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Improving the Diagnosis of Post-traumatic Stress Disorder and Anxiety-depressive Disorders Using the Methods of Phenomenological Philosophy: Experience of Interdisciplinary Practices in Ukraine

[Poprawa diagnozy zespołu stresu pourazowego i zaburzeń lękowo-depresyjnych z wykorzystaniem metod filozofii fenomenologicznej: doświadczenie interdyscyplinarnych praktyk na Ukrainie]

Streszczenie: W artykule omówiono potencjalne zalety stosowania metod psychopatologii fenomenologicznej w celu poprawy diagnozy zespołu stresu pourazowego (PTSD) i zaburzeń lękowo-depresyjnych, zwłaszcza w kontekście trwającej wojny na Ukrainie. Podkreśla się ograniczenia dotyczące polegania tylko na kryteriach diagnostycznych określonych w ICD-10, argumentując, że mogą one nie odzwierciedlać subiektywnego, przeżywanego doświadczenia zaburzeń psychicznych. Autorzy zauważają znaczny wzrost liczby zdiagnozowanych zaburzeń psychicznych i behawioralnych na Ukrainie od czasu rosyjskiej inwazji. Liczba przypadków PTSD wzrosła czterokrotnie w porównaniu do poziomu sprzed wojny. Do najczęstszych czynników wywołających należą: strach, niepokój, bycie świadkiem przemocy, krzywda osobista, utrata bliskich, izolacja i przesiedlenie. W badaniu wykorzystano metody analityczne, porównawcze i interdyscyplinarne, aby zbadać, w jaki sposób podejście filozofii fenomenologicznej i psychopatologii fenomenologicznej mogą uzupełniać tradycyjne wywiady psychiatryczne. Psychopatologia fenomenologiczna to interdyscyplinarna dziedzina, której celem jest

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badanie zmian w wymiarach takich jak przeżywany czas, przestrzeń, ciało i jaźń, które występują w chorobie psychicznej. Główne metody obejmują częściowo ustrukturyzowane wywiady fenomenologiczne, które pozwalają pacjentom opisać ich subiektywne doświadczenia. Autorzy twierdzą, że połączenie metod fenomenologicznych ze standardowymi psychiatrycznymi metodami diagnostycznymi na Ukrainie pozwoli na pełniejszą i dokładniejszą diagnozę PTSD, lęku, depresji i innych stanów zaostrzonych przez wojnę. To interdyscyplinarne, skoncentrowane na pacjencie podejście daje nadzieję na poprawę jakości opieki psychiatrycznej w miarę odbudowy kraju już po zakończeniu wojny. Przyznają jednak, że stosowanie tych metod na Ukrainie jest obecnie fragmentaryczne. Autorzy sugerują, że metody psychopatologii fenomenologicznej są cennym, ale niedostatecznie wykorzystywanym narzędziem do radzenia sobie z wyzwaniami stojącymi przed systemem zdrowia psychicznego na Ukrainie.

Summary: The article discusses the potential advantages of using phenomenological psychopathology methods to improve the diagnosis of post-traumatic stress disorder (PTSD) and anxiety-depressive disorders, especially in the context of the ongoing war in Ukraine. It highlights the limitations of relying solely on the diagnostic criteria set out in International statistical classification of diseases and related health problems, 10th revision (ICD-10), arguing that they may not reflect the subjective, lived experience of mental disorders. The authors note a significant increase in the number of diagnosed mental and behavioural disorders in Ukraine since the Russian invasion. The number of cases of PTSD has quadrupled compared to pre-war levels. Common triggers include fear, anxiety, witnessing violence, personal harm, loss of loved ones, isolation, and displacement. The study used analytical, comparative, and interdisciplinary methods to explore how the approaches of phenomenological philosophy and phenomenological psychopathology can complement traditional psychiatric interviewing. Phenomenological psychopathology is an interdisciplinary field that aims to study changes in dimensions such as lived time, space, body, and self that manifest in mental illness. The main methods include semi-structured phenomenological interviews that allow patients to describe their subjective experiences. The authors argue that the combination of phenomenological methods with standard psychiatric diagnostic methods in Ukraine will allow for a more complete and accurate diagnosis of PTSD, anxiety, depression, and other conditions exacerbated by the war. This interdisciplinary, patient-centred approach promises to improve the quality of mental health care as the country recovers. However, they acknowledge that the application of these methods in Ukraine is currently fragmented. The authors suggest that the methods of phenomenological psychopathology are a valuable but underutilised tool for addressing the challenges facing the mental health system in Ukraine.

Słowa kluczowe: fenomenologia, psychopatologia fenomenologiczna, zespół stresu pourazowego (PTSD), depresja, lęk, wywiad fenomenologiczny.

Keywords: phenomenology, phenomenological psychopathology, post-traumatic stress disorder (PTSD), depression, anxiety, phenomenological interview.

Introduction

Since the start of the full-scale invasion of the Russian Federation and military actions on the territory of Ukraine, the Ministry of Health of Ukraine has reported an increase in the number of mental and behavioural disorders. Approximately 15 million people are expected to need basic psychological support and assistance, while about four million people will need psychiatric care and psychopharmacotherapy (Cabinet of Ministers of Ukraine 2022). Notably, the level of post-traumatic stress disorder (PTSD) detection has increased fourfold compared to the pre-war period, with 3,292 cases registered in the first quarter of 2024 alone, as opposed to 3,167 cases in 2021 (Ministry of Health of Ukraine, 2024).

Mental health experts note that the most common causes of abnormal experiences, which are then reflected in mental and behavioural disorders, include fear of death, constant anxiety, witnessing violence, suffering direct personal harm, loss of family members, social isolation, information overload, misinformation from media sources, forced displacement, and lack of access to qualified medical care (Yurieva L., Vishnichenko S., Shornikov A., 2022).

It is noted that the most common reasons for seeking qualified psychiatric care are symptoms characteristic of post-traumatic stress disorder and anxiety-depressive disorder (Kunyska I., Kreitor A., 2023). However, early screening for these mental and behavioural disorders is complicated not only by military actions and their consequences but also by the lack of public awareness of mental disorders. People usually tend to explain and attribute the presence of certain symptoms of mental illness to routine causes, thus postponing a visit to a psychiatrist. This delay leads to a worsening of the disease and complicates accurate diagnostic procedures for mental disorders in the long term. Without early diagnosis and appropriate treatment, mental disorders can become chronic, intertwining with an individual's personality traits and leaving an imprint on all aspects of their life. This further complicates the diagnosis of the disease and requires personalised and in-depth approaches (Sonnik G. et al., 2015, p. 42).

Methods

The research is based on the use of analytical, comparative, case study, and interdisciplinary methods.

The analytical method was used to identify the main mental and behavioural disorders that are currently most common in psychiatric and

psychotherapeutic practices in Ukraine and the possibility of diagnosing them using phenomenological interviewing methods. Comparative and case study methods were used to find differences and similarities in the symptoms used for diagnosing mental disorders in the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), Ukrainian psychiatric practice, and phenomenological models of post-traumatic stress disorder and anxiety-depressive disorder.

The interdisciplinary method allowed us to demonstrate the integration of knowledge from phenomenological philosophy, phenomenological psychopathology, and psychiatry to deepen our understanding of the peculiarities of the course and experience of mental disorders.

Methods of Diagnostics the Mental Illness in Ukrainian Psychiatry Practice

In Ukrainian psychiatric practice, the basic method for diagnosing mental illness is a clinical (psychiatric) interview. This method entails conducting a conversation with individuals who present symptoms of mental disorders while observing their facial expressions and behaviour. During the clinical interview, the individual's mental status is examined. The psychiatrist determines the person's accessibility to direct contact, orientation in place, space, and time, and personality. Additionally, the psychiatrist conducts research to determine disorders in the main areas of the human psyche: perception, memory, thinking, emotions, and will (Kozhyna H. et al., 2021, pp. 30–31). The result of the clinical interview is the establishment of a diagnosis conforming to the International Statistical Classification of Diseases and Related Health Problems, 10th Revision. followed by the prescription of appropriate treatment measures. Clinical (psychiatric) interviewing focuses on identifying, recording, and describing symptoms of mental and behavioural disorders, leaving unexplored the subjective experience of mental illness. By emphasising the unique, subjective experience of mental illness, we open up the possibility of a more in-depth description of the clinical case, highlighting data that is relevant to each patient individually in the context of building personalised, person-centred psychopharmacotherapy and psychotherapy (Ritunnano R. et al., 2023, p. 5; The Economist, 2024).

Phenomenological psychopathology is an interdisciplinary field of research that aims to combine the field of „classical” medical psychopathology with the description, classification, and further study of changes in the main dimensions of the lifeworld (lived time, lived space, lived body,

intersubjectivity, and self) that occur in the process of experiencing mental illness (Ritunnano R. et al. 2023, p. 3).

One of the main methods in phenomenological psychopathology that allows for the study of the above changes is the phenomenological interview. This method is based on a semi-structured model of interviewing a person where the respondent can directly provide information about certain aspects of their experience of mental illness and life experience in general. In a semi-structured interview, the interviewer has a planned set of topics to cover and the questions serve as triggers to encourage the respondent to communicate. In contrast to structured interviews, semi-structured interviews offer more flexibility in asking questions, and there are no predefined questions that must be asked in a certain order (Henriksen M.G., Englander M., Nordgaard J., 2021, p. 13).

There exist several examples of semi-structured phenomenological interviews, including the Examination of Anomalous Self-Experience (EASE), the Examination of Anomalous World Experience (EAWE), and the Examination of Anomalous Fantasy and Imagination (EAFI).

The Examination of Anomalous Self-Experience (EASE) consists of a symptom list designed for semi-structured phenomenological investigations into empirical or subjective anomalies related to disorders of basic self-awareness. It was developed based on data from descriptions of experiences of mental illness obtained from patients suffering from schizophrenic spectrum disorders. The EASE is not used as a diagnostic tool for making a diagnosis of schizophrenia, as disorders of identity, derealisation, and depersonalisation are not listed in ICD-10 (Parnas J. et al., 2005, p. 236).

The Examination of Anomalous World Experience (EAWE) is a semi-structured phenomenological interview designed to explore subjective anomalies in a person's perception of the external world, language, and interactions with other people. It aims to qualitatively explore six key dimensions of subjectivity, namely space and objects, time and events, other people, language (oral or written), atmosphere (general sense of reality, familiarity, viability, meaning, or relevance) and existential orientation (values, attitudes and worldview). The EAWE can be used to investigate worldview abnormalities in populations with a wide range of mental and behavioural disorders, not just schizophrenia (Sass L. et al., 2017, p. 10–11).

The Examination of Anomalous Fantasy and Imagination (EAFI) is a semi-structured phenomenological study of the psychopathology of imagination. The EAFI provides a conceptual and descriptive framework for the study of such experiences. Imagination abnormalities studied by the EAFI reflect changes in the structure of consciousness and belong to the fundamental, generative layer of psychopathology relevant for differential

diagnosis (Rasmussen M., Stephensen H., Parnas J., 2018, p. 1). Pushko (2023, p. 194) notes that the use of the EAFI method not only allows for recording and investigating imagery disorders but also contributes to the development of a concept where the expression of minimal disorders of self-awareness or individual identity is the generative core of positive and negative symptoms of schizophrenia. In general, it is noted that the use of the semi-structured, phenomenological interview method in psychiatric and psychotherapeutic practices in Ukraine will not only enhance public awareness of the peculiarities of mental and behavioural disorders but will also become the basis for the development of narrowly focused and targeted psychotherapeutic strategies for the rehabilitation of mental health, in particular by correcting self-awareness and identity disorders.

Post-traumatic Stress Disorder

The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, defines post-traumatic stress disorder as a delayed or protracted reaction to a stressful event or situation (short or long term) of an exceptionally threatening or catastrophic nature that is likely to cause pervasive distress in nearly anyone. Typical symptoms include episodes of re-experiencing the trauma through intrusive memories („flashbacks”), dreams or nightmares, a persistent feeling of numbness and emotional dullness, withdrawal from other people, and avoidance of activities and situations reminiscent of the trauma (World Health Organization 2019b). It is observed that about 20% of people who have witnessed or experienced a traumatic event are at risk of developing post-traumatic stress disorder (Ministry of Health of Ukraine, 2024). A crucial factor in the rapid recovery of mental functioning is the timely implementation of diagnostic and rehabilitation measures.

To demonstrate the importance of prompt diagnosis of post-traumatic stress disorder, we refer to the work of Rocha Neto, Tomé, and Messas (2021, p. 39), which describes a PTSD case using the methods of phenomenological psychopathology, exploring the following areas of Heidegger's ontological and existential component: spatiality, temporality, corporeality, and interpersonalit. The phenomenological development was carried out following the dialectical-essential perspective, with a description of the main dimensions of the lifeworld.

Post-traumatic stress disorder is an example of a mental disorder that is described only by the operational criteria of psychiatric diagnostic systems, lacking a proper dialectical essential analysis. The authors of the study

present a clinical case in which the typical symptoms of PTSD do not provide sufficient clinical indicators for the diagnosis and prescription of appropriate treatment, as the patient exhibited signs of persecution delusions and hallucinations, which are significant diagnostic criteria for the paranoid form of schizophrenia. Following this diagnosis, the patient received treatment for about ten years, without significant positive symptoms. After the aforementioned study, a temporal perception disorder was identified, with the patient perceiving the flow of time as overly rapid. Looped and locked in a psychotraumatic event, he is trapped in a moment of danger that he repeatedly experiences, which prevents him from focusing on the present and living in it. This temporality disorder forms the basis of the argumentation for diagnosing this patient with post-traumatic stress disorder and the exclusion of the diagnosis of paranoid schizophrenia.

Rocha Neto, Tomé, and Messas (2021, p. 52–54) suggest a differential diagnosis with melancholic depression, mania, and schizophrenia, as temporal structure disorders are most pronounced in these mental disorders. In mania, there is an acceleration of time flow, making the future seem present, while in melancholic depression, the opposite occurs – time flow slows down sharply. Life remains fixed and occurs as if in the past. The peculiarities of temporality disorder in schizophrenia, distinguished by the EASE, are characterised by the inability to integrate lived experience and time, which generally excludes it from the list of psychiatric nosologies for differential diagnosis.

As a result, the diagnostic examination led to a revision of the previously determined diagnosis and, consequently, a change in the strategy and methods of psychopharmacotherapy and psychotherapy. In the long run, this yielded positive results and improved the patient's psycho-emotional state.

In the context of psychiatric practice in Ukraine, supplementing the classical method of diagnosing post-traumatic stress disorder with methods of phenomenological psychopathology is extremely important for timely and accurate diagnosis. As mentioned above, symptoms characteristic of other mental and behavioural disorders can change the standard clinical picture and lead to diagnostic errors, which in turn result in inappropriate psychopharmacotherapy prescriptions and psychotherapeutic strategy choices.

Anxiety-depressive Disorder

The World Health Organisation estimates that 3,8% of the population suffers from depression. Although there are effective treatments for

depressive disorders, more than 75% of people in low- and middle-income countries do not receive any treatment. Barriers to effective treatment include underinvestment in mental health care, a lack of trained health professionals, and the social stigma associated with mental disorders (World Health Organization, 2023). Symptoms of depression include low mood, loss of energy and decreased activity, decreased ability to enjoy, diminished interest and concentration, and marked fatigue. Self-esteem and self-confidence are reduced, and feelings of guilt or worthlessness are often present (World Health Organization, 2019a).

Today, patients often exhibit a combination of psychopathological phenomena of anxiety and depression. Depression and anxiety are a continuum determined by the factor of general psychological distress. If a patient displays symptoms common to both depressive and anxiety disorders, it is not necessary to conduct a differential diagnosis to exclude one of the diagnoses, but rather to determine the severity of each of them (Haustova O., 2023).

Anxiety and depressive disorders are among the most common reasons for seeking treatment for mental health disorders caused by the war in Ukraine. Here is an example of a typical clinical case from a psychiatric practice in Ukraine. The patient is 36 years old, and complains of excessive tearfulness, feeling depressed, guilt towards relatives, apathy, constant anxiety, and drowsiness. During the clinical interview, the patient noted a feeling of emotional emptiness (Haustova O., 2023).

Currently, in the psychiatric practice of Ukraine, due to ongoing military actions, barriers have emerged to the adequate diagnosis of anxiety and depressive disorders. These barriers include a lack of time in which to conduct detailed clinical interviews, lack of patient feedback on the effects of prescribed therapy, diagnostic errors arising from the uncertainty and heterogeneity of symptoms, psychiatrists' focus on the need for a unipolar diagnosis, and concerns about possible psychological trauma caused by a psychiatric disorder diagnosis.

To enhance the diagnostic detail of psychiatric interviews, Frohn and Martiny (2023, p. 5) propose a phenomenological approach to describing depression. This approach is based on the Examination of Anomalous Self-Experience and is further structured around four key phenomenological dimensions that are characteristic of depression:

- 1) existential dimension, emotions, and feelings;
- 2) the biological (bodily) dimension, the ability to act, and bodily activity;
- 3) the psychological dimension, understanding and stories about oneself and one's identity;
- 4) social dimension, social life and being with other people.

The experience of depression is illuminated by phenomenology as a global way of being with oneself, the world, and others. In depression, the perception of time is altered. A person suffering from depression does not experience time as a “driving energy”. For these patients, the future is perceived as blocked, their attention is directed to the past, and the present is frozen. Phenomenological psychopathology also describes a typical change in life space when in a state of depression. Space is typically experienced as desperately empty, dull, flat, and unpromising (Fregna L., Locatelli M., Colombo C., 2020).

Phenomenological psychopathology provides a method for the preclinical diagnosis of anxiety and depressive disorders. This method involves lexical analysis using a computerised form of speech analysis of the words and phrases used by patients to describe their experience of this psychiatric pathology. The quantitative use of these words in sentences allows for a preliminary distribution of patients with characteristic signs of anxiety and depressive disorders by severity (Frohn O.O., Martiny K.M., 2023, p. 8; Kosenko K., 2023).

The information obtained from the phenomenological development of anxiety-depressive disorder can be used to personalise the prescription of medication and psychotherapy. For example, after prescribing appropriate psychopharmacotherapy from the group of antidepressants, there is a change in the experience of time. However, at the beginning of treatment, this change is not stable and fluctuates throughout the day. This process is accompanied by objective changes in facial expressions and increased motor activity. Psychotherapeutic strategies, such as body-oriented psychotherapy, cognitive behavioural psychotherapy, and dance-movement therapy, are adapted here to work on the pre-reflective level. This is because the level of reflection, or awareness, is influenced by the depressive structure and is not fully accessible to therapeutic intervention, while the pre-reflective level is open to interaction and change through psychotherapeutic techniques (Frohn O.O., Martiny K.M., 2023, p. 13).

Conclusions

The ongoing war in Ukraine has precipitated a severe mental health crisis, with skyrocketing rates of PTSD, anxiety, depression, and other disorders stemming from the trauma of violence, displacement, loss, and constant peril. In these extraordinarily challenging circumstances, Ukraine’s psychiatric system is struggling to meet the overwhelming demand. Standard diagnostic approaches focused on symptom checklists from manuals like

the ICD-10 have a limited ability to capture the rich, subjective experiences underlying mental illness. This narrow perspective risks leading to incomplete or inaccurate diagnoses, which in turn guide inappropriate treatment plans.

Phenomenological psychopathology represents a powerful complementary framework for improving diagnostic practices in Ukraine. Its interdisciplinary toolkit, drawing from philosophy, psychology and psychiatry, centres on human lived experience through methods like semi-structured phenomenological interviewing. By eliciting firsthand accounts of how individuals subjectively experience disorders across dimensions like temporality, spatiality, embodiment, and identity, phenomenology can reveal core experiential disturbances that deepen clinical understanding beyond checklists of behavioural criteria.

The case studies demonstrate how phenomenological analysis uncovered fundamental disruptions in phenomena like time flow, leading to a reorientation of treatment in cases like PTSD that were initially misdiagnosed. For depression and anxiety, exploring phenomenological themes such as altered embodiment, spatiality, and being in the world opened up personalised psychotherapy aimed at addressing these core experiential domains. Such enhanced diagnostic precision paves the way for more effective, individualised care that is responsive to each patient's unique lifeworld changes brought about by mental illness.

While still underutilised in Ukraine, phenomenological psychopathology holds much promise for revolutionising psychiatric practice amidst the immense strain of wartime and its legacy of widespread psychological trauma. By shifting towards a truly person-centred, experience-focused model of diagnosis and treatment, phenomenology can aid Ukraine's mental health system in building greater capacity to compassionately and comprehensively meet the population's extensive and complex needs in the years ahead. Continued research developing and implementing these powerful phenomenological methods represents a vital investment in psychological resilience for the nation's future.

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