

Original Research Article

EMOTIONAL CHALLENGES FOR UKRAINIAN REFUGEE FAMILIES IN DIFFERENT PHASES OF THEIR FLEEING FROM THE WAR

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Abstract

The article presents the results of a research conducted in the frame of Hamburg University Programme for Scholars at Risk – Science Bridge for Ukraine. The purpose of the study is to research emotional states of Ukrainian families with children who fled the war abroad (refugees) or calmer regions of Ukraine (internal displaced persons). The families were selected incomplete (the father stayed in the hotspot or in the war), which consisted mainly of mothers, adolescents and children. By interviewing mothers, the psycho-emotional states of each of the three groups (mothers, adolescents, children) in four locations of escape from the war were revealed: in the hotspot, during the fleeing from the hotspot, upon arrival at the new location, and after 6 months of staying in the new location. All emotional states of each of the three groups were categorized into 6 groups of emotions: anxiety-based emotions, anger-based emotions, grief-based emotions, disgust-based emotions, curiosity-based, and joy-based emotions. The goal of the identification of these emotional states is to prepare the psychosocial supporters to emotional challenges they will face in work with refugees and internal displaced persons. The results of this research can be used in training of future mentors or helpers (psychologists, social workers, teachers, volunteers, etc.) to cope with psycho-emotional problems of the mothers, adolescents, and children in critical life situations. This study complements a number of other studies on the psycho-emotional state of refugees and internally displaced persons. Its novelty and value lie in grouping and categorizing the emotional reactions and states of the three most vulnerable populations in the four most important locations.

Keywords: Refugee, Internal Displaced Person, Emotional States, Fleeing the War, Mentors, Psychosocial Supporters.

Introduction

Due to the war in Ukraine, more than 8 million refugees crossed borders with neighbouring countries (UN Women, 2022), and 7.1 million were displaced in the other part of the country (UNICEF Україна, April 2022). Two million children were obliged to leave Ukraine (UNICEF, 2022, 1 April) and more than 2.8 million children became IDP in Ukraine (UNICEF Україна, 2022, April). The emotional state of these families is often unstable and all of them react in different way,

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from relatively temporary and minor stress reactions to significant distress and psychosocial disturbances (Inter-Agency Standing Committee, 2021).

The analysis of modern literature showed that considerable attention is paid to the emotional state of refugees, especially among adult groups of the population (British Psychological Society's Presidential Taskforce on Refugees and Asylum Seekers, 2018, February). Most often, scientists identify such states as depression, anxiety, and PTSD (Fadhliya et al., 2022; Javanbakht, 2022; Opoc, 2023). Some of them live with the constant anxiety, and potentially to a traumatic situation; it is therefore for them difficult to feel stable or secure. Thus, Oros (2023) studied the psycho-emotional state of women among the refugees, where he found that many refugee women (a) are prone to developing depression – melancholic women who are not ready to return home; (b) have a high level of anxiety – women who have a positive attitude towards the local population, do not have depressive symptoms, but fear for their own lives; (c) are more prone to the development of post-traumatic stress disorder – women without permanent residence, sanguine, with mild depression and mild/moderate anxiety.

Fadhliya et al. (2018) researched the emotional state of Syrian refugees at the Netherlands and found such emotions as: (a) while living in Syria before fleeing – fear, a loss of their sense of safety, worried about whether they could survive the next day and if they could escape the danger, a constant fear of losing someone or something he loved, as well as the challenge of displacement; (b) when they left their native area – it was sad, felt lonely; (c) during a stay in transit countries – fear and anger, scared, felt that they were taken advantage of and used for cheap labor; (d) living in an asylum center – anger and fear of the uncertainty of their future, feel unsettled; (e) when accepted in Netherlands – three positive emotions: happiness, hope, and gratitude.

Also, the emotional state of refugees, especially the prolonged effects of PTSD, is affected by being in refugee camps, poverty, destitution and not being able to work (Nosè et al., 2017; Braun-Lewensohn & Al-Sayed, 2018). Female refugees identified as contributing to psychological distress the gender-based and domestic violence while males highlighted conflict and persecution (Lavdas et al., 2023).

Among the emotional problems of children and adolescents, researchers single out PTSD, depression, anxiety, complicated grief, general distress, hopelessness, sleep disturbances, mood swings, isolation, grief, and lower activity (Lustig et al., 2004; Murray, 2016; Nocon et al., 2017; Javanbakht et al., 2018; Al-Shatanawi et al., 2023; Hettich et al., 2020; Fazel et al., 2012; Reed et al., 2012).

The mental health of children living amidst military violence in was made of two subcomponents (negative emotions and perceived insecurity tied to ongoing hardships and fear and traumatic memories), and this explain constant children's mental distress (Veronese et al., 2021). 50% of children suffer from nightmares, various forms of sleep disorders or bedwetting as a result of the distress they have been exposed to since the onset of the crisis (Corps, International Medical, 2017).

The main psychosocial problems encountered by adolescents included stress, depression, loneliness, lack of a sense of security, isolation, aggressiveness, fear of war, and family disintegration (Al-Shatanawi et al., 2023).

The experiences of unaccompanied refugee children during the migration process are accompanied by such state as trauma, fear and uncertainty brought on by the complex and traumatic circumstances during the fight (Hopkins & Hill, 2008).

Although the gaps between boys and girls and men and women have been reduced in different Western countries, in more traditional societies and during times of war, adolescent boys are still in better condition than girls (Braun-Lewensohn & Al-Sayed, 2018). Girls seem to be more vulnerable to internalizing problems and post-traumatic symptoms: more fragile, exhibit more psychological

problems and post-traumatic stress symptoms, and appraise the situation as more dangerous. Whereas boys report more externalization, they show more resiliency and a stronger sense of coherence (Derluyn & Broekaert, 2007; Braun-Lewensohn et al., 2010; Moksnes et al., 2012).

It should also be noted that older adolescents bear the trauma of war harder than younger adolescents, they are in worse condition than younger adolescents, thereby reporting more psychological problems (Braun-Lewensohn & Al-Sayed, 2018).

A significant distress for refugees is the very path from the war (from the hotspot) to a more peaceful place, since this escape is often accompanied by traumatic events, such as separation from family, death of family members, sexual violence, kidnapping or extortion may have long-lasting physical and psychological effects on the refugee children and their families (Mangrio et al., 2018).

Despite the breadth of research documenting the prevalence of mental health disorders in refugee youth, there are considerable gaps concerning the presence of effective, evidence-based treatments (Frounfelker et al., 2020). There were regrettably few treatment studies available, and many of them were of low methodological quality. Mainly the positive between-group results of cognitive behavioural therapy (CBT) and interpersonal therapy (IPT) were reproduced, and singular other treatments showed significant positive effects (Nocon et al., 2017).

But often family members do not seek psycho-emotional support and try to cope on their own, which, unfortunately, is not always successful. Accordingly, the socio-emotional state of such persons can become an impetus for conflicts both in the family and in the environment. Volunteers and people who come into contact with refugees are often involved in these conflicts, then the social-emotional assistance they try to provide is not effective or even useless, which affects the reduction of interest and the level of assistance. Lack of understanding by volunteers and people who help refugees of the psycho-emotional state of refugees in one or another period of their flight leads to rejection and the inability to provide appropriate assistance. Therefore, a deeper understanding of the emotional challenges of mothers and children among Ukrainian refugees enables volunteers, social workers, psychologists and others who have direct contact with refugees to act (conduct interventions) more rationally and effectively.

Materials and methods

Main goal of the study – to research psychoemotional states of URF in different phases of their escape of the war: in the hotspot, during the fleeing from the hotspot, upon arrival at the new place and after 6 months of the staying at the new place. The results of this study should serve to prepare the psychosocial support staff of refugees to the emotional challenges of all three vulnerable populations' groups (mothers, adolescents, and children) in the context of war and refugee assistance.

Design and participants

Since, according to UN data, 90% (UN Women, 2022) of the 7.9 million all Ukrainian refugees are women and their children, we focused on families with children separated by the war: the father is at the war or stayed in his native area. This qualitative research using semi-structured interviews with two groups: URF and psychosocial caregivers (we included in this group psychologists, social workers, volunteers, etc.).

The interviews with mothers were conducted in period of 4 months and each of them lasted from 1 to 3 hours. 30 of 50 mothers were recruited. From 30 mothers of URF: 15 are refugees living abroad (Germany, Poland, the Czech Republic, Romania, Bulgaria, Italy, France, Austria, Ireland, the USA); 15 – are IDP in the middle of the country (moved from hotspots to calmer regions of Ukraine). The families are middle or lower class. Half of the respondents have a higher education (14 out of 30 people) and mostly worked before the war as teachers, traveling agents, engineers, psychologists, speech therapists, housekeepers, dressmakers, diving instructors, housewives, military, waitress, etc.

Age category of mothers: 35-47 years old (refugees), 27-44 years old (IDP). Each family has from 1 to 3 children, of which: 18 are teenagers, 35 are children.

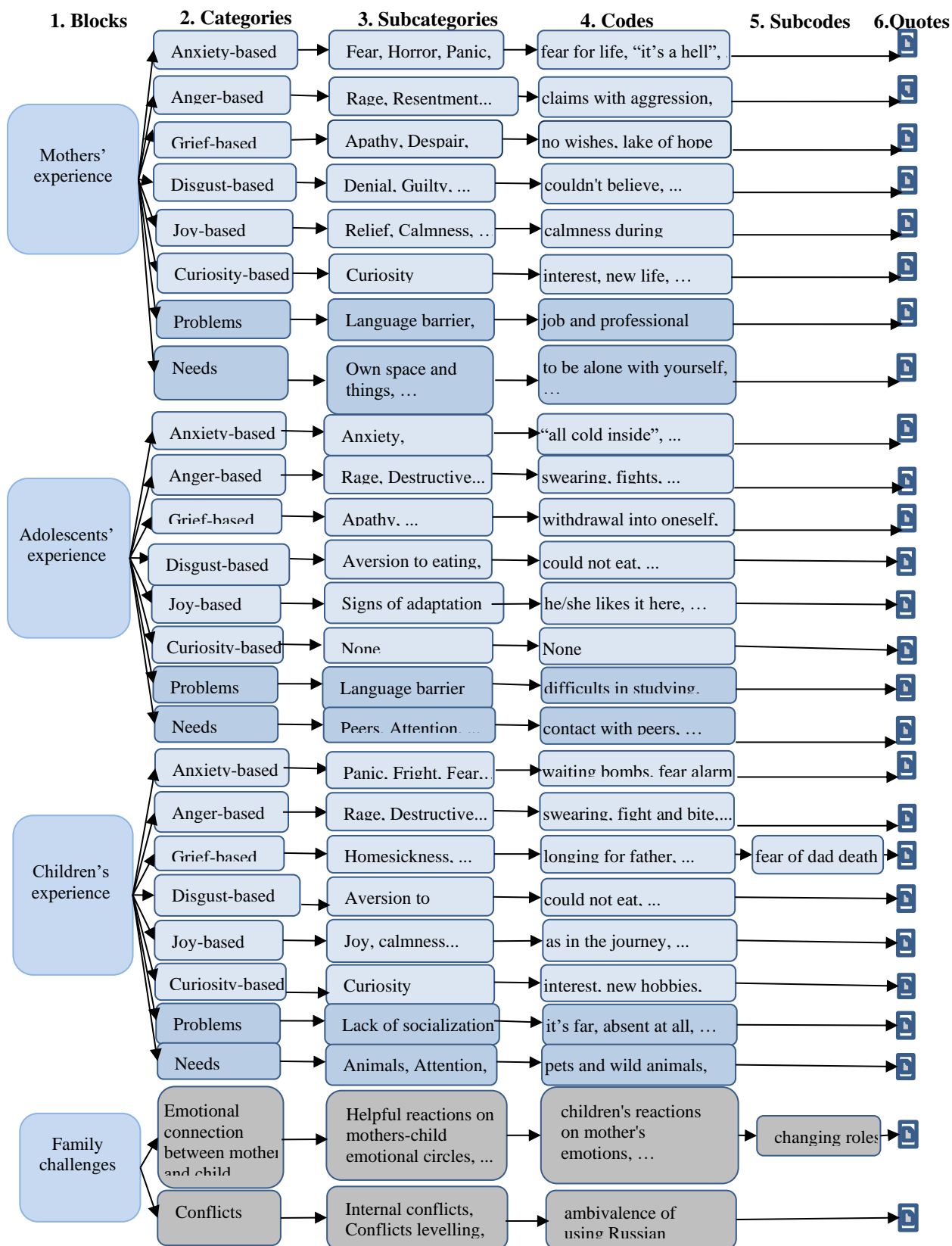
The interviews with psychological caregivers were conducted in period of 4 months and each of them lasted from 30 minutes to 1 hour. 30 out of 46 experts with no more 8 years' experience in refugees and IDPs support were recruited. Age category of psychosocial caregivers: 25-50 years old (abroad), 27-52 years old (in Ukraine).

For both types of interviews were developed guidelines for the online interviews with mothers and psychosocial caregivers. The interview guideline for mothers contains questions concerning mothers and children socioemotional states while fleeing, and socio-emotional needs of mothers and children. The interview guideline for psychosocial caregivers contains questions concerning social-emotional states and needs of URF and psychosocial caregivers' experiences in coping with emotional problems of refugees. In this article we present the result obtained from URF's interviews.

Data collection and analysis

The collected interviews were processed using the MAXQDA program. The validity of the data collection and analysis was enhanced by using the method of cross-checking data from the point of view of two researchers. Based on the obtained results, the Category system was constructed (Table 1). This system is based on specific statements of the interviewed mothers regarding their internal emotional experiences: (1) the mothers themselves, (2) children under 12 years old, (3) adolescents over 13 years old, and (4) challenges for the whole family were separately highlighted. Since the Category system turned out to be very capacious (more than 20 pages), we are forced to provide an abbreviated version of this system for a general idea.

Table 1. The Category system



In general, the developed system is designed to orient psychosocial supporters in socio-emotional states of refugees and to prepare them for typical emotionally difficult situations. Based on this, we tried to adapt it for more practical use in training future mentors who interact with refugees and who can act as psychosocial assistants.

Results and Discussion

After analyzing, we get a wide range of emotions and emotional states of all three age groups (mothers, adolescents, children), and to organize them we turned to the classification of basic emotions. Since the results of our study are planned to be used in the training of future mentors, who probably do not have a special psychological education, we opted for a more convenient and easier, in terms of perception, Paul Griffiths' classification of emotions (Johnson, n.d.). This theory accounts for six emotions which Griffiths terms as the affect program emotions: fear, anger, sadness, disgust, surprise, and joy. According to these basic emotions the statements of the interviewed mothers can be assigned. Each basic emotion has the function of driving a particular movement of the self in relation to an object (persons, things, ideas, situations, etc.). Thus, joy is the emotion that seeks to move the object toward the self. Anger is to move the object away from the self. Fear moves the self away from the frightening object or out of the situation. Surprise moves the self toward an object. Sadness seeks to move the object back to the self. Disgust seeks to bring the object back out of the body, in a figurative sense to remove it from the shelf.

The numerous human emotional states are not pure emotions but more or less cognitively controlled feelings and are considered here as "descendants" of the basic emotions. They often consist of specific mixtures of emotions. For example, shame is derived from the base emotion of disgust, and contempt is derived from anger.

Movements require energy. Physiological arousal provides this energy. Therefore, emotional states are accompanied by physiological arousal. It is not always observably expressed as crying, roaring, in gestures and facial expressions. In some situations, it can also take place only internally and appear as a stupor. The known stress reactions (flight, attack and freezing) are expressions of this energization by arousal.

Accordingly, most of the mothers' emotion-related statements we assigned to the following emotional states:

1. **Anxiety-based or fear-based emotional states.** All emotional states that motivate a person "away from the threatening object" are understood here as "anxiety-based". They are often voiced as concrete anxiety, fear, apprehension, diffuse fear, horror, panic, stupor, emotional swings, fright, and nervousness. Obsessive actions, excessive concentration, early maturation can be observed in children. The subject may appear outwardly calm, and will lack certain signs of anxiety, but over time they will manifest, especially when triggers appear.
2. **Anger-based emotional states.** All emotional states that require a person to push an object away from him because it violates the natural order of things, according to which the inner "self" ("I") perceives that everything should happen, are related to anger. First of all, these are directly emotions of anger, protest, rage, insults, irritation and any physical manifestations of aggression (actions, statements with a certain shade, etc.). It is also an internal aggression that manifests itself only in a few "prickly" expressions or only in a look.
3. **Grief-based emotional states.** All emotional states that try to bring an object closer to themselves due to the feeling of losing this object can be attributed to "grief". Such states are most often manifested in the form of sadness, hopelessness, feelings of loss, apathy, helplessness, confusion, strong longing for something or someone, etc. The maximum manifestation will be a depressive state and depressive reactions. It can also be feelings of loss of future, stability and security.
4. **Disgust-based emotional states.** All emotional states that are caused by a strong desire to repel from the Self ("I") something that affects – disgusting, repulsive or toxic – are states based on "disgust". That is, if something is unpleasant to the inner "I", it will try with all its might to stay away from it or remove it from itself. Here we included mild dislike, guilt, loss

of feelings, cognitive denial and defense against certain ideas, loss of reality, traumatic memory loss, shame, disgust, refusal of food or other offerings, etc. A refusal to communicate presents also.

5. **Curiosity-based or surprise-based emotional states.** These are emotional states in which the inner "I" tries to bring the object closer to itself. But this emotion is quite unusual: it can be positive or negative (other emotions belong to one or the other category, but not at the same time), and it also significantly affects the experience of other emotions. Surprise is the most fleeting of all emotions, lasting little more than a few seconds. It is often expressed by such words as surprise, amazement, curiosity, wonder, etc.
6. **Joy-based emotional states.** Emotional states that cause the inner self to want to approach an object because it evokes more positive emotions than negative ones. Such states are found in the terms contentment, happiness, pleasure, fun, and also in social bonding, which, after all, produces the hormone oxytocin. Although happiness, as the highest manifestation of joy, has many different definitions, it is often identified as positive emotions and satisfaction with life.

Additionally, we add one more group:

7. **Non-assignable emotional reactions.** To this group we included various physical reactions (tears, problems with sleep, with health, etc.), because they can be reactions that can be attributed to different basic emotions. For example, the source of tears can be either the joy of a successful escape from a hotspot or the grief of losing loved ones or a home.

In addition, we were able to divide the collected emotional states and reactions of all three age groups according to the mothers' statements into 4 locations: in the hotspot, during the fleeing from the hotspot, upon arrival at the new location, and after 6 months of staying in the new location. As each of these age groups was described separately and in detail by the mothers, their emotional states and reactions differed significantly.

Mothers

The emotional states and manifestations of mothers according to the basic emotions according to each location are presented in Table 2.

Table 2. Mother’s emotional experience in four locations of escape of the war.

Special emotional states of mothers ...	<i>anxiety-based</i>	<i>anger-based</i>	<i>grief-based</i>	<i>disgust-based</i>	<i>curiosity-based</i>	<i>joy-based</i>	<i>non-assignable</i>
... in the hotspot	· concrete fear · diffuse anxiety · horror · panic · stupor · emotional swings	· rage · resentment	· hopelessness · despair · helplessness	· denial · loss of reality	· none	· none	· physical reactions: grow hoarse, crying, headache, cardiopalmus, stomach disorders
... during the fleeing from the hotspot	· concrete fear · diffuse anxiety · horror · panic	· none	· despair	· memory disorders · aversion to eating	· none	· happiness · relief	· physical reactions: sleep deprivation, crying
... upon arrival at the new location	· concrete fear	· claims with notes of aggression	· despair · helplessness	· memory disorders	· curiosity	· hope · normalit	· physical reactions: sleep deprivation, crying, tiredness,

		· resentment	· confusion · hopelessness · dejection · apathy · depression	· guilty · shame	y	stomach disorders
... after six months of staying in the new location	· strong anxiety · emotional swings · nervousness	· rage · resentment · protest	· despair · helplessness · confusion · hopelessness · dejection · apathy · depression · homesickness · loneliness	· guilty · shame	· curiosity · hope · calmness	· physical reactions: sleep deprivation, crying, tiredness, problems with hair and skin, claustrophobia

Thus, mothers experienced **in the hotspot** *anxiety-based emotions*: concrete fear (fear of being left without the benefits of humanity, fear of get into the crowd that panics, fear of the unknown, fear for children's lives and herself, fear of lost everything, fear of being in the basement during alarms), diffuse anxiety, panic, horror (codes from the category system “all cold inside”, “it’s a hell”), stupor (numbness), and emotional swings. Among *anger-based emotions* – rage and resentment at the situation. Among *grief-based emotions* we found hopelessness that manifested in expression: “the feeling that we will never see each other again”, despair (code “inability to do or say something”), helplessness (codes “lack of rationality in actions”, “feeling disoriented”). *Disgust-based emotions*: denial (code “couldn’t accept the situation or believe in it”) and loss of reality (codes “like a movie”, “a terrible dream”). There were not such kind of emotional states as *curiosity-based* and *joy-based emotions* in this location. From *non-assignable emotional reactions*, they manifested such physical reactions as grow hoarse, crying, headache, cardiopalmus, and stomach disorders.

When they **were fleeing from the hotspot**, they experienced such *anxiety-based emotions* as concrete fear (fear for children's lives and herself, fear of long and stressed trip, fear of the future, fear of customs, blockposts, fear of driving on unfamiliar roads), diffuse anxiety, panic, horror. There were not expressed emotional swings and stupor in the interviews in this location. Among *grief-based emotions* despair (inability to do or say something) still dominates. There were not said or expressed helplessness and hopelessness in mothers’ statements. Among *disgust-based emotions* appear memory disorders (“I don’t remember” something) and aversion to eating (“I could not eat at all”). *Joy-based emotions* appear as happiness and relief of success leaving the hotspot. And totally *anger-based* and *curiosity-based emotions* were not said or expressed in this location. Sleep deprivation and crying were presented among *non-assignable emotional reactions* (physical reactions).

When they **arrived at the new location** they felt among *anxiety-based emotions* only fear of not being able to come back in Ukraine, fear of the environment, fear of loud sounds, fear of lack of money. Among *anger-based emotions* were distinguished claims with notes of aggression and resentment towards the people around. There was a diversity of *grief-based emotions* at the new place: helplessness (strong feeling “impossible to help her child”), hopelessness (code “lake of hope”), strong despair (code “dropped her hand”), and appear new ones: dejection (despondency), apathy, depression, confusion. Among *disgust-based emotions* they still feel traumatic memory impairment, and feelings such as shame (code “shame to eat someone else's food”) and guilty (codes “guilty for leaving relatives”, “feeling bad mother”) are added. Along with these emotions, *curiosity-based emotions* – curiosity (“here is something new”) and *joy-based emotions* – hope and normality (codes “appear hope”, “feel normal and good”) also arise. The physical reactions (*non-assignable emotional reactions*) still accompany mothers in their manifestations: sleep deprivation, crying, tiredness, stomach disorders.

And, **after six months of staying in the new location** we could see changes in emotions: fear disappeared, but strong anxiety and emotional swings remained unchanged, nervousness appears. Increase feelings of *angry-based emotions*: strong aggression (rage), protest, and resentment at the situation and towards the people around. The group of *grief-based emotions* increases both

quantitatively and qualitatively: hopelessness (the code “feeling that never will see again” adds to code “lake of hope”), strong despair (codes “no choice”, “impossible to live normal life”, “past life won't come back”, “going with the flow” appear), helplessness, confusion (codes “everything slowed down”, “incomprehension”, “uncertainty in the future” appear); the depressive state deepens: next to dejection (despondency) appears frustration, disappointment, exhausted, withdrawal into oneself, strong apathy (adds code “no wishes”). The strong homesickness, loneliness, and missing husbands joined this group. From *disgust-based emotions* mothers continue to experience feelings of shame and guilt (the code “self-reproach” adds to the code “feeling bad mother”). It should be noted that at this stage they experience shame in moments of joy or happiness (shame of happiness). Of the *curiosity-based emotions*, only interest, as in previous location. At the same time, some mothers experienced calmness, normal state and got used to the new life. The physical reactions (*non-assignable emotional reactions*) are supplemented by hair and skin problems and claustrophobia in addition to the already identified sleep deprivation, crying, and tiredness.

Also, we can claim that the subcategory “memory disorders” accompanied mothers in only two locations: during the fleeing and upon arrival in a new location. We did not find this indicator in the hotspot and after six months of being in the new place. Similarly, we can observe the subcategory “Shame”, which combined the two codes “ashamed to eat other people's food” and “ashamed to be happy”. The first code was discovered upon arrival at the new location, while the shame for the joyful feelings of the mother was noted already after six months of being in a new location. It should be noted that in addition to the statements, the non-verbal reaction of mothers during the interview was taken into account, which gave us the opportunity to detect the degree of manifestation of emotions. Thus, in the subcategory “longing for a husband” thanks to the manifestations of non-verbal reactions (tears, stupor, a pause before speaking) and directly from the statements of mothers, it was possible to distinguish the degree of longing and anxiety for a husband from mild anxiety (mainly for men who remained in their native area) to a deep depressive state (when a man is in the hotspot or in captivity, and there is no contact with him for a long time).

Adolescents

The emotional states and manifestations of adolescents in four locations of escape of the war can be followed in Table 3.

Table 3. Adolescent’s emotional experience in four locations of escape of the war.

Special emotional states of mothers ...	<i>anxiety-based</i>	<i>anger-based</i>	<i>grief-based</i>	<i>disgust-based</i>	<i>curiosity-based</i>	<i>joy-based</i>	<i>non-assignable</i>
... in the hotspot	· concrete fear · diffuse anxiety · panic · hysterics · numbness	· none	· confusion · crying for destroyed love	· none	· none	· none	· unscarred · physical reactions: feverish and shacked, vomit, stomach disorders
... during the fleeing from the hotspot	· none	· none	· none	· aversion to eating · refusal to communicate	· none	· none	· excessive concentration
... upon arrival at the new location	· concrete fear · diffuse anxiety	· protest · categoricalness	· extreme apathy	· none	· none	· none	· outward calmness · physical reactions: weight loss, speech problems,

							sleep disorders, and nightmares
... after six months of staying in the new location	· anxiety · emotional swings	· rage · low mood · destructive behaviour	· apathy · hopelessness · homesickness · loneliness	· none	· none	· signs of adaptation	· outward calmness · early adulthood

So, adolescents **in the hotspot** felt such *anxiety-based emotions* as concrete fear (codes “fear of being separated from mother”, “cry out of fear”), panic, hysterics, numbness, diffuse anxiety, which manifested through constant questions. It is interesting that despite the age characteristics of adolescents (namely, psychological separation from parents), they manifested fear of being separated from mother. In general, in contrast to mothers and children in a hotspot, adolescents showed very ambivalent emotions: from panic and concrete fear to unscarred and calmness. Confusion and such physical manifestations in the form of crying for destroyed love became a feature of *grief-based emotions*. Among physical reactions (*non-assignable emotional reactions*) mainly feverish and shacked, vomit, stomach disorders presented. Along with this, some of them showed quite calm emotions, they were unscarred (*non-assignable emotional reactions*). All other groups of emotions were not detected in this location.

During the fleeing from the hotspot adolescents did not show any *anxiety-, anger-, grief-, curiosity-, joy-based emotions*. They only refused to eat and to communicate (*disgust-based emotions*). Among *non-assignable emotional reactions*, they showed excessive concentration (atypical mobilization).

Upon arrival at the new location *anxiety-based emotions* arise in the form of fear (fear of future, fear of loud sounds, fear of communication with locals), anxiety, which manifested through constant questions, distrust, tearfulness. They began to show clearly *angry-based emotions*: the aggression in the form of categoricalness and protesting (rebellion). Among *grief-based emotions*, various manifestations of strong apathy were detected: withdrawal into oneself, refusal to communicate, refusal of hobbies and sports, general depressive state, being stuck in a gadget, keeping emotions inside. Because of they keep emotions inside we couldn't identify such emotion as outward calmness more clearly and assigned it to *non-assignable emotional reactions*. And in this location appears such physical reactions as weight loss, speech problems, sleep disorders, and nightmares. *Disgust-, curiosity-, joy-based emotions* we're not found.

We observed the greatest number of adolescents' emotional manifestations **after six months of staying in the new location**. Here, through *anxiety-based emotions*, we didn't find the emotion of fear, but strong anxiety and emotional swings are still present. The code “fenced off from everything that happens in Ukraine” we detected as defensive reaction on real anxiety related to their family and friends, and, also, they express anxiety for the future. Increasing manifestations of *anger-based emotions*: from just a bad mood, “responding rudely” to intense rage combined with destructive behaviour (fights, etc.). Also, *grief-based emotions* intensify there's still apathy (withdrawal into oneself, refusal to communicate, refusal of hobbies and sports), disappointment, and appear strong hopelessness (codes “no hope”, “take away normal life”), strong homesickness (friends, relatives, home, school, etc.) and strong longing for the dad. Among the manifestations of strong longing for the father, the reaction of adolescents was quite ambivalent: despite the external calmness regarding the absence of the father and, even, separation from the father, they still showed a sense of longing for the father through monitoring the news about the father's location or eavesdropping on the conversations of the mother or younger brothers (sisters) with father.

As in the previous location, *disgust- and curiosity-based emotions* we're not found in this location. But the group of *non-assignable emotional reactions* has expanded: specific for this age group, early adulthood (codes “teenage changes exacerbated by the war” and “matured before his/her

time”) are added to outward calmness. To *joy-based emotions* we classified positive signs of adaptation (codes “he/she has adapted”, “he/she likes it here”).

Children

The special emotional states and manifestations of children in four locations can be followed in Table 4.

Table 4. Children’s emotional experience in four locations of escape of the war.

Special emotional states of mothers ...	<i>anxiety-based</i>	<i>anger-based</i>	<i>grief-based</i>	<i>disgust-based</i>	<i>curiosity-based</i>	<i>joy-based</i>	<i>non-assignable</i>
... in the hotspot	· fear · anxiety · panic · nervousness · fright	· none	· confusion	· none	· none	· calmness	· outward calmness · excessive concentration · physical reactions: crying, tiredness, weight loss, vomit, speech problems, enuresis, stomach disorders, influenza
... during the fleeing from the hotspot	· fear	· none	· confusion	· aversion to eating	· curiosity	· calmness · joy	· outward calmness · excessive concentration · physical reactions: tiredness
... upon arrival at the new location	· concrete fear · diffuse anxiety · hysterics · obsession	· rage · destructive behaviour	· apathy · homesickness	· none	· curiosity	· none	· outward calmness · physical reactions: crying, weight loss, speech problems, stomach disorders, enuresis, influenza, eczema and dermatitis, musculoskeletal failure, pneumonia, viral diseases, sleep disorders, and nightmares
... after six months of staying in the new location	· concrete fear · diffuse anxiety · emotional swings	· rage · destructive behaviour	· apathy · homesickness · sadness	· repulsion	· curiosity	· calmness · signs of adaptation	· stifling emotions · early adulthood

Emotional experience of children **in the hotspot** included such *anxiety-based emotions* as fear, panic, nervousness, anxiety, and fright. As mothers noted children were scared and as result, they refused go outside of the shelter and it was accompanied by physical reaction – shaking. Anxiety was mostly manifested in worrying that a bomb would arrive; fear was manifested in asking adults (children asked) to flee from the hotspot and as a result of the fact that they suffered. Among *grief-based emotions* we indicated confusion that was manifested as children’s lack of understanding of everything that was happening at that moment, and perplexity in doing something. It is possible that these manifestations were the activators of the appearance of such emotional states in children as outward calmness and excessive concentration that can talk about the fear that is deep inside the child.

The group of *non-assignable emotional reactions* was very numerous: outward calmness (feigned calmness), excessive concentration (atypical mobilization) and physical reactions (crying, tiredness, weight loss, vomit, speech problems, enuresis, stomach disorders, and influenza). Mothers sometimes indicated that children showed real stableness and calmness (*joy-based emotions*) which led us to categorize calmness into two different groups, labelling their sense. Any other emotional groups were not indicated in the hotspot.

As in the previous location **during the fleeing from the hotspot** they experienced only fear from *anxiety-based emotions*, and confusion from *grief-based emotions*. Additionally *disgust-based emotions* (refusal to eat) and *curiosity-based emotions* (interest) appear. And *joy-based emotions* are supplemented by calmness and joy that manifested in the behaviour “like in a journey”. The group of *non-assignable emotional reactions* is almost the same as in the previous location: outward calmness (feigned calmness), and excessive concentration (atypical mobilization). The exception is physical reactions, they have been reduced to a single manifestation of fatigue.

From the children's experience, a tendency was revealed when the child was "calm" during the fleeing or behaved “as on a journey”, but **upon arrival at the new location**, their manifestations greatly increased. Thus, they had the following symptoms of *anxiety-based emotions*: constant fear (fear of loud sounds, fear of being separated from mother, fear of war actions), diffuse anxiety (worries about the lives of loved ones, pets, toys, which stayed in Ukraine, capriciousness, age-inappropriate topics of conversations), hysterics, obsessive behaviour (constant gnaw pencil, do or say the same constantly). As in adolescents the *angry-based emotions* appear in this location: rage and destructive behaviour (swearing, fighting, and biting); and *grief-based emotions*: apathy (withdrawal into oneself, refusal to communicate, refusal of hobbies and sports), and homesickness that manifested in crying and wishing to come back home. Of *curiosity-based emotions* only a slight interest was shown by some children. There were no manifestations of *disgust-based* and *joy-based emotions*. But the group of *non-assignable emotional reactions* changed again: outward calmness (feigned calmness) remained and physical reactions arise (crying, weight loss, speech problems, stomach disorders, enuresis, influenza, eczema and dermatitis, musculoskeletal failure, pneumonia, viral diseases, sleep disorders, and nightmares).

And the high level of emotional manifestations we observe **after six months of staying in the new location**. Children continue to experience *anxiety-based emotions*: concrete fear (fear of loud sounds, fear of being separated from mother, fear of back home), diffuse anxiety (capriciousness), and appear emotional swings. Arise emotional expressions of *angry-based emotions*: to the rage, swearing, fighting and biting, add boring everyone, snap at adults. Among *grief-based emotions* to the apathy (withdrawal into oneself, refusal to communicate, refusal of hobbies and sports), add indifference, rapid loss of interest, sadness, strong homesickness (crying for home, missing friends, relatives, school, kindergarten, etc.), and strong longing for their fathers. In children aged 3-5, in addition to clear manifestations of longing for their fathers (constant conversations, questions about their father, the desire to do what they used to do with their father, asking to leave when see someone else's dad, etc.), ambivalent reactions were also observed: feelings of guilt and even forgetting the father. The repulsion of other children, adults (teachers, psychologists, familiars) that was expressed in statements such as “he/she don't let anyone get close to him/her” we categorized as *disgust-based emotions*. *Curiosity-based* and *joy-based emotions* are also arise: simple interest grows into

appearance of new hobbies; simple calm is complemented by a stable state, calmness during alarm, the appearance of hope and positive signs of adaptation (codes “he/she adapted”, “he/she lives full life”). As concerning the group of *non-assignable emotional reactions* it’s similar to adolescents’ experience: a large percentage of moms reported their kids are growing up prematurely and outward calmness changes to stifling emotions (holding back emotions or not showing emotions at all).

Conclusions

The data obtained allow us to examine in more detail the psycho-emotional state of each group in four locations (in the hotspot, during the departure from the hotspot, upon arrival at the new place, after six months of living in a new area), how these states manifested themselves and what was important for each family member: mother, child, adolescent. These categories also show the socio-emotional state of mothers and children in relation to each other, as well as to their spouse, relatives, and friends at home and in the new environment.

Thus, we can conclude that anxiety-based emotions are predominant among mothers at the hotspot. A combination of feelings of grief/loss and joy/relief are more likely to occur during the fleeing from the hotspot. Upon arrival at the new location, these recede into the background and disgust-based emotions such as shame and guilt come to the forefront. These are combined with anger-based emotions such as resentment and aggression, and grief-based emotions such as frustration, disappointment, despair, hopelessness, apathy and all manifestations of depression. After six months in a new place, all emotional states, both negative and positive, intensify. Longer grief work is required, during which time feelings of guilt, shame and signs of depression state can also become an issue. Severe physical reactions accompany mothers in all stages of their flight from war.

In adolescents, as well as in mothers in the hotspot, anxiety-based emotions dominated, with a slight addition of grief-based emotions. During the departure from the hot spot, the emotions of disgust came to the forefront, and upon arrival in the new location, aggression and grief/extreme apathy became the main emotional reactions. After six months in the new location, in addition to the fact that above mentioned emotions had intensified (destructive behaviour is already present), some signs of adaptation were added to them. The physical reactions of the adolescents were sporadic only in the hotspot and upon arrival at the new location.

It should be noted that our study confirms previous findings (Braun-Lewensohn & Al-Sayed, 2018) regarding the different reactions of boys and girls from adolescents group to stress. Thus, girls were more characterized by more vivid manifestations of emotional reactions: tearfulness, hysterics, panic, while boys were more inclined to suppression of emotions, to external calmness or to withdrawal from hobbies, sports. Refusal to communicate was characteristic of both sexes. This gives us the right to say that the boy group is the most difficult to provide psychosocial support to them. Also, the closedness of adolescents makes it difficult to accurately assign such an emotional reaction as calmness to any of the groups of emotions. In our study, the reference point was the physical reactions that appeared afterwards, which testify to significant distress in adolescents as a consequence of the war.

Children’s experience includes both the peculiarities of emotional reactions of mothers and adolescents: anxiety-based emotions prevail in the hotspot, but there is also a mask of calmness. During the fleeing they experience a mix of grief, disgust and joy, and upon arrival they are overwhelmed by aggression and anxiety, accompanied by the strongest physical reactions. And after six months, just like in mothers, they have all emotional states, both negative and positive, intensify. As with adolescents, they also experience early adulthood, which may influence the choice of methods and approaches to providing social and psychological assistance to this age group.

Future helpers should be prepared to face the challenge of identifying the adolescents’ and child’s emotional state under the mask of calmness: whether it is genuine calmness or outward calmness that could only be an external cover for internal discomfort.

Such a gradation and analysis allowed to orient psychosocial supporters in the psycho-emotional states of refugees and prepare them for typical emotionally difficult situations and thus give the opportunity to provide more effective assistance as a support person. It is very important to pay attention to the families' experiences of fleeing war, not only for the best support (interventions), but also to avoid conflicts both within the refugee family and with the people around them.

We should say, there were also investigated general family challenges, among which the needs of family members and their problems with the language barrier and places of socialization for their children, the vicious emotional circles between mother and child, changing roles, types of conflicts, in the research. But these issues need to be finalized and will be published later as well as the results of psychosocial caregivers' interviews.

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