SUDDEN BEREAVEMENT AND CRISIS INTERVENTION: VULNERABILITY OF LONELY INDIVIDUALS AND CHALLENGES FOR SOCIAL WORK

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Abstract:

Introduction: This study addresses the issue of crisis intervention following the sudden loss of a loved one among individuals experiencing loneliness. Bereavement, particularly when unexpected, represents a significant psychological burden and may lead to increased vulnerability, especially in individuals lacking adequate social support. **Methods**: The research was conducted using a quantitative design through a questionnaire survey (N = 185). The instrument focused on emotional experiences, perceived loneliness, sources of support, and the evaluation of the quality of provided assistance. Data were analyzed using descriptive statistics and inferential methods, including chi-square tests. **Results**: The findings revealed a high prevalence of negative emotional responses, particularly sadness (94.1%), loneliness (80.0%), and helplessness (75.1%). Informal support sources, such as family (78.9%) and friends (68.1%), were used most frequently, while professional services, especially social workers (13.0%), were significantly underutilized. Statistical analysis confirmed that these differences were significant ($p < .05$). Additionally, a considerable proportion of respondents evaluated the quality of informal support as insufficient. **Discussion**: The results highlight the increased vulnerability of lonely individuals and emphasize the dominant role of informal support networks despite their limited effectiveness. The underutilization of professional services suggests systemic gaps in crisis intervention. The study underscores the need for

improving accessibility, strengthening the role of social workers, and enhancing interdisciplinary cooperation in bereavement care.

Keywords: crisis intervention; sudden loss; loneliness; bereavement; social work

Introduction

The loss of a loved one represents one of the most significant stressful life events, profoundly affecting an individual's psychological, social, and physical functioning. In cases of sudden loss, such as those resulting from accidents, suicide, or acute illness, the natural adaptive process is disrupted, significantly increasing the intensity of grief and the risk of complicated bereavement [9]. Such situations are often accompanied by shock, disorientation, feelings of helplessness, and a disruption of the basic sense of security (Worden, 2013).

A particularly vulnerable group consists of individuals experiencing loneliness, who lack sufficient social support in the form of family or close relationships. Social support is considered one of the key protective factors in coping with stress and grief [3]. Its absence is associated with a higher risk of depression, anxiety disorders, and social isolation [4]. Research further indicates that loneliness significantly complicates the process of adaptation to loss and increases the likelihood of long-term psychological difficulties [7].

Crisis intervention represents a specific method of support aimed at stabilizing the individual in the acute phase of crisis, mitigating its negative consequences, and enhancing the individual's ability to cope with the situation [5, 2]. It is a time-limited and intensive process focused on mobilizing both internal and external resources of the individual [6]. In the context of sudden loss, crisis intervention plays a crucial role particularly in the first days and weeks following the event, when the individual is most vulnerable.

Despite the importance of crisis intervention, research suggests that professional help is not always sufficiently accessible or utilized. Bereaved individuals tend to rely more on informal sources of support, such as family and friends, while contact with professionals remains limited [1]. This trend is also confirmed by Pitman et al., who highlights the low level of involvement of social workers and the insufficient evaluation of the provided support [7].

From the perspective of social work, it is therefore essential to examine not only the needs of lonely bereaved individuals but also the effectiveness of available interventions and the systemic barriers limiting their provision. Contemporary approaches emphasize the importance of interdisciplinary collaboration among social workers, psychologists, and healthcare professionals, as well as the development of community-based and low-threshold services [8].

The aim of this article is to analyze the issue of crisis intervention following the sudden loss of a loved one among lonely individuals, to identify their needs, and to highlight the limitations and possibilities of social work in this field.

Theoretical Background

Crisis and Crisis Intervention

Crisis represents a complex psychological and social phenomenon that arises as a response to a serious stressful event that an individual is unable to cope with using standard coping mechanisms. It is a subjectively experienced state of imbalance between the demands of a situation and the individual's ability to manage those demands [12]. A crisis situation is characterized by a high level of stress, feelings of helplessness, behavioral disorganization, and a reduced capacity for rational decision-making [5].

From a typological perspective, several types of crises can be distinguished. In the context of this study, situational and traumatic crises are of particular importance, as they arise suddenly and unpredictably, for example, following the death of a loved one [12]. Sudden loss represents an extreme stressor that may lead to an acute crisis accompanied by intense emotional reactions such as shock, anxiety, anger, or disorientation.

Crisis intervention is a specific method within social work and psychological support aimed at stabilizing the client in the acute phase of a crisis, mitigating its negative consequences, and restoring the individual's ability to function [5]. It is a short-term, intensive, and goal-oriented process focused on the "here and now," where the priority is not an in-depth analysis of the problem but immediate support and the mobilization of the client's resources [8].

Effective crisis intervention is based on several key principles, including rapid accessibility of support, an individualized approach to the client, and multidisciplinary collaboration [6]. In the intervention process, social workers utilize techniques such as active listening, empathetic communication, and

support for emotional expression, while also helping clients identify available resources and develop new coping strategies.

An important aspect of crisis intervention is its temporal dimension. Intervention is primarily implemented during the acute phase of a crisis, which typically lasts several weeks, with the aim of preventing the transition to a chronic or pathological condition [11]. In cases of insufficient intervention, there is a risk of developing more serious mental health conditions, such as depression or post-traumatic stress disorder.

Grief Process

Grief represents a natural response to the loss of a loved one and encompasses a wide range of emotional, cognitive, behavioral, and physical reactions. It is a dynamic process of adaptation to a new life situation that is individually determined and does not follow a linear trajectory [13].

Traditional models of grief describe its course in terms of stages, such as denial, anger, bargaining, depression, and acceptance [10]. However, contemporary approaches emphasize that grief is not strictly a stage-based process but rather an oscillation between confronting the loss and adapting to new life conditions [9].

Worden conceptualizes grief through four tasks that the bereaved individual must accomplish: accepting the reality of the loss, processing the pain of grief, adjusting to a world without the deceased, and finding an enduring connection with the deceased while continuing life. Failure to complete these tasks may result in complicated grief, which is associated with long-term psychological difficulties [13].

The intensity and course of grief are influenced by several factors, including the quality of the relationship with the deceased, the circumstances of death, and the availability of social support [13, 9]. Sudden and traumatic death is associated with a higher risk of complicated grief, as it disrupts the natural process of farewell and increases psychological distress. In addition to psychological manifestations, grief also has physical expressions, such as sleep disturbances, fatigue, loss of appetite, and weakened immune functioning. This biopsychosocial nature of grief highlights the need for a comprehensive approach to supporting bereaved individuals.

Loneliness as a Risk Factor

Loneliness represents a significant risk factor that negatively affects the grieving process and an individual's ability to adapt to loss. It is defined as a subjective feeling of lacking meaningful social relationships, which may persist even in the presence of other people [3]. Social support plays a crucial role in coping with stressful situations, acting as a protective factor that mitigates the negative consequences of crisis [3]. In its absence, there is an increased risk of developing mental health problems, such as depression, anxiety, and complicated grief [4]. Research indicates that lonely bereaved individuals tend to experience more intense forms of grief, face greater difficulties in adaptation, and are more likely to engage in maladaptive coping strategies, such as social withdrawal or avoidance behaviors [7]. Moreover, loneliness reduces the likelihood of seeking professional help, thereby increasing the risk of long-term negative outcomes.

As highlighted by Šrobárová, loneliness significantly increases the difficulty of coping with sudden loss and represents one of the key factors influencing the quality of the grieving experience. Respondents in his study also pointed to the lack of accessible professional support and the dominance of informal sources of assistance [12].

From a social work perspective, it is therefore essential to pay particular attention to identifying lonely clients and ensuring accessible, targeted, and continuous support. Interventions should focus not only on managing the immediate crisis but also on strengthening social connections and preventing long-term isolation.

Materials and Methods

Research Aim

The main aim of the study was to comprehensively analyze the issue of crisis intervention following the sudden loss of a loved one among individuals experiencing loneliness. The research primarily focused on identifying the specific needs of lonely bereaved individuals in the acute phase of crisis, analyzing the sources of support utilized by respondents, and evaluating the role of social workers in the process of coping with loss. To achieve this aim, several specific objectives were established, including identifying the most common emotional responses experienced after the loss of a loved one, analyzing the availability and use of both formal and informal sources of support, evaluating

respondents' subjective perceptions of the quality of support provided, examining the level of involvement of social workers in crisis intervention, and identifying differences in the experience of loss based on selected sociodemographic variables such as age, gender, and marital status. The study also reflects the need for a deeper understanding of the specific characteristics of lonely individuals, who represent a vulnerable group with an increased risk of complicated grief [1].

Research Design and Methods

The study was conducted using a quantitative research design. A self-constructed questionnaire was used as the primary data collection method. This instrument was selected to obtain standardized data from a larger number of respondents and to allow for the comparison of variables.

Research Sample

The research sample consisted of 185 respondents who had personal experience with the loss of a loved one. A purposive sampling method was applied, with the primary inclusion criteria being experience with bereavement and the ability to reflect on one's emotional experience following the loss. Sociodemographic characteristics of the respondents included gender, age, marital status, and their relationship to the deceased. These variables enabled the analysis of differences in grief experiences among various groups and helped to identify vulnerable populations, particularly individuals experiencing loneliness.

Data Collection Methods

Data were collected through an anonymous online questionnaire survey. The questionnaire consisted of both closed-ended and semi-closed questions and was designed to capture the complexity of respondents' experiences following the loss of a loved one. It focused on several key areas, including the intensity of emotional experiences in the acute phase after loss, subjective perceptions of loneliness, identification of sources of support (such as family, friends, and professionals), evaluation of the quality of support received, and respondents' experiences with crisis intervention and social work. The construction of the questionnaire was based on theoretical foundations from social work and grief

psychology, reflecting the multidimensional nature of grief as a biopsychosocial process.

Data Analysis Methods

The collected data were processed using basic statistical methods. The analysis included descriptive statistics, particularly absolute and relative frequencies, as well as comparative analyses between groups of respondents, for example based on the level of loneliness. In addition, inferential statistical methods were applied, specifically the chi-square goodness-of-fit test. The results were also presented using graphical representations to enhance clarity and interpretation. Overall, the data analysis focused on identifying patterns in emotional experiences, behavior, and the utilization of support, as well as on examining relationships between individual variables.

Ethical Considerations

The research was conducted in accordance with the ethical principles of social research. Respondents were informed about the anonymity and voluntary nature of their participation. All data were processed exclusively for scientific purposes, and it was not possible to identify individual participants.

Sample Characteristics

The research sample consisted of 185 respondents who had experienced the loss of a loved one. Differences in grief experiences were identified based on key sociodemographic variables, including age, gender, and marital status.

Research Questions

Based on the research objectives, the following research questions were formulated:

RQ1: What are the most common emotional responses experienced by lonely bereaved individuals following the loss of a loved one?

RQ2: What sources of support are utilized by respondents after the loss of a loved one, and what is the proportion of formal versus informal support?

RQ3: How do respondents evaluate the quality of support provided by informal and formal sources?

RQ4: What is the impact of loneliness on the intensity of grief and the utilization of support?

RQ5: Are there statistically significant differences in grief experiences and the use of support among different groups of respondents?

Table 1 Example of a table

The observed statistical data and the results of the Poisson probability distribution					
x_i	n_i	$x_i * n_i$	p (x_i)	f (x_i)	$\chi 2$
0	17	0	0,19	23,17	1,64
1	49	49	0,32	38,30	2,99
2	32	64	0,26	31,65	0,00
3	11	33	0,14	17,44	2,38
4	7	28	0,06	7,21	0,01
5	4	20	0,02	2,38	1,10
6	1	6	0,01	0,66	0,18
Total	121	200	1,00		8,30

Results

Sample Characteristics

The research sample consisted of 185 respondents. In terms of gender distribution, females predominated, accounting for 62.7% (n = 116), while males were represented to a lesser extent, comprising 37.3% (n = 69).

Regarding age structure, the largest group consisted of respondents aged 31 to 50 years, representing 40.0% (n = 74). This was followed by respondents aged 51 years and older, who accounted for 35.7% (n = 66). The smallest group included respondents aged 18 to 30 years, with a proportion of 24.3% (n = 45).

In terms of marital status, married individuals constituted the largest group, representing 44.3% (n = 82) of respondents. Single respondents accounted for 34.1% (n = 63), while lonely respondents (divorced or widowed) comprised 21.6% (n = 40).

These findings indicate that the sample was predominantly composed of women and middle-aged individuals (31–50 years). The proportion of lonely respondents represents a significant subgroup for further analysis, as it reflects a population at increased risk of social isolation and greater difficulty in coping with loss.

Emotional Experience After Loss

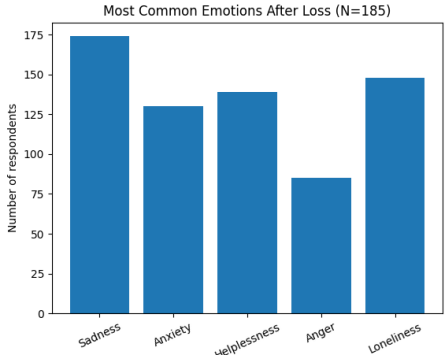

Fig. 1 Most Commonly Experienced Emotions (N = 185)

Graph 1 illustrates the most frequently experienced emotions among respondents following the loss of a loved one (N = 185). The most dominant emotion was sadness, reported by 174 respondents (94.1%). A high prevalence was also observed for loneliness, experienced by 148 respondents (80.0%), and helplessness, reported by 139 respondents (75.1%).

Anxiety was reported by 130 respondents (70.3%), indicating a substantial psychological burden associated with bereavement. The least frequently reported emotion was anger, identified by 85 respondents (45.9%), although this still represents a considerable proportion of the sample.

Overall, the results demonstrate the dominance of negative emotional experiences in the grieving process, particularly sadness, loneliness, and helplessness. These findings confirm that sudden loss represents a significant psychological burden and highlight the need for adequate emotional and social support for bereaved individuals.

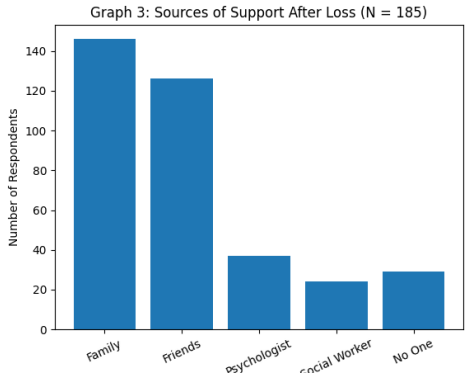

Fig. 2 Sources of Support After Loss (N = 185)

Graph 2 illustrates the sources of support utilized by respondents following the loss of a loved one (N = 185). The results clearly indicate the dominance of informal support systems. The most frequently reported source of support was family, used by 146 respondents (78.9%), followed by friends, reported by 126 respondents (68.1%). In contrast, the use of professional support services was significantly lower. Only 37 respondents (20.0%) reported seeking help from a psychologist, while an even smaller proportion, 24 respondents (13.0%), reported contact with a social worker. These findings highlight the limited utilization of formal support services.

Additionally, 29 respondents (15.7%) indicated that they did not seek help from anyone, suggesting the presence of a vulnerable subgroup at increased risk of social isolation and inadequate coping. Overall, the findings emphasize the crucial role of informal social networks in the coping process, while also pointing to the underutilization of professional services, particularly social work interventions.

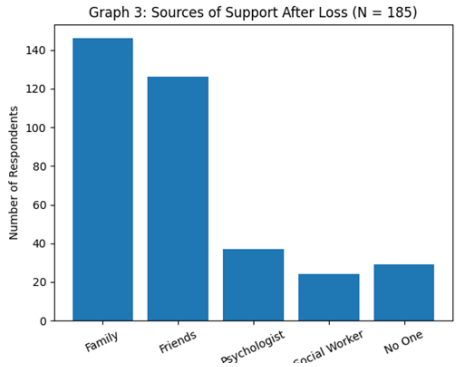

Fig. 3 Sources of Support After Loss (N = 185)

Graph 3 presents the sources of support utilized by respondents after the loss of a loved one (N = 185). The findings clearly demonstrate that informal support systems play a dominant role in coping with loss. The most frequently reported source of support was family, used by 146 respondents (78.9%), followed by friends, reported by 126 respondents (68.1%).

In contrast, the use of professional support services was significantly lower. Only 37 respondents (20.0%) sought help from a psychologist, while an even smaller proportion, 24 respondents (13.0%), reported receiving support from a social worker. These findings suggest that professional services, particularly social work interventions, are underutilized in the context of bereavement. Additionally, 29 respondents (15.7%) indicated that they did not seek support from anyone. This group may represent individuals at increased risk of social isolation and inadequate coping with grief.

Overall, the results highlight the crucial importance of informal social networks, while simultaneously pointing to a gap in the accessibility or utilization of formal support services.

Evaluation of the Quality of Informal Support (Family, Relatives, and Friends)

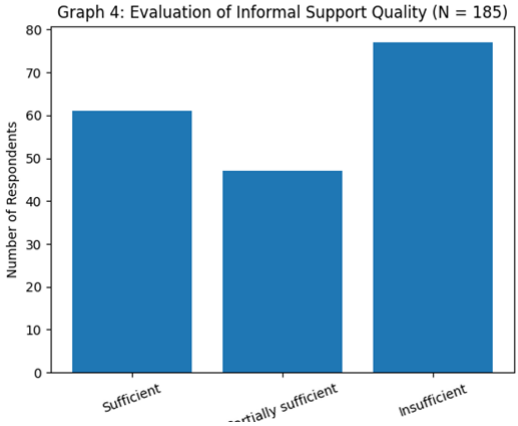

Fig. 4 Sources of Support After Loss (N = 185)

Graph 4 illustrates respondents' evaluation of the quality of informal support (family, relatives, and friends) following the loss of a loved one (N = 185). The results show that 61 respondents (33.0%) evaluated the support as sufficient, while 47 respondents (25.4%) perceived it as partially sufficient. The largest group, consisting of 77 respondents, evaluated the support as insufficient, indicating a substantial level of dissatisfaction with the support received from informal sources. This finding suggests that, although informal support networks are the most frequently utilized, they do not always meet the emotional and psychological needs of bereaved individuals.

Overall, the results highlight a discrepancy between the high reliance on informal support and its perceived effectiveness. This may point to limitations in the capacity of family and friends to adequately respond to the complex needs associated with grief, thereby emphasizing the importance of accessible and effective professional support services.

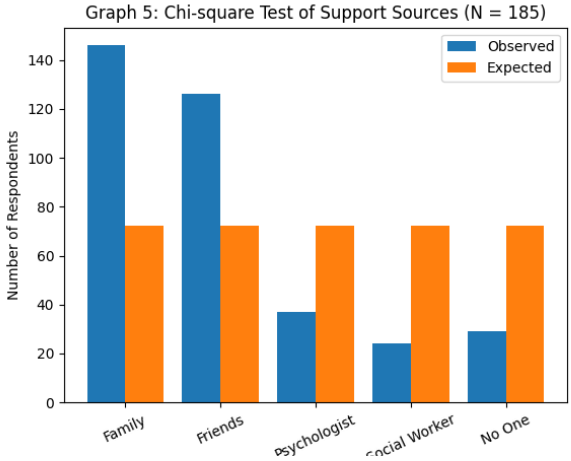

Fig. 5 Chi-square Test of Support Sources (N = 185)

A chi-square goodness-of-fit test was conducted to examine whether the distribution of support sources differs significantly from an equal distribution. The results showed a statistically significant difference between observed and expected frequencies: χ^2 (4, N = 185) = 190.18, p < .001

The findings indicate that the distribution of support sources is not random. Respondents significantly preferred certain types of support over others. Specifically, family and friends were used far more frequently than expected, while professional sources such as psychologists and social workers were used significantly less often.

This result confirms that informal support systems dominate the coping process after loss, whereas formal support services remain underutilized. The very low p-value (< .001) suggests that these differences are highly statistically significant and unlikely to be due to chance.

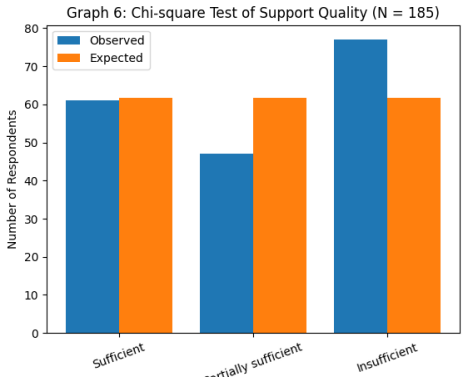

Fig. 6 Chi-square Test of Support Quality (N = 185)

A chi-square goodness-of-fit test was conducted to determine whether the distribution of respondents' evaluations of informal support quality differs from an equal distribution.

The results showed a statistically significant difference: χ^2 (2, N = 185) = 7.31, p = .026 Graph 6 presents the results of the chi-square goodness-of-fit test examining the distribution of respondents' evaluations of informal support quality.

The analysis revealed a statistically significant difference between the observed and expected frequencies, χ^2 (2, N = 185) = 7.31, p = .026. This indicates that the distribution of responses is not uniform and differs significantly from what would be expected under equal conditions.

Specifically, the results suggest that respondents did not evaluate the quality of informal support (family, relatives, and friends) evenly across categories. A higher proportion of respondents reported insufficient support, while fewer respondents rated the support as sufficient or partially sufficient compared to an equal distribution.

These findings highlight that, although informal support is widely utilized, it does not consistently meet the needs of bereaved individuals. The statistically significant result further emphasizes the variability in perceived support quality and suggests the presence of unmet emotional and social needs among respondents.

Discussion

The aim of this study was to analyze the issue of crisis intervention following the sudden loss of a loved one among lonely individuals, to identify their needs and sources of support, and to evaluate the role of social workers in this process. The research findings provide answers to the established research questions and confirm several theoretical assumptions.

Evaluation of Research Questions

RQ1: What are the most common emotional responses experienced by lonely bereaved individuals following the loss of a loved one?

The results showed that the most frequently experienced emotions were sadness (94.1%), loneliness (80.0%), and helplessness (75.1%), with a substantial proportion of respondents also reporting anxiety (70.3%). These findings confirm that the grieving process is associated with intense emotional distress affecting multiple areas of individual functioning.

The dominance of sadness as the primary emotion is consistent with theoretical models of grief [14], while the high prevalence of loneliness highlights the specific vulnerability of the studied group. The findings also suggest that loneliness is not only a consequence of loss but also a significant factor that intensifies negative emotional experiences.

RQ2: What sources of support are utilized by respondents after the loss of a loved one, and what is the proportion of formal versus informal support?

The results clearly indicate the dominance of informal sources of support. Respondents most frequently relied on family (78.9%) and friends (68.1%). In contrast, professional support was used significantly less, with only 20.0% of respondents seeking help from a psychologist and 13.0% from a social worker.

Statistical testing (chi-square test) confirmed that the distribution of support sources is statistically significant and not random ($p < .001$). These findings indicate a systematic preference for informal support.

These results are consistent with previous research [1], which highlights the preference for natural social networks in coping with grief. However, they also reveal the underutilization of professional services.

RQ3: How do respondents evaluate the quality of support provided by informal and formal sources?

The findings showed that only 33.0% of respondents evaluated the support as sufficient, while 25.4% considered it partially sufficient, and a substantial proportion rated it as insufficient.

Statistical analysis (chi-square test) confirmed that the evaluation of support quality is significantly uneven ($p = .026$). This suggests that although informal sources of support are most frequently used, they do not always adequately meet the needs of bereaved individuals.

The results highlight a discrepancy between the availability of support and its perceived quality, which represents a significant challenge for social work practice.

RQ4: What is the impact of loneliness on the intensity of grief and the utilization of support?

The analysis revealed that lonely respondents experienced higher levels of negative emotions, particularly anxiety and helplessness, and more frequently reported a lack of support. Loneliness was also associated with a lower likelihood of seeking help.

These findings confirm that loneliness is a significant risk factor that negatively affects adaptation to loss. The results correspond with the social support theory [3], which suggests that the absence of social ties increases psychological distress.

RQ5: Are there statistically significant differences in grief experiences and the use of support among different groups of respondents?

The findings suggest the existence of differences between respondent groups, particularly between lonely and non-lonely individuals. Lonely respondents demonstrated higher levels of negative emotional experiences and lower levels of support utilization.

Although detailed statistical testing of differences across all groups was not the primary focus of this analysis, the identified differences indicate the need for further research in this area.

Conclusion

The aim of the present study was to analyze the issue of crisis intervention following the sudden loss of a loved one among lonely individuals, to identify their needs and sources of support, and to evaluate the role of social workers in this process. Based on the findings, it can be concluded that the loss of a loved

one represents a significant life stressor, manifested by intense emotional experiences, particularly sadness, loneliness, and helplessness. The results highlighted the dominant role of informal sources of support, especially family and friends, which are most frequently utilized in coping with loss. However, it was also found that the quality of such support is not always sufficient, with a considerable proportion of respondents evaluating it as inadequate. This discrepancy between the availability and effectiveness of support points to the limitations of natural social networks.

A particularly important finding is the low utilization of professional services, especially social workers, which suggests insufficient integration of social work into crisis intervention. At the same time, lonely respondents demonstrated higher levels of negative emotional experiences and lower levels of support utilization, confirming their increased vulnerability. Based on these findings, it can be concluded that crisis intervention has significant potential in supporting lonely bereaved individuals; however, its effectiveness is limited by insufficient accessibility, low awareness, and weak coordination between different forms of support.

Recommendations for Practice

Based on the research findings, the following recommendations for social work practice and crisis intervention can be formulated:

1. Increasing the availability of crisis intervention services
   It is necessary to expand the availability of crisis intervention services, particularly within community settings, to ensure accessibility for lonely individuals who lack natural social support networks.

2. Strengthening the role of social workers
   Social workers should be more actively involved in supporting bereaved individuals. It is essential to enhance their visibility and competencies in the field of crisis intervention.

3. Improving awareness of available services
   The findings indicate a low level of utilization of professional services, which may be related to insufficient public awareness. Therefore, educational and informational campaigns should be implemented.

4. Development of specialized programs for lonely bereaved individuals
   Lonely individuals represent a high-risk group; therefore, targeted

support programs should be developed, such as support groups or individual counseling.

5. Promoting interdisciplinary collaboration
   Effective support requires cooperation between social workers, psychologists, and healthcare professionals. An interdisciplinary approach enables a more comprehensive response to clients' needs.

6. Focusing on the quality of provided support
   In addition to service availability, emphasis should also be placed on the quality of support. Interventions should be individually tailored to clients' needs and focused on long-term adaptation.

7. Prevention of social isolation
   It is necessary to actively identify lonely clients and support their integration into social networks, thereby reducing the risk of complicated grief.

References

[1] S. M. Aoun, L. J. Breen, M. O'Connor, B. Rumbold, C. Nordstrom, "A public health approach to bereavement support services in palliative care," *Australian and New Zealand Journal of Public Health*, vol. 39, issue 6, pp. 611–616, 2015. DOI: 10.1111/j.1753-6405.2012.00825.x

[2] J. Bursová, E. Dolinská, E. Revajová, "Practical experience and qualification of crisis intervention in social services in Slovakia," *Review of Theology, Social Sciences and Sacred Art*, issue 2, pp. 23–34, 2022

[3] S. Cohen, T. A. Wills, "Stress, social support, and the buffering hypothesis," *Psychological Bulletin*, vol. 98, issue 2, pp. 310–357, 1985. DOI: 10.1037/0033-2909.98.2.310

[4] D. A. Lund, M. S. Caserta, R. L. Utz, "Experiences and early coping of bereaved spouses/partners in an intervention based on the dual process model," *OMEGA – Journal of Death and Dying*, vol. 61, issue 4, pp. 291–313, 2010. DOI: 10.2190/OM.61.4.b

[5] A. Mátel, M. Schavel, *Teória a metódy sociálnej práce*, Bratislava: Spoločnosť pre rozvoj sociálnej práce, 2015. ISBN 978-80-971445-6-2

[6] J. T. Mitchell, G. S. Everly, "Riadenie stresu v kritických situáciách (CISM)," in: M. L. Bourke, V. B. Van Hasselt, S. J. Buser (Eds.), *Duševné zdravie záchranárov: Sprievodca pre lekárov*, Springer Nature Switzerland, 2023, pp. 179–209. DOI: 10.1007/978-3-031-38149-2_10

[7] A. Pitman, D. Osborn, M. King, A. Erlangsen, "Effects of suicide bereavement on mental health and suicide risk," *The Lancet Psychiatry*, vol. 1, issue 1, pp. 86–94, 2014. DOI: 10.1016/S2215-0366(14)70224-X

[8] A. R. Roberts, *Crisis intervention handbook: Assessment, treatment, and research*, Oxford: Oxford University Press, 2005

[9] M. Stroebe, H. Schut, K. Boerner, "Cautioning health-care professionals," *OMEGA – Journal of Death and Dying*, vol. 74, issue 4, pp. 455–473, 2017. DOI: 10.1177/0030222817691870

[10] N. Špatenková et al., *Krízová intervencia*, Praha: Portál, 2004. ISBN 80-7178-803-5

[11] N. Špatenková et al., *Poradenství pro pozůstalé*, Praha: Grada, 2017. ISBN 978-80-247-5327-0

[12] S. Šrobárová, "Krízová intervencia pri špecifických životných situáciách," in: *Krízová intervencia v multidisciplinárnom kontexte*, Ružomberok: Verbum, 2016, pp. 111–144. ISBN 978-80-561-0414-9

[13] J. W. Worden, *Grief counseling and grief therapy*, 4th ed., New York: Springer Publishing Company, 2013

[14] J. W. Worden, *Smútkové poradenstvo a smútková terapia: Príručka pre odborníkov v oblasti duševného zdravia*, Bratislava: Vydavateľstvo F, 2013. ISBN 978-80-88952-73-2