesis – 16.7%.
8. Lack of psychosocial support – 41.7%.

The disorder caused significant impairment in important areas of functioning in women. It should be noted that these symptoms are not different from those commonly reported in normal grief reactions. The main difference in prolonged grief disorder is that these reactions do not decrease over time and continue to cause severe distress and impairment of psychosocial functioning. Thus, the care algorithm must necessarily include the help of a psychiatrist and a psychotherapist and not be limited to psychosocial support.

It is important to understand that while each individual grief is unique, there is a form of grief that is disabling, affecting functioning and quality of life. Such prolonged, complicated grief tends to become chronic and persistent, and in the absence of targeted interventions, life-threatening.

In this context, it is extremely important to create an algorithm for helping women who have lost their husbands during the war, which allows, in the case of the first group, to prevent overexertion of adaptation mechanisms in order to avoid the formation of a state of mental maladaptation and psychogenic

mental disorders, in particular, prolonged grief disorder. In the case of the second group, to provide timely, highly qualified psychiatric and psychotherapeutic assistance, which, accordingly, is the prevention of suicidal behavior.

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