sciendo PAN COMMITTEE ON EDUCATION STUDIES OF THE POLISH ACADEMY OF SCIENCES FACULTY OF EDUCATION UNIVERSITY OF BIALYSTOK

POLISH JOURNAL of EDUCATIONAL STUDIES

ISSN 2657-3528 2023, Vol. V (LXXV) DOI: 10.2478/poljes-2023-0007

War Trauma of Young Children as a Pedagogical Challenge in the New Model of Early Childhood Development and Family Support

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"Though the world is full of suffering,
it is also full of overcoming it"
Helen Keller

ABSTRACT

The aim of the article is the attempt to implement solutions of a new model of child and family support for aid activities addressed to children and families of war refugees from Ukraine. Such a model would have to take into account the main effect of hostilities in their country, which is usually trauma, and the fact that the sense of security associated with the necessity to migrate, being a refugee, is lowered. The text contains both an analysis of research on the experience of war trauma and proposals for the selection of effective, adequate work tools as part of the project to support such families. The new model of early support for children and families assumes the revitalization of the existing systemic solutions, broadening the spectrum of diagnosis and taking into account the entire family system as a support entity, using all its resources. Therefore, it is a new space in the area of helping children with special needs, and refugee children can be considered as such.

KEY WORDS: trauma, early childhood development support, family support, war refugees, special needs

Introduction

A social educator should not be indifferent to the changes taking place in contemporary society. Situation caused by the war that is being waged beyond the eastern

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border of Polish has also changed the functioning of our society. After the outbreak of the war in Ukraine, the level of social unrest observed in our country increased, and at the same time we were put in a situation where it became necessary and indispensable to provide assistance, which included and still includes, among other things, taking in a wave of war refugees. This is related to the need to support these people, especially children, who as a result of what has happened are experiencing anxiety, fear and other consequences of war trauma. Our support system is constantly subject to systemic changes, and one of these solutions can be considered very adequate and desirable from the point of view of the needs of this group of potential beneficiaries—it is a new model of early childhood support and family support.

Trauma. Life in wound culture

Trauma—a word that seems to permeate everyday social discourse today. It is sometimes abused, or rather used in an inadequate way, because it underestimates the power of the destructive experience to which it refers in its core meaning. This state of affairs is aptly described by Tomasz Łysiak, who writes about the popularity of trauma culture and the fact that "such a broad use of the term has blurred the meaning of trauma (…)". The author designates "(…) the category of trauma understood as a manifestation of '*wound culture*', i.e. the phenomenon of using trauma to define late-modern identity" (Łysiak, 2008, pp. 6–7).

By definition, trauma is a "wound" "[gr.], damage to the body (tissues, organs) resulting from bodily injury" (Encyklopedia PWN). A broader, fuller way of explaining this condition, taking into account both the context of physical and psychological injuries, is given by the *Polish Language Dictionary*:

1. damage to the body resulting from bodily injury
2. a permanent change in the psyche caused by a violent, unpleasant experience (Polish Language Dictionary).

It is particularly valuable because it draws attention to the inextricable, two-pronged effects of trauma on both the mind and the body. In the literature on the subject (see Prot-Klinger, 2020; Pyrzyk-Kuta, 2020; Kubacka-Jasiecka, 2019; Meyburgh, 2007; Rothschild, 2000), we often speak of difficult (traumatic) emotions that are "repressed", "frozen", "written" in the body. Sometimes, an unresolved, seemingly forgotten trauma demands the attention it deserves through illnesses, the so-called psychosomatic disorders. This is because strong, negative emotions (and these are what we are talking about in the case of trauma) can cause a specific reaction on a biological level.

We are talking about a threat to life in the objective or subjective dimension in the assessment of a traumatized individual. This is the maximum stimulation of the axis: hypothalamus—pituitary gland—adrenal glands, leading to the fact that the body is "flooded" by stress hormones, i.e. adrenaline and cortisol, which translates into a specific biological reaction of fight—flight or freezing. In the holistic concept of understanding human health, the interaction of the nervous and immune systems is well known, which translates into the fact that stress is indicated as the dominant factor causing somatic and mental diseases/disorders (Kaczmarska & Curyło-Sikorska, 2016).

Experiencing stress and difficult situations and coping with them is inscribed in the life of every human being. Crisis is a necessary condition for human development, as Erik Ericson points out in his concept (Erikson, 2000; 2004). He understood development as an evolutionary process in the course of which an individual experiences psychosocial crises, which creates conditions for him to achieve a higher level of integration—progress, which is the result of mutual adaptation of the individual and the environment (see Perkowska, 2022, pp. 15–16). The assumptions of this theory were aptly summed up by Maria Jankowska:

> "Erik H. Erikson's concept shows that a person develops throughout his life, which is very optimistic, but also throughout his life he should undertake new tasks and actively overcome crises, which in turn can be difficult, sometimes even painful and tiring" (Jankowska, 2017, p. 62).

The aspect of difficulty, highlighted in Jankowska's observations, takes on particular importance in the context of traumatic experiences. In her reflections, Agata Bielik-Robson places a strong emphasis on the temporal nature of trauma.

> "(…) Because the essence of trauma is that it always happens 'too early' and its understanding always comes 'too late': the human self exists in a state of desynchronization, in an eternal condition of delay, when nothing happens 'in time'" (Bielik-Robson, p. 25).

From a pedagogical perspective, childhood should automatically be indicated as the least appropriate time for trauma to occur in a person's life. Leaving aside the issues of wickedness, universal discord, morality, so as not to disturb this supposedly idyllic period in a person's life with unpleasant experiences, it is a developmental period in a person's life, in which usually not enough resources (skills) have yet been accumulated/shaped to come out of this negative experience unscathed. With the occurrence of such conditions (resources), the possibility of experiencing the so-called post-traumatic growth would potentially be created (see Ogińska-Bulik & Juczyński, 2012). The negative impact of stress on the immature brain has been confirmed in numerous studies, both in the medical paradigm (Gil, 2006; Lauterbach, 2008) and in terms of

attachment theory (Braun, Helmke, & Bock, 2009), which is explained in detail by, among others Iwona Sikorska (2014; see Grzegorzewska, Cierpiałkowska, & Borkowska 2023).

When analysing research on the subject of trauma, especially from a pedagogical perspective, it is close to the postulate to pay attention to the consequences of a traumatic event. "Depending on the effects, such an event can be called psychological trauma, psychiatric trauma, post-traumatic stress disorder (PTSD), acute stress disorder (ASD) or, according to the new theoretical and cognitive concept of K. Popielski, existential trauma

> "(…) a negative existential experience significant (vitally significant), fixed in autobiographical memory and causing numerous noopsychosomatic symptoms" (Popielski & Mancarz, 2007, quoted in Mancarz & Popielski 2015, p. 54).

Despite the fact that trauma is by definition an individualized process/phenomenon, there is a special type of trauma—the experience of war, which affects entire communities and sometimes becomes a stigmatizing factor, burdening transgenerationally, and thus also children, even those who have theoretically been protected from this evil.

War. Time of Wounds of the Psyche and the Soma

The unquestionable development of civilisation, of which we are currently active participants, unfortunately does not translate into global assurance of humanity's basic human need, which Maslow calls—a sense of security, protection from the experience of collective and individual trauma. There are always places where there is a war. We constantly live in the duality of war and peace, as well as hunger and food waste, extreme poverty and splendor. There are people who suffer, those who inflict this suffering in the name of an ideal, as well as individuals who, based on their values, help. From the perspective of Polish society, the war in Ukraine has focused these processes through a lens. A huge group of people[2], Ukrainian refugees, who were forced to leave their homes after experiencing the trauma of war, has appeared in Poland. Most of

2 The majority of Ukrainians in Poland use temporary protection, which is confirmed by receiving a PESEL number in accordance with the Act on Assistance to Ukrainian Citizens in Connection with the Armed Conflict on the Territory of this country. Currently, almost 1 million people are registered on this basis. Women and children make up about 87% of this group. Children and adolescents account for about 43% of Ukrainian citizens with PESEL numbers. On the other hand, women account for 77% of adults. Urząd do Spraw Cudzoziemców [Office for Foreigners] (2023). *Ukrainian citizens in Poland—current migration data*. https://www.gov.pl/web/udsc/obywatele-ukrainy-w-polsce--aktualne-dane-migracyjne2; According to the estimates of the United Nations

them are women and children, members of families separated as a result of the war. The consequences of these experiences for refugees/migrants can be predicted to some extent (see Długosz, Kryvachuk, & Izdebska-Długosz, 2022). Many of these children will experience changes in behaviour, functioning, and mental health, similar to those described in numerous studies on children affected by the war in Palestine, Kashmir, or Bosnia and Herzegovina (Pilarska, 2018; Łosiak, 2023; see Niaz, 2014; 2015). Trauma may trigger symptoms immediately, or they may never occur (at least on a conscious level). Everything depends on the individual circumstances of the individual as well as the people accompanying him (most often members of the family system). What is important is the ability to work through a difficult situation, the support that the child will receive, and above all, how he or she will name/understand and, most importantly, work through/container difficult experiences. All this has an impact on future functioning, the sense of health in the physical, mental and social sense (psychophysical well-being and the quality of built relationships).

Threatening disorders can be both internalizing (anxiety, depression) and externalizing (impulsiveness, aggression, self-aggression, substance use, risky behaviours). Selected diagnostic areas (spheres of potential changes) can be identified on the basis of the ICF (International Classification of Functioning, Disability and Health), a new tool helpful in the description of disorders of broadly understood health, taking into account its physical and mental aspects, as well as the social/environmental dimension "(…) which describes the living conditions of individuals" (ICF, p. 4). It should be emphasized that such descriptions show the relationship between health and human functioning. Here are some selected excerpts:

1. B240: Rigid and inflexible thinking—a disruption in brain function that can lead to a reduction in the ability to cope with emotions, which can affect health functioning.
2. B410: Hypersensitivity to external stimuli—overreaction to stimuli from the environment that can lead to psychosomatic symptoms such as chronic pain, migraines, sleep disorders, etc.
3. B520: Anxiety—apprehension, anxiety, or fear of situations or objects that may lead to psychosomatic responses, such as physical symptoms and avoidant behaviours.
4. B530: Depression—an emotional condition characterized by feelings of sadness, hopelessness, and loss of interest, which can lead to psychosomatic symptoms such as fatigue, sleep problems, loss of appetite, etc.

High Commissioner for Refugees (UNHCR), there are 5,936,700 people in Europe outside Ukraine (data as of January 3rd, 2024), https://data.unhcr.org/en/situations/ukraine

5. B620: Physical discomfort—unpleasant sensations felt in the body that may result from psychological factors such as stress, anxiety, depression, and may affect psychophysical functioning.
6. B152: Excessive use of psychoactive substances—substance abuse such as alcohol, drugs that can lead to health disorders, including psychosomatic symptoms such as sleep disorders, digestive problems, mood changes, and others (ICF, 2001).

All of the above-mentioned fragments of the ICF deal with psychosomatic disorders (potentially physical manifestations of trauma). Władysław Łosiak (2008) also notes that such changes in health status, which may manifest themselves in disturbing, difficult behaviours, are mentioned in the literature on the subject as characteristic consequences of stress and trauma. It also emphasizes that "(…) These may be the first signs of a developing disorder or an ongoing but undiagnosed disorder" (Łosiak, 2023, p. 114).

Analysing the consequences of the experience of both war and migration, the group I would like to draw attention to are the youngest. In preschool children (around 3–6 years of age), these difficult experiences are processed differently, which should be associated mainly with the level of cognitive development, but also with emotional development (see Kielar-Turska, 2002). In their case, as Łosiak explains,

> "(…) We can also talk about stress, but it is triggered by empathic processes in relationships with parents and caregivers. They are able to register changes in the mood of their parents and caregivers well, and therefore we can say that they experience stress due to the severe stress of their loved ones" (Łosiak, 2023, p. 109).

I believe that this is the level in which the psychological, therapeutic context meets the pedagogical one. From the perspective of social pedagogy, and in particular Helena Radlińska's teachings on the necessity of making an effort in order to "(…) transform the environment by the forces of this environment—in the name of man" (Radlińska, 1961, p. 361), I propose to undertake specific activities in the name of the youngest traumatized victims of war, directly or indirectly. Since we will continue to live in a mutilated world that needs radical medicines for a long time to come (Giddens, 2021, p. 18), in line with the narrative taken up by Piotr Długosz on the subject of the trauma of Ukrainian refugees staying in Poland, I find there an indication and at the same time a confirmation of the area in which we should look for this remedy that can heal children's (family, taking into account the systemic theory) war wounds:

> "(…) state and local authorities, as well as organizations working with refugees, should first of all secure access to psychological help and help to solve health problems that will hinder adaptability" (Długosz, 2022, p. 41).

I believe that this type of action can be implemented within the framework of a new model of early childhood development support and family support.

Living in a Crippled World. Area of Work within ECDS—Recommendations for Working with Ukrainian Children

The concept of Early Childhood Development Support (ECDS) is an area of research and practice that focuses on identifying problems and interventions in cases where a child's development may be compromised or delayed. Such conditions are undoubtedly met by children—war refugees from Ukraine. In addition to traumatizing the child, there are language and social barriers, as well as the fact of functioning in a temporarily separated family.

Currently, inter-ministerial work is underway to introduce changes in the broadly understood support offered for young children and their families. Therefore, it is justified to consider the possibility of including both refugee children and their family members present in Poland as beneficiaries of this model of assistance. On the government websites, Preliminary information has been published from the Chancellery of the Prime Minister, i.e. the Draft Act on Support for Children, Pupils and Families, amending the existing rules for providing support, informing that: "the new model of early childhood development support and family support (ECDS) will integrate the existing solutions offered to children from birth to the start of school, i.e. early support for child development, psychological and pedagogical support, appropriate special education and/or rehabilitation-and-education classes and coordinate them with family support. It is planned to provide support under the ECDS at three levels varying in intensity. Proper and effective support for the development of young children, appropriate to their needs and abilities, is the foundation for the development of inclusive education at subsequent stages of education" (Regulation of the Minister of National Education of August 30th, 2017 on the organisation of early support for children's development. Journal of Law 2017, item 1635). Currently, there is an upward trend in the creation of institutions, such as counselling and guidance centres, therapy centres, as well as special nursery schools and schools, which offer support as part of broadly understood early support for children. Activities carried out in institutions are taken into account in the Polish school education system, both in nursery schools and schools, by adapting curricula and providing specialist support for children with various developmental difficulties and needs. As part of the systemically offered support, after obtaining an opinion (issued by a public counselling centre) on the need

for ECDS, the child will receive 4–8 hours of classes with a specialist, e.g. a pedagogue, psychologist or speech therapist.

The improvement of early childhood development support is continued through scientific research, training for specialists, and the creation of new programmes3 and initiatives that aim to provide children with optimal conditions for development and support in their early life. In the context of the introduction of these optimizations of ECDS, it is worth mentioning the concept proposed by Piotr Piotrowicz, who emphasizes that early support for children's development should be aimed at the comprehensive development of the child in all its spheres: physical, emotional, cognitive and social. This approach is based on the premise that early intervention is crucial to ensure optimal conditions for development and minimise potential developmental difficulties and delays. According to these assumptions, early childhood development support should be holistic and focused on the individual needs and potential of each child. In practice, this means tailoring programmes and activities to each child's individual skills, interests and learning style. The Piotrowicz Concept/New ECDS Model also emphasizes the importance of interdisciplinary cooperation between various specialists, such as educators, psychologists, therapists or doctors, in order to provide comprehensive care and support for children and their families. The most important thing is to "be together" because

> "… the foundation is the relationship between the child and the parents and therapists (…). Support is the deliberate and directed interaction between an adult and a child, as well as a child's relationship. To support means to create situations for undertaking activities, to build situations of mutual trust, to be next to the child, but also with the child, to observe and record changes in his or her functioning. Supporting is the creative building of a safe space for the child, provoking them to explore their environment, experiment, and gain experience in accordance with their own developmental needs" (Piotrowicz, 2016, p. 11; cf. Gruszczyk-Kolczyńska, 2003; Kaja, 2010; Wiśniewska, 2008).

All this is also needed by children from Ukraine. These are important components of the support offered, which can bring about an ongoing improvement in the quality of life of young refugees as well as enable them to develop harmoniously in the future.

The new model of early childhood development support is an excellent example of changing the way we think about children and families with special needs.

3 A new model of early childhood development support and family support (2021) developed as part of the project: Development and pilot of standards for the organization of early childhood development support and family support financed by the Ministry of Education and Science, contract number: MEiN/2021/DWKI/80 and piloted implementation in 36 counties as part of a project implemented by the University of Silesia: Project innovation and implementation project in the field of functional assessment, financed by the Ministry of Education and Science Ministry of Education and Science/2022/DWEW/1070. More: https://mwm.us.edu.pl/

It is a qualitative change in thinking and acting. Transition from the perception of difficulties/dysfunctions based on the medical/biological model, in which a negative diagnosis dominates (description of deficits), to thinking and, importantly, acting on the basis of the biopsychosocial model. The biopsychosocial model is an approach that integrates various biological, psychological, and social factors in the analysis of a child's special needs. According to this model, the difficulty is not only due to the deficit or limitations of the individual, but is the result of the interaction between the characteristics of the individual and the social environment—a key aspect in the adaptation of children with the experience of war trauma. The new WWR model emphasizes the need for a holistic approach to the individual, taking into account all dimensions of its functioning. It is a model that focuses on equality and integration of people with special needs in society, and emphasizes the importance of eliminating barriers, e.g. communication and social barriers.

There is no single leading method or scheme for the support procedure. Currently, peaple working with a child has a wide range of tools and methods that they can use. The choice is conditioned by qualifications, competences and, above all, the individual approach of each therapist. The research undertaken by the American Academy of Child and Adolescent Psychiatry is of great importance for this issue. The National Standards Project (2015) is an initiative of this society to evaluate and synthesize research on the effectiveness of therapeutic interventions. In 2015, the NSP published a report titled "National Standards Project—Findings and Conclusions", which is an updated version of previous ones and includes an analysis of scientific studies on the effectiveness of various therapeutic interventions. This report evaluates leading therapeutic approaches in terms of their effectiveness in improving the functioning of people with various deficits. The report is based on analyses of 361 scientific studies on the treatment of people with ASD, published between 2007 and 2012. Only peer-reviewed studies were included in the research sample. Both group studies and case studies were included. In the research conclusions, the analyzed types of interventions were divided into three categories, two of which seem to be the most adequate way to choose how to help the child and his or her family within the ECDS model:

— Established—interventions with scientifically proven effectiveness, there is strong and abundant evidence of their effectiveness such as: Behavioural and Cognitive-Behavioural Intervention Package (Cognitive Behavioral Intervention Package); Comprehensive Behavioural Treatment for Young Children; Language Training: Production; Modeling—"live" and video modeling (Modeling); Natural Teaching Strategies; Parent Training; Peer Training Package; pivotal response training; Schedules; Scripting; Self-management training; Social Skills Package; Story-based Intervention;

— Promising—there is evidence that interventions have a positive effect, but there is too little research such as: Augmentative and Alternative Communication Devices; Relationship-based Developmental Treatment (such as RDI, ESDM); Exercise / Exercise; Exposure Therapy / Desensitization Training / Desensitization (Exposure Package); Functional Communication Training; Imitation-based Intervention; Initiation Training; Language Training: Production & Understanding; Massage Therapy / Deep Sensory Stimulation (Massage Therapy); Multi-component Packages; Music Therapy; PECS (Picture Exchange Communication System); Reductive Package; Teaching Signs / Sign Instruction; Social Communication Intervention; Structured Learning / TEACCH (Structured Teaching); Technology-based Intervention (programmes, computer games among others) ; Theory of Mind Training.

In the new ECDS model, potentially also including assistance to the child and family of refugees from Ukraine (as people with special needs), it is worth taking into account the most optimal and tailored ways/procedures of working with this specific social group. Taking into account the traumatic nature of the experiences of these children and their parents, it would be reasonable to use all effective post-traumatic methods (e.g. elements of emotion-focused therapy, cognitive-behavioural therapy, desensitisation) and, above all, to support the entire family system, using the resources of all its members. Each of the family representatives has a different capital (e.g. linguistic, social openness, resistance to stress), which they could present and model in the course of working with the system. Due to the disconnected nature of their functioning (at least temporarily), actions should be aimed at compensating for the deficiencies of relations with a person who is absent from the system. Sometimes, unfortunately, it is also associated with elements of working with grief, the loss of loved ones on a physical and emotional level (the context of thanatopedagogy).

Conclusion

I think that it is the duty of the institution providing assistance to children and families within the framework of ECDS programmes to include the support system for refugee children and families, especially those who live both in the trauma of what is happening in their home country and those who are struggling with difficulties in the host country of refugee families. The preparation of a comprehensive interdisciplinary system of support for this specific social group will allow for the optimization of activities within the broadly understood support for the development of children and their families. It will also create a space to initiate, to direct further work to promote proper,

harmonious development, in order to equip young people with the resources needed to cope with the unforeseeable events of the future.

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