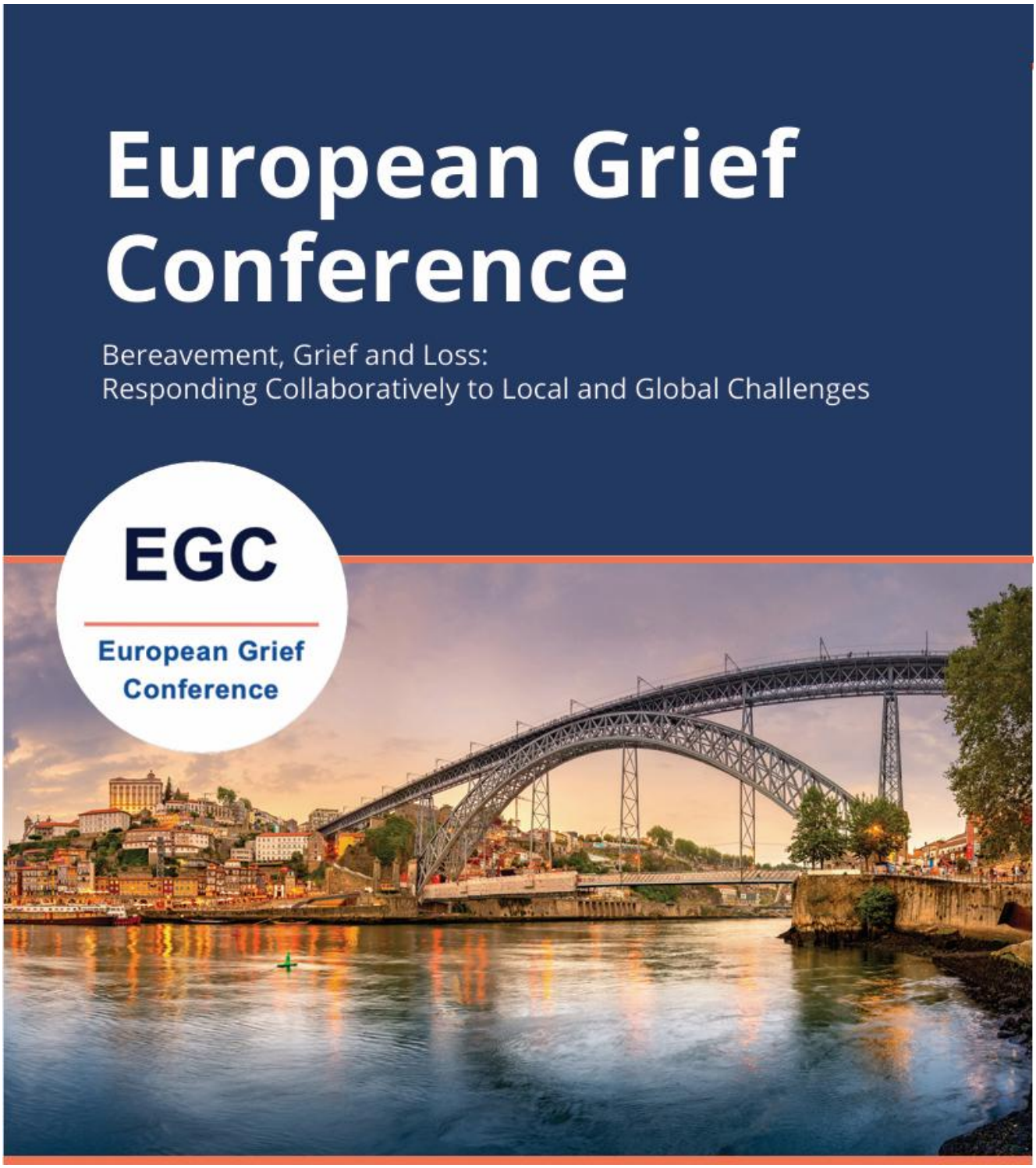
Oral Presentations



Grieving without a coffin: Living and anticipated losses among young relatives of serious familial illness in Denmark

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Background
Despite rising attention to pre-death grief, research is anchored in clinical paradigms that centers intrapsychic measurement among adult carers in end-of-life settings. This risks obscuring socio-temporal contexts in which grief unfolds and sidelines the voices of young relatives of serious familial illness.

Rationale
The study examines how young relatives experience, make sense of, and live with pre-death grief in everyday life. Pre-death grief is treated as a multifaceted and social process (Borgstrøm & Visser, 2024; Ratcliffe, 2017) shaped by temporal structures of past, present, and anticipated losses.

Design
A longitudinal qualitative study with Danish young relatives (19-25) of a seriously ill parents/siblings. Data comprises 26 semi-structured interviews and participant-generated materials. Analysis is based on a critical phenomenological approach of exploring lived experiences situated within everyday-life conditions (Guenther, 2019).

Results (preliminary)
Participants experience loss of present and future relationships, loss of “youth life” and loss of future possibilities/certainty. They inhabit a double liminality when in-between child/adult and “not-yet-bereaved”.

Conclusion
Pre-death grief in youth is a lived socio-temporal trajectory that unfolds through everyday practices and relations. Research should attend to the contextuality of losses that unfold in non-medical spaces of young people.

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Understanding the Complexity of Suicide Loss: PTSD, Complex PTSD and Prolonged Grief Disorder following Suicide Bereavement

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Background:
Suicide-bereaved individuals are frequently confronted with profound and prolonged grief reactions and also have an increased risk for mental health disorders, as well as suicidal ideation (Andriessen et al., 2019, Pitman et al., 2014). While the psychosocial consequences following suicide loss have been increasingly acknowledged, relatively little is known about the development of complex post-traumatic stress disorder (CPTSD) in this population, particularly with regard to the specific symptom clusters defined in recent diagnostic frameworks (Hofmann & Wagner, 2025).

Rationale:
This study aims to explore the level of PTSD, CPTSD, depression, and prolonged grief (PG) symptoms among survivors of suicide loss, while considering loss-related characteristics and socio-demographic variables to identify potential risk factors.

Design:
A total of 161 adults who had experienced the loss of a close person to suicide participated in an online survey. The questionnaire assessed details of the suicide along with validated measures of grief (TGI-SR+), PTSD and CPTSD (ITQ), and depressive symptoms (PHQ-D).
Results: Overall, 12.3% met the diagnosis for CPTSD and 5.0% for PTSD, while 27.3% fulfilled the criteria for PGD. Time since loss was significantly associated with both PG and PTSD symptoms, kinship to the deceased was linked to PG severity. Participants showed elevated levels across all CPTSD-related symptom clusters.

Conclusion:
These findings highlight the heightened prevalence of CPTSD and its associated symptoms among suicide loss survivors, underscoring the need to incorporate CPTSD-focused assessment and intervention into postvention services.

Heterogeneous Pathways of Grief Transmission in Families in Daily Life

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Background:
Grief in parents and their children is both an intrapersonal and an interpersonal experience, especially when the death concerns a household member.

Rationale:
However, little is known about grief dynamics in daily family life, including whether grief may be transmissible from parent to child, and vice versa.

Design:
Twenty co-habiting parent-child (aged ≥12 years) dyads that had experienced the loss of a household member at least six months earlier completed 28 days of ecological momentary assessment (4x day) of prolonged grief symptoms and possible cognitive-affective mediators (rumination, avoidance, negative beliefs). Pre-registered dynamic structural equation models were used to examine bidirectional associations between parent and child grief.

Results:
Participating parents (77% female, Mage = 47.8 years) and children (75% female, Mage = 16.3 years) had lost a household member on average 3.3 years prior. At the group level, no direct within-family grief transmission was observed. However, a significant mediation path was observed, whereby child grief, when coupled with child rumination, was predictive of greater parental grief at the subsequent time point. This mediation effect was no longer significant in sensitivity analyses restricted to one randomly selected dyad per family. Further, family-specific models showed significant child-to-parent transmission in four dyads (20%), and parent-to-child transmission in three dyads (15%).

Conclusion:
Grief transmission paths appear unique to each family. This is the first study to capture these processes in real time, underscoring the need for further dyadic research to uncover how grief unfolds and is shared between parents and children in daily life.

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From Silent to Shared Knowledge: A Model for Developing Healthcare Professionals' Communication with Relatives and Bereaved Individuals in Acute Care Settings

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Background:
Approximately one in ten bereaved individuals develop Prolonged Grief Disorder (PGD), with prevalence rising to nearly 49% after sudden deaths such as cardiac arrest or accidents [1]. Proactive and inclusive communication by healthcare professionals can reduce the risk of PGD [2], yet this task is challenging in acute care settings, despite being requested by relatives.

Rationale:
To develop and pilot test a competency development model to support healthcare professionals' communication with relatives and bereaved individuals in acute hospital care.

Design:
Two qualitative studies were conducted. Study 1 examined current practices and the organization of healthcare professionals' contact with relatives and bereaved individuals at a trauma centre through nine days of fieldwork and fourteen interviews. Study 2 focused on developing and pilot testing an educational model informed by findings from Study 1 and Schön's concepts of reflection in and on practice [3]. This study comprised three experience-sharing meetings with six participants. Data were transcribed and analysed.

Results:
Less experienced healthcare professionals were most often responsible for communication with relatives and the bereaved and frequently felt unsupported in a poorly defined task. Experience-sharing between less and more experienced staff clarified expectations, improved approaches to diverse situations, and strengthened collegial cohesion.

Conclusion:
The competency development model may promote shared learning and collaboration through experience-sharing. Further research is needed to assess effectiveness prior to broader implementation.

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Reciprocal temporal associations between grief rumination and daily affect in bereavement

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Background:
Rumination plays a crucial role in maintaining negative emotions. However, little is known about the dynamics of grief rumination in bereaved individuals' daily lives.

Rationale:
Adopting ecological momentary assessment (EMA) enables the exploration of the temporal relationship between grief rumination and daily affect following bereavement.
Design: Sixty-three bereaved individuals completed EMA surveys four times daily for 14 successive days. Residual dynamic structural equation modeling (RDSEM) was applied to estimate within-person temporal associations.

Results:
Reciprocal associations were found between overall grief rumination, its subtype regretting, and daily negative affect (NA). Positive affect (PA) predicted subsequent overall grief rumination. Distinct emotional states predicted different rumination subtypes: prior NA predicted yearning, recalling conflicts, counterfactuals, and injustice, whereas prior PA predicted considering others. Rumination on the meaning of loss and grief reactions were predicted by both prior NA and PA.

Conclusion:
Findings reveal feedback loops between daily NA and grief rumination, underscoring the importance of daily affect in shaping rumination processes.

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Bereaved for Life – Death, Bereavement and Grief in Maltese Society

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In the Catholic island of Malta, where an increasing number of residents from other cultures and beliefs are re-shaping Maltese society (NSO, 2023), research pertaining to death and bereavement is currently limited. This contribution will focus on the changing discourse surrounding death within the changing Maltese society.

This contribution is based on a (i) nation-wide survey, carried out by Azzopardi and Vella (2023) based on the perception of death by the Maltese population, adapted from the Death Attitude Profile – Revised (DAP-R) (Wong et al., 1994). This contribution is also based on (ii) elite interviews to analyse the discourse surrounding death and bereavement in Malta.

Results from the Maltese DAP-R show that whilst 95% accept that death is a natural process, for 90% of the population, death is a 'grim experience'. 59% push away death-related thoughts, yet 60% consider heaven as a better place. 47% reflected that Maltese society is not open to discuss death (Azzopardi & Vella, 2023).

Initial results from elite interviews show that people living in Malta fear death and try not to think about it but are open to speaking about it in a safe space. Results also show the discourse about death and dying is changing.

In Malta, like in other European countries, death is still a taboo. We need to work harder and concentrate our efforts to break the stigma around death and re-think funerals, burial spaces and bereavement in a changing Maltese society.

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Internet Cognitive Therapy for Prolonged Grief Disorder (iCT-PG): A developmental case series

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Background
Prolonged Grief Disorder (PGD) affects a substantial minority of bereaved individuals and is associated with enduring distress, comorbidity, and marked functional impairment. Despite growing evidence for effective psychological treatments, access to specialist grief therapy remains limited across many European settings.

Rationale
Digitally delivered, therapist-assisted interventions may help reduce barriers to care while maintaining fidelity to evidence-based models. This study introduces Internet Cognitive Therapy for Prolonged Grief (iCT-PG), adapted from cognitive therapy for PTSD, and evaluates its preliminary feasibility, acceptability, and clinical outcomes, with a focus on theoretically derived maintenance mechanisms of PGD.

Design
Eight adults meeting diagnostic criteria for PGD at structured interview completed a 12-session iCT-PG programme over 14 weeks. The intervention targeted loss-related memory characteristics, negative grief appraisals, unhelpful coping strategies, and a sense of social disconnection, using a personalised modular digital platform with regular therapist support. Outcomes were assessed pre-treatment, post-treatment, and at three-month follow-up using validated measures.

Results
All participants completed treatment. Large reductions were observed in PGD symptoms and comorbid PTSD, depression, anxiety, and functional impairment. At post-treatment, 87.5% showed reliable improvement and recovery below clinical cut-offs for PGD, with no reliable deterioration on any outcome. Large improvements were observed across process measures, particularly loss-related memory characteristics. Gains were maintained at follow-up. Mean therapist time was approximately ten hours per participant.

Conclusion
iCT-PG was feasible, acceptable, and associated with substantial clinical improvement in this small uncontrolled study. Findings support further evaluation in adequately powered trials to establish efficacy and scalability within European healthcare contexts.

From Iranian Mourning Rituals to Moral Challenge: Moral Distress and Symbolic Revenge After Human-Caused Spousal Loss

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Background:
Dominant grief models, largely developed in Western contexts, conceptualize mourning as an individual adaptive process (Stroebe & Schut, 1999). In contrast, Iranian mourning is embedded in religious rituals shaping moral emotions such as guilt and anger. Despite growing attention to moral emotions after human-caused deaths (Eisma et al., 2021; Lenferink et al., 2022), developing revenge and influences of rituals remain underexplored in Iran.

Rationale:
Grief frameworks rarely examine how mourning rituals regulate moral emotions or how their withdrawal shapes loss experience. This study examines Iranian mourning rituals after human-caused spousal loss, focusing on revenge.

Design:
Seventeen Iranian adults bereaved by spousal loss in road traffic collisions (1–3 years earlier) participated in semi-structured interviews. Data were analyzed using reflexive thematic analysis (Braun & Clarke, 2006), focusing on revenge and the role of Iranian rituals.

Results:
Participants described the Chehelom (40-day mourning period in Iran) as stabilizing moral understanding. After its conclusion, many reported sudden and increased loneliness, and feeling of revenge. This maintained bonds with the deceased and postponed mourning.

Conclusion:
Iranian mourning rituals provide time-limited regulation of moral emotions after loss. When these structures recede, symbolic revenge may manage moral distress, underscoring the need for culturally informed grief models.

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Diversity of Loss: Collaborating to Create Intergenerational Arts-Based Grief Support

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Background:
The co-presenters created and co-facilitate “Diversity of Loss,” an intergenerational arts-based grief support group on their college campus that addresses the high prevalence of grief among students, staff, and faculty (Borgstrom et al., 2023; Cox et al., 2015).

Rationale:
Grief support groups offer accessible, communal spaces for sharing about loss. Participants report reduced isolation, normalized grief reactions, mutual support, and cultivated hope (Dyregrov et al., 2014). Arts-based grief expression further empowers participants to communicate experiences they cannot verbalize (Robb, 2022).

Design:
To develop their “Diversity of Loss” program, the presenters researched groups on college campuses, surveyed participants of their program, and engaged in collaborative feminist autoethnographic reflection.

Results:
Their mixed methods research yielded three distinctly favorable aspects of their program: student-professor co-facilitation, arts-based support, and intergenerational composition.

Conclusion:
The presentation concludes with ideas for starting grief groups and for supporting university community members grieving both death and nondeath losses.

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Filling the Gap: Young Adults Navigating Connection in the Context of Grief

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Background
Grief among young adults (18-25 years) is frequently under-communicated within peer networks, partly due to uncertainty about how to express loss or support others, thereby risking isolation and reduced peer support (Breen et al., 2025). Filling the Gap is a practice-based design project on how to stay connected during bereavement, while simultaneously increasing grief literacy within this age group.

Rationale
In the project students acted as designers for their own peer communities. The underlying assumption was that peer-generated ideas would be more accessible and contextually relevant than externally imposed solutions (Haldane et al., 2019). The project aimed to foster both meaningful interventions and reflective learning about grief and communication.

Design
The project was conducted in collaboration with four Universities (and/or of Applied Sciences) in the Netherlands. Over a three-month period, students worked individually or in teams on the assignment as part of their formal studies. Through research, reflection, and design, students explored how the social gap between friends after loss might be bridged (Breen et al., 2020)

Results
The project resulted in over 27 concepts, including art, prototypes and campaigns, structured around three themes: Me (expressing personal grief), You (supporting a grieving peer), and We (collective coping within peer groups). The results were showcased in a public exhibition, encouraging dialogue and openness about grief. Aside from the design outputs, students reported better grief awareness, greater confidence in supporting peers, and a stronger willingness to engage in conversations about loss.

Conclusion
These findings suggest that involving young adults as co-creators within educational settings is an effective and scalable approach to addressing grief-related social disconnection.

Breen, L. J., Zammit, T., Payne, N., Lobo, R., Black, A., & Egan, S. J. (2025). A world that recognises, validates, and supports young people's grief: a co-designed study. Health Promotion Journal of Australia, 36

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Lauren J. Breen, Daisuke Kawashima, Karima Joy, Susan Cadell, David Roth, Amy Chow & Mary Ellen Macdonald (2020): Grief literacy: A call to action for compassionate communities, Death Studies

Tailored implementation of an evidence-informed BEereavement SupporT pathway in Swiss specialized palliative care (BEST for Family): a two-site mixed-methods evaluation with hospital-based palliative care professionals

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Background:
Evidence-informed family bereavement support is recommended for specialized palliative care[1] but remains insufficiently implemented.[2] An evidence-informed bereavement support pathway (BSP) was developed in close collaboration with two specialized palliative care services and introduced using a tailored implementation strategy.

Rationale:
This study examined how the BSP, its implementation, including barriers and facilitators, were perceived by palliative care professionals (PCPs).

Design:
Mixed-methods evaluation with PCPs in two Swiss hospitals, using qualitative focus group interviews (mid- and post-implementation) and quantitative surveys (pre-mid-post-implementation).

Results:
Six to eight PCPs participated per interview, and 39, 26, and 34 PCPs completed the pre-, mid-, and post-implementation surveys, respectively. Quality of family care improved, implementability of the BSP was high pre-patient death but lower post-death, scarce resources and conflicting views among PCPs regarding responsibilities made bereavement follow-up challenging, and implementation strategies differed in PCP-perceived usefulness.

Conclusion:
The evidence-informed BSP improved the quality of family bereavement care. Its implementability was lower for the bereavement follow-up phase, with more barriers to overcome. Integration of bereavement follow-up is challenging in specialized palliative care and requires capacity building.[3]

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Experiences of Gay Men with Pregnancy Loss via International Surrogacy

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Background:
Research on the experiences of gay men with pregnancy loss via surrogacy is scarce. Previous literature found that the challenges faced by gay men on the path to parenthood have an impact on their grief (Craven & Peel, 2014), with a primary focus on disenfranchisement and stigma (Mahat-Shamir, 2025).

Rationale:
The present research seeks to move beyond the prevailing focus on disenfranchisement and stigma and contribute to a deeper understanding of the needs of gay men following such loss.

Design:
This research employs a qualitative approach, utilizing semi-structured interviews with 12 gay men who experienced pregnancy loss via international surrogacy. Ricoeur-inspired Interpretive Phenomenological Analysis was conducted on the data (Simonÿ et al., 2018).

Results:
Findings are presented in a three-stage analysis, consisting of naïve reading, structural analysis, and comprehensive understanding. First, the experiences emerged as characterized and shaped by distance. Second, four themes were identified: (1) “The Fragmented Experience of Becoming a Gay Parent”; (2) “The Disrupted Experience of Grief”; (3) “Ambiguity of Identity and Roles Following the Loss”; and (4) “Emotional Mechanisms of the Present and of the Future”. Finally, links were made to embodied grief and ambiguous loss.

Conclusion:
In the absence of a clear embodied experience, distance increased emotional and relational detachment and fragmented the parental identity. Furthermore, heteronormative norms contributed to ambiguity regarding the right to mourn. Practitioners should provide a safe space to process the surrogacy triad dynamics and clarify roles, helping gay men feel recognized and validated as parents.

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Between Grief and Duty: Family Members Delivering Sudden Death News

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Background
Bereavement research has mainly focused on those who receive news of death, while professional literature addresses the delivery of bad news by physicians, police, and other professionals using structured protocols and ethical guidelines.

Rationale
Little attention has been given to family members who deliver sudden death news to relatives. They occupy a dual position as both grievers and bearers of bad tidings. Unlike professionals, they lack formal training, emotional distance, or institutional authority, making existing protocols largely irrelevant. This study explores the experiences of family-member bearers of sudden death notifications, addressing this theoretical and empirical gap.

Design
A qualitative approach was used. In-depth, semi-structured interviews were conducted with 14 adults who had delivered the news of a close relative's sudden death to other family members. Data were analyzed thematically to identify recurring themes.

Results
Three themes emerged: (1) the bearers' initial encounter with the death and how it shaped their notification practices; (2) the emotional and moral burden of holding and conveying the knowledge within the family; (3) framing the role as a mission, marked by altruism, a sense of being "chosen," and acceptance despite distress.

Conclusion
Family-member bearers of bad tidings form a distinct and overlooked category, extending bereavement theory by highlighting death notification as a relational and morally situated act that shapes the course of grief within the family system. Health care professionals should provide support to family members tasked with delivering such news, recognizing their unique, sensitive, and influential role.

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Group for bereaved people in Brazil: Experience in a university extension project

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Grief is understood as a complex psychological process that occurs in response to the loss of a bond and can profoundly affect individuals' mental health, encompassing emotional and physical aspects. Although it is a universal experience, its manifestation is subjective and influenced by cultural, social, psychological, and historical factors. In this context, the present paper reports on a university extension project that consisted of the implementation of a therapeutic group aimed at supporting individuals in the grieving process, with the objective of providing a safe space for emotional expression, the sharing of experiences, and the strengthening of support networks.

The initiative served community members aged between 18 and 60 who were facing significant losses. The groups were conducted by undergraduate psychology students under the supervision of a coordinating professor, and were grounded in Psychoanalysis, grief studies, and the principles of group dynamics. The methodology adopted involved weekly one-hour sessions, preceded by theoretical training for the facilitators, as well as weekly one-hour supervision meetings with the coordinating professor.

Five sessions were held with each group. In total, two groups were conducted, with the participation of eight interns, equally divided between them (four in each group). The activities developed included therapeutic listening, emotional support, and psychoeducation. Overall, the group experience was evaluated positively, showing favorable effects for both participants and students. It was observed that the group facilitated the elaboration of grief, the expression of emotions, and the re-signification of the loss experience among participants, while also providing students with a meaningful educational space that contributed to the development of clinical, ethical, and relational skills in managing psychological suffering associated with grief.

The 6 Foci Model: A Clinical Guide for Helping Parents Facilitate Their Children's Grief

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Research indicates that the long-term impact of childhood bereavement—often manifesting in adulthood as emotional, interpersonal, and physical comorbidities—is determined less by the death itself than by the quality of the post-loss environment. In this context, the caregiving system plays a central role in shaping children's adaptive grief processes.

Bereaved children and teenagers often face a dual burden: the death of a significant attachment figure and a collateral loss, defined as the secondary stress resulting from the disruptions of family functioning and the emotional unavailability of caregivers who are themselves grieving.
Growing evidence supports a systemic paradigm shift in clinical practice, suggesting that the most effective intervention is frequently not direct therapy with the child, but rather the strengthening of parental and caregiving capacities. Parents and primary caregivers serve as the main facilitators of their children's emotional regulation, meaning-making, and developmental continuity following loss.

This presentation introduces the 6 Foci Model (Payàs & Berenguer, 2025), a clinically informed framework designed to support therapists in accompanying parents through a double task: managing their own grief while simultaneously supporting their children's emotional and developmental needs. The model offers clinicians structured; domain-specific interventions aimed to help parents to restore their children's sense of safety across six core foci.

By addressing these domains, the 6FM aims to mitigate the impact of collateral loss and to reinforce the family system as a protective factor significantly reducing the risk of long-term psychopathology in bereaved children.

Payàs, A., & Berenguer, C. (2025). Una tarea doble: vivir el duelo y cuidar de los hijos. Paidós.Barcelona

Support for Patients and Families on the Grief Continuum: An Interprofessional Curriculum for Healthcare Professionals

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Healthcare professionals (HCPs) routinely encounter chronic and terminal illness and unexpected death, yet most receive little formal training in grief and loss. This lack of preparation undermines clinician wellbeing and confidence in supporting patients, families, and caregivers, indicating a critical need for structured bereavement education.

A study of 123 HCPs in high-acuity settings revealed substantial gaps in bereavement support: although 64.2% reported supporting families at the time of death, only 29.3% felt very comfortable doing so, and more than half desired formal training. These findings highlight the importance of equipping clinicians to provide competent, compassionate grief support across care environments.

In response, we developed a multidisciplinary training curriculum to build foundational competencies in grief support for healthcare team members across roles and experience levels. The curriculum introduces core grief concepts, integrates supportive counseling principles from palliative and hospice care, and addresses anticipatory, preparatory, and post-death bereavement. It emphasizes supporting patients and families across the grief continuum, strengthening team communication, and promoting clinician self-care.

Launched in June 2025, this evidence-informed initiative aims to enhance clinicians' capacity to deliver compassionate bereavement care and strengthen workforce resilience.

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Cultural Scripts of Grief in Chinese Bereavement: A Qualitative Study with consideration of cultural values

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Background:
Bereavement is a universal experience shaped by cultural context. Although grief has been extensively studied in Western settings, culturally specific post-bereavement expressions among Chinese populations remain insufficiently understood. The concept of Cultural Scripts of Grief (CSGs) captures culture-specific manifestations of bereavement-related distress and highlights the cultural sensitivity of grief sequelae.

Rationale:
This study aimed to identify CSGs elements among Chinese bereaved individuals and to explore the cultural values underpinning these elements.

Design:
A qualitative design was employed, combining content and thematic analyses of eight focus groups with 25 bereaved individuals and 11 grief experts.

Results:
A total of 107 CSGs elements were identified and organised into eight domains, such as cognitive, emotional, behavioral changes, and growth. These grief experiences were linked to cultural values such as death taboo and filial piety.

Conclusion:
Cognitive and emotional symptoms were culturally salient. Death taboo and filial piety emerged as dominant values shaping Chinese CSGs, with implications for culturally sensitive bereavement practice in Europe's multicultural contexts.

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Postpartum care: The potential flaws in traditional mental health screening for bereaved parents

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Background
Infant, pregnancy, and child loss is more prevalent than commonly recognized; in the United States, approximately one in four women will experience miscarriage, stillbirth, or perinatal loss in their lifetime (Farren et al., 2016). Despite the frequency, long-term psychological impacts are often misunderstood. Research indicates that nearly 20% of women who experience miscarriage exhibit trauma, depressive, or anxiety-based symptoms (Farren et al., 2016). Standard mental health screening tools—such as the GAD-7, PHQ-9, and the Edinburgh Postnatal Depression Scale—are commonly used in clinical practice but may inadequately capture the unique experiences of bereaved parents.

Rationale
The conflation of grief with depression or anxiety in assessment tools can contribute to misdiagnosis, inappropriate interventions, and increased isolation among bereaved parents. Evaluating the appropriateness of commonly used scales is critical for improving clinical accuracy and avoiding the unnecessary use of pharmacological interventions. Understanding these limitations allows clinicians to differentiate normative grief processes from clinical symptomatology and provide grief-informed care.

Design
This presentation provides a critical review of historic and contemporary research on the use of depression and anxiety assessment tools with bereaved parents. It examines the psychometric validity and practical limitations of the GAD-7, PHQ-9, and Edinburgh Postnatal Depression Scale in this population. Clinical examples and literature from systematic reviews and population-based studies illustrate potential misclassification of grief as pathology and highlight best practices for assessment, including follow-up interviews and grief-informed evaluation.

Results
Current evidence indicates that standard screening tools often fail to distinguish grief from clinical depression or anxiety (Sarkar et al., 2022; Wang et al., 2024; Westby et al., 2021). Reliance on these tools without complementary clinical assessment risks overdiagnosis, unnecessary medication, and missed opportunities for grief support. Integrating structured interviews and grief-specific assessment methods improves identification of parental needs, facilitates appropriate interventions, and reduces isolation.

Conclusion
Accurate mental health assessment for bereaved parents requires tools that account for the complexity of grief, rather than relying solely on standard depression and anxiety scales. Clinicians are encouraged to combine screening instruments with grief-informed clinical evaluation to enhance care, ensure appropriate intervention, and promote healing after infant, pregnancy, or child loss.

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Navigating Grief in the Digital Age: Exploring the Role of Griefbots

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Background
Digital technologies increasingly shape how bereavement is experienced. One emerging phenomenon is griefbots - AI-driven chatbots designed to simulate the communication styles of a deceased. Based on the digital footprint, griefbots enable two-way communication with a digital representation of the deceased. This marks a significant shift from one-way digital grief practices such as social media or digital memorials.

Rationale
While preliminary studies suggest that griefbots may offer comfort, companionship, or support meaning-making, their influence on the grieving process remains poorly understood. In particular, it is unclear whether griefbots facilitate adaptive continuing bonds or risk complicating grief by sustaining
an illusion of ongoing presence. This knowledge gap raises important social, clinical, and ethical questions in an increasingly digitalized society.

Design
This qualitative study draws on semi-structured interview data from bereaved adults (n=9) who previously participated in a qualitative study on letter writing as a clinical tool in grief psychotherapy. Participants reflected on the imagined use of griefbots, and the anticipated emotional, relational, and ethical implications of two-way digital interaction. Data were thematically analyzed to identify shared meanings, risks, and benefits across age groups.

Results
Findings indicate generational differences in attitudes toward griefbots, with younger bereaved individuals (20-27 years) often describing perceived benefits such as emotional comfort or resolution of unresolved issues, while older participants (65+ years) express concerns about acceptance of loss.

Conclusion
Griefbots challenge existing boundaries between absence and presence in bereavement and highlight the need for systematic research to inform ethical guidelines and risk assessments.

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Treating Prolonged Grief Disorder in adults: evidence- and consensus based clinical practice recommendations

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Background:
Prolonged Grief Disorder (PGD) is a recently recognized disorder in ICD-11 and DSM-5-TR, currently being implemented in health services worldwide. Importantly, no official clinical guidelines for treating PGD symptoms in adults are currently available. The aim of this study was to provide 1) evidence-based and 2) consensus-based recommendations for clinical practice as a resource to help clinicians plan their treatment approach when treating adults with PGD.

Methods:
Based on a systematic review of the literature and following guidelines for clinical practice from NIH for evidence-based recommendations and from WHO for consensus-based recommendations, a team of international clinicians and researchers experienced with PGD methodically developed recommendations for treating PGD symptoms in adults.

Results:
In a systematic review of randomized controlled trials, 18 individual studies and one meta-analysis were included. Three psychotherapy approaches; grief-specific meta-cognitive interventions, grief specific cognitive behavioral interventions (GS-CBIs), and culturally adapted GS-CBIs were supported by three studies or more. The quality of studies and intervention effectiveness supported only GS-CBI as recommended for treating PGD. GS-CBIs were therefore recommended as currently best supported treatment for PGD symptoms. Pharmacotherapy for PGD was not supported by evidence but has not yet been adequately studied. Consensus-based recommendations were provided for PGD symptom assessment, treatment goals, treatment components, consideration of pharmacotherapy for co-occurring depression, and potential obstacles to treatment.

Conclusions:
Grief specific cognitive behavioral interventions were recommended as best supported for treating PGD symptoms in bereaved adults. Consensus-based recommendations may guide how to apply treatment for PGD symptoms in adults.

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The Butterfly Project in a Brazilian Neonatal Intensive Care Unit: a bereavement-sensitive practice following perinatal loss in multiple pregnancies

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Background:
Perinatal loss in multiple pregnancies creates a complex bereavement situation, as parents grieve for one baby while simultaneously caring for the surviving infant in the Neonatal Intensive Care Unit (NICU). This experience is associated with an increased risk of prolonged grief and psychological distress, particularly when the loss is insufficiently recognised by healthcare professionals (Law et al., 2021; Swanson et al., 2009).

Rationale:
The Butterfly Project was developed in the United Kingdom to support parents after the loss of a twin through recognition, validation and sensitive communication in neonatal care (Hayes et al., 2015). This abstract presents its implementation in a Brazilian context, where hospital psychology is a recognised professional specialty. In Brazil, hospital psychologists are trained to provide early bereavement care, including first-line interventions immediately following loss within healthcare settings. This professional framework enabled the adaptation of the Butterfly Project in a Brazilian NICU as a low-cost, symbolic intervention integrated into routine neonatal care and supported by psychological expertise. Sharing this experience contributes to the European bereavement field by illustrating how psychologist-led early grief care can be embedded within neonatal services.

Design:
This oral presentation is a practice-based experience report describing the implementation of the Butterfly Project in a Brazilian NICU, including its organisation, ethical considerations and clinical delivery by a hospital psychologist. With parental consent, a purple butterfly is placed on the incubator of the surviving baby to acknowledge twin status and symbolise the deceased infant, alongside grief-informed psychological support (Boutillier et al., 2023). Selected findings from a qualitative study with parents from eight families will be presented, based on semi-structured interviews and analyzed using thematic analysis.

Results:
The intervention was perceived as both recognising and validating parental grief, while facilitating open and sensitive communication about loss between parents and the healthcare team.

Conclusion:
The Butterfly Project represents a meaningful bereavement-sensitive practice that humanises NICU care and strengthens psychological support for parents after perinatal loss.

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Identifying Response Patterns in Psychotherapy for Prolonged Grief Disorder: Growth Mixture Models of Symptom Trajectories

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Background:
Multiple studies confirmed the effectiveness of psychotherapy in treating Prolonged Grief Disorder (PGD) in adults (Komischke-Konnerup et al., 2024; Rosner et al. 2025). However, psychotherapeutic research has shown that a significant proportion of patients do not respond to treatment (e.g. in PTSD Semmlinger et al., 2025).

Rationale:
We examined different treatment trajectories and predictors of symptom change during psychotherapy for adults with PGD and investigated predictors of specific trajectories.

Design:
Data came from a multicentre randomised clinical trial (Rosner et al., 2025). Participants were individuals aged 18–75 years with PGD according to a diagnostic interview. Participants received PG-CBT or PCT as intervention. We analysed grief symptom trajectories from pre-treatment to follow-up using growth mixture modelling and explored the prediction of class assignment by participant- and loss-specific variables using logistic regression.

Results:
We identified three trajectories. The first class (best-responders) showed the greatest symptom reduction over time (β = -1.53, n = 65), while the second class (mid-responders) showed a significant symptom reduction, though less pronounced improvement (β = -0.76, n = 91). The third class (non-responders) showed no significant improvement, with symptoms nearly remaining unchanged throughout treatment and follow-up (β = -0.11, n = 46). Predictors of non-response included receiving PCT instead of PG-CBT and having higher initial symptom levels.

Conclusions:
Our findings indicate that a considerable number of participants do not respond to psychotherapy. This highlights the importance of ongoing symptom monitoring during psychotherapy to enable the early identification of non-response and the early adaptation of interventions.

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The Effect of a Structured Bereavement Support Program on Mechanisms of Grief Adaptation and Symptoms of Prolonged Grief Disorder in Slovenian Adolescents: A Mixed-Methods Longitudinal Study

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Background
Adolescents who experience the death of a close family member are at increased risk of developing Prolonged Grief Disorder (PGD). Although structured bereavement support programs have demonstrated benefits in reducing maladaptive grief symptoms and reactions, considerably less is known about how such interventions influence underlying grief processes during adolescence.

Rationale
Understanding the process-oriented mechanisms such as coping strategies, emotional processing, and meaning-making is particularly relevant in European contexts, where bereavement support services are heterogeneous and culturally embedded.

Design
A mixed-methods longitudinal design was employed. The study included adolescents aged 11–18 who had experienced the death of a parent or sibling 6–18 months before study entry and had no previously diagnosed mental health disorders. Participants were allocated either to an intervention group receiving a structured grief-support program or to a comparison matched participants group. Quantitative measures (PG-13, Brief COPE, EE-EP) were administered at four time points over six-months and complemented by qualitative semi-structured interviews. Data were analysed using non-parametric statistical tests and thematic analysis.

Results
No statistically significant between-group differences in PGD symptom severity were observed. However, adolescents participating in the support program demonstrated reduced reliance on maladaptive coping strategies, improved emotional regulation, and enhanced meaning-making processes. Sudden or traumatic losses were associated with increased vulnerability to PGD-related processes.

Conclusion
The study highlights the importance of incorporating process-oriented outcomes rather than immediate symptom reduction when evaluating grief interventions with adolescents in non-Anglophone European contexts. Further research with larger samples and extended follow-up periods is warranted.

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The Grief Gallery: An Arts-Based, Object-Centered Approach to Community Bereavement Support in a Public Hospital

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Background
Bereavement unfolds across personal, collective, and institutional contexts. Across European healthcare, hospice and community settings, grief support models increasingly emphasize accessible, non-clinical spaces for grief reflection, connection, and meaning-making.

Rationale
While arts-based approaches are used within bereavement support, often for emotional expression, curatorial and object-centered practices are less frequently offered as intentional frameworks for community grief care. The Grief Gallery is a participatory project that invites people to share meaningful objects connected to loss, using facilitated engagement to support storytelling, narrative meaning-making, witnessing, and continuing bonds in non-clinical contexts.

Design
This practice-based presentation draws on over a decade of applied work with The Grief Gallery. We present a staff-facing installation at Lisbon's largest public hospital, developed with the palliative care team, as a case example of object-centered bereavement support within healthcare. Staff contributed meaningful objects and accompanying stories to a co-created exhibition in the employee entrance, with the curator present throughout the five-day installation.

Results
Twenty-three objects were contributed by staff members across support, medical, nursing and administrative roles. Contributions reflected death-related losses of family members and patients, as well as losses of identity, place and role. The exhibition was witnessed by over one hundred workers and visitors. Feedback indicated the approach lowered barriers to acknowledging grief, supported shared reflection, and offered an accessible entry point for staff unlikely to seek formal support.

Conclusion
The Grief Gallery demonstrates the potential of object-centered, arts-based bereavement support to complement existing European approaches by strengthening grief literacy, narrative agency, and continuing bonds within healthcare and public settings.

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Debunking the myth that suicide prevention ends when a suicide occurs – a suicide bereavement educational initiative

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Background:
Individuals bereaved by suicide face an elevated risk of suicidal ideation and behaviour, yet suicide prevention is still widely misunderstood as ending once a death occurs. Effective suicide prevention spans three interconnected domains: prevention (education), crisis intervention (support), and postvention, which involves compassionate, informed responses and access to specialised supports. Postvention is prevention; timely, sensitive actions from social networks and formal peer or professional services can reduce trauma, support adaptive coping, and potentially save lives (Irish Hospice Foundation, 2020; O'Connell et al., 2022).

Rationale:
Suicide bereavement is distinct from other losses. Feelings of guilt, shame, stigma, and social discomfort frequently lead individuals to conceal the cause of death, compounding isolation. Suicide loss is among the most stigmatised forms of sudden bereavement, with stigma linked to poorer mental health and increased suicidality (Pitman et al., 2016). Strengthening postvention literacy within communities is therefore essential.

Design:
"Suicide Postvention is Suicide Prevention" is a 45-minute educational presentation delivered by a professional facilitator with lived experience of suicide loss. The session explores the unique impacts of suicide, how to support oneself, and how to respond compassionately to others bereaved by suicide.

Results: It has been delivered to adult learners, healthcare staff, community volunteers, and the public. One word feedback described the training as thought-provoking, compassionate, educational, hopeful, and connecting.

Conclusion: Further research is needed to determine whether this educational initiative increases community members' intentions to provide informed, compassionate support and encourages help-seeking among those bereaved by suicide.

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Together We Can: Building a Collaborative Community of Grief Support Services in Western Australia

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TOGETHER WE CAN -
The death of a child has profound and enduring impacts on families, often requiring long-term, culturally responsive, and accessible bereavement support. In Western Australia (WA)—the largest state in Australia—grief and bereavement services are limited, fragmented, and often inaccessible, particularly for families living in regional and remote communities.

This presentation describes the establishment of a coordinated network of 20 community-based groups dedicated to supporting families experiencing grief and bereavement following the death of a child. Using a community-led and collaborative approach, the initiative focused on identifying and strengthening existing grassroots organisations rather than creating new services. Central to the model was listening to bereaved families to understand their needs, mapping service gaps, and amplifying approaches that were already working well.

Key strategies included stakeholder mapping, co-design with bereaved families, workforce development, and the creation of referral pathways to improve coordination across providers. Emphasis was placed on service quality, equity of access, peer support between community groups, and the sharing of resources and expertise across metropolitan and regional areas.

As a result, 20 community groups across WA were brought together into a visible and connected network, improving collaboration and access to grief support for families. Early outcomes include increased inter-organisational referrals, expanded service availability with positive outcomes for families, shared resources, and greater confidence among community facilitators in supporting bereaved families.

This initiative demonstrates the value of community-driven networks in strengthening bereavement support systems and offers a transferable framework for other jurisdictions seeking sustainable, compassionate responses to childhood bereavement.

Supporting vocational education students affected by bereavement and illness in the family – challenges and possibilities

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Background and rationale:
Vocational education students affected by bereavement and illness in the family have not been studied previously.

Design:
57 semi-structured interviews were conducted with students and staff at three Danish vocational education colleges focusing on the impact of bereavement and illness in the family on students' participation in their education, challenges accessing support, and the organizational framework for identifying and supporting affected students.

Results:
First, dealing with bereavement and illness while managing being a student was highly challenging. Second, students' personal problems were not considered part of the college's remit, though these problems played a key role in students' participation in their education. Third, students had a range of reasons for not accessing support. Many of these related to organizational factors such, not knowing the people offering support, a lack of long-term continuity in the support, a lack of training among the staff, and the fact that students had to navigate an education that took place at both the college and at work placements. Fourth, the rigorous focus on non-attendance undermined students who were motivated for their education but seriously affected by bereavement and illness.

Conclusion:
This study points to the importance of finding new ways of offering support to vocational education students struggling with bereavement and illness in family.

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(Im)mortality Over Dinner: An Experimental, Cross-Cultural Approach to Studying Grief in the Age of AI

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BACKGROUND:
In the rapidly evolving landscape of artificial intelligence, death and grief have become sites of technological intervention. The emerging digital afterlife industry (Öhman & Floridi, 2017) offers tools such as griefbots—AI-driven systems that simulate deceased individuals and enable ongoing interaction with the bereaved. While often framed as supporting continuing bonds, these technologies raise profound questions related to culturally embedded grieving practices.

RATIONALE:
This presentation draws on findings from Imaginaries of Immortality in the Age of AI, a project funded by Schmidt Sciences and hosted at the Leverhulme Centre for the Future of Intelligence, University of Cambridge. The research examines how people in different cultural contexts perceive griefbots. Rather than assuming universal responses to AI-mediated grief, the study adopts the concept of 'glocality' (Toplean, 2023), analysing how global technological imaginaries intersect with local rituals, moral frameworks, and traditions surrounding death.

DESIGN:
The project employed an experimental qualitative approach inspired by the Death Over Dinner format. Nine focus groups—three each in Poland, India, and China—were conducted as (Im)mortality Over Dinner events, combining structured discussion with symbolic elements.
Results: Attitudes toward griefbots are strongly shaped by cultural context, though shared hopes and anxieties recur across sites. The (Im)mortality Over Dinner method proved effective both as a research tool and as a form of community engagement across European and non-European settings.

CONCLUSION:
In the age of AI, how we study technological transformations of death and grief is as significant as debates over whether such technologies should be adopted.

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The social dimensions of bereavement and grief: Refugees in Norway and their experiences with grief support

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Background:
Refugees are more likely than others to experience the loss of loved ones under traumatic circumstances (1). Such loss can be particularly difficult to process while in exile. Forced displacement can hinder participation in mourning rituals and mutual support during grief. This can complicate the grieving process (2). Social support from networks, peers, and professionals has proven to be important in buffering against grief complications (3), but such support can be challenging for refugees. There is limited knowledge regarding how refugees experience grief support.

Rationale:
This study rationale is to explore bereaved refugees' experiences with grief support and how interactions and relationships in the social context of bereavement can influence the grieving process. Understanding these social factors can help inform grief support practices.

Design:
This qualitative study is based on semi-structured interviews with a sample of 8-10 refugees who have experienced the death of a close person (family member, relative, partner, or friend) while residing in Norway. The refugees have been recruited through civil society organizations, municipalities, colleges, and through snowball sampling. Data is analysed using thematic analysis.

Results:
Our analysis is based on the integrated process model of loss and grief (4), which distinguishes five dimensions of grief: physical, emotional, cognitive, social, and spiritual. Moreover, the model can serve as a framework for both professional and community support.

Conclusion:
By enhancing understanding of grief and the social factors influencing refugees' grieving processes, we discuss how helpers can support bereaved refugees in a sensitive and responsive manner.

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Nondeath Loss and Grief: Conceptualization, Clinical Examples, and Intervention

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Background:
Although there is a dearth of quantitative research on non-death loss, there has been considerable theoretical and qualitative literature describing and characterizing non-death loss and grief, identifying specific features and types of non-death loss, which is critical as a foundation for exploring grief after non-death loss utilizing quantitative methods.

Rationale:
This segment of the symposium will explore the foundations of grief after non-death loss, utilizing the concept of the assumptive world as proposed by Harris. Terminology associated with non-death losses (ambiguous loss, nonfinite loss, chronic sorrow, tangible/intangible loss) will be discussed in terms of their unique components, presentations, and social understandings, as well as how grief associated with non-death losses differs from that associated with death losses.

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When bereavement and problematic substance use intersect: grief reactions and support needs

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Bereavement among individuals with problematic substance use remains a markedly underexplored domain within grief research. Such experiences are frequently compounded by stigma, social isolation, and restricted access to appropriate support (Selseng et al., 2023; 2024).

Rationale
Parisi et al. (2019) provided a systematic review of the relationship between substance use problems and complicated grief, highlighting preliminary evidence for grief-focused interventions. However, no comprehensive synthesis exists that maps the breadth of research on bereavement among individuals with problematic substance use. A systematic scoping review is therefore essential to consolidate existing knowledge, identify gaps, and inform future research and practice.

Design
This poster presents findings from a scoping review of international literature (1997–2024) examining bereavement among people with problematic substance use. The review synthesises evidence on grief trajectories, service experiences, and intervention approaches, highlighting both the knowledge that informs support for this group and the significant gaps that remain.

Results
Preliminary findings reveal a complex interplay: bereavement can intensify substance use, while complicated grief exacerbates misuse. Service provision remains fragmented, leaving bereaved individuals and carers without adequate support.

Conclusion
Our review identifies two key priorities: integrating grief-informed practices into substance use services and broadening bereavement scholarship to include the experiences of bereaved individuals who use substances. Addressing these priorities will depend on further research to map service gaps, refine assessment tools, and develop interventions that respond to intersecting vulnerabilities.

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Understanding Bereavement-related Suicidality in Prolonged Grief Disorder: The Perspective of Experts and Individuals with Lived Experience

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Background:
Prolonged Grief Disorder (PGD) diagnosis and symptom severity are associated with an increased risk of suicide (Latham & Prigerson, 2004; Sekowski & Prigerson, 2022). Although bereavement may be accompanied by a wish to die, it remains unclear whether this reflects actual suicidal ideation or longing for the deceased.

Rationale:
The aim of this exploratory study was to investigate bereavement-related suicidality in prolonged grief disorder from the perspective of experts and individuals with lived experiences.

Design:
International experts (n = 50) in grief and suicidality research and psychotherapy participated in an online survey on the assessment and treatment of bereavement-related suicidality. Individuals with lived experience (n = 10) were invited to an in-person semi-structured interview and completed self-reports. Data were analyzed using thematic analysis (Braun & Clarke, 2006).

Results:
Preliminary results indicate that experts consider standard suicidality questionnaires suitable for assessing acute suicidality but also judge them as insufficient for identifying individual risk factors for bereavement-related suicidality (e.g., relationship to the deceased person, feelings of guilt, wish to die). First interviews with patients with PGD support these findings: they reported that suicidal thoughts first occurred after the loss and were related to the desire of reunion. However, their clinicians did not specifically ask about suicidal thoughts, nor did they point to an increased risk.

Conclusion:
Further differentiation of bereavement-related suicidality is necessary to inform implications for research and clinical practice, such as specific assessment instruments and tailored interventions.

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Parents experiences of bereavement support in primary care following unexpected, sudden or violent child loss

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Background and Rationale:
Bereaved parents (BPs) are at risk of developing severe adverse health effects, such as prolonged grief disorder and trauma-related symptoms after sudden loss (Lundorff et al., 2017). Despite the need of psychosocial bereavement support, the literature documents unmet needs, limited proactive outreach, fragmented services and insufficient competence in grief and trauma in primary health care (PHC) (Kaspersen et al., 2022; Lie et al., 2026). This NORHELP sub-study aims to describe BPs' health status, utilization of and experiences with PHC support.

Design and Methods:
Cross-sectional study with 260 BPs following stillbirth, SIDS, acute illness, accident, suicide, or homicide, using an online survey assessing health outcomes (prolonged grief [TGI-SF+], PTSD symptoms [PCL-5], depression [PHQ-9], functional impairment [WSAS]), perceived needs, use and helpfulness of, and satisfaction with PHC services. Data were analyzed using descriptive analyses. Associations between Place of residence and loss-related variables and satisfaction, perceived helpfulness, and mental health outcomes were analyzed using linear regression analyses.

Results:
Place of residence were statistically significant associated with parents' perceived helpfulness of and satisfaction with PHC support, and health outcomes. Type of loss and child age at death were not statistically significant associated with the outcomes. In contrast, descriptive indicators revealed high psychological distress and generally low satisfaction with PHC support, indicating a persistent mismatch between BPs' needs and available services.

Conclusion:
Findings highlight a substantial gap between BPs' needs for support and what PHC provides. Strengthening bereavement competence and improving coordination and continuity of care are critical to meet these needs.

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Treating Prolonged Grief Disorder with CBT for Insomnia: A Replicated Single-Case Experimental Study Protocol

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Background:
The most effective treatments of prolonged grief disorder (PGD) result in clinically relevant effects in only about half of the patients and can be emotionally taxing. This points to the importance of improving currently available treatment options. One promising target for enhancing the efficacy of the treatment of PGD is insomnia.

Rationale:
Sleep disturbances are common in bereavement and have been proposed to play a causal role in maintaining PGD symptoms. Therefore, targeting sleep problems may be an effective treatment for people with PGD and insomnia disorder. We will present an ongoing experimental study registered in the Dutch Trial Register (NL86238.042.24).

Design:
The study evaluates the effects of cognitive behavioral therapy for insomnia (CBT-I) on PGD in individuals with comorbid PGD and insomnia using a replicated single-case experimental design (R-SCED). Twenty adults meeting diagnostic criteria for both disorders will be randomized to complete baseline between 5 and 14 weeks, after which they will receive CBT-I. Weekly PGD and insomnia symptom measures will be administered throughout the baseline (5-14 weeks), intervention 7-8 weeks) and post-intervention phase (4-13 weeks). Outcomes will be examined using visual inspection, Tau-U indices, and randomization tests.

Conclusion:
We expect CBT-I to reduce both insomnia and PGD symptoms. This study will form the first systematic evaluation of CBT-I for PGD. Findings may help establish a novel, less emotionally demanding treatment option for bereaved individuals.

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Postvention for people bereaved by suicide in Flanders (Belgium): 25 years of evidence-based practice

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Background:
Suicide bereavement requires a response that acknowledges its unique traumatic and social complexities (Erlangsen et al., 2020). In Flanders (Belgium), Werkgroep Verder na Zelfdoding (WGV) operates as a bridge between research and practice.

Rationale:
Standard bereavement services often lack the specialized expertise needed to support people bereaved by suicide (Andriessen et al., 2019). There is a need for postvention models that translate research into scalable community and clinical interventions.

Design:
WGV demonstrates how 25 years of evidence-based practice created a continuum of care. It utilizes research to design a diverse range of services. This design emphasizes a multi-sectoral approach, addressing needs across different life domains and levels of grief intensity.

Results:
WGV has implemented a diverse range of interventions, including an extensive psycho-educational website, a practical guide for the acute phase and various clinical guidelines. Direct support is offered through online and face-to-face peer support groups and activities, as it has been proven as one of the most effective postvention strategies (Maas et al. 2022, Higgins et al., 2022). Specialized training programs are provided for different professionals such as first-responders and therapists treating people bereaved by suicide with PGD.

Conclusion:
The Flemish model demonstrates that effective postvention is not a single intervention but a systemic integration of support levels. By balancing community outreach with clinical expertise, this approach ensures that suicide-specific grief is recognized and treated within its own complexity, offering a scalable framework for European grief care.

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Needs of people bereaved by suicide: findings from a cross-sectional study in Flanders

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Background:
Suicide bereavement affects a substantial proportion of the population and is associated with elevated emotional, social, and psychological distress (Pitman et al., 2018). Despite this elevated risk, evidence on the effectiveness of postvention interventions remains limited (Andriessen et al., 2019).

Rationale:
This study examines the needs, barriers and preferences for support among people bereaved by suicide in Flanders, Belgium.

Methods:
An online survey was conducted (Sept–Dec 2020) among 1,575 individuals bereaved by suicide and 296 professionals. Descriptive analyses examined problems, perceived and received support and preferences in the first six months after the loss and in the past year.

Results:
The first six months following the loss were characterized by severe distress (97.2%), concentration difficulties (93.6%), depressive symptoms (84.1%), anxiety (70.3%), and suicidal ideation (47.3%). Although most participants reported a strong need for emotional and practical support, 43% did not seek professional support, most often because they did not know where to find help. Many of these difficulties persisted over time, on average more than ten years after the loss. Needs shifted over time with variations based on gender and kinship, which highlights the need for tailored community and professional approaches.

Conclusion:
The study underscores the importance of postvention strategies, including accessible and flexible support options that respect individual choice and evolving needs, which correlates with findings from other studies (Ross et al., 2021; McDonnell et al., 2022; Eskin et al., 2024). These results have informed new Flemish policy initiatives, bridging the gap between research and community-based practice.

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Imagine talking about death... Effects of a psychotherapeutic imagination intervention on end-of-life communication: a randomized controlled trial

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Background/Rationale:
Open end-of-life communication (EOLC) between family members can facilitate the grieving process for the bereaved (Haaksman et al., 2024) yet is often avoided in Western society (Seifart et al., 2020). Negative expectations seem to be a barrier perpetuating avoidance (Nagelschmidt et al., 2021). The study examines whether an imagination intervention, addressing negative and positive expectations during an imaginary conversation with a relative about their death, leads to fewer negative expectations about EOLC and increases willingness to engage in such conversations, compared to a control conversation.

Design:
105 adults from the general population were randomly assigned to two conditions. Primary outcomes, expectations and willingness, were measured at baseline (T0), post-intervention (T1), and six weeks later (T2), and analyzed using multilevel models. Actual EOLC engagement was assessed at T2.

Result:
From T0 to T1, negative expectations decreased significantly more in the intervention group compared to the control group, b = -0.33, t(188) = −2.71, p = .007, and willingness to talk increased significantly more, b = 0.21, t(187) = 2.64, p = .009. While these differences leveled off by T2, the intervention group showed a significantly higher probability of having had conversations following the intervention (b = 1.09, z = 8.22, p < .001). EOLC engagement probability was 52% in the intervention group versus 27% in the control group.

Conclusion:
Brief imagination interventions can reduce negative expectations, increase willingness for EOLC in the short term, and contribute to an increased EOLC engagement, offering a useful psychotherapeutic tool in the context of existential distress or family illness.

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Caring with Love at the Moment of Loss: Supporting Perinatal Bereavement through Interdisciplinary Work with Midwives

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Background
Perinatal loss is a profound and often disenfranchised form of bereavement, frequently occurring within highly medicalised settings. In Europe, midwives play a central role at the moment of loss, yet many report limited training and emotional support in perinatal bereavement care. The quality of care provided during this critical moment can shape families' long-term grief trajectories.

Rationale
There is growing recognition that bereavement outcomes are influenced not only by post-loss support, but also by how loss is communicated, held, and witnessed within healthcare systems. Supporting professionals who are present at the moment of loss is therefore a key public health concern in bereavement care.

Design
This presentation describes Cuidar com Amor ("Caring with Love"), a practice-based, interdisciplinary programme developed in Portugal to support midwives in providing compassionate perinatal bereavement care. The programme integrates psychological principles, reflective practice, and experiential components, focusing on communication, emotional containment, symbolic rituals, and self-care for professionals.

Results
Qualitative feedback from participating midwives highlights increased confidence in supporting bereaved families, greater awareness of the emotional impact of their role, and reduced feelings of isolation and helplessness.

Conclusion
"Cuidar com Amor" illustrates how training and supporting midwives can strengthen bereavement care at a systemic level. Embedding compassionate, psychologically informed practices within maternity care has the potential to prevent complicated grief and to humanise perinatal loss within European healthcare contexts.

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Consolation and the limits of therapeutic thinking

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Contemporary responses to grief and suffering are overwhelmingly shaped by therapeutic thinking oriented towards intervention, regulation, and recovery. While such approaches are indispensable in some contexts, the modern tendency to engage therapeutic thinking for all kinds of human suffering has overshadowed more traditional cultural resources (Jedan et al., 2018).

In this talk, I argue that we need revival of the concept of Consolation as what Dennis Klass has rightly called “griefs traditional amelioration” (Klass, 2014). Contrary to therapeutic thinking, which is essentially aimed at problem solving, consolation is characterized as an existential response to situations that cannot be fixed, nor fled. This makes practices of consolation particularly appropriate for dealing with death (Køster & Hughes, 2025).

Against contemporary tendencies to address grief predominantly in therapeutic terms, I suggest that consolation consists in an experience of being unburdened: a temporary, partial easing of the weight of existence without denying or removing suffering. Furthermore, I point to a broad register of ways that such unburdening can be achieves and propose that many of our existing cultural resources for responding to grief are better understood as consolatory.

Moving towards a language of consolation can not only help us frame more adequate support structures for the bereaved, but it can also move us towards an ethical framework for recognizes our shared vulnerabilities and finitude.

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Not All Grief Is the Same: Ideal Typologies of Grieving Clients Attending Emotion-Focused Therapy

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Background:
Research on grief has extensively classified variables influencing the grieving process, including coping styles and risk factors (e.g., Buur et al., 2024).

Rationale:
However, phenomenological descriptions of the typologies of grief complications remain limited. This study aimed to develop a comprehensive categorization of grief complications through qualitative analysis of therapeutic sessions conducted within the framework of Emotion-Focused Therapy for individuals experiencing Complicated Grief.

Design:
Using ideal-type analysis (Stapley et al., 2021) and theoretically informed descriptive–interpretive qualitative methods (Elliott & Timulak, 2021), video and transcript data from 26 participants (76 sessions in total) were analyzed.

Results:
The study identified six ideal types of grief complications were identified: (1) Broken/Shocked by the Death, (2) Vulnerable Without You, (3) The Lost Paradise, (4) You Left Me All Alone, (5) Regret and Guilt Over Non-Action, and (6) The Death Prevents Any Chance of Conflict Resolution. Each type was characterized by distinct core emotional processes and experiential themes, which in turn implied differentiated therapeutic foci and tasks—discussed in the present study—such as emotion regulation and trauma processing, transformation of maladaptive primary emotions, work with self-criticism and shame, unresolved attachment injuries, and unfinished relational business with the deceased.

Conclusion:
The findings suggest that grief complications often stem from core emotional processes (e.g., unresolved attachment injuries) rather than from symptoms alone. This typology provides a phenomenologically and clinically meaningful framework for understanding the heterogeneity of grief complications and for informing more tailored therapeutic interventions. Together with other contributions in this symposium (Emotion-Focused Therapy and Counselling for Grief: Processes, Typologies, and Clinical Interventions), this study advances understanding of grief within Emotion-Focused Therapy by linking phenomenological typologies to clinical intervention, particularly at Level 3 of the Needs-Based Bereavement Care Model, while also contributing more broadly to Level 0 by clarifying core grief processes and lived experience.

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Adapting Dignity Therapy for Paediatric Palliative Care: Legacy-oriented Intervention with Children and Adolescents

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Background:
Dignity Therapy (DT), developed by Chochinov, is an evidence-based, brief psychotherapeutic intervention designed to enhance dignity, meaning, and generativity in adult palliative care patients. While its efficacy is well documented in adult populations, the application within pediatric palliative care (PPC) remains underexplored.

Objectives:
This contribution examines the feasibility and relevance of adapting Dignity Therapy for children and adolescents with life-limiting or life-threatening conditions. It explores developmentally appropriate adaptions of DT, with particular attention to legacy-oriented or “testament” work. Legacy work is conceptualised as an existential and relational process rather than a legal construct, aiming to support meaning-making, emotional-stabilisation, rational continuity and preparation for bereavement.

Methods:
Using a qualitative, practice-oriented approach, this contribution draws on a narrative literature review, ethical analysis, and clinical experience from PPC settings. Developmentally sensitive adaptations of DT are examined, including modified interview prompts and the integration of narrative, creative, and play-based modalities.
Drawing on our clinical practice in PPC, we adapted and implemented Dignity Therapy-based legacy interventions with 8 children and adolescents aged 7-18 years.

Results/Implications:
Legacy-oriented interventions- such as creating messages, storytelling, symbolic objects, or creative expressions- may support children’s sense of agency, identity, and relational continuity. When appropriately adapted, DT may contribute to emotional stabilisation, meaning-making, and the preservation of dignity in young patients. Ethical considerations, including voluntariness, emotional burden, and cultural sensitivity, are addressed. Legacy work also generates tangible artefacts that may be meaningfully integrated into the bereavement process of family members.

Conclusion:
Drawing on our clinical experience, this contribution highlights the feasibility and relevance of adapting DT within PPC and supports its further development and structured implementation within interdisciplinary PPC teams.

Children and Young Adults' Mental Health and Support Needs following Divorced Parental Cancer Death

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Background
Cancer and death of a parent is a highly stressful life event for children and young people and is associated with increased risk of mental health problems. When parental illness and death occur in the context of divorce, children and young adults may experience a double bereavement, involving the loss of the divorced parent and disruptions within the two-family worlds.

Rationale
In Europe, divorce and blended family structures are increasingly common, yet bereavement research and clinical practice rarely address how parental divorce shapes children's grief experiences. Understanding experiences of loss in the context of double bereavement is essential to develop appropriate psychosocial support and health policies for vulnerable families affected by cancer-related loss.

Design
This qualitative study used a phenomenological–hermeneutic approach. We included 340 hours of participant observations across nine support groups involving 27 children and young adults from divorced families, and 28 in-depth interviews with participants and relatives. Analysis followed Ricoeur's theory of interpretation, including naïve reading, structural analysis, and critical interpretation.

Results
Three main themes were identified: (1) navigating through transitions and disruptions across family worlds; (2) mental health consequences, including stress overload and impaired wellbeing; (3) the need for accessible support from close relationships and health professionals within and between family systems.

Conclusion
Parental cancer death in divorced families involves complex transitions that can intensify stress and mental health problems. Targeted, accessible support from professionals and families is crucial to prevent and mitigate adverse mental health outcomes in children and young adults.

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Stories Withheld: Secrecy, Prognosis and Anticipatory Grief in Paediatric Palliative Care

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Background / Rationale
Following a paediatric palliative diagnosis, families may choose to withhold prognostic information from a child in an effort to protect hope and minimise distress. While often well-intentioned, such secrecy shapes how anticipatory grief is experienced within families and may influence children's access to meaning-making and relational connection at the end of life. Allied Health Care Professionals (AHCPs) frequently find themselves positioned within these complex communicative and ethical dilemmas.

Design / Method
This qualitative study explored the experiences of AHCPs working in Paediatric Palliative Care in Ireland. Semi-structured interviews were conducted with practitioners who each had over ten years' experience in the field. A systemic lens informed the analysis, attending to relational dynamics, cultural narratives, and professional positioning within family communication patterns surrounding prognosis and grief.

Results / Findings
Five interrelated themes emerged: (1) the emotional and ethical strain experienced by staff navigating end-of-life communication; (2) children's access to technology and independent information-seeking; (3) the influence of religious and faith-based beliefs on conversations about death; (4) parental divergence in views on disclosure; and (5) generational patterns of avoidance regarding anticipatory loss. Early palliative care involvement supported relationship-building and greater flexibility in communication, whereas late referral often reinforced established patterns of secrecy, limiting opportunities to support more open dialogue.

Conclusion
The findings highlight the need to balance family autonomy with the child's relational and emotional inclusion in conversations about illness and dying. Ongoing systemic, cultural, and professional reflexivity is essential in supporting ethical, grief-informed, and family-centred paediatric palliative care practice.

Leigheas na Coille – Forest MedicineA Hermeneutic Phenomenological Exploration of the Lived Experience of Forest Therapy for bereaved adults

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Background:
Bereavement can cause significant health decrements and increased morbidity (Mostofsky et al; 2012; O'Connor, 2019) and dominant support models remain pharmacological and psychological. While social prescribing (Bragg & Atkins, 2016) and forest therapy show proven health-regulating benefits (Li, 2010; Hansen et al., 2017), their application for bereavement remains under-explored.

Rationale:
This study addresses critical gaps by: 1) innovative exploration of forest therapy as a grief intervention; 2) an intervention leveraging trauma-informed theory and a somatic approach; 3) employing hermeneutic phenomenology to explore meaning reconstruction after the intervention; a core component of adapting to loss.

Design:
Twelve bereaved adults of six nationalities took part in a 12-week forest therapy intervention in Wicklow, Ireland. The Japanese concept of Forest Bathing was adapted and developed for an Irish context, incorporating grief models and theories into each session. Participant bereavements included a child (n=7), spouse (n=3), sibling (n=2) and (parent=2). Circumstances of the deaths included suicide (n=4), homicide (n=2) and road traffic accidents (n=2). Hermeneutic in-depth conversations with photo-elicitation explore participants' experiences after the intervention.

Results:
Reflective Thematic Analysis examines how these participants reconstruct meaning following significant loss through embodied immersion in a woodland landscape. Results will be available for ECG '26.

Conclusion:
Preliminary findings offer implications for trauma-informed, nature-based approaches to bereavement support, challenging the medicalized models dominating European bereavement services. For some participants, grief was lived without access to customary mourning rituals due to conflict, displacement, or sudden traumatic loss. Within this context, Forest Therapy becomes a space in which ceremony, nature-based art, and ritual are experienced as meaningful ways of holding grief.

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Informing Innovation Through Grief Literacy: A Framework for Integrating Bereavement Science into Digital Legacy Technologies

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Background:
Over the past two decades, digital platforms have become central repositories of identity, relationship, and memory. As digital life increasingly persists across aging, illness, and death, technologies to support legacy and remembrance are rapidly emerging. At the same time, a substantial body of research and grief theory - much of it developed within European scholarship - has established foundational insight into how humans adapt to loss, sustain continuing bonds, and integrate identity change across the lifespan.

Rationale:
Despite this robust body of research, grief science remains largely disconnected from technological innovation. As a result digital legacy tools are often developed without grief literacy, increasing the risk of misalignment with the human processes of adaptation, meaning, and connection. A growing need exists for translational approaches that bridge bereavement scholarship and innovation development.

Design:
This presentation introduces the Digital Life Stories Integration Framework, an evaluation methodology developed through synthesis of bereavement theories, ethical analysis, and organizational design criteria. The framework positions grief literacy as the essential foundational infrastructure for technologies operating near vulnerability, identity, and loss.

Results:
This framework provides structured criteria to support decision-making across design, investment, and governance contexts. It emphasizes integration of authentic life representation over technological authorship of meaning while providing clarifying boundaries for digital legacy development.

Conclusion:
As digital life increasingly extends beyond physical life, bereavement scholarship plays a critical role in guiding responsible innovation. The Digital Life Stories Integration Framework offers a science-informed bridge between research and enterprise to shape humane digital solutions.

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Grief-Informed Funeral Celebrancy: Integrating Bereavement Psychology and Ritual Design in Community Practice

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Background
Funeral celebrants operate at the intersection of community support and early bereavement care. As funeral practices increasingly shift toward personalization and meaning-making, celebrants often become the primary professionals accompanying bereaved individuals and families during the first phase of grief. Here they encounter individuals at increased risk of complicated grief, including those affected by sudden or violent deaths or by a lack of social support.

Rationale
Despite this central role, many funeral celebrants receive little or no formal education in grief psychology or bereavement-informed communication. This gap may limit their ability to respond ethically and effectively to diverse grief processes and to recognize professional boundaries between ritual facilitation and counselling. Research highlights the importance of meaning-making and aesthetic practices in containing grief and restoring coherence after loss, indicating the need for a professional standard that integrates grief knowledge, supportive communication, and intentional ritual design.

Design
Since 2020, we have developed and delivered training programmes for funeral celebrants in Germany and Poland. These programmes combine contemporary grief theory, bereavement-informed communication, and ritual theory with practical methods of co-creative ritual design as a community-based process. The approach emphasizes agency, emotional expression, relational connection, and collaboration with broader community and professional support networks.

Results
Within this context, the RISE Ritual Design Toolkit was developed as a practical framework for participatory, symbolic, and culturally sensitive farewell practices. Training participants report increased confidence in grief-informed communication, clearer ethical role boundaries, and enhanced competence in designing individualized rituals that support meaning-making, particularly following sudden or violent deaths.

Conclusion
Integrating grief psychology with structured ritual design strengthens funeral celebrancy as a professional, community-oriented practice. Funeral celebrants can act as skilled facilitators of meaningful transitions and as early supporters and signposters for individuals at increased risk of prolonged grief, contributing to healthier bereavement processes and community wellbeing.

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Using Machine Learning to Identify (Interactions Between) Risk Factors for Prolonged Grief

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Background:
A minority of bereaved individuals develop prolonged grief (PG) symptoms. Considerable knowledge exists regarding “static” sociodemographic and “modifiable” cognitive-behavioral risk factors for PG (Buur et al., 2024). However, little is known about how risk factors interact. For example, avoidant coping may influence grief outcomes differently depending on age or cause of loss, and the impact of risk factors may be moderated by gender or educational level.

Rationale:
There is a need to increase our understanding of how risk factors interact in affecting PG risk; this may help to identify profiles of mourners most vulnerable to PG. Therefore, this preregistered study examined how a broad range of variables and their interactions are associated with PG severity (Xie et al., 2024).

Design:
To identify predictors of PG, we applied machine-learning (ML) techniques to data from approximately 6,000 bereaved individuals included in the Multi-region Archive of Research data on Bereavement and Loss from Empirical Studies (MARBLES) project. Results were interpreted using explainable artificial intelligence methods.

Results:
Cognitive-behavioral variables (including negative appraisals and avoidant coping) had a substantially stronger impact on PG severity than sociodemographic or loss-related characteristics. Moreover, interactions among cognitive-behavioral variables (e.g., impaired integration of the loss into autobiographical memory combined with depressive withdrawal) contributed far more strongly to PG risk than interactions among sociodemographic or loss-related factors.

Conclusion:
Applying ML to large datasets provides novel insights into how different risk factors jointly contribute to PG; this has significant implications for the early identification of bereaved people en route toward problematic recovery and timely bereavement care.

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Assessing Prolonged Grief Severity from Narrative Text Using AI-Based Methods

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Background
Losing a close person is an inevitable event, and grief is a natural response to such a loss. However, for some, disrupted healing can lead to Prolonged Grief (PG) Disorder (Boelen & Smid, 2017).

Rationale
Assessing PG severity is crucial to identify those at risk, yet current tools like questionnaires and clinical interviews may misestimate or be expert-dependent. Self-narratives provide valuable insights but quantifying them is complex. Advances in artificial intelligence (AI), including embedding-based models and large language models (LLMs), now enable more systematic analysis of narrative data (Guo et al., 2024). Studies applying AI to assess PG severity from narrative data appear to be lacking. This study aims to investigate how well AI can assess PG severity from self-narratives, compare embedding-based models to LLMs, and identifies the most important variables associated with PG severity.

Design
Data on self-narrative and PG symptoms have been collected from 800 participants. Narratives were analyzed using embedding-based machine learning (e.g., random forest) and LLMs. Model performance was assessed using standard evaluation metrics, and the most important variables associated with PG severity were identified through interpretability methods (Lundberg & Lee, 2017).

Results and Conclusion
Preliminary analyses indicated that the AI model accurately classified 66% individual into high severity of PG. Linguistic analyses indicated that self-referential language was positively associated with PG severity, whereas past-tense usage showed a negative association. This study has significant implications for PG assessment as AI models can eventually provide accessible, effective methods to identify mourners at risk for severe PG, complementing traditional assessment methods. It can help manage grief before it becomes overwhelming.

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Block by block: Co-designing children's cancer literacy using Minecraft Education

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BACKGROUND:
Parental cancer is a unique experience for children which impacts all the family [1,2]. The Ruth Strauss Foundation (RSF), a UK charity, co-designed two Minecraft Education games for pupils (aged 8-11yrs) to play in school settings which build empathy and increase awareness, knowledge and understanding about cancer.

RATIONALE:
Calls have been made for age-appropriate grief education and opportunities for children to learn about illness, death and bereavement within school curriculums [3,4].

DESIGN:
Underpinned by co-production principles, games were developed through group workshops and individual conversations with families who had received support from RSF. Pilot sessions were conducted in a primary school to test game efficacy and acceptability through pre/post surveys and pupil discussions. Further insight was garnered through follow-up conversations with parents and school staff.

RESULTS:
Children's knowledge of cancer, diagnosis, and the role of hospitals increased significantly from pre- to post-intervention. Pupils reported greater confidence in their understanding, alongside improved awareness of cancer's impact on families and enhanced empathy. Importantly, these gains were achieved without increasing worry or confusion, indicating the intervention was both educationally effective and emotionally safe.

CONCLUSION:
Co-designed Minecraft Education games offer an age-appropriate, engaging and acceptable approach to building grief literacy and cancer understanding in primary school settings. Involving children and families as co-creators ensured developmental appropriateness and authenticity. Findings support the potential of Minecraft Education as a scalable, curriculum-compatible tool, responding to calls for earlier, inclusive grief and cancer education within schools.

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Educating grief counselors in Greenland / Building a new grief education in grief-stricken Greenland

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Background
At EGC 2024, we presented our Collaboration on Grief with Greenland in a plenary session. The work has continued and we can now share very concrete and relevant results.
Grief after death is a major issue in Greenland. Most have lost one or more people close to them. Many have lost to suicide. In small communities, one person's loss becomes everyone's loss. Multiple losses and grief build up. It can be difficult to know how to cope. Employees within healthcare, social and welfare sectors have daily contact with people in grief. Unfortunately, most are not sufficiently equipped to help bereaved individuals/families. They also carry their own unresolved grief, which makes supporting clients in grief challenging.

Rationale
The Danish National Center for Grief and the Institute for Health and Nature at Ilisimatusarfik (University of Greenland) collaborated to develop a certificate program to train healthcare, social and welfare professionals to become better equipped to support bereaved individuals/families.

Design
Development, implementation and evaluation of certificate program. Course content included general grief theory and concepts, grief in the Greenlandic context, suicide awareness and prevention, professional burnout, supportive conversation tool, and more. The students developed and implemented improvements project in their workplace. Educators were Greenlandic and Danish.

Results
The certificate program was piloted in 2025. 13 students enrolled and completed the program. Among the students, satisfaction with the course was high in terms of both professional and personal gains. The program has received national attention in Greenland.

Conclusion
The grief counselor certificate program is an example of a successful interdisciplinary collaboration (across countries and professions) that aims to improve bereavement care in an underserved population.

Psychological adjustment during early perinatal bereavement: Preliminary findings from a (three-wave) longitudinal family-oriented study

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In France, approximately 7,000 families experience perinatal bereavement each year, a number likely underestimated as fetal deaths before 22 weeks of gestation are not systematically included. Previous studies have reported high levels of psychological distress among parents following perinatal loss. However, longitudinal studies examining psychological adjustment during the first year after the loss remain limited, particularly in French and European contexts.

This study presents preliminary findings from the initial assessment (T1) of a three-wave longitudinal study adopting a family-oriented approach. Participants were 95 parents (80 mothers, 15 fathers; mean age = 33.8 years ± 4.8) who had experienced a perinatal loss within the previous year. Loss types included medical termination of pregnancy (34.7%), fetal death (26.3%), neonatal death (16.8%), stillbirth (11.6%), late miscarriage (8.4%), and perinatal death (2.1%). Measures assessed depressive symptoms, state anxiety, post-traumatic stress symptoms, intensity of grief reactions and existence of prolonged grief disorder, coping strategies, and perceived social support.

Parents reported clinically significant levels of psychological distress with considerable interindividual variability. Maladaptive coping strategies were strongly associated with higher levels of depressive, anxious, post-traumatic stress, and grief symptoms. In contrast, adaptative coping strategies and perceived social support were associated with lower levels of psychological distress, although these associations were modest.

These findings highlight the importance of early interventions targeting maladaptive coping strategies and strengthening perceived social support among bereaved parents during early bereavement. Subsequent phases of this study, including grandparents and siblings, will allow examination of adjustment trajectories within the family system and inform more inclusive bereavement care approaches.

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Responding to grief-related needs in older adults: Developing a community-based matched-care program (GriefDiff)

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Background:
Prolonged grief disorder (PGD) affects around 10% of bereaved people and may be particularly impairing in later life, when cumulative losses, health limitations, and reduced social networks increase vulnerability.

Rationale:
Grief support is often reactive and unevenly accessible, and evidence for matched pathways in grief care is scarce. GriefDiff evaluates a differentiated, community-based model that matches intervention intensity and format to older adults' risk and relational needs.

Design:
GriefDiff uses a QUAN→QUAL mixed-methods design. QUAN: a three-arm, tiered superiority randomised controlled trial in national community settings. Portuguese adults aged ≥60 years, bereaved 1–12 months, complete a Risk Assessment Tool and the Mutuality subscale of the Relational Needs in Grief Scale. Stratified block randomization (risk × needs) allocates participants to: (1) Information and Grief Literacy (IGLiteracy; one group session plus bi-weekly prompts), (2) Individual Self-Help (ISelfHP; older-adult web app with a printed alternative and brief phone guidance), or (3) Moderated Self-Help Groups (MSHGroups; manualised weekly moderated groups). Interventions last 3 months with assessments at baseline, 3 months (post), and 6 months (follow-up). Primary outcome is grief severity (PG-13-R); secondary outcomes include depression and anxiety (DASS-21), engagement metrics, and harms monitoring. QUAL: post-intervention focus groups compare matched versus non-matched allocations within each intervention.

Results:
Planned analyses will estimate baseline-adjusted intention-to-treat effects using mixed-effects models and test the matching hypothesis; qualitative themes will explain differential benefit and adherence patterns.

Conclusion:
GriefDiff will generate pragmatic evidence to guide scalable, needs-based grief care pathways for older adults in community services.

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From Interfaces to Points of Contact: Collaborative Bereavement Care in Local Networks

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Background
Bereavement, grief, and loss are shaped not only by individual experiences but also by the quality of professional collaboration surrounding dying and death. In European healthcare systems, end-of-life care involves multiple professions—funeral directors, grief counselors, palliative care teams, hospice workers, nurses, and researchers—often working sequentially rather than collaboratively. Fragmented interfaces between these professions can disrupt continuity of care for dying persons and their families (EAPC, 2010; WHO, 2018).

Rationale
From the perspective of a funeral director, gaps at professional interfaces are frequently experienced by families as breaks in care, communication, and trust. Yet these interfaces hold significant potential: when shaped intentionally, they can become shared points of contact that support families before and after death. Strengthening local, cross-professional networks is therefore essential to ensuring high-quality, continuous bereavement support—particularly in the context of demographic change, workforce shortages, and increasing complexity of deaths across Europe.

Design
This presentation draws on best-practice examples from local interdisciplinary networks. It reflects practice-based insights from funeral care and examines how structured communication, role clarity, and mutual understanding can transform professional boundaries into collaborative spaces. The presentation integrates practice reflection with established European palliative and bereavement care frameworks.

Results
Collaborative local networks improve continuity of care, reduce uncertainty for families, and enhance professional confidence. Clear points of contact foster timely information exchange, shared responsibility, and more coherent support for the bereaved.

Conclusion
Bereavement care is a shared professional task. By jointly shaping local interfaces as active points of contact, professionals across disciplines can respond more effectively to grief and loss, strengthening compassionate care in a European context.

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Educating about Death to Educate for Life: A Pedagogical Project on Grief in a Secondary School

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Background
Death remains a social taboo, especially within the educational context. Students coexist with death and silencing it does not provide protection. School is an ideal community setting in which to educate about grief.

Reasoning
All students need to acquire emotional language, understand the grieving process, become familiar with rituals and beliefs surrounding death, and learn how to support a peer who is grieving (1).

Students who are grieving require an environment that is sensitive to their needs and to the difficulties they may experience in concentrating on their studies, so that they can be adequately supported (2).
Any action aimed at preventing Prolonged Grief Disorder (PGD) is valuable.

Design
The Department of Education supports a training programme on grief for teachers within the educational region.
The subsequent project developed at Cirvianum Secondary School (compulsory education for students aged 11–15), initiated by two teachers, currently offers a threefold intervention (3):
During school hours: an annual grief awareness day adapted to different educational levels, including theoretical training on grief, diverse methodologies, and complementary workshops.
During school hours: a local visit to a space associated with mourning, adapted to educational level: religious spaces (church and mosque), funeral home/crematorium, and cemetery.
Extracurricular activity: a grief support group for young people, invited based on their emotional expressions and the screening results of the brief A-PGDs-brief questionnaire completed by all students.

Results
Students report feeling better prepared to cope with loss. Several students expressed interest in seeing the body of a deceased person (at the funeral home). Some students expressed sadness during the visits. The A-PGDs-brief questionnaire identified grieving students in need of support. The grief group has been a well-received initiative.

Conclusion
This innovative project facilitates meaningful life learning and acts as a preventive measure.
It is necessary to introduce farewell and mourning spaces before—or independently of—students experiencing grief.
There is also a need to create spaces that encourage emotional expression among peers.

References
(1) A dedicated Grief Education Program for young people can significantly improve their ability to discuss grief openly and reduce anxiety related to death (Dawson et al., 2023).
(2) Loss and grief in children have an impact on learning (Abdelnoor & Hollins, 2004; Dyregrov et al., 2022).
(3) Competencies are built from knowledge, skills, assessment, and the development of attitudes, including the exploration of effective teaching methodologies (Redmond, 2024).

Kitchen Table Grief-Talk - Action Research for Grief Literacy Connected Education (GLCE)

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Background:
"Grief literacy" to empower compassionate communities for the bereaved was defined by Breen et.al. (2022). A JAMA Public Health publication issued a call to action (Lichtenthal et.al, 2024). In their scoping review, Teichman et.al. (2024) advanced concepts to describe "community competencies." Costo Alfonso et.al. (2025) described three interrelated axes to mobilize "Communities-for-Care."

Rationale:
In Germany, we used "Connected Education" with the aim to activate community competencies for grief.

Design:
The Action-Research design was used, following the Plan-Act-Observe-Reflect Cycle. 1. Planning: Drawing on extensive experience in working with the bereaved and daily access to scientific contexts, we made draft 1 as a 3-hour education format. 2. Act-Observe: Two organizations, in the West of Germany and in the East, issued invitations from their mailing lists. The course design advanced step-wise in 6 consequent presence meetings and twice in an online format. 98 participants commented on draft one, by way of reactions, discussion in small groups and in the plenary. Comments were invited during and after the presentations, one of the facilitators taking notes. After that, post-session input was collected after 6 weeks.

Results:
3. Reflections by participants improved the presentation's sequences and discussion formats. They recommended to remove the more theoretical approaches (Kübler-Ross; Stroebe & Schut), suggested extensions to the kitchentable-talk exercises and provided alterations of wording to everyday language.

Conclusion:
This participatory design forms the basis for next investigating effects of GLCE. Further implementations will be with a community advisory board. Ethical approval for scientific evaluation has now been submitted.

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Extending bereavement care to families following sudden and unexpected child death: addressing a major inequity through the QUINTET programme

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Sudden and unexpected child death is a profoundly traumatic loss with long-term psychological, physical, social and financial consequences. Across Europe, families often report isolation, abrupt withdrawal of professional contact and fragmented or absent bereavement support[1]. Unlike families facing life-limiting illness, they are rarely included in formal palliative care pathways, creating a persistent inequity[2].

Sudden child death is a recognised high-risk context for traumatic/prolonged grief, yet evidence to guide consistent, equitable bereavement care remains limited. Current literature highlight marked variation in provision and discontinuity in follow-up after death investigations, leaving many families outside structured support pathways[3].

QUINTET is a three-year mixed-methods programme of seven nested studies funded by NIHR (UK). It combines analysis of national datasets; a national survey of bereaved parents; mapping of bereavement provision and geographic variation; surveys of statutory and voluntary sector professionals; qualitative interviews with family members and professionals; and economic evaluation of care models and longer-term outcomes. Delivery is in partnership with charities, statutory agencies, bereaved parent investigators, and family-led organisations. Work is co-produced with bereaved parents and a cross-sector advisory group.

Early findings indicate high levels of persistent traumatic grief, compounded by inconsistent death investigation processes, disjointed follow-up and marked variation in available support, particularly after discharge from acute services. Many families remain outside structured bereavement care pathways.

Families bereaved by sudden and unexpected child death experience complex needs yet remain marginalised within current systems. QUINTET will generate actionable evidence to advise trauma-informed, family-centred and sustainable bereavement care models relevant to European policy and practice.

References

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Undoing Death: Counterfactual Thinking and Emotional Adaptation to Bereavement

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Background:
Counterfactual thinking, mental simulations about how a situation could have turned out differently (if only… then… thoughts) increase grief and depression levels following bereavement. Specifically, thoughts about how (in)actions of oneself could have prevented the death (i.e., self-referent upward counterfactuals), appear detrimental to post-loss mental health. Conversely, thoughts about how one's current situation could be (even) worse (i.e. downward counterfactuals), are theorized to stimulate meaning making and improve post-loss mental health.

Rationale:
Despite their potential clinical relevance, there is still limited information about what counterfactuals bereaved people spontaneously generate, who generates them, and how they relate to grief and depression severity.

Design:
Using a counterfactual generation task, we aimed to clarify the concurrent associations of characteristics of a generated counterfactual with loss-related characteristics and grief and depression levels in a bereaved sample (N = 343).

Results:
Counterfactuals were predominantly upward (98%), self-referent (67%), and undid death (74%). Participants who had experienced unexpected, unnatural, or partner or child death generated more upward counterfactuals about undoing death. Higher grief levels related to more generated upward (vs. downward) counterfactuals and more (self-referent) upward counterfactuals about undoing death (vs. other upward counterfactuals).

Conclusion:
Following bereavement, downward counterfactuals are rare but potentially adaptive, whereas upward counterfactuals about undoing death are common and can interfere with psychological adaptation to bereavement. Theoretical and practical implications will be discussed.

Transforming Bereavement Signposting

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Background
AtaLoss has become a leading UK bereavement charity, pioneering in holistic support for the 85-90% who will process bereavement healthily with the right help, by: awareness (media and an APPG on Grief Support and the Impact of Death on Society); central signposting; and community support through churches, together taking pressure off therapists. In February, founder Revd Canon Yvonne Tulloch was awarded CEO monthly's 'Most Influential CEO 2026 – Bereavement Support'.

This presentation will showcase AtaLoss.org the signposting service (www.ataloss.org).

Rationale
Decades of 'death denial' have led to lack of understanding of the many ways bereavement can impact, and support being synonymous with counselling, with long waits. Central information can enable tailored and timely support for the range of help bereaved people need, enabling them to process their loss, often without therapists, or alongside - preventing mental ill-health or other negative consequences (www.ataloss.org/resources-listings/bereavement-support).

Design
Award-winning AtaLoss.org directs to over 1,700 services, local and informal as well as national, for choice (appropriateness, preference, need, finances and availability). It is now designed for comprehensive support and aiming for a 'Gold Standard' - dedicated, up-to-date, free and accessible - ensuring every bereaved person can find all the support available for their circumstances, before, at the time of and after death (www.ataloss.org/about/signposting). We're now building our content and campaigning through our APPG for universal routine referral by registrars and medical examiners.

Results
January 2025 9,000 unique visitors per month. January 2026 19,000.

Conclusion
AtaLoss seeks to provide a central signposting service for the UK.

Garden of Grief: Practice-Based Grief Communities for Men 50+ in Cemetery Environments

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Background
Men aged 50+ face increased risks of loneliness, social isolation, and reduced well-being following bereavement (Lee et al., 2001). Despite this, grief support services are predominantly based on verbally oriented therapeutic models that often fail to engage men. Older men are particularly unlikely to seek or remain in traditional grief counselling, pointing to the need for more practice-oriented forms of support (Wuthrich & Frei, 2015).

Rationale
Cemeteries are culturally and emotionally significant spaces for grief yet remain underexplored as sites for community-based bereavement support. This project explores how cemetery environments may be used to develop practice-based grief communities for men aged 50+.

Design
The project is an interdisciplinary collaboration between the University of Copenhagen, the Helsingør Diocese, the Danish National Centre for Grief, and Forum for Men's Health Denmark. It employs video ethnography and multimodal interaction analysis (Due, 2017; Heath et al., 2010) to examine how grief is enacted through embodied and sociomaterial practices in cemetery contexts.

Results
Preliminary insights from the pilot phase indicate that cemetery settings support reflection, presence, and engagement beyond conventional therapeutic formats (Fogh & Due, 2025). These findings point to clear practice-oriented insights regarding how place, materiality, and activity shape participation and meaning-making among bereaved men.

Conclusion
The project aims to generate practice-based knowledge on how cemetery environments can support inclusive, non-clinical grief communities for men. The expected outcome is a set of empirically informed recommendations for community-based grief initiatives, contributing to bereavement research and applied practice in a European context.

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Clay shapes of grief; giving voice to bereaved individuals in Portugal

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While clay work has been relatively under researched compared to other art therapeutic approaches, those studies that do exist indicate its beneficial potential (e.g. Bat Or & Bauch, 2017; Elbrecht et al., 2014). The purpose of this study was to explore the therapeutic potential of clay work in the context of bereavement, as well as its role in facilitating communication. In order to do so, I facilitated group clay workshops for bereaved individuals in Ílhavo and Albergaria-a-Velha, in which participants created clay artefacts in response to prompts I provided relating to the experience of grief. I then conducted follow-up qualitative interviews with 25 participants. In order to investigate the ways in which clay work provided a means for the participants to communicate their experiences, I focused on metaphor, widely recognized as a tool for expressing complex emotional experiences, including grief (e.g. Guité-Verret et al., 2021). I analysed the metaphors underpinning their clay creations, and those in the follow-up interviews, using a methodology based on conceptual metaphor theory (Lakoff & Johnson 1980) alongside thematic analysis. In this talk, I present some of the key metaphorical themes emerging from the data, e.g. metaphors related to nature, the body, community, and emotion. I also comment on the utility of clay work in expressing experiences of grief as described by participants. These insights highlight the therapeutic and communicative potential of clay work in bereavement contexts and its potential for building resilience, especially in communities in which there is still reticence around talking about grief.

Where We Say It Out Loud: Suicide and Ceremony at The Last Hurrah

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Background
The Last Hurrah is an independent, counter-cultural funeral home in Melbourne, Australia, working in secular spaces. We practise continuity of care: the same practitioner supports a family from first contact through arrangements and delivering the ceremony. This positions ceremony as a central site for meaning making and creating shared understanding.
Suicide is a frequent reality in our work. We've observed how naming—or avoiding—suicide in ceremony shapes the service and also the grief and support that follows.

Rationale
Suicide grief is often accompanied by shame, stigma and social withdrawal [1]. When ceremonies rely on euphemism or silence, families can be left carrying the burden of explanation alone. Avoiding the word 'suicide' often serves to protect others, not the bereaved.
No two suicides are the same; each death challenges assumptions and affects families differently. Naming suicide clearly, with care and consent, can legitimise grief and reduce stigma.

Design
This presentation outlines a Last Hurrah ceremony, focusing on how suicide is named through ethical, empathetic language. We examine how continuity of care builds trust so families can consent to direct language that legitimises grief through the ceremony.

Results
In our practice, naming suicide clearly has eased tension, reduced secrecy, and helped families feel less alone. Witnessing, and being witnessed, is integral to grief work [2].

Conclusion
Silence isn't neutral. When grief is disenfranchised, silence and euphemism can reinforce isolation [3]. Naming suicide with care and consent turns ceremony into ethical leadership, moving us from tiptoeing to honest, communal witnessing.

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Under Ireland's Skin: Memorialising the Infants and Children who Died in Ireland's Mother and Baby Homes through the Babóg Project

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BACKGROUND
The Bábóg Project is a grassroots, participatory arts initiative that memorialises the estimated 9,000 infants and children who died in Ireland's Mother and Baby institutions (Corless, 2021). Initiated by artist Laura Whalen in 2018, the project invited people to create small handmade dolls (bábóga) representing deceased children. More than 12,000 dolls were submitted, many accompanied by handwritten notes expressing grief, apology and remembrance.

RATIONALE
This study investigates the Bábóg Project as a creative response to loss in the context of mass institutional neglect, hidden burial practices and historical trauma (Ramírez Rodríguez, 2024). It explores how the project functions as both an individual grief ritual and a collective act of cultural memory in the absence of formal commemoration (Selfridge, Robinson & Mitchell, 2021).

DESIGN
Using a qualitative, arts-based approach grounded in phenomenology and thematic analysis, the research draws on interviews with the artist and a review of over 600 public submissions. Findings suggest that the making and donating of dolls allowed participants to externalise disenfranchised grief and engage in symbolic mourning, particularly around the experiences of infant death, miscarriage, adoption, infertility and reproductive loss.

RESULTS
The Bábóg Project demonstrates how participatory art can re-enfranchise marginalised grief and create space for mourning collective and individual trauma. In doing so, it challenges traditional boundaries between protest and ritual, art and memorial, and private sorrow and public responsibility.

CONCLUSION
This paper offers insights for artists, therapeutic practitioners and researchers interested in the intersection of grief, memory, and creative expression in post-trauma societies.

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Bridging the gap between theory and practice: designing and delivering bereavement education using lived experiences of anticipatory grief

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This case study conducted in University Hospital Waterford—the main public teaching hospital in the South East of Ireland—aims to bridge the theory-practice gap by centering patient and family narratives of anticipatory grief in bereavement education for nurses. The perspectives of patients and families are often excluded from such programmes, despite the 2023 Irish National End of Life Survey reporting that 44.3% of respondents felt that healthcare staff did not adequately support the emotional needs of their relatives/friends. This case demonstrates that provider-led education that amplifies lived experience better supports nurses in providing reflective, person-centred bereavement care.

Within the programme, key theories of grief were explored with participants and integrated with anecdotes from the author's clinical experience as a Clinical Nurse Specialist in Palliative Care. Listening to patients and families' stories of anticipatory grief in their own words enabled participants to link real-life examples with contemporary grief theories, such as Neimeyer's (2000) Meaning Reconstruction Model. The approach was grounded in narrative medicine principles which emphasise the role of storytelling, active listening, and narrative interpretation in understanding patients and their goals, as well as uniting theory and practice (Frid et al 2000,Gunaratnam and Oliviere 2009).
A pre- and post-evaluation was conducted with participants, which found significant growth in their self-reported knowledge and level of confidence in supporting patients and families experiencing anticipatory grief.

This approach is unique in combining the author's palliative care experience with bereavement education, equipping nurses with practical skills to provide sustainable, compassionate bereavement care at the bedside.

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Through the Lens of Loss: A Photovoice Group Intervention to Foster Meaning-Making in Bereavement

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Background:
Photovoice has only recently begun to be used as a clinical intervention (Delgado & Wester, 2020). It combines photography and storytelling to enable individuals to document their lived experiences, foster empowerment, and connect with others through shared meaning-making. Its application to bereavement remains scarce, and Photovoice group interventions for grief are virtually unexplored, highlighting a need for innovative formats that integrate therapy, creativity, and advocacy.

Rationale:
We present a protocol for a group intervention designed for both clinical and community settings. Using photography as a creative medium, this intervention aims to explore the unique experience of grief, support emotional expression, and facilitate the reconstruction of meaning among the bereaved.

Design:
The intervention comprises 4 to 6 weekly sessions structured around three phases: (1) building connection and trust; (2) sharing and reflection on photographs; and (3) exploring and discussing the meanings elicited. The process culminates in a public community exhibition co-curated by participants, which uniquely combines therapeutic goals with public engagement and destigmatization of bereavement. The efficacy of the intervention will be assessed against a control group (Randomized Controlled Trial).

Results:
Participants will be assessed at three timepoints – baseline, post-intervention, and follow-up (6 months after the exhibition) – for prolonged grief symptoms and integration of loss (meaning-making), allowing preliminary evaluation of feasibility and potential clinical impact of the intervention.

Conclusion:
This Photovoice-based group intervention has the potential to support the bereaved in constructing personal meaning and enhancing emotional adjustment, while simultaneously raising public awareness of bereavement experiences.

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Meanings and memories: Supporting family members to view sensitive coronial documents

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Background
Bereaved family members seek access to coronial documents, such as police reports, photographs and CCTV footage of the scene and body, in part, to better understand the circumstances of their relatives sudden and violent death. Yet coronial processes are experienced as bureaucratic and access to such documents are restricted or difficult, amplifying distress.

Rationale
While families' need for detailed information in coronial contexts is well established, the processes and supports that help them engage safely and meaningfully with sensitive coronial materials remain underexplored.

Design
Thematic analysis of twelve in-depth qualitative interviews with bereaved relatives following a death reported to an Australian coroner reveal key themes that inform the meanings of access and required support.

Results
Participants describe barriers that negatively shape their experiences of seeking and viewing coronial documents, including opaque systems and processes, lengthy delays, and limited guidance. Despite these challenges, viewing sensitive materials is experienced as both confronting and illuminating. Importantly, participants emphasised the meanings documents can hold, supporting sense-making, and enabling renewed relational connection with the deceased. Expert psycho-social support from social workers was deemed vital to bridge barriers, enable access, mitigate distress, and create a space for meaning.

Conclusion
Findings challenge the prevailing public health model of bereavement care, to underscore the need for expert, professional psycho-social support for families throughout the coronial process. Viewing coronial documents is not experienced as a routine informational task but a highly charged relational and meaning making encounter which requires skilled relational support.

Beyond outcome measures: Understanding change in family-oriented grief therapy for bereaved children using case-based data triangulation

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Background
Parental bereavement is associated with increased risk of prolonged grief and mental health difficulties in children. While many adapt without professional support, some children experience persistent difficulties requiring specialized, family-oriented intervention. At the Danish National Centre for Grief, grief therapy is individually tailored and combines family sessions, group-based interventions, and individual therapy.

Rationale
Evaluations of grief interventions often prioritize standardized outcome measures. However, children's grief processes are heterogeneous, relational, and non-linear, which challenges whether quantitative measures alone adequately capture meaningful change.
This study examines how case-based data triangulation can deepen understanding of outcomes and mechanisms of change in family-oriented grief therapy within a European welfare context.

Design
Three in-depth case descriptions were developed, integrating quantitative pre- and post-intervention measures with qualitative interviews with children and their remaining parent, alongside clinical observations. The cases reflect different family constellations, grief trajectories, and individualized sequencing of therapeutic components.

Results
Across cases, families described marked improvements in emotional understanding, grief communication, and relational functioning. In several instances, quantitative grief measures showed limited or no change, while qualitative data revealed substantial therapeutic impact, including enhanced emotional expression, mutual acceptance of different grief responses, and strengthened family relationships. Case-based triangulation illuminated how individualized adaptation of intervention elements and their timing constituted key mechanisms of change.

Conclusion
Case-based data triangulation provides critical insights into therapeutic outcomes and mechanisms that may remain invisible in quantitative evaluations alone. Mixed-method approaches are essential for capturing change in family-oriented grief therapy and for evaluating complex, individualized interventions for bereaved children.

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The experiences and support needs of young people caring at the end of life and into bereavement

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Background
The experiences of young/young adult carers caring for, and bereaved of, terminally ill family members are less understood or recognised than those of their adult counter-parts (1,2).
Rationale

We aimed to explore the experiences and support-needs of young/young adult carers when caring at the end of life and into bereavement and identify ways of improving support.

Design
We conducted three focus groups with bereaved young/young adult carers (n=9), and an online survey (n=106) and two focus groups (n=8) with professionals/volunteers working with current or bereaved young/young adult carers in the UK. Our qualitative free-text survey and focus group data were analysed thematically and the Dual Process Model (DPM) of coping with bereavement(3) retrospectively applied to help conceptualise our themes.

Results
We describe three core themes which encompass the multiple challenges and support-needs faced by these groups of young people; caring at the end of life; navigating bereavement; and managing daily life, relationships and support. By exploring these themes within the loss and restoration orientations of the DPM, we extend the application of this model to pre-and post-bereaved young/young adult carer populations, whilst also highlighting the strong relational contexts shaping these experiences.

Conclusion
This research illustrates how young/young adult carer experiences of loss and change are multi-faceted and exacerbated by various limitations in the guidance and support available to them. Cross-sector changes, reflecting public health approaches, are needed to improve informal and formal sources of support in family, community/education, health and social care settings.

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Developing, and assessing capacity to deliver, a public health approach-based bereavement service model for specialist palliative care in Ireland

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Background: A public health approach to bereavement care frames grief as a population-level concern, emphasising proportionate, needs-based support, community capacity-building, and early identification of vulnerability. As an integral component of the palliative care continuum, bereavement care extends support to families before and after death; however, in many European countries bereavement support is not consistently prioritized, resulting in significant gaps in care.

Rationale:
There is currently no standardised model of bereavement care in Ireland, including within specialist palliative care (SPC). This policy-directed, state-funded project aims to develop a evidence-informed, standardised bereavement care model for people bereaved through SPC in Ireland.

Design:
Model development is grounded in a public health approach, informed by a systematic review, and refined through consultation with national and international advisory groups, including SPC leaders, health and social care stakeholders, and bereavement and public health experts.

Results:
The project commenced in 2025, with the review currently underway (Lichtenthal et al.). Model development and consultations are due to be completed by summer 2026.

Further phases of the project will estimate bereavement need within the SPC population and assess service capacity across specialist and community services, providing evidence to guide national and local service and workforce planning.

Conclusion:
This policy-driven, state-funded project translates evidence into action, standardising and embedding bereavement support within specialist palliative care in Ireland to ensure timely, appropriate care. It also provides an evidence-informed, scalable model for strengthening bereavement services nationally and internationally.

Fostering dialogue about death in educational and family contexts through picturebooks and traditional tales

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Background
Death and loss are universal human experiences, yet they are often absent from educational settings and avoided in family conversations with children. When death is not named, children's questions, emotions, and fears may remain unaccompanied. Research on children's cognitive and emotional development shows that children are capable of engaging with complex existential questions when supported by attentive adults (Gopnik, 2009). There is therefore a growing need for educational practices that address death with children in open, meaningful, and age-appropriate ways.

Rationale
Stories have long functioned as cultural tools for understanding life, death, and loss. Traditional tales and contemporary picturebooks provide symbolic language that enables children to explore grief safely, while also supporting adults in finding words (Roch & Le Gall, 2020). This approach understands dialogue about death not only as a response to bereavement, but as a form of grief literacy that recognizes death as part of shared human experience.

Design
This presentation draws on a series of practice-based workshops developed for two contexts: teacher training sessions and family workshops involving children and caregivers. Both formats use shared reading of picturebooks and traditional tales, oral storytelling, guided dialogue, and simple expressive activities. The workshops are participatory and narrative-based, creating spaces for shared reflection and intergenerational conversation.

Results
Participants report increased confidence in talking about death with children, reduced anxiety around the topic, and improved emotional communication. Children demonstrate curiosity, symbolic understanding, and an ability to express thoughts and emotions when supported by stories and attentive listening.

Conclusion
Using stories as dialogical tools offers an accessible educational practice for addressing grief as a universal experience. This approach aligns with contemporary understandings of grief as an ongoing relational process rather than a topic to be avoided (Klass, Silverman, & Nickman, 1996), supporting preventive, community-based engagement with death and loss.

How to improve bereavement services for people from ethnically diverse groups: Findings from the national Equitable Bereavement Care For All study

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Background:
High income countries globally are becoming increasingly diverse. People of ethnically diverse (ED) backgrounds experience inequities in accessing bereavement support, but evidence to inform system reform is lacking [1].

Rationale:
To develop an evidence-based logic model and recommendations for the provision of equitable bereavement support for people from ED communities.

Design:
Qualitative study across England following experience-based co-design methodology [2]: interviews and focus groups with 120 bereaved people from ED communities (female=88 (73.3%), aged 21-81 years); interviews with 23 bereavement support providers at 12 diverse services; four online co-design workshops attended by bereaved people and stakeholders (n=53). Recruitment and data collection prioritised cultural safety and an asset-based approach. Directed thematic analysis was informed by Levesque et al's access to healthcare framework [3].

Results:
Barriers to accessing appropriate bereavement support include mainstream services' lack of outreach to ED communities, low referral rates, long waiting lists, lack of staff/volunteers of ED ethnicity, overstretched and over-burdened staff and volunteers, organisations not prioritising equity, and Eurocentric approaches to bereavement. The logic model and recommendations identify system-wide actions needed to address these barriers, including: actively anti-racist and culturally safe practice; an intersectional, holistic and flexible approach; embedding inclusivity and equity into communications, service design, staff and volunteer recruitment and training; working in sustained partnership with ED community groups and service users; and investment in community-based services.

Conclusion:
Findings from this major national study provide actionable recommendations to reform bereavement support and ensure services are inclusive, equitable, and responsive to the needs of ED communities.

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Multidisciplinary Bereavement Support Training Programme (FMAL): A Fulbright Specialist Initiative for Professional Development in Portugal

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Background
In Portugal, grief education remains largely absent from initial professional training, creating gaps in competence, confidence and interdisciplinary collaboration in grief support.

Rationale
International collaboration has been identified as a key strategy to strengthen bereavement education and promote evidence-informed practice. This paper presents an intensive educational initiative developed within the Fulbright Specialist Programme, designed to address Portuguese challenges in grief education by enhancing professional competencies, interdisciplinary dialogue, and grief literacy through innovative pedagogical approaches.

Design
The FMAL-Module.0 was implemented as a two-week blended-learning programme (January 2026), led by Professor Janet McCord (Edgewood University, US), an internationally recognised specialist in thanatology and suicidology. The programme combined thematic sessions, two full-day masterclasses, roundtables with community and institutional partners, and cultural activities integrating the arts. Educational methodologies emphasised active learning, case-based discussion, and reflective practice, targeting professionals from health, education, psychology, social work, funeral services, and community organisations.

Results
The programme received approximately 130 registrations, with higher participation in online modalities. Thematic sessions on grief theory, the roundtable on disenfranchised grief in intellectual and developmental disabilities, and the masterclass on multidisciplinary bereavement support recorded the highest attendance. Participants highlighted the value of international expertise, interdisciplinary exchange, and the integration of arts-based activities as innovative strategies for enhancing grief literacy and professional learning.

Conclusion
This Fulbright Specialist initiative demonstrates the value of international, multidisciplinary, and culturally responsive educational models in bereavement training. The FMAL-Module.0 offers a transferable framework for strengthening grief education in European contexts, bridging theory, practice, and community engagement.

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Falling Between Systems: Institutional Invisibility Following Parental Death in Emerging Adulthood

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Background
Emerging adulthood is a prolonged transition marked by continued financial reliance on parents despite legal adulthood. While bereavement research has largely focused on psychological outcomes, the socio-economic consequences of parental death during this critical period remain underexplored.

Rationale
Parental death during this period may disrupt education, employment, and financial stability, yet bereaved emerging adults often remain invisible within existing support provision. Addressing this gap is particularly important in European contexts shaped by rising living costs and delayed transitions to independence.

Design
This qualitative study draws on semi-structured interviews with bereaved emerging adults in the UK who experienced parental death between ages 18 and 25. Data were analysed using reflexive thematic analysis to explore the long-term social and financial implications of parental loss.

Results
Findings suggest that parental death during emerging adulthood may produce institutional invisibility, positioning bereaved individuals between systems and creating barriers to support. Participants described being treated as legal adults while not automatically recognised across universities, workplaces, or bereavement services, often requiring self-initiated help-seeking. This structural gap may prolong the impacts of bereavement, with several participants reporting enduring effects on key life decisions relating to education, financial security, housing, and family relationships, highlighting the need for earlier proactive engagement.

Conclusion
The study makes visible a group positioned between institutional categories of “child” and “adult” and reframes parental death during emerging adulthood as a societal concern. It highlights the need for automatic and integrated pathways into support across higher education, employment, and health systems.

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A pilot randomized cluster trial to assess the feasibility and acceptability of a community co-designed intervention for grief and bereavement in rural communities

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Background:
There is a dearth of evidence on culturally accepted models of care to support bereaved informal caregivers in many rural settings.

Rationale:
To inform future research, a pilot study examining the feasibility, acceptability, and preliminary effects of a community-led grief and bereavement intervention for bereaved informal caregivers in rural Uganda was conducted.

Design:
A pilot feasibility cluster randomized controlled trial was conducted comparing a four-visit grief and bereavement intervention delivered by trained community grief counselors (intervention) to the cultural UBUNTU intervention delivered by community health workers (control) in two Masaka and Rakai districts in rural Uganda. Assessments of mental health symptoms, grief, and social support were administered pre- and post-intervention. Qualitative exit interviews were conducted to assess the acceptability of the community-led intervention.

Results:
A total of 102 caregivers out of 125 screened (82%) were randomized to the intervention (n=43) and control (n-53) arms, and 95% were retained after six months. Greater improvements in affectionate support and positive social interactions and grief-related symptoms (IRR 0.77, CI 0.72-0.82) were reported in the intervention arm compared to the control. Acceptability was indicated in the exit interviews through positive descriptions of the intervention and reports of improvements in psychological well-being, coping, and access to economic resources.

Conclusion:
This pilot trial demonstrated feasibility and acceptability of a community-led grief intervention in rural Uganda. Promising effects on grief, social support, coping, and well-being were reported in quantitative and qualitative assessments, suggesting the value of evaluating this approach in a larger-scale study.

Developing and Implementing a Level 1 Bereavement Link Person Role to Support Families Transitioning from Pre Death to Post Death Care in a Children's Hospice

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Background
Families frequently describe the transition following a child's death as abrupt, disorienting, and marked by feelings of abandonment, highlighting the importance of early and structured bereavement contact.

Rationale
To respond to these needs, a children's hospice in Ireland piloted a Bereavement Link Person (BLP) role to offer a consistent, time limited, point of contact for the first three months after a child's death. The role aligns with international recommendations for early bereavement follow up and structured care pathways.

Design
Over 12 months, the BLP role was delivered to 80 families by an interdisciplinary team including Nursing, Psychology, Social Work, Play Therapy and Music Therapy professionals. All BLPs completed accredited Level 2 Bereavement Support training with the Irish Hospice Foundation. The model integrated Level 1 support, psychosocial screening, memory making continuity, and signposting to further services.

Results
Families reported improved continuity, clearer pathways to support, and reduced feelings of isolation. Staff noted enhanced communication, earlier identification of psychosocial risks, and strengthened consistency in early bereavement practices.

Conclusion
The BLP role demonstrates how structured, interdisciplinary early bereavement contact can strengthen continuity, reduce fragmentation, and advance organisational commitment to compassionate, consistent bereavement care across Europe.

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Integrating AI safely into Bereavement Support

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Background/Rationale:
Rapid advances in Artificial Intelligence (AI), have created new tools including deathbots, avatars, AI companions and monitoring tools, technologies that have implications across all levels of the Bereavement Support Pyramid. However, concerns have been raised including potential negative effects on the grieving process (Lindemann, 2022), infiltration of commercial interests (Manevich, 2025) and wider ethical issues (Hollanek, 2024).

Aim:
To explore how AI can be safely integrated into bereavement support.

Design:
The project (part of Research Better Together supporting partnerships between academic researchers and Voluntary, Community and Social Enterprise organisations to co-produce research) draws on the lived experience of individuals and bereavement practitioners. The research involves three phases - a literature review and a preliminary survey of bereavement support providers, and subsequent semi-structured qualitative interviews (n=24) using a community research model involving Community Researchers from under-served communities, followed by a 3-month public engagement process at Birmingham City Museum and Art Gallery and a stakeholder engagement event.

Results:
Early findings indicate minimal research involving the Voluntary, Community and Social Enterprise (VCSE) providers, concerns about the risks AI poses to bereaved people and interest in guidance and training. Findings from the interviews, the public engagement and stakeholder discussions will be presented at the workshop, outlining risks, opportunities and safeguards for responsible AI use in bereavement care.

Conclusion:
AI presents a global challenge and opportunity for bereavement support. Our research will raise awareness of AI developments, risks and safeguards, while reflecting on the value of collaborative research and identifying priorities for future study.

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Fostering knowledge, learning and skill development through communities of practice (CofP) on carer/caregiver grief

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Background:
Caregiver Grief Connexion is an initiative focused on improving grief and post-caregiving support for caregivers, and on building the capacity of providers who engage with them. Grief experienced by caregivers is different from that of non-caregivers because of what they have experienced in the care trajectory. In response to this distinct experience, in collaboration with various researchers, groups and organizations, we established a dedicated Community of Practice (CofP) focused on caregiver grief.

Rationale:
CofP offer a structured way to bring together health and social service practitioners seeking to increase their knowledge on caregivers' reality pre and post death and enhance their clinical skills to strengthen support for caregivers. These CofP foster knowledge exchange, peer learning, and the development of shared skills and practices.

Design:
Since 2025, we host a monthly bilingual virtual CofP to share experiences, discuss challenges, and explore strategies for supporting the bereaved caregivers and themselves. Sessions features an engaging mix of guest speakers, case discussions, presentations on special topics, and reflective exercises, creating a rich environment for shared learning and professional connection.

Results:
The initiative has demonstrated strong engagement and reach, with an average of more than 100 registrants per event and consistent attendance of 60 participants. Registrants are from nine Canadian provinces and territories, highlighting the national relevance of the topic and the accessibility of the sessions.

Conclusion:
Feedback from attendees has been overwhelmingly positive, underscoring the value of the CofP model and the need for dedicated spaces to explore caregiver grief and post-caregiving experiences.

Erasmus+ as a Catalyst for Innovation in Grief and Bereavement Care: Lessons from the AURORA Project

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Background:
International cooperation becomes increasingly important for advancing best practices in mental health, particularly in grief and bereavement. Erasmus+ offers a unique framework for funding, capacity building, and cross border collaboration, enabling professionals to co-develop resources and initiatives that respond to emerging societal needs.

Rationale:
The COVID-19 pandemic intensified the need for coordinated public health responses to grief. Countries in southern Europe were among the most affected yet often had fewer structured grief support resources. The AURORA project was funded by Erasmus+ to strengthen grief and bereavement responses through a public health lens and provided an opportunity to build a consortium combining experienced grief organizations with partners from highly impacted regions.

Design:
The consortium included organizations with extensive expertise (e.g., DNCG in Denmark) and partners from Portugal, Spain, and Italy. The project produced adaptable outputs—training manuals, structured training sessions, and evidence-based resources—tailored to different groups of helping professionals. Its quality and coherence were acknowledged by the Erasmus+ Agency through an Excellent evaluation score.

Results:
Using the AURORA project as case-study, this presentation will show how Erasmus+ funding can serve as a powerful driver for innovation, capacity building, and international cooperation in grief and bereavement care, expanding access to evidence-based models, including Emotion-Focused Therapy for grief, Cognitive-Behavioral Therapy and Integrative perspectives.

Conclusion:
This project demonstrates how well-structured partnerships and targeted outputs can generate sustainable impact, through successful training initiatives and long-term partnerships, which ultimately provided the foundation for the Portuguese organization of the 2026 European Grief Conference in Porto.

Estimating future needs for formal bereavement support following cancer death in Europe

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Background:
Europe is experiencing increasing cancer mortality in absolute numbers, (1) and family members of people with cancer have greater needs for bereavement support compared to the general population.(2) Understanding how these needs will evolve is essential to inform policies that future-proof support systems for bereaved individuals.

Rationale:
To estimate current and projected future needs for formal (non)specialised bereavement support in Europe (EU27) following cancer death to 2045.

Design:
Population-based projection study. European projections of bereavement support needs among individuals bereaved after cancer death were derived from World Health Organization cancer mortality data.(1) We used prevalence studies (2,3) and interval-based bereavement multiplier(4) to estimate the lower and upper range future scenarios.

Results:
Currently, up to 12.9 million people in EU27 are impacted by losing someone to cancer, of whom 1.8 million are potentially experiencing grief complication. By 2045, this will increase by one-third to 2.5 million. However, the increase will vary by country, with six countries experiencing more than a doubling. According to the Public Health Model of bereavement support, (5) accounting also for those at moderate risk, an additional 3.4 million could currently require non-specialised formal support. By 2045, 7.0 million bereaved individuals may require any kind of formal bereavement support.

Conclusions:
Given the psychological, social, and physical health outcomes of bereavement and the limited funding of formal bereavement support programmes, services, and research, Europe appears unprepared for the aftershock of cancer. This concern is heightened as our results likely underestimate the true burden of cancer related-bereavement, reflecting only new cases and not accounting for those living with previous loss(es) and other risk factors.

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Cocreating good grief care in the workplace; From position to practice

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Background
Seventy five percent of the Irish population are currently employed (CSO, 2025). Therefore, we can assume that a majority of those bereaved will be working whilst adjusting to their loss.

Rationale
In 2024, IHF developed a position paper which demonstrated the need for a holistic approach to good grief care in the workplace (IHF, 2024). The position paper included the health & business case and recommendations for employers and policymakers.

Design
Informed by the Position Paper and the Bereavement Care Pyramid (IHF, 2020), IHF's approach includes a training programme for managers and staff, e-learning portal, digital hub, bereavement policy consultations and template, and a national level advocacy plan.

Results
The uptake of the training programme reached 21 out of 26 counties in Ireland. Delivery of 76 outputs (employee and management/HR) reaching nearly 4000 participants. Average Net Promoter Score for training outputs is 96%. Average satisfaction rating is 96% with continued positive qualitative reviews. National and regional press coverage. Generation of strategic partnerships with government-led initiatives and employer representative bodies. Recent awareness raising initiatives has also seen our key messages picked up and publicised by the Health and Safety Authority (HSA), Ireland's national statutory body responsible for enforcing occupational health and safety law, promoting workplace accident prevention, and providing information to employers and employees.

Conclusion:
Health promotion frameworks can be utilised to drive a whole organisation approach to grief support and drive change at a political and systematic level to create conditions in which change can happen.

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Developing and Empowering Societal Grief- and Loss-Literacy through a Large-Scale Reform Movement

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Background:
Cemeteries are increasingly viewed as social spaces, places of care, and decentralised infrastructure that can counter loneliness. This shift resonates with a societal diagnosis: in postmodern European societies, loss is pervasive and a core problem of modernity (Reckwitz, 2024). Yet shared practices for dealing with loss – and societal loss resilience – remain limited. Cemeteries therefore gain renewed relevance as places where loss is visible, integrable, and socially negotiable.

Rationale:
Reckwitz describes a contemporary mourning culture as a response to precarious loss, enabling integration rather than repression. We build on this by conceptualising cemeteries as spaces where grief- and loss-literacy can be practiced intergenerationally and interculturally through low-barrier access, strengthening social cohesion, psychosocial health, and collective loss resilience.

Design:
With municipalities, city administrations, and bereavement experts, we pilot modular, reversible, low-barrier encounter settings within existing cemeteries. Architecturally and psychologically differentiated zones support information, sensitisation, quiet co-presence, dialogue, rituals, and shared activities. The approach links grief research, sociology, psychosocial practice, urban development, and social policy, positioning cemeteries as “spaces of care” within municipal infrastructure.

Results:
Implementations demonstrate social effects: reduced loneliness, increased self-efficacy, intergenerational contact, and everyday integration of loss. Decision-makers increasingly recognise cemeteries as part of services of general interest, marking a shift from experimental laboratory to social practice.

Conclusion:
With ~32,000 cemeteries in Germany alone and transferability across Europe, cemeteries can become scalable nodes of mutual support that empower collaborative grief- and loss-literacy within existing social infrastructure

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Development, Implementation and Feasibility of a Person-Based Group Intervention for Bereaved Older Adults: The GriefDiff Project

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Background
Bereavement in later life is common and may increase vulnerability to prolonged grief disorder (PGD), particularly in contexts of cumulative loss, social isolation, and declining health. Approximately 10% of bereaved older adults develop PGD, with significant functional and health consequences. Nevertheless, grief support remains predominantly clinical and reactive, with limited preventive and community-based models adapted to differentiated levels of need.

Rationale
The GriefDiff project proposes a tiered, needs-based model of community grief care that aligns intervention intensity with assessed relational needs and risk. The Moderated Self-Help Groups component represents the highest-intensity level within this public health framework. Developed using the Person-Based Approach, the intervention integrates barrier-informed guiding principles to enhance emotional safety, autonomy, and peer connection.

Design
The programme comprises 12 weekly 90-minute sessions delivered in closed groups (≤8 participants) for adults aged ≥60 years bereaved 1–12 months. Sessions are structured in three phases: stabilisation and regulation; elaboration of the loss narrative; and integration and life reconstruction. The intervention is embedded within a stratified randomised controlled trial evaluating three levels of grief support.

Results
Recruitment is scheduled for early 2026. This presentation will report feasibility outcomes, including recruitment flow, eligibility rates, group formation, retention, attendance patterns, and early acceptability data. Initial qualitative insights will explore perceived safety and emerging group processes during the phase of implementation.

Conclusion
This study establishes the feasibility framework for implementing a structured, person-based group intervention within a tiered model of community grief care, providing a foundation for future effectiveness evaluation in ageing populations.

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Strengthening Standards in and Equity of Access to Bereavement Counselling Through Strategic Collaborations

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Background:
In Ireland, there are no training standards informing the quality of bereavement counselling provided at support levels 3 and 4 of Irish Hospice Foundation's (IHF) Bereavement Care Pyramid (IHF, 2019). This results in inequities of access to quality bereavement support for those with complex needs.

Rationale:
IHF strategically targeted state-supported (levels 3 & 4) national counselling agencies to collaborate on the delivery of enhanced grief training for their accredited counsellors and clinical coordinators. This approach aims to improve the standard of support nationally so that there is consistency of provision of grief support regardless of geography. Acknowledging that social and structural inequalities can shape both grief experiences and access to support, we are committed to ensuring that individuals relying on low-cost, no-cost, or state-funded counselling services receive bereavement care that is equitable, consistent, and of high quality.

Design:
A two-day enhanced grief training programme was developed based on the stated preference of Irish counsellors for training incorporating both didactic and experiential material, with time between sessions to allow for integration (Dodd, 2022).

Results:
The training achieved national coverage, including all ten health areas of Ireland. All attendees rated the training as Excellent or Good. IHF has now been invited to partner in the development of bereavement standards, the first of its kind in Ireland.

Conclusion:
Choosing the most appropriate national partnerships has been key to the success of this training programme and has contributed to ongoing improvements in counselling standards and in more equitable access to quality bereavement counselling.

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Enhancing Bereavement Care Through Standardised Training: Evaluation of a National eLearning Programme for Level 2 Providers

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Background
Bereavement support is a vital part of health and social care, yet there are no agreed international guidelines or competencies at any level of care, including Level 2 within the public health–based Adult Bereavement Care Pyramid. Level 2 providers offer emotional and practical support through trained volunteers or professionals alongside their wider roles. In the absence of agreed competencies, training content and outcomes vary widely.

Rationale
To respond to this gap, a National Training Network of Level 2 bereavement service organisations was established in 2024. The network developed an evidence-based Competency Framework, which informed a new eLearning programme providing a standardised, accessible pathway to Level 2 competence.

Design
The ten-module eLearning course was piloted in 2024 and launched in February 2025. Upon completion of the programme, participants are invited to complete an online survey evaluating learner experience, including course navigation and accessibility, self-reported impact on knowledge across core competency domains, and overall impressions of the programme.

Results
To date, 306 have completed the training, 61% (n=186) of which have completed the end-of-course survey. Self-reported improvement in knowledge across the five core domains ranged from 88% to 90%. The course achieved a Net Promoter Score of 87%, with 98% rating their overall impression of the programme very good or excellent.

Conclusion
This eLearning programme represents the first national initiative to align Level 2 bereavement support training with an agreed Competency Framework. It provides foundational learning essential for delivering safe, appropriate, and compassionate bereavement care within community and professional contexts.

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Strengthening Parenting After Parental Death: Digital, Brief Research-Informed Tools for Caregivers of Bereaved Children

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Background.
The death of a parent is among the most stressful experiences a child can face and increases risk for mental health problems. Parenting characterized by warmth, structure, and open communication is a robust protective factor for bereaved children (Hoppe et al., 2024). However, few bereavement interventions are designed to support positive parenting by caregivers of bereaved children.

Rationale.
One exception is the Family Bereavement Program (FBP), a group program that has been extensively evaluated (Sandler et al., 2018). One component of the group FBP taught parenting and self-care skills. An RCT found that the FBP improved parenting with the benefits lasting over six years (Sandler et al., 2016), with strengthened parenting mediating program impact to reduce children's mental health problems.

Design.
To make the parenting-focused tools highly accessible, four brief (25 minute) online programs were developed to teach parenting skills. The tools focused on: (1) self-kindness, (2) creating stronger family bonds, (3) listening so your child will share more, and (4) responding so your child feels understood.

Results.
Each tool explains its purpose, models use in daily family life, anticipates and problem-solves caregiver concerns, and includes opportunities for home practice. Tools can be used independently by caregivers or with practitioner support in community settings. Four webinars teach providers to use the tools in their work with bereaved caregivers.

Conclusion.
This presentation will review the research background and demonstrate parts of one brief online program to demonstrate implementation strategies to provide caregivers with support in using the tools.

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The Disruption of Meaning in Bereavement Scale: A Multi-Domain Assessment Across Self, World, and Relationship with the Deceased

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BACKGROUND:
The Tripartite Model of Meaning Reconstruction posits that bereavement can disrupt distinct systems of meaning related to the self, the world, and the deceased, describing clinical approaches that facilitate restorative meaning making within each system (Neimeyer 2023). Crucially, grievers who struggle to restore disrupted meaning have been shown to experience higher levels of Prolonged Grief Disorder (PGD) symptoms (Milman et al., 2019).

RATIONALE:
To advance research examining how disruptions within specific meaning systems uniquely contribute to the development of PGD, this study validated the English and Portuguese versions of the Disruption of Meaning in Bereavement Scale (DMBS), the first measure designed to assess system-specific meaning disruption following loss. DESIGN: Two independent online survey studies were conducted (English: N = 957; Portuguese: N = 706).

RESULTS:
Confirmatory factor analysis supported DMBS subscale structure. The DMBS demonstrated convergent validity with a measure of meaning disruption that does not differentiate meaning systems (Holland, 2015), as well as incremental validity, accounting for unique variance in PGD symptoms beyond demographics, loss characteristics, and this meaning disruption measure. High-risk loss characteristics (child or spousal death, suicide, homicide, accident) were associated with focal disruptions within specific meaning systems. Distinct patterns of disruption across meaning systems were associated with graded levels of PGD severity. Clinically meaningful DMBS cut-off scores were established, identifying impairing levels of meaning disruption associated with above-threshold PGD symptoms.

CONCLUSION:
Findings support the DMBS as a tool for assessing system-specific meaning disruption with the capacity to inform targeted clinical intervention following bereavement.

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Building the Evidence for a Public Health-Based Bereavement Service Model in Irish Specialist Palliative Care

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Background
Bereavement support is recognized in national and international policy, including Ireland's National Adult Palliative Care Policy (Ireland Department of Health, 2024), as a core component of palliative care. However, limited guidance exists on how bereavement care should be operationalized. As a result, provision within Specialist Palliative Care (SPC) remains inconsistent, with variable continuity of care, assessment practices, referral pathways, and access to trained professionals (Aoun, 2017; European Association of Palliative Care, 2023; Lichtenthal et al., 2024).

Rationale
Despite policy recommendations, SPC bereavement services vary widely in delivery, resourcing, and assessment. Existing guidelines offer limited direction on identifying bereavement needs, intervention timing, and defining provider competencies. A systematic synthesis of the evidence is therefore needed to inform development of an evidence-informed bereavement care model for SPC and to guide national demand and capacity analysis and community service mapping in Ireland.

Design
A systematic review is underway examining: (1) the timing and effectiveness of pre- and post-loss bereavement interventions; (2) provider training, competencies, and disciplinary roles across levels of bereavement care; and (3) validated approaches to assessing bereavement risk and need. Searches span major bibliographic databases from 2000 to November 2025. Established methodological standards guide study selection, data extraction, risk-of-bias assessment, and evidence grading.

Results
The synthesized research on the wide range effective bereavement supports delivered to surviving family members at various points pre- to post-death will be presented. Suggestions for optimal timing, workforce competencies, and assessment approaches will be described. The presentation will also discuss how the evidence informs survey development for a demand and capacity analysis of SPC and mapping of community support in Ireland.

Conclusion
This review is directly informing development of a needs-based bereavement care model for SPC in Ireland, with implications for equitable service delivery, workforce development, and international practice, while highlighting priorities for future research.

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Crisis Management Following the Death of Law Enforcement Officers: Insights from 35 Police Psychologists

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Introduction

The death of a police officer — particularly in the line of duty or under traumatic circumstances — generates a profound impact that transcends the individual level to become an institutional and social crisis. Within police culture, grief is frequently shaped by occupational stigma and normative expectations of operational resilience. This study addresses the critical need for formalised grief management protocols as instruments for safeguarding the psychological health of affected units.

Objectives

1. To examine the significance of early, structured intervention following the death of a police officer.
2. To identify strengths and deficiencies in current institutional grief management practices, as reported by specialists in police mental health.
3. To propose evidence-informed guidelines for a collaborative response involving commanders, psychologists, and support units.

Method

A qualitative design was employed, combining semi-structured interviews and structured questionnaires administered to a purposive sample of 35 psychologists with specialised expertise in the police context (Guardia Civil). Participants contributed knowledge grounded in clinical and field experience in crisis management following officer deaths across multiple law enforcement agencies.

Results

Findings reveal unanimous expert consensus regarding the insufficiency of purely ceremonial or protocol-based responses — such as funeral honours — when not accompanied by sustained psychological support. Three critical factors for adequate crisis management were identified:

- Leadership validation: commanders must acknowledge the team's emotional vulnerability.
- Specialised grief intervention: grief must be addressed from within the organisational and cultural framework of law enforcement.
- Preventive training: institutional resilience is contingent upon grief-related preparation prior to the occurrence of a critical incident.

Conclusions

Adequate crisis management not only serves to prevent conditions such as post-traumatic stress disorder and prolonged grief among officers but also reinforces operational cohesion. This study underscores that police grief constitutes a specific occupational mental health challenge requiring a collaborative, professionalised response — one that actively challenges the culture of silence historically embedded in police institutions.

Keywords: Police Grief · Crisis Management · Emergency Psychology · Institutional Mental Health · Collaborative Response · Law Enforcement

A grief literature world for Young People

Lauren Breen
Curtin University; Perth Western Australia

Supporting grieving young people is a public health challenge. Grief literacy is the capacity to access, process, and use knowledge regarding the experience of loss—but does the concept resonate with young people? This presentation will showcase a recently completed a study to find out. This is the first application of the concept of grief literacy to young people and the findings will help create a world that recognises, validates, and supports young people's grief.

Family disputes after death and deceased people's wishes

Kate Woodthorpe
University of Bath, United Kingdom

When someone dies there are often multiple people - usually family members - involved in determining what happens next, particularly with regard to funeral arrangements. When these arrangements are not dictated by religious belief, the deliberation between family members as to who's needs come first, how much to spend, and whether to accommodate the deceased's wishes, can be complex.

Set against this backdrop, this talk will explore the value of a relational and familial perspective post-death, showing the way(s) in which loss and its impact is negotiated between people in this period.

Disenfranchised grief in the disenfranchised: marginalisation and inequality in bereavemen

Nina Vaswani
STRATHCLYDE UNIVERSITY, United Kingdom

Death is one of life's certainties, and bereavement is a near universal experience, one which many of us can identify and empathise with. However, inequalities in life become inequalities in death, and the burden of bereavement does not fall equally in society. Instead, inequalities often determine who is exposed to loss and bereavement, who receives support, and whose grief remains unseen. Bereavement disproportionately affects those already facing disadvantage and exclusion, including people living in poverty (Paul & Vaswani, 2020), individuals from minoritised ethnic communities (Selman et al., 2023), and those who are involved with justice systems (Vaswani, 2014; Ford, 2022). In this Level 2 keynote, Dr Nina Vaswani will draw on more than 15 years of bereavement research to explore how these disparities shape experiences of grief. With a particular emphasis on boys and young men in justice and custodial settings, she will consider how their experiences of masculinity, marginalisation, disadvantage and disenfranchisement intersect to shape their bereavement experiences and outcomes. By amplifying the voices and experiences of some of society's most overlooked young people, Nina's talk aims to highlight some of the hidden inequalities of grief and invite the audience to reflect on how we create more compassionate systems of care.

Beyond Prevention: postvention as a Critical Strategy in Suicide Risk and Bereavement care

Inês Rothes
Universidade do Porto, Portugal

Postvention is increasingly recognized as a fundamental component of a comprehensive suicide prevention response. This presentation explores how timely and effective support for individuals, families, professionals, and communities affected by suicide can reduce psychological distress, promote healing, and help prevent further suicidal behaviour. The session will highlight evidence-based postvention practices and their role in strengthening bereavement support and suicide prevention efforts. The session will use an approach that enables participants to gain knowledge on developing compassionate and coordinated responses to suicide loss.

Suicide prevention and Postvention: Updates on Research and Evidence-based Interventions

Ella Arensman
Ireland

This Workshop will provide insights and updates on research and evidence-based interventions in supporting people bereaved by suicide, including subgroup work.

The first part of the workshop will address the importance of real-time suicide surveillance to facilitate timely support for people bereaved by suicide, for example via suicide clustering or contagion.

Real-time suicide surveillance systems play an important role in bereavement support by providing timely data to inform interventions and support services. These systems are designed to report suicides in real-time, to facilitate proactive measures to prevent further suicides, potential contagion, clusters or linked incidents.
Effective real-time suicide surveillance systems are supported by multi-disciplinary teams, involving coroners, police, bereavement support services, mental health and primary care services, lived experience representatives and media and communications professionals. International examples will be provided to demonstrate the benefits of real-time suicide surveillance on timely suicide bereavement support and preventing further suicides.
An in-depth case study of a real-time surveillance system in the Southern part of Ireland will be presented including outcomes of an independent evaluation of this system.

The second part of the workshop will address an evidence-based approach to respond to people bereaved by suicide in the context of suicide contagion and clustering.

Details will be provided of a multi-component postvention approach, which also provide benefits in terms of preventing further suicides. This includes:

1. Coordinated postvention response, including preparedness
2. Active identification of vulnerable people
3. Facilitating access to evidence-based psychological therapies
4. Involvement of family members, caregivers, friends and colleagues.
5. Implementation of setting-specific postvention programmes
6. Increased awareness, safe communication and memorialisation
7. Peer support and connectedness interventions
8. Monitoring social media and online environments
9. Priorities for long-term support and follow-up