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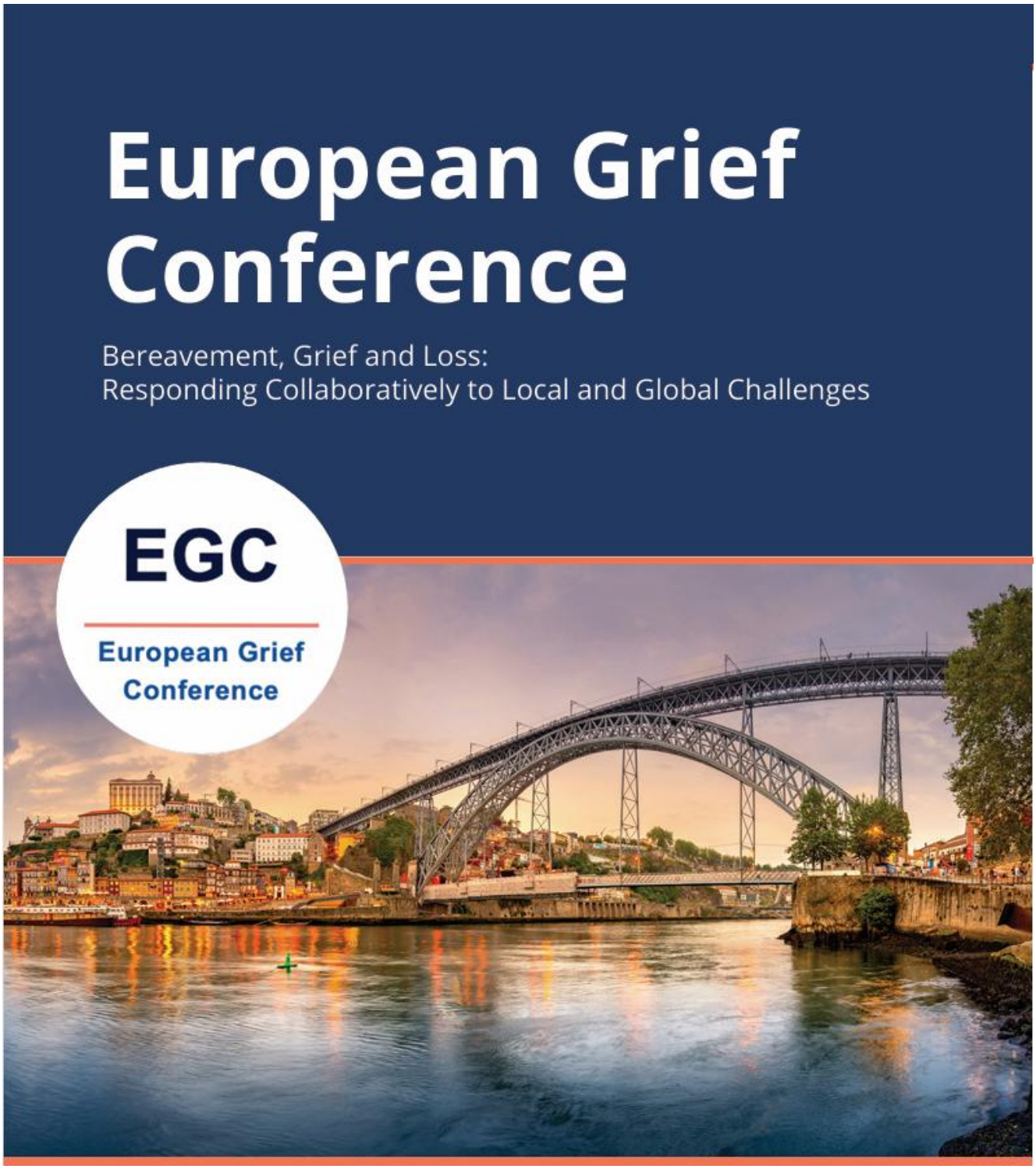
European Grief Conference
Bereavement, Grief and Loss:
Responding Collaboratively to Local and Global Challenges
EGC
European Grief Conference

The Illusion of Control: Grief and the Fear of Falling Apart

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Grief destabilizes the cognitive, emotional, and relational systems through which individuals construct meaning and agency. While the intellect may register loss as an event, the body and emotional self will resist its integration, producing a disharmony that may emerge as avoidance or hyper-control. These strategies perpetuate the illusion of stability but restrict the potential for transformation and connection.

This presentation situates grief at the intersection of neuroscience, embodiment, and socio-cultural discourse. Drawing on Mary-Frances O'Connor's research in The Grieving Brain, the talk examines how predictive processing mechanisms contribute to the persistence of attachment, and how mind-body conflict following loss affects individual coping and collective behavior. Further, it addresses how cultural narratives around productivity, stoicism, and identity narrow the grieving process. This presentation proposes an embodied framework for understanding grief as a site of disruption and potential reconfiguration. Rather than treating control as mastery over loss, the argument reframes it as a defense against uncertainty—one that ultimately limits cognitive flexibility, relational attunement and career success.

Attendees will gain a deeper understanding of how grief reveals the boundaries of the self and challenges dominant narratives of control and competence. The session invites researchers and practitioners to consider how vulnerability and surrender can function as modes of inquiry—opening pathways toward more humane, responsive, and integrative approaches to both scholarship and care.

References:
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Trauma, depression, and self-blame following stillbirth

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Background/Rationale
Stillbirth is a traumatic event affecting women worldwide and evoking profound grief. Its consequences are multifaceted, psychological, social, and physical (Froen et al., 2011), and are often accompanied by guilt, anger, and shame. Stillbirth not only triggers intense grief (Kersting & Wagner, 2012) but also represents a severe trauma with unique characteristics. Although perinatal loss has been associated with post-traumatic stress symptoms, few studies have focused specifically on stillbirth (Daugirdaitė et al., 2015). The present study examined whether self-blame mediates the relationship between sense of control and post-traumatic stress disorder and depression, among women who experienced stillbirth.

Design
A total of 544 women who had experienced stillbirth (n = 244), early pregnancy loss (n = 99), or successful birth (n = 201) completed online self-report measures, including the PTSD Checklist for DSM-5, Patient Health Questionnaire-9, Posttraumatic Cognitions Inventory, an adapted version of the Modified Perceived Involvement in Care Scale, and a self-report item assessing perceived self-control.

Results
Women in the stillbirth group reported significantly higher PTSD and depression than both comparison groups, while no difference emerged between the early-loss and successful-birth groups. Self-blame significantly and partially mediated the relationship between sense of control and PTSD: lower sense of control was linked to higher self-blame, which in turn was positively related to PTSD.

Conclusion
Stillbirth has a distinct psychological impact. Behavioral guilt may serve as a defense against helplessness, while characterological guilt reflects deeper self-judgment. Lower perceived involvement in medical decision-making underscores the need for collaborative and emotionally supportive healthcare.

The Wheel of Morning in Motion - In Search of the Lost in the Lasting

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Background:
Grief is more than just a moment of loss. It covers motion, change and deep feelings. Grief hurts, and yet it is important that it is acknowledged and lived through. Learning about structures, cultures and conventions can help to find a new approach.

Rationale:
Mourners are difficult to reach. They seem to live in a kind of ‘dead zone’, unreachable for others, but above all unreachable for themselves. Symbols and pictorial descriptions can help to grasp the inexpressible. They may serve as a tool, offering insights into how to deal with grief.

Design:
The omnipresence of loss is visualized by my WHEEL OF MOURNING. A ‘Mourning Model’ with 24 spokes representing the different feelings of the bereaved. Supported by symbols it shows how grief can be processed and transformed.

Result:
I would like to encourage mourners to express the unspoken, perhaps even the incomprehensible.

Target audience:
All people who except grief as life-altering experience and who are willing to learn more about various feelings of mourners.

Conclusion:
As a member of the advisory board of the ‘Federal Association of Bereaved Parents in Germany’ and grief consultant I would like to support the Bereavement Network Europe including grief education on an international level as a kind of bereavement-awareness training.

Transitional Bereavement Support in the Flemish Healthcare Landscape: An Exploratory Analysis of Protocols and Practices

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Background
Grief is a deeply personal process, often triggered by death of a loved one. In Flanders, awareness is growing around the need for specialized bereavement support, with healthcare institutions playing a crucial role in the transition from institutional care to the social network of the bereaved. The transitional bereavement care model offers a dynamic framework to guide this support.

Rationale
Despite its societal importance, bereavement care in Flemish hospitals and long-term care facilities lacks structural embedding and clear role delineation. This study explores existing protocols, practices and barriers. It assesses the implicit application of the transitional bereavement model.

Design
This report presents phase one of a mixed-methods exploratory study, based on document analysis. Hospitals, long-term care facilities and funeral organizations in Flanders were surveyed about their bereavement practices. Collected documents were thematically analyzed.

Results
Six hospitals, nineteen long-term care facilities, and two funeral organizations responded. Few institutions have formal bereavement protocols; most focus on practical and administrative aspects, with limited psychosocial support. Care is often informal, with unclear professional ownership, especially in hospitals. Long-term care facilities show more continuity, though policy integration remains limited.

Conclusion
Bereavement care in Flanders is characterized by compassionate efforts but lacks systematic integration. The transitional bereavement model offers potential for holistic and sustainable support. Recommendations include targeted education, a shared framework, and recognition of bereavement care as a healthcare responsibility. Strengthening grief literacy and developing evaluation tools are essential next steps.

The factors that promote and hinder the coping of siblings of homicide victims after a homicide death in Finland

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A homicide refers to the death of a person caused by violence. The Finnish Criminal Code defines homicide with the crime titles of murder, manslaughter, killing, infanticide, negligent homicide, and aggravated negligent homicide.

The purpose of the study is to describe the factors that hinder and promote the survival of siblings of homicide victims after a homicide death in Finland. The aim of the study is to produce information on the topic that will help develop social and health care services to support those who have lost their siblings to homicide. The research data was collected through an electronic questionnaire and interviews. Sixty siblings of homicide victims participated in the study, nine of whom were interviewed using thematic interviews. The research data was analyzed using inductive content analysis.

Factors that promoted the coping of siblings included receiving support from close ones, receiving support from professionals, mutual support, reorganizing living conditions, obtaining and processing information related to the event, self-acceptance, and grieving.

The coping of siblings was hindered by inappropriate behavior by outsiders, going through the legal process, being burdened by media publicity, and having difficulty with social relationships. In addition, being burdened by uncertainty, experiencing the accessibility of help as challenging, and being burdened by their own thoughts were factors that hindered the siblings' coping.

Available support is central to the coping of siblings of homicide victims. The position of siblings as close relatives of the victim often remains invisible and supporting them requires systematic and individual approaches.

The Influence of Policies and Professional Expectations on Teachers' Leave Decisions and Well-Being Following a Miscarriage

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Background:
Miscarriage is a physically and emotionally challenging experience, yet many workplaces offer limited or unsuitable leave options to support individuals during recovery and bereavement. Teachers who miscarry also experience disenfranchised grief and increased emotional labor demands at work as they navigate unique professional pressures, including responsibility for students and expectations of constant availability. These pressures may shape how teachers approach taking leave.

Rationale:
Despite increased attention to employee well-being in educational settings, developing organizational and policy responses that support workers requires a better understanding of how layered pressures—leave policy structures, professional expectations, and stigmas associated with miscarriage—influence teachers' decisions about taking leave after a miscarriage.

Design:
This qualitative study drew on in-depth interviews with 27 K–12 teachers from the United States who had experienced a miscarriage. Data were analyzed using thematic coding to explore how participants understood and navigated the factors shaping their leave-related decisions and well-being.

Results:
Teachers described weighing a range of interconnected considerations, including the adequacy and accessibility of formal leave policies and the perceived impact of taking time off on administrators, colleagues, students, and themselves. Existing policies did not align with the ongoing medical, physical, and bereavement needs associated with miscarriage. Additionally, administrators' responses and professional expectations to prioritize students over personal health were influential in teachers' decisions and well-being.

Conclusion:
Addressing the challenges teachers face following a miscarriage requires understanding how their workplace conditions and professional expectations intersect. These findings have implications for bereavement policy and support in educational contexts.

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Exploring emotion regulation flexibility in bereavement using ecological momentary assessment

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Background:
Adaptation in bereavement is thought to be supported by flexible emotion regulation in response to stressors and contextual demands. Although prior research has examined regulation through lab-based tasks and trait-based questionnaires, there are few studies that have captured these processes in daily life.

Objective:
This study used ecological momentary assessment (EMA) to examine how variability in emotion regulation strategies across daily contexts related to grief severity, offering potential targets for intervention.

Methods:
Ninety bereaved adults from the UK (Mage = 47.5; 50% female; 17.2% PGD) received 42 surveys over seven days via the SEMA3 app. Surveys captured contextual details of recent stressors and use of regulation strategies (avoidance, reappraisal, distraction, suppression, rumination, de-arousal, emotional engagement). Data were analysed using mixed-effects linear models (lme4 in R); survey compliance was 80%.

Results:
Those with higher grief severity showed less within-person variation in reappraisal and greater within-person variation in avoidance across contexts. Notably, individuals with higher grief severity reported increased avoidance when stressors were perceived as having more meaningful future consequences.

Conclusions:
These findings provide new insights into how emotion regulation may function in the daily lives of those living with more severe grief, highlighting specific patterns that could inform targeted interventions. They also underscore EMA's value for studying regulation in daily life and point to directions for future research investigating causal pathways.

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Adaptive Grief Education and Exploring International Collaboration

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Background:
With growing awareness of the universal, dynamic, and disruptive nature of grief, there is a need for developing training which recognizes highly individual grief experiences, influenced by social, contextual, and cultural factors (Schuurman & Mitchell, 2020). Thompson and colleagues (2016) explore the sociological concept of anomie highlighting the experience of normlessness associated with grief. The International Work Group on Death, Dying, and Bereavement includes stakeholders from multiple disciplines collaborating on advancing research and practice. This presentation underscores the need for adopting global, grief-informed practices across healthcare.

Rationale:
There are risks in perpetuating outdated grief models as standard practice that historically pathologize grief. Healthcare professionals will encounter grieving patients in clinical practice, and most are not formally trained in contemporary grief-informed models (Sikstrom et al., 2019). In discussing opportunities for international partnerships, a new practical tool for integrating grief-informed care into everyday practice is proposed.

Design:
By exploring international literature, the presenters propose best practices for grief education, including the distinct value of interdisciplinary perspectives. Participants will learn principles of grief-informed care and an acronym used for orientation in clinical practice, “STAY”: slow the pace, track the loss, allow complexity, and yield to the moment.

Results/ Conclusions:
This presentation underscores the importance of culturally responsive, client-centered care based on current evidence. Participants will acquire new skills for applying adaptive grief principles across practice settings, supporting the need for expanding international collaborations.

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Exploring Grief Awareness Initiatives for University Communities: A Public Health Approach

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Background:
While many students experience the death of someone close during their first year of college, they are removed from typical supports at a transitional time (Sillis et al., 2022). Grieving manifests in a variety of symptoms, potentially impacting student academic performance and may lead to increased substance use, feelings of hopelessness, and social isolation.

Rationale:
A public health approach focuses on educating stakeholders on the universal experiences of death and loss and promotes community capacity to respond to campus needs (Becker et al., 2014). Stakeholders trained in the principles of grief-informed practice (Schuurman & Mitchell, 2020) are in a unique position to participate in campus initiatives to increase grief awareness and support grieving students.

Design:
Based on a university case study and applying a public health approach to loss (Becker et al., 2014), this presentation provides examples of collaborations to increase grief literacy and normalize the universal experience of grief.

Conclusion:
A public health approach helps to address campus community needs. Participants will identify opportunities for enhancing grief literacy on university campuses, at individual, group, and population levels

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Building a Grief-Literate University: Collaborating to Train Students and Faculty

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Background:
Grieving college students, faculty, and staff often struggle to navigate campus life after loss (Borgstrom et al., 2023; Fajgenbaum et al., 2012).

Rationale:
Student leaders and faculty are called to support students while experiencing their own losses. A UK survey found over 70% of Higher Education employees experienced significant loss during employment, with many unsure how to provide grief support while managing self-care and competing demands (Borgstrom et al., 2023; Lytje & Dyregrov, 2025).

Design:
The presenters developed grief literacy trainings for faculty and student leaders informed by stakeholder interviews, analyses of existing programs, collaborative feminist autoethnography, and participant evaluation.

Results:
Two responsive training sessions were designed—one for student leaders and one for department chairs. Each addressed how to provide compassionate support for oneself, colleagues, and students. Interactive trainings combined didactic information, verbal and visual reflection, and small group discussions, supported by zine-guidebooks with additional resources.

Conclusion:
This poster details training development, content, participant reception, and insights to help conference participants promote grief literacy at higher education institutions.

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Twilight Grief: Exploring Pre-death Ambiguous Loss and Addressing the Disenfranchisement of Pre-death Grief

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Background:
Across Europe and globally, advances in life-prolonging treatments have reshaped illness trajectories, allowing adults and children with life-limiting conditions to live for many years with fluctuating stability and uncertainty. While medical systems have adapted, psychosocial and bereavement frameworks have not kept pace. Families and caregivers frequently experience cycles of anticipatory fear, functional decline, and ambiguous loss that fall outside traditional end-of-life models. Research consistently demonstrates that pre-death grief among relatives is widespread, impactful, and insufficiently recognised within both clinical and community settings.

Focus:
This presentation introduces Twilight Grief, a conceptual framework that describes the ambiguous, recurrent, and often disenfranchised grief experienced throughout extended illness trajectories. Twilight Grief differs from linear anticipatory grief by emphasising the ongoing, unstable, and relational nature of losses that occur long before death but are rarely validated. Recognising this form of grief is critical for European practitioners working in oncology, paediatrics, primary care, hospice, and community-based support, where families often report feeling unseen or emotionally unsupported. Establishing clearer terminology strengthens clinicians' ability to assess distress, communicate compassionately, and intervene in ways that align with families' lived realities.

Implications:
Twilight Grief offers a language and practice lens for identifying pre-death grief that is frequently overlooked. Integrating this framework into European education, supervision, and care pathways can help reduce disenfranchisement, guide more attuned clinical conversations, and improve continuity of emotional support across long illness trajectories. Doing so ultimately fosters a more compassionate, relationally grounded approach to caregiving and bereavement.

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Profiles of mental health indicators among Ukrainian people recently bereaved in the context of the full-scale Russian invasion

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Background:
The dual-continua model views mental health as a combination of mental illness and well-being, emphasizing the importance of examining both distress and positive functioning following loss. However, bereavement research has largely focused on psychopathology, leaving broader indicators of mental health, such as well-being, underexplored.

Rationale:
This study is the first to examine mental health profiles integrating ICD-11 prolonged grief (PG) and posttraumatic stress (PTS) symptoms, and well-being in Ukrainians bereaved during the full-scale Russian invasion.

Design:
The sample comprised 290 adults (M = 34.28 years, SD = 9.1), who had experienced the loss of a loved one an average of 5.3 months earlier. Over one-third (35%) had lost a partner or child, most commonly due to illness (43%) or war (40%).

Results:
Over half of the participants (55%) reported clinically significant PG symptoms. Latent profile analysis identified three mental health profiles: (1) low PG/low PTS symptoms with high well-being (13%), (2) moderate PG/low PTS symptoms with moderate well-being (57%), and (3) high PG/low PTS symptoms with low well-being (30%). This pattern differs from prior studies, which typically found low-symptom/high-well-being profiles to be most common.

Conclusion:
PG symptoms and well-being appeared to lie at opposite ends of a single continuum rather than as separate dimensions, offering limited support for the dual-continua model. This highlights the need to identify Ukrainians at risk following bereavement and suggests that support efforts should address strengthening well-being while reducing grief, especially in contexts where access to mental health care is limited.

Grief and Personal Identity: A Human Developmental Perspective & Practical Workshop Intervention.

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*Not a Research Report

Background:
Grief is an often missed opportunity to highlight the natural disorganization-reorganization-advancement triad seen in typical developmental milestones (Erickson) that ultimately can lead to personal recovery and/or resilience (Bonanno).

Rationale:
When a loved one dies, a griever's personal identity, assumptive world view, and meaning-making naturally disorganize. Through familiarity with developmental milestone model, griever's can develop greater patience with their growth, meaning-making, benefit finding, and identity changes (Gilles and Niemeyer).

Design:
Participants engage in distinct brainstorming opportunities that highlight personal identity factors of home, family, friends, preferred foods, beliefs, and interests at ages (as applicable) birth, 7, 14, 21, mid-life, and present-day. Perspective gained from this exercise enables grief to be seen as another "life-change" through which humans can naturally grow.

Results:
This workshop receives consistently highly favorable participant reviews, regardless of the relationship/person being grieved.

Conclusion:
Seeing grief as part of human development supports grievers' acceptance and understanding of the disorganization-reorganization-advancement model of typical human development and attunes individuals to their own natural ability to navigate change throughout life.

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Parents' Experiences of Facing their Child's End-of-Life

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Background & rational:
Past research has revealed some of the emotional challenges parents face during their child's end-of-life. However, the lived experiences of parents during this period, in pediatric palliative care, remain insufficiently studied and understood. The present study aimed to explore how parents experience their child's end-of-life within the context of pediatric palliative care.

Design:
A qualitative design with semi-structured interviews was used. Eleven parents who had lost a child in a hospital setting, including nine mothers and two fathers, were interviewed between February and May 2024. The interviews were analyzed using thematic analysis.

Results:
Four chronological periods were identified, representing a temporal structure encompassing the parents' experiences and their transformation in accordance with their child's condition: palliative, decision-making, farewell, and mourning. Eight distinct themes were generated: (1) "Relating to the child"; (2) "Internal struggles"; (3) "Navigating and living with end-of-life decisions"; (4) "In search of transparency, sensitivity, and support"; (5) "Difficulty discussing death"; (6) "Parting with words and with touch"; (7) "The grieving process over time"; and (8) "A New Life After the Child's Death".

Conclusion:
The findings of this study align with recent literature underscoring the importance of structured interventions and individualized care programs for children receiving palliative care and their parents (Barrett, 2023; Benedetti et al., 2025; Butler et al., 2019). Parents expressed a clear need for ongoing support around grief and loss throughout the palliative process. The source of support appeared less important than its availability within the parents' close circle, suggesting that training palliative care teams to identify complex situations and offer sensitive assistance could greatly enhance the support parents receive. Family-centered care should be flexible and attuned to parents' evolving needs and grief, focusing on fostering communication, transparency, inclusion, and emotional support.

Love and Loss: Children using picture books to learn about bereavement

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Background:
This oral presentation reports on a research project called 'Love and Loss' which focused on the use of picture books in the primary school curriculum to help all children to learn about death, grief and loss (Level 1).

Rationale:
Books are known to be important starting points for meaningful discussions about complex issues including death (Eklund, 2024; Garner & Parker, 2018). This project's findings have proven timely with recently updated curriculum guidance in England which requires schools to include death, grief and loss in the curriculum for all children from September 2026.

Design:
The research project involved curriculum activities related to picture books about death, grief and loss in primary schools. The activities were jointly planned by researchers and teachers, observed by the researcher, and followed by focus group discussions with children and short interviews with the teachers.

Results:
The 'Love and Loss' project (Gordon et al., 2026 - forthcoming) highlighted the beneficial impact of using picture books as a pedagogical approach with children aged 5 – 10 years. It offered powerful insights from the children who welcomed the opportunity to discuss death. The project also underscored the pivotal role of the teachers who moved from feeling apprehensive to confident about using picture books for such a sensitive topic.

Conclusion:
The paper is intended to serve as a springboard for collaboration with practitioners, researchers and policymakers across Europe about curriculum-based activities using picture books related to death, grief and loss for all children in the school context and beyond.

Cultural Scripts of Grief: A Cross-Cultural Qualitative Research with consideration of temporal associations

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Background:
Prolonged Grief Disorder (PGD) is recognized as a distinct diagnostic in the ICD-11 and DSM-5-TR. To overcome cultural shortcomings of this universalist diagnosis, the concept of cultural scripts of grief was introduced.

Rationale:
This study aims to explore cultural scripts of grief as culturally specific reactions and temporal sequences of its elements in Chinese and Swiss samples.

Design:
Eight focus groups were conducted among Chinese participants (3 groups of experts, 5 groups of bereaved individuals); 6 focus groups (2 groups of experts; 4 groups of bereaved individuals) will be conducted among Swiss samples, with each group consisting of 3 to 6 participants. Qualitative content analysis was employed to analyze the data.

Results:
Preliminary analyses categorized grief-related changes into eight domains: cognitive, emotional, behavioral, and body-related symptoms, imagery of the deceased, interpersonal relationships, worldview, and personal growth. Furthermore, temporal connections among these changes were identified and synthesized into different visual networks, illustrating chains of grief-related processes, depicting culturally embedded grief scripts.

Conclusion:
This study advances understanding of culturally shaped grief and informs culturally sensitive assessment and intervention.

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Embodied Identity Reconstruction in Grief: A Tripartite Model

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While grief scholarship identifies identity reconstruction as central to post-loss adaptation, two issues emerge. First, grief frameworks vary in how identity is conceptualized (Køster, 2025). Second, Neimeyer's (2019) widely used Meaning Reconstruction model emphasizes narrative processes, though emerging research highlights experiences that unfold at prereflective, bodily levels not readily accessible to narration.

In the absence of an integrative framework, key dimensions of identity change may remain undertheorized or unaddressed. Therefore, we propose the Tripartite Model of Identity Reconstruction, drawing on Køster's (2025) existential identity layers and the concept of graded access to narrativity. The model maps post-loss adaptation across three modes: (1) narrative meaning-making, (2) hybrid processes bridging bodily and symbolic expression, and (3) prereflective, bodily adaptations.

Using widows' fire, an intense post-loss sexual resurgence (Barros-Lane et al., 2025), as a case illustration, we show how identity reconstruction may originate in lived bodily experience prior to narrative integration. The Tripartite Model provides theoretical synthesis and mode-sensitive clinical guidance, advancing identity reconstruction as a multimodal process.

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Bridging the Gap in Holistic Perinatal Bereavement Care in an Irish Maternity Hospital

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Background
Perinatal loss is a profoundly distressing experience, associated with significant psychological morbidity, including anxiety, depression, and post-traumatic stress symptoms (Farren et al, 2020). Parents frequently report feelings of isolation and shock, following discharge from maternity services. Despite increasing awareness, access to timely, specialist psychological support following perinatal loss remains inconsistent.

Rationale
The Irish National Maternity Bereavement Experience Survey HSE, (2022) highlights bereaved parents' expressed need for accessible, hospital-based psychological support. Existing referral pathways to community mental health services are often fragmented, or difficult to navigate. This creates a significant gap between acute maternity care and longer-term psychological support, particularly for parents requesting additional support.

Design
In response, a midwife-led bereavement psychotherapy service was established within an Irish maternity hospital. The service is delivered by a Clinical Midwife Specialist in Bereavement who is a pre-accredited psychotherapist, integrating trauma-informed psychotherapeutic care with advanced midwifery expertise. Service evaluation is currently underway using anonymised SurveyMonkey feedback from service users, focusing on accessibility, acceptability, and perceived emotional support.

Results
Service evaluation is ongoing. Updated outcome data are not yet available at the time of submission.

Conclusion
This emerging model illustrates how embedding psychotherapy-informed care within maternity services can bridge the gap in holistic perinatal bereavement care, offering accessible, relational, and specialist psychological support to bereaved parents.

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Therapeutic writing as peer-support: experiences of implementing a low-threshold digital intervention

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Between 2020-2024 we developed and assessed a low-threshold intervention for bereaved parents in Norway: a digital course of therapeutic writing. This service started as a crisis intervention in the midst of the COVID-19 pandemic, and was led by Olga Lehmann, under the supervision of, among others, Robert Neimeyer. In a nutshell, this low-threshold intervention led to the publication of the workbook "Writing for Bereavement (Routledge, 2025), suggesting a 7-week program with emphasis on diverse values, emotions, and writing techniques.

Between 2024-2026 we have been focusing on the implementation of the program as a peer-led service for Norwegian Stillbirth and SIDS Society is now testing to implement as a peer-led course. (LUB). Volunteers from LUB, themselves bereaved parents who had attended to the writing course in previous year, facilitated 2 courses for ca. 30 participants. Data to assess these courses comes from anonymous qualitative questionnaires for participants, observers and facilitators, field notes, as well as other forms of debrief and feedback between the volunteers, the NGO, and the researchers. In this presentation we discuss the process of implementing the program as a form of peer-support, with its advantages and its challenges. In addition, we also address some of the insights gained from implementing the digital course of therapeutic writing it in a post-pandemic context. The goal of the presentation is to open room for dialogue about: a) the diversity of techniques within therapeutic writing that can be used for bereavement support; b) the possibilities or challenges of providing the service led by a therapist, and or led by a peer; c) address future opportunities to work on therapeutic writing as a one-to-one service.

“Don’t Worry, I’m a Ducktor”: A Symbolic Object as an Emotional Anchor in Bereavement and Psychological Distress

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Background
Bereavement and prolonged psychological distress are often associated with loneliness, emotional insecurity, and difficulties in self-regulation between therapy sessions. The literature highlights the relevance of symbolic resources in supporting relational continuity beyond the therapeutic setting.

Rationale
Symbolic objects may act as mediators of therapeutic presence, fostering emotional safety and autonomy. Inspired by the “rubber duck debugging” metaphor, this intervention introduces a small yellow duck as a symbolic anchor representing continuity of the therapeutic relationship in contexts of grief and persistent psychological suffering.

Design
The intervention was implemented in private clinical practice with adults engaged in individual psychotherapy, integrating CBT, ACT, Narrative Therapy, and Systemic approaches. The duck was offered as a symbolic representation of therapeutic presence between sessions. Voluntary and anonymous qualitative feedback was collected regarding the meaning attributed to the object.

Results
Qualitative analysis showed that the duck was perceived as a symbol of safety, ongoing support, and emotional self-regulation. Participants described it as a “safe harbor,” a “silent guardian,” and a “reminder of therapeutic tools”, facilitating emotional expression, cognitive organization, and reduced loneliness between sessions.

Conclusion
This low-cost, symbolically meaningful intervention shows potential to strengthen the therapeutic alliance and promote autonomous emotional regulation. Symbolic objects may represent a valuable clinical resource in bereavement and prolonged psychological distress, particularly when sessions are spaced over time.

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Disenfranchised Grief After Abortion: A Therapeutic Group for Healthcare Professionals

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Background
Abortion may be associated with experiences of complex and often disenfranchised grief, characterized by guilt, shame, and isolation. Among healthcare professionals, stigma and high self-expectations may intensify silence and hinder emotional integration.

Rationale
The absence of safe spaces to process abortion experiences may perpetuate distress and avoidance. Group interventions promote validation, peer identification, and narrative reconstruction, facilitating self-compassion and meaning-making.

Design
A therapeutic group was developed in private clinical practice with women healthcare professionals who had experienced abortion. The intervention included narrative sharing, emotional validation, and therapeutic work focused on guilt, ambivalence, and self-compassion. Impact was assessed through anonymous pre–post group self-report questionnaires.

Results
Pre–post data indicated a reduction in distress intensity, decreased feelings of loneliness, increased self-compassion, and improved ability to talk about the abortion experience with less self-judgment. Qualitative responses highlighted themes of “not being alone”, “a safe and non-judgmental space”, reduced guilt, and greater integration of the experience into personal life narratives.

Conclusion
The group demonstrated potential to reduce distress and silence associated with disenfranchised grief after abortion among healthcare professionals. Group-based interventions may represent a valuable clinical resource in complex grief and women-centered mental health care.

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How Loss Shapes Mental Processes: A Review of Implicit Biases

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Background:
Attentional Biases (AB) and Approach-Avoidance Biases (AAB) are implicit processing tendencies that shape how individuals automatically process disorder-relevant information. They are linked to the development and maintenance of various mental disorders (Van Bockstaele et al., 2014; Loijen et al., 2020). In prolonged grief (PG) disorder, results of laboratory studies assessing these biases have been equivocal (Eisma & Stroebe, 2021).

Rationale:
This systematic review aims to answer the question whether these biases exist in bereavement and if so, whether they are linked to PG symptoms.

Design:
A search of PubMed, Web of Science and PsychInfo for studies using a behavioral paradigm to assess an implicit bias and reporting a link between this bias and PG symptoms yielded 574 hits. Eleven studies met inclusion criteria. Of these, six studies assessed AB and five assessed AAB.

Results:
There was strong evidence for attentional biases toward grief-related stimuli, indicated by slower reaction times to grief-related stimuli compared to other stimuli.
A link between AB and PG severity was found in most but not all studies, manifesting either as a difference in reaction time dependent on PG severity or as an interaction of AB and PG symptoms over time. An approach bias towards grief-related stimuli was reported in multiple studies with evidence linking it to PG severity being inconclusive.

Conclusion:
Implicit biases appear relevant to cognitive processing in bereavement, but methodological heterogeneity and conflicting results limit firm conclusions. Based on these findings, recommendations for improving stimulus design in future studies are provided.

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Using Hybrid Bereavement Support Groups (Simultaneously In Person and Online), Streamed by Time Since Death (1yr, 2yr, 3yr), to Help Parents Cope with the Death of Their Child

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Background
Hybrid (in person + online) bereavement groups can widen access, reduce isolation, and maintain continuity of care, while preserving relational depth (Finucane et al., 2024; Crowley & Kirst, 2025). European services increasingly seek flexible, inclusive models that meet diverse needs and geographies.

Rationale
Streaming groups by time since death aligns support with grief trajectories and continuing bonds, while hybrid delivery addresses barriers to attendance (travel, health, caregiving, emotional load) (Finucane et al., 2024). Within a tiered bereavement framework, such groups map to Level 2 supports.

Design
Over 18 months, a paediatric hospice piloted five Level 2, closed hybrid support groups, stratified by time since death (1 year, 2 year, 3 year streams). Thirty seven parents participated. Sessions were co facilitated by trained bereavement specialists integrating psychoeducation and moderated peer support.

Results
Participants reported high satisfaction and high retention as well as value in meeting peers at similar points post bereavement. Findings mirror evidence that online/hybrid formats are acceptable, feasible, and can improve grief related outcomes when appropriately facilitated (Finucane et al., 2024; Crowley & Kirst, 2025).

Conclusion
Hybrid, time streamed Level 2 groups are a scalable, inclusive model for European bereavement services, blending accessibility with relational support and aligning with stepped care pathways. Implementation guidance should emphasise facilitation quality, digital inclusion, and clear streaming criteria to optimise engagement and outcomes.

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Posttraumatic growth among siblings bereaved by a drug-related death: a mixed-method study

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Background:
The traumatic loss of a sibling to a drug-related death is a painful life event that undoubtedly negatively affects the lives of the bereaved individuals left behind (Stroebe et al., 2024). However, research increasingly highlights that positive psychological changes can also emerge in the aftermath of a traumatic event (Levi-Belz et al., 2021).

Rationale:
In this study, we apply Tedeschi and Calhoun's (2004) model of post-traumatic growth (PTG). This model outlines five domains of positive change that may occur as individuals struggle with trauma: improved relationships; new possibilities in life; greater appreciation of life; enhanced personal strength; and spiritual development. This study examines the extent to which siblings bereaved by a drug-related death experience positive changes, as measured by the PTGI-SF scale, and the association between time since death, social support, and perceived self-efficacy with levels of PTG.

Design:
A mixed-method study combining survey data (n = 78) with in-depth interviews from 10 siblings.

Results:
Quantitative findings showed that appreciation of life and personal strengths were the most prominent domains of growth. Regression analysis indicated that self-efficacy explained the majority of the variance in growth when controlling for time since death, whereas social support did not make a unique contribution. Qualitative findings added depth by revealing how growth was experienced through closer family relationships and a heightened sense of empathy toward people in vulnerable situations.

Conclusion:
The integrated results point to the importance of internal coping resources and family connectedness in fostering growth after a stigmatized loss.

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Group versus individual grief therapy for older adults: Results from a randomized non-inferiority trial

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Background
The efficacy of grief-focused cognitive-behavioral therapy (GF-CBT) is well established, but less is known about how to deliver GF-CBT effectively. Studies directly comparing different delivery formats are scarce, despite the important implications such comparisons would have for the delivery of grief treatment.

Rationale
To examine the relative efficacy of group versus individual GF-CBT.

Design
A randomized non-inferiority trial of group versus individual GF-CBT delivered to older bereaved adults (≥65 years) with clinical levels of PGD, PTSD, depression, or anxiety in a naturalistic clinical setting. Measures included symptoms of PGD, PTSD, depression, anxiety, loneliness, social support, functional impairment, quality of life, and well-being. The primary endpoint was 6 months after intervention. Differences between formats were examined using mixed linear models. Treatment fidelity was assessed.

Results
Based on a sample of 113 older bereaved (mean age: 71.6 years), both formats showed statistically significant, large reductions in PGD symptoms (group: d=1.74; individual: d=1.46), and group GF-CBT was non-inferior to individual GF-CBT (d=0.09, 95% CI: -0.06-0.25). No significant differences were found in secondary outcomes. Treatment satisfaction and dropout rates were comparable.

Conclusions
Both group and individual GF-CBT can be used to reduce symptoms of PGD, PTSD, depression, and anxiety in older adults under naturalistic settings. Future research must explore how change occurs in the formats.

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Navigating childhood grief. Developing parent-child communication when a parent has a terminal illness: A scoping review of family-focused, pre-bereavement interventions.

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Background
For many children, the death of a parent from terminal illness is among the most traumatic experiences they will face. Without timely, supportive, and developmentally appropriate communication between parent and child, grief may remain unresolved and contribute to long-term behavioural, emotional, social and educational difficulties throughout childhood and beyond.1,2

Rationale
Parents frequently want support in helping their children during terminal illness, yet most reported interventions focus on bereavement after a parent's death rather than before an anticipated death. Where pre-bereavement interventions have been developed and reported, they have typically been evaluated within narrowly defined target populations, specific outcomes, and particular disease types or stages, limiting broader applicability. 3 A comprehensive knowledge base spanning both structured and unstructured interventions is essential.

Design
The JBI method for scoping reviews was followed.4 Searches of CINAHL, Embase, Medline, PsycINFO, Scopus, and Web of Science databases used terms developed for Population, Concept and Context. Eligible studies were published in English between 1990-2025, and were at various stages of intervention development, evaluation and implementation.

Results
A total of 14,293 records were screened by title and abstract, resulting in 94 full-text articles identified for eligibility assessment. Of these, data were extracted from 52 based on intervention focus and population.

Conclusions
We will describe intervention characteristics, together with evaluation status and practice challenges, to clarify what has been developed, for whom, where and when. Findings will inform development and implementation of palliative care support interventions for families with dependent children when a parent has any terminal illness.5

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Bereaved siblings' stories of drug-related death

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Background:
Deaths caused by problematic substance use are an international concern. In bereavement, meaning-making is an essential activity embedded in social and cultural contexts. There is a lack of knowledge about how sociocultural perceptions and stigma associated with problematic substance use and drug-related deaths influence how bereaved siblings give meaning to the loss of their loved ones.

Methods:
This article investigates bereaved siblings' meaning-making stories about the drug-related death of their brother or sister. The study involves in-depth interviews with 14 bereaved siblings, analysed via a discursive psychologic perspective.

Results:
Participants used four groups of sense-making stories about drug-related deaths: 'death as the only outcome,' 'death caused by difficulties in the family,' 'death caused by lack of public help', and 'stories of uncertainty and doubt.'

Conclusion:
By identifying culturally constructed storylines used by participants about their siblings' deaths, positionings of blame and responsibility are displayed, leading to social consequences that may affect how siblings bereaved by drug-related deaths cope with their loss and adapt to life without their brother or sister.

Grief Over the Loss of a Partner: The Bed as a Trigger for Emotional Distress

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Background
Bereavement due to partner loss carries a high risk of psychological distress, including depression, anxiety, sleep disturbances, and increased mortality [1]. As intimate partner relationships play a central role in psychological well-being, their loss represents a particularly challenging life event. During bereavement, everyday stimuli—such as significant dates, objects, or shared places—may act as grief triggers and intensify emotional distress [2]. Despite its centrality in daily life and couple intimacy, the shared bed has received little empirical attention as a potential grief trigger.

Rationale
The bed represents a symbolic space of intimacy, attachment, and security. Sleeping with a partner is linked to greater well-being, while partner loss may turn it into a constant reminder of the absent bond [3]. Understanding its role can inform clinical assessment and preventive interventions.

Design
A cross-sectional study included 174 participants. Distress triggered by ten potential grief cues, including the shared bed, was assessed. Repeated measures ANOVA and exploratory factor analysis were used.

Results
All triggers were significantly associated with emotional distress. Sleeping in the shared bed was among the most strongly linked factors. Factorial analyses indicated the scale is useful for assessing how objects or situations elicit grief responses.

Conclusion
These findings provide the first empirical evidence that the shared bed constitutes a salient grief trigger following partner loss. They highlight the relevance of everyday spaces associated with intimacy and attachment in the experience of bereavement and underscore the importance of explicitly addressing such triggers in clinical assessment, intervention, and prevention.

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Young Children's Grief After Parental Loss: Perspectives from Children Aged 3–8

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Background/Rationale
Parental bereavement in childhood is associated with long-term psychological, social, and physical consequences (Lytje & Dyregrov, 2019), yet research has largely relied on adult perspectives and focused on school-aged children and adolescents (Zhang et al., 2023; Alvis et al., 2023). Addressing this gap, the present study explores how young children (ages 3–8) experience and describe grief following parental loss, and how these accounts illuminate the impact of bereavement in early childhood.

Design
The study includes nine qualitative interviews with bereaved children (ages 3–8) participating in a grief support program at the Danish Cancer Society (Aarhus). Using Interpretive Description, the analysis was grounded in children's own perspectives while informed by theories of children's death understanding, attachment theory, the revised Dual Process Model, and symbolic interactionism.

Results
Four interrelated categories illuminate young children's grief experiences following parental loss. First, children's grief expressions emerged through a co-constructed meaning-making process, suggesting that their accounts should not be understood as representations of inner emotional states alone. Second, the children demonstrated concrete and emotionally grounded understandings of grief and loss, reflecting their developmental level. Third, the children described a wide range of emotional reactions to loss. Finally, children's experiences of grief were closely linked to whether and how grief was shared within the family, with emotional sharing with caregivers emerging as particularly supportive.

Conclusion: Young children's grief is relational and context-dependent, embedded in everyday family interactions. By including children's lived experiences, the study enriches bereavement research while highlighting the need for further research.

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Learning to Care for the Dead and the Bereaved: Nursing Students' Experiences in Emergency Departments

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Background
Emergency departments (EDs) are primarily organized around life-saving interventions, yet death, often sudden and traumatic, occurs frequently. While palliative care is increasingly included in nursing curricula, education mainly targets expected deaths in hospice or oncology settings, leaving students underprepared for death and bereavement in acute care contexts.

Rationale
Little is known about how nursing students experience learning and providing care for dying or deceased persons and their bereaved relatives in EDs. Understanding these experiences is essential for developing educational strategies that prepare students for emotionally and ethically complex situations involving death.

Design
A qualitative study guided by Interpretive Description as described by Thorne.

Methods
Semi-structured individual and dyad interviews were conducted with 18 Danish nursing students who had completed clinical placements in five EDs. Data were collected between March 2023 and June 2024 and analysed inductively using an iterative Interpretive Description approach.

Results
Three interrelated themes were identified: (1) Death is minimized and often concealed from students, reflecting a life-saving culture that marginalizes death as a learning topic; (2) Facing death: emotional impact and the absence of support, describing students' first encounters with death as defining yet largely unsupported; and (3) Caring in the absence of guidance and rituals, where lack of training, rituals, and communication guidance left students uncertain and passive in encounters with bereaved relatives. Students expressed a strong desire to be involved in death-related care but were often excluded or "protected" from such situations.

Conclusion
Nursing students encounter death in EDs with little or no educational, emotional, or structural support. This gap risks leaving future nurses unprepared for one of the most challenging aspects of practice. Integrating structured learning opportunities, such as simulation, supervised participation, and debriefing, into acute care education is necessary to strengthen students' competence, emotional resilience, and ability to support bereaved relatives in emergency settings.

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Outpatient Clinic Bereavement groups: a guideline for children and adolescents

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Background
The Bereavement Treatment Outpatient Clinic at Akershus University Hospital has provided grief support groups for bereaved individuals since 1998 and has developed a guideline specifically for children and adolescents. The guideline ensures a professionally grounded and tailored group intervention, based on extensive clinical experience, contemporary research, and updated knowledge.

The aim is to promote a healthy grieving process, prevent additional strain, and instill hope for the future, ensuring that children and adolescents receive high quality bereavement care.
Framework

The guideline is grounded in a family centered approach, support for individual coping, cultural sensitivity, and a strong therapeutic alliance. It draws on key theories such as Trauma Focused Cognitive Behavioral Therapy (TF CBT), attachment theory and developmental neurobiology (COS), the Dual Process Model, and the Window of Tolerance model.

Content
The guideline offers grief group leaders tools to establish clear structure and predictability, providing concrete methods, tasks, and activities. It supports children, adolescents, and their caregivers by enhancing emotional understanding, helping participants construct and process their loss narrative. It also acknowledges their relationship to the deceased, identifies helpful coping strategies, and fosters hope for the future. Furthermore, it highlights how group participation reduces isolation, strengthens cohesion, and normalizes grief reactions.

Conclusion
The guideline provides a structured, evidence informed framework that supports safe and effective grief groups for children and adolescents, promoting understanding, coping, and connection through a supportive group environment.

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Outpatient Clinic Bereavement groups: a guideline for adults

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Background
The Bereavement Treatment Outpatient Clinic at Akershus University Hospital has offered grief support groups for bereaved individuals since 1998 and has developed a guideline for adults. The guideline places particular emphasis on individuals who have lost a child or experienced a suicide related loss, as these groups are at substantially higher risk for complicated grief or severe grief reactions. It provides a professionally grounded and tailored group based intervention, informed by extensive clinical experience, contemporary research, and updated knowledge.

The aim is to promote a healthy grieving process, prevent additional strain, support psychological flexibility in grief, and instill hope for the future.

Framework
The guideline draws on key theories such as Cognitive Behavioral Therapy, attachment theory, the Dual Process Model, the Window of Tolerance model, and narrative theory.

Content
The guideline describes different loss-specific group formats, including the loss of a child and the loss of a partner, sibling, or parent. It includes recommendations for suicide related bereavement and emphasizes that groups should be composed as homogeneously as possible.
The interventions aim to enhance the experience of support, promote emotion regulation, develop effective coping strategies, increase understanding of one's own symptoms, and reduce social isolation. The goal is to facilitate adaptation to the loss and to maintain a meaningful connection to the deceased.

Conclusion
The guideline provides a structured, evidence informed approach that supports healthy adaptation to loss, strengthens coping, and promotes connection, regulation, and hope for bereaved adults.

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Developing a Dynamic and Active Memorial Garden Onsite at a Children's Hospice to Help Parents Cope with the Death of Their Child

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Background
The death of a child is among the most profound losses, often resulting in complicated grief for parents. European bereavement care standards emphasize interventions that foster continuing bonds and provide spaces for remembrance. Memorial gardens offer a tangible, therapeutic environment that supports emotional expression and connection (Hoffman, 2022; Safarifard et al., 2025).

Rationale
Memorial Gardens provide opportunities for ritual, reflection, and meaning-making, aligning with grief theories that emphasize continuing bonds and coping through symbolic representation (Kochen et al., 2020).

Design
Five years ago, LauraLynn Children's Hospice began developing a dynamic and active memorial garden where children who have died in the care of the hospice are remembered. At its heart is an artisan copper tree adorned with customized metal leaves engraved with each child's name. Leaves remain on the tree for at least 12 months before being transformed into new garden elements—such as ferns or sunflowers—ensuring the garden evolves while each child's memory remains permanently embedded.

Results
Families report that the garden provides comfort, a sense of ongoing connection, and opportunities for shared remembrance. Personalized leaves were described as "anchors" for continuing bonds. The evolving nature of the garden symbolizes resilience and adaptation, supporting emotional expression and reducing isolation—consistent with evidence on memory-making interventions (Safarifard et al., 2025).

Conclusion
Dynamic, onsite memorial gardens represent a scalable, culturally adaptable approach to bereavement care in European hospices. By combining personalization, and ritual these spaces strengthen resilience and foster healing for bereaved parents.

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Peer Support in Motion: A Walking Group for Adult Men Bereaved by Suicide

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Background:
Men bereaved by suicide face a significantly increased risk of adverse mental and physical health outcomes, including suicidal behaviour. Research on men's coping after suicide loss remains limited; evidence indicates they are less likely than women to access support (Andriessen et al., 2025). Health promotion literature suggests that many men do not wish to be perceived as "needing help" (Ballinger et al., 2009).

Rationale:
HUGG suicide bereavement peer support groups enable adults bereaved by suicide to come together in a structured, stationary way. We recognised that not all adults bereaved by suicide want this structured, stationary type of support. However, research indicates they may benefit from suicide bereavement peer support in another form to avoid developing maladaptive grief coping strategies, particularly men (O'Connell et al. 2022). Limited research available on suicide-bereaved men's coping needs indicates an action-oriented approach may be appealing to them (Andriessen et al. 2025). Furthermore, physical activity has been shown to support emotional regulation and improve grief-related outcomes (Williams et al., 2021).

Design:
HUGG Walks launched in May 2025—a dedicated suicide bereavement peer support walking group designed to integrate movement, nature, and meaningful connection. Led by a trained walking guide and peer support volunteers with lived experience of suicide loss, each walk offers informal, low-threshold opportunities for grief sharing.

Results
Between May and December 2025, 94 individuals (19% men) registered, with 84 attendances. Many participants extended their engagement by joining volunteers for refreshments afterward, further enhancing connection and reciprocal support.

Conclusion:
This low-cost, scalable postvention activity demonstrates strong potential to engage groups—particularly men—who may not typically access traditional support services. Further research is required to evaluate its psychosocial impact and inform best practice guidelines for action-oriented postvention interventions.

Ref: Andriessen et al. (2025); Ballinger et al. (2009); Williams et al. (2021); O'Connell et al. (2022)

Harnessing Meaningful Memories After Suicide; a memorial quilt needle felting workshop to facilitate connection, emotional expression, regulation, and compassionate conversations.

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Background:
Memorial quilting provides a structured, communal method of validating suicide loss, fostering shared meaning-making, and strengthening peer support among participants as they honour their deceased loved ones (Gutin, 2018). Needlecraft activities, including dry needle felting, facilitate emotional expression and have demonstrated benefits for mental health and wellbeing (Le Lagadec et al., 2024).

Rationale:
The repetitive, rhythmic motions involved help anchor participants in the present moment, supporting emotional regulation and reducing psychological distress. Individuals bereaved by suicide often experience shock, trauma, and profound emotional distress due to the sudden and sometimes violent nature of the loss. Creative arts-based approaches offer indirect, symbolic ways of processing suicide grief and creating emotional distance from acute pain (McGuinness, 2016).

Design:
Three creative workshops were delivered to produce a memorial quilt comprising 78 individually crafted felt squares, each representing a loved one who died by suicide. Sessions were facilitated by one artist, one professional facilitator, and two trained peer-support volunteers with lived experience of suicide loss to ensure a safe, compassionate environment.

Results:
Participants described the process as inspiring, calming, comforting, peaceful, relaxing, connecting, and hopeful. The completed quilt stands as a powerful collective artwork signalling solidarity, shared experience, and a reminder that those affected by suicide loss are not alone.

Conclusion:
This low-cost postvention activity is easily replicable in community settings. Further research is needed to evaluate its therapeutic benefits for individuals bereaved by suicide.

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Does Treatment Effectiveness for Prolonged Grief Disorder Differ Between Younger and Older Adults?

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Background
Several studies have examined treatments for prolonged grief disorder (PGD) specifically in older adults (e.g., Nam, 2016; Supiano & Luptak, 2014). However, treatment effectiveness in this population has not been directly compared with that in younger adults.

Rationale
To examine whether treatment effectiveness differs between older (≥65 years) and younger adults (<65 years) in a clinical treatment sample.

Design
This secondary analysis used data from a randomized controlled trial (Rosner et al., 2025) comparing cognitive behavioral therapy for prolonged grief (PG-CBT) and present-centered therapy (PCT) in 212 bereaved adults with PGD (n = 36 older adults). PGD symptom severity was assessed using the Prolonged Grief Disorder 13 (PG-13) interview at baseline, post-treatment, and 12 months after randomization. Age-related differences in treatment effects on symptom change were examined using a Bayesian hierarchical model, quantified using posterior probabilities (PP).

Results
Our analysis suggested that the interaction between age, time and treatment was likely different from zero at post-treatment (PP=91%) and follow-up (PP=85%). Among younger adults, PG-CBT was associated with greater symptom reduction than PCT at post-treatment (PP=98%) and likely greater symptom reduction at follow-up (PP=92%). Among older adults, posterior probabilities showed no clear advantage of either treatment. The probability of symptom differences exceeding one PG-13 point was low in both directions (all PP≤35%).

Conclusion
Treatment effectiveness may differ between older and younger adults. In older adults, clinically relevant differences between PG-CBT and PCT were unlikely.

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Quality over Quantity in Social Contact? - An Ecological Momentary Assessment Study with Bereaved Adults.

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Background:
Contrary to the assumption that social support always positively influences grief coping (Scott et al., 2020), empirical findings often show inconsistency (Stroebe et al., 2005). Therefore, our objective is to gain a more in-depth understanding of the characteristics of social support in the day-to-day lives of bereaved adults. In line with the interpersonal process model of intimacy (Reis & Shaver, 1988), the study explores the concept of self-disclosure in dyadic communication processes on an interaction-by-interaction basis. Specifically, the study examines whether, in addition to the frequency of social contacts, self-disclosure regarding grief in these contacts and the reactions of others to this self-disclosure also have an influence on grief intensity.

Rationale:
The aim is to gain new insights into how social support impacts grief in the daily lives of those affected.

Design:
For this purpose, Ecological Momentary Assessment (EMA) is used as an intensive method of collecting longitudinal data. For two weeks, bereaved adults complete eleven EMA-items five times a day on their own smartphone. They answer two questions assessing their current grief intensity (Ergun et al., 2025) and nine questions about their social interactions, including whether they disclosed their grief during these interactions and how they had experienced these interactions.

Results:
Data collection is currently being implemented.

Conclusions:
The results can provide valuable insights into which characteristics of social support are particularly helpful. These insights can be helpful in clinical practice, e.g., in developing prevention programs, and in everyday life when supporting bereaved individuals.

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Including children in intensive care bereavement: an experience-based co-design approach to family challenges at end of life

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Background
Deaths in adult Intensive Care Units (ICUs) are increasingly common across Europe, yet bereavement care in these settings remains largely adult-focused. Children and young people within affected families are frequently excluded from communication and support, despite evidence that early experiences of loss shape grief trajectories across the life course. For children, limited inclusion and preparation can influence how they understand, make sense of, and emotionally integrate the death of an important adult. Critical care literature highlights ongoing variation in bereavement practices following ICU death and limited guidance on child-inclusive, family-centred approaches.

Rationale
ICU bereavement represents a complex family challenge shaped by highly medicalised environments, rapid transitions at end of life, and institutional norms that prioritise adult relatives. There remains limited empirical understanding of how ICU professionals conceptualise children's needs during bereavement, or how institutional practices may shape children's opportunities for meaning-making, participation, and emotional expression. This paper presents a phased research programme based in Oxford that uses experience-based co-design (EBCD) to address these gaps and to inform more inclusive bereavement practices.

Design
The presentation reports findings from Phase 1 (POSIE-1) of the POSIE Study and outlines the design of Phase 2 (POSIE-2). POSIE-1 comprised qualitative interviews with ICU nurses across the UK, exploring perceptions of bereavement care, professional confidence, and approaches to supporting grieving families with children. These findings informed the prospective design of POSIE-2, which will engage bereaved parents and children aged 7–18 through qualitative surveys and interviews. Across both phases, experience-based co-design (EBCD) principles are used to identify emotional touchpoints and to support the co-development of practice-informed recommendations aimed at enhancing support for children and families facing ICU bereavement.

Results
Findings from POSIE-1 indicate that ICU nurses recognise the importance of supporting children during bereavement but report uncertainty, fear, limited training, and organisational constraints that restrict inclusive practice. These constraints may limit children's access to timely, honest communication and meaningful involvement at end of life, shaping how grief is experienced within the family. Bereavement care is often shaped by informal practices rather than structured guidance, contributing to widespread variability in family experiences with ICU bereavement.

Conclusion
Understanding ICU bereavement as a family-wide grief experience requires methodological approaches that integrate professional and lived perspectives. Experience-based co-design offers a robust framework for translating clinical insight into family-centred bereavement practice, ensuring that children are recognised as active participants in grief rather than peripheral recipients of care. This programme of work contributes empirical and methodological foundations for future research, education, and policy development in child-inclusive grief support across European ICU contexts.

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A Qualitative Investigation of Prolonged Grief Symptoms and Post-traumatic Growth in People Who Experienced Loss During the COVID-19 Period

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Background:
During the COVID-19 pandemic, many individuals experienced sudden bereavement under highly restrictive and traumatic conditions, including disrupted rituals, reduced social support, isolation in intensive care units, and an inability to say goodbye (Stroebe & Schut, 2021).

Rationale:
The pandemic period, often described as a “silent epidemic of grief,” has been examined predominantly through quantitative studies demonstrating high rates of mental disorders (Pearce et al., 2021). However, the profound disruption of individuals’ core assumptions in both the context of loss and the COVID-19 crisis requires in-depth qualitative exploration to understand how grief has been experienced and how post-traumatic growth (PTG) may have emerged, thereby offering a broader perspective on pandemic-related bereavement.

Design:
Semi-structured online interviews were conducted with 15 adults in the UK (aged 25–69; 12 female, 3 male) who experienced a sudden bereavement during the pandemic, and the data were analysed using reflexive thematic analysis (Braun and Clarke, 2006).

Results:
Reflexive thematic analysis identified two overarching domains: grief-related processes and post-traumatic growth. Grief themes included emotional and cognitive dimensions of bereavement, COVID-related general difficulties, challenges in navigating hospital care, interruption of mourning due to restrictions, and coping through connection. PTG themes reflected changes in self, existential and religious transformation, changes in interpersonal relationships, and the reconstruction of a sense of time and personal future.

Conclusion:
The findings show how pandemic-related restrictions shaped bereavement while also revealing how PTG emerges, informing targeted trauma-informed grief interventions and offering insights relevant to psychotherapeutic practice.

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Mental Imagery After Natural and Unnatural Loss: Associations With Prolonged Grief Symptoms and Wish for Image Change

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Background:
Mental images are linked to psychopathology. After bereavement, images spanning positive memories of the deceased to aversive images are common (Boelen & Huntjens, 2008). Research has shown that the frequency and controllability of such images are associated with prolonged grief symptoms (PGS; Harrison et al., 2021). Yet, it is less clear which types of images are experienced by people with clinically relevant PGS and how images differ depending on type of loss.

Rationale:
The present study aimed to extend earlier findings by comparing mental images in people with and without clinically relevant PGS as well as following natural vs. unnatural loss. We further examined whether the wish to change the image content was associated with image type and PGS severity.

Design:
Participants from the Netherlands and Germany completed an online survey assessing characteristics and content of grief-related mental images and PGS severity. Participants' image content descriptions were categorized according to a previous study (Lechner-Meichsner et al., under review).

Results:
We illustrate how mental images differ in content, frequency, controllability, intrusiveness, vividness, and fantasy content after natural vs. unnatural loss and identify which image types are most prevalent in participants with clinically relevant PGS. Associations between the wish to change the image and PGS severity will also be presented.

Conclusion:
The results shed light on the role of different types of mental images in prolonged grief and after different loss experiences. They can further inform the use of interventions such as imagery rescripting in the treatment of prolonged grief.

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Interspecies Grief Experiences Supported by Literary Art Therapy (Short Stories) in Middle Childhood: A Phenomenological Approach

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Interspecies grief (loss of companion animals) is often socially minimized, yet children experience reactions comparable to human bereavement. This study explores how literary art therapy (Short Stories) supports children in processing grief. Aim: To describe children's life experiences of interespecies grief and analize the therapeutic role of short stories.

Method

Design: Qualitative, phenomenological, cross-sectional.

Participants: Seven children aged 7-11 years attending elementary and middle school who have experienced the recent loss of a companion animal

Techniques: Semi-structured interviews, family genograms, bibliotherapy sessions with stories.

Analysis: Atlas.ti software for coding and categorization of discourses.

Results
Key emotional and behavioral changes after six months of weekly accompaniment with stories:

Patient 1 (M, 11, dog death): From withdrawal and irritability → Rituals, storytelling, emotional distance reduced.
Patient 2 (M, 10, cat abduction): From confusion → Anger → Sadness.
Patient 3 (F, 7, dog lost): From prolonged crying (3h/day) → Regulated crying (<30 min every two days).
Patient 4 (M, 11, cat death): From emotional block & academic overwork → Recognition of sadness, normalized study time.
Patient 5 (F, 10, dog poisoning): From suffocation & crying → Emotional regulation, symbolic play with toys.
Patient 6 (F, 10, cat death): From isolation & rage → School interactions, loving remembrances.
Patient 7 (F, 7, dog death): From sadness & reduced play → Metaphorical narratives (sky, ladder, altar), donation of pet's belongings.

Conclusions
Story-based art therapy facilitated emotional regulation, symbolic expression, and social reconnection. Children moved from blocked or overwhelming grief to creative narratives and rituals of remembrance. Findings highlight the need to validate inter-species grief in childhood and integrate bibliotherapy into clinical and educational settings.

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Same or Different? Comparison of Grief Experiences Following Bereavement, Romantic Relationship Dissolution and Relocation

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Background:
Across the lifespan, individuals experience a wide range of life changes that may be experienced as losses and evoke grief. Although grief has traditionally been studied in the context of bereavement, emerging work suggests that similar grief may occur following non-death losses, such as romantic relationship dissolution or relocation. However, it remains unclear to what extent grief following death and non-death losses is phenomenologically similar or distinct.

Rationale:
We focus on three common loss experiences (bereavement, romantic relationship dissolution, and relocation from the parental home) and explore how individuals describe and make meaning of their (grief) experiences.

Design:
We conducted one-on-one semi-structured interviews with 17 undergraduate students who have recently experienced one of these three losses, using reflexive thematic analysis to explore emotional, cognitive, and behavioral aspects of grief.

Results:
Preliminary findings suggest substantial similarities in emotional, cognitive, and behavioral reactions across the three different life events, consistent with grief experiences. Nonetheless, bereavement appeared to be marked by more pervasive and enduring separation distress and functional impairment, while similar reactions to non-death losses were also evident, depending on context. In addition, participants' appraisal of their reactions differed across losses: relocation and romantic relationship dissolution were often perceived as normative developmental experiences that could foster self-discovery and personal growth, whereas such interpretations were generally absent following bereavement.

Conclusion:
Findings illustrated large phenomenological overlap in grief following different losses but also showcased differences in the perception and appraisal of such reactions.

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Loss Experiences, Grief, and Recovery in Forensic Psychiatric Inpatients: A Qualitative Study

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Background:
Grief is typically defined as a response to bereavement, yet many other loss experiences can elicit grief reactions. Criminal offenders treated in forensic psychiatric hospitals inherently experience many losses related to their mental illness and incarceration (e.g., loss of interpersonal relationships, employment, or autonomy). Grief may therefore be common in this population. Grief is associated with increased psychopathology, lower quality of life, and reduced treatment adherence. Moreover, grief has been theorized to increase the risk of recidivism after incarceration.

Rationale:
We aimed to provide a first inventory of the different types of losses and associated consequences experienced by Dutch forensic psychiatric inpatients.

Design:
In this qualitative study, 22 semi-structured interviews were analyzed using a constructivist phenomenological approach.

Results:
Twenty-two distinct losses clustered into three main themes: interpersonal losses, identity-related losses, and autonomy-related losses. Consequences of losses were: grief, negative impact on treatment, and negative impact on future.

Conclusion:
Findings demonstrated that forensic psychiatric inpatients experience a multitude of interrelated losses that elicit grief and may negatively affect patients' treatment and perspectives on the future. These results provide a starting point for future empirical research that further elucidates the theoretical and clinical relevance of knowledge about loss and grief in forensic psychiatry.

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Participant experiences in a new, acceptance-based and body-focused therapeutic technique for problematic grief (BEAR)

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Background:
Effective exposure-based grief therapies encourage emotional confrontation with avoided aspects of the loss to facilitate emotional processing. We studied a newly developed technique that combines emotional activation of loss-related memories with mindfulness-based acceptance and body-focused attention: the Body-focused Emotional Acceptance and Release technique (BEAR; (Schoenmakers and Kamphuis, n.d.). BEAR is an experiential exercise that fits within third-wave behavioral therapies (Hayes, 2004).

Rationale:
BEAR starts with emotional activation by a brief recall of a painful loss-related memory or thought ('targets'). Subsequently, a therapist verbally guides participants to fully allow and accept arising bodily sensations. We will present the technique and results from a pre-clinical proof-of-concept study.

Design:
We included 14 adults in an AAB case-series design. They presented with severe grief following bereavement or romantic relationship break up. Each participant received two sessions of BEAR. Semi-structured interviews were administered to understand participants' lived experiences during and after the intervention. Questionnaires were used pre and postintervention and at 1-month follow-up to quantitatively measure clinical effects in grief experiences and emotionality toward targets.

Results:
We found decreases in emotional reactions toward targets and grief levels up to 1-month post-intervention. In the qualitative interviews (Leenen et al., in preparation), participants described their - fluctuating - emotional experiences when allowing bodily sensations, and, at post-intervention, reported changes in emotion regulation and memories and taking charge over their lives again.

Conclusion:
Based on this promising proof-of-principle study, we will be further testing BEAR in larger, controlled studies in sub-clinical and clinical samples.

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Measuring Counterfactual Thinking In Grief

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Background
Counterfactual thinking, the process of constructing alternatives to reality, is implicated in the development and maintenance of prolonged grief disorder (PGD).[1],[2] The Grief-Related Counterfactual Thinking Questionnaire (GR-CTQ) aims to assess counterfactual thinking frequency in bereaved adults.

Rationale
Although preliminary results suggest the GR-CTQ is associated with PGD severity, its psychometric properties are unexamined, making it unclear how accurately this assessment measures counterfactual thinking.

Design
Bereaved adults (N=144) with and without PGD completed the 6-item GR-CTQ twice, approximately three weeks apart. We examined the GR-CTQ's psychometric properties, including reliability, validity, and factor structure.

Results
The GR-CTQ demonstrated excellent internal consistency (α=.91[.89,.93]) and adequate temporal stability (ICC=.73, p<.001). Exploratory factor analysis revealed a two-factor structure. All items showed robust concurrent validity (ORs=2.54–3.63) for predicting PGD status based on Inventory of Complicated Grief (ICG) cutoff scores.[3]

Conclusion
The GR-CTQ shows promise for assessing counterfactual thinking in grief. Future directions include addressing cross-cultural validation, especially in European contexts.

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Strengthening grieving families in Germany - Adapting and piloting the program 'Resilient Parenting for Bereaved Families'

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Background:
In Germany, an average of around 250,000 children and adolescents experience the death of a parent every year. The loss increases the risk of the family members to develop both physical and psychological difficulties. To date, no theoretically sound and evidence-based approach exists to support these families in Germany. The Resilient Parenting for Bereaved Families (RPBF) program (Sandler et al., 2013) aims to strengthen the parenting and self-care skills of bereaved parents and support positive parent-child interactions. Systematic evaluations have demonstrated its long-term positive effects on the psychological well-being of both parents and children.

Rationale:
The project aims to translate, culturally adapt, and pilot the RPBF group program for bereaved parents with minor children who have lost their partner to cancer, to establish a resource-oriented intervention for the German-speaking context.

Design:
We will train six to eight group leaders using a structured training approach similar to the proceeding of the original intervention. In a second step, the group leaders will conduct the adapted parent group. Group leader training and parent group will be evaluated focusing on feasibility and practicability. Parent group will be additionally evaluated regarding preliminary effectiveness using a mixed-methods approach.

Results:
We will present insights from the adaptation process and culturally adapted RPBF materials from the German adaptation.

Conclusion:
The project aims to expand support options for bereaved families by offering a theoretically grounded and evidence-based German adaptation of the RPBF parent group program.

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Testing the Body-Focused Emotional Acceptance and Release Technique (BEAR) in Severe Grief: A Randomized Controlled Experiment

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Background:
The Body-focused Emotional Acceptance and Release (BEAR) technique is a brief mindfulness-based technique targeting emotional processing in severe grief (Schoenmakers & Kamphuis, 2026). Following promising proof-of-concept findings, controlled evaluation is needed to establish effectiveness and examine underlying mechanisms.

Rationale:
This study examined whether BEAR leads to greater reductions in emotional reactivity to grief-related memories or thoughts (hereafter called 'targets') and grief levels, compared to a control condition. By using an active control matched for emotional activation via targets, we tested whether mindfulness-based guidance provides additional benefit beyond brief emotional activation alone.

Design:
Ninety adults with elevated grief symptoms following bereavement or relationship breakup were randomized to BEAR or the control condition. Following emotional activation, BEAR participants received mindfulness-based emotion regulation guidance while controls listened to neutral audio. Emotional intensity to targets was assessed at baseline and one-week; grief levels (TGI-SR+; Boelen & Smid, 2017) at baseline, one-week, and one-month. Psychophysiological measures were collected to assess emotional reactivity and heart rate variability.

Results:
Preliminary results showed significant reductions in emotional intensity to targets and grief levels, sustained at one month. However, no between-group differences emerged for these outcomes over time. Groups also did not differ on applied in-session mindfulness-based strategies. If analyses are finalized, psychophysiological findings will also be presented.

Conclusion:
These findings suggest that structured emotional activation via targets may facilitate reductions in grief-related distress. We will discuss potential explanations for the absence of between-group differences over time, such as shared exposure effects, within-session emotion-regulation strategies, and sample characteristics.

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"We miss being on the map alongside others." Civil society organizations and bereavement support in cases of drug-related deaths in Norway.

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Background:
Drug-related deaths (DRD) are a growing international concern. Losing a loved one to a DRD is devastating, often leading to long-lasting health and wellbeing consequences (1). Social support can be crucial in preventing negative outcomes related to bereavement, yet it has shown to be limited for individuals bereaved by a DRD (2). Civil society (CSOs) can be an important source for bereavement support, and the inclusion of civic sector actors is important to facilitate sustainable service development in a situation with increased pressure on the welfare state (3)

Rationale:
This study explores how helpers working in civil society organizations (CSOs) in Norway experience possibilities and barriers relating to supporting bereaved persons after drug-related deaths.

Design:
Data is derived from focus group interviews with a total of 21 helpers from different CSOs that had experience interacting with drug-death bereaved persons.

Results:
Based on a stepwise and reflexive thematic analysis two main themes were identified summarizing the possibilities (1) and the barriers (2): 1) Responsiveness, and 2) Invisibility. We discuss several key characteristics of bereavement support provided by CSOs and explore the barriers to support as experienced by the helpers.

Conclusion:
The article concludes that CSOs have an important and valuable role in bereavement support after drug-related deaths. However, they seem to be an underused resource. Effort is needed to utilize the potential of the COSs, both to meet the bereaved persons' unfulfilled needs for support and to ease the pressure on the universal welfare model.

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Symptom profiles and cognitive-behavioural correlates of symptoms of prolonged grief disorder, depression and suicidality in PGD patients

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Background:
Prolonged grief disorder (PGD) frequently co-occurs with symptoms of depression (Heeke et al., 2023) and is a risk factor for suicidal ideations (Latham & Prigerson, 2004; Sekowski & Prigerson, 2022). Cognitive models of PGD suggest that grief-related cognitions and avoidance play a vital role in maintenance of PGD (Boelen et al., 2006; Maccallum & Bryant, 2013).

Rationale:
With this study we aim to gain knowledge about symptom subgroups of patients, their cognitive and behavioural correlates and association with treatment results.

Design:
We used latent class analysis (LCA) with symptoms of PGD (PG-13+9), depression (BDI-II) and suicidal ideation (C-SSRS) as indicators to identify subgroups in a sample of 212 PGD patients. We used baseline data from a multi-centre RCT in Germany that contrasts two grief therapies (integrative prolonged grief specific cognitive-behavioural therapy, PG-CBT and present-centered therapy, PCT).

Results:
LCA revealed two classes: one class endorsing mainly PGD symptoms (48%) and one class with medium to high PGD, depression symptoms and suicidal ideation (52%). Individuals in the latter class demonstrated more negative self-related cognitions and higher depressive avoidance. Preliminary findings also suggest a smaller reduction of grief symptoms after therapy in this class – irrespective of the treatment received.

Conclusion:
Our findings indicate that PGD patients differ in terms of comorbid symptom patterns and associated factors. Potential relevance for treatment outcomes and implications for therapeutic practice will be discussed.

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The Role of Attachment Dimensions and Grief-Related Cognitions in Treatment-Related Symptom Change in Prolonged Grief Disorder

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Background:
Cognitive models of prolonged grief disorder (PGD) (e.g., Maccallum & Bryant, 2013) describe insecure attachment as a vulnerability factor. The findings concerning the temporal relationship between insecure attachment styles and PGD symptoms, as well as their influence on the outcome of therapy, remain inconclusive (Eisma et al., 2023). A recent study suggested that the association between insecure attachment and PGD symptoms is only indirect, via cognitive-behavioral processes (Smith et al., 2025).

Rationale:
The present study aims to clarify the role of attachment-related anxiety and avoidance in treatment-related changes of PGD symptoms and to examine whether grief-related cognitions mediate this association.

Design:
A total of 212 patients with PGD (82% female; mean age = 51.8 ± 13.3 years) participated in a randomized controlled trial, receiving either grief-focused cognitive behavioral therapy or present-centered therapy. PGD symptoms (Prolonged Grief-13), attachment dimensions (ECR-RD8) and grief-related cognitions (GCQ-SF) were assessed before and after treatment.

Results:
Neither attachment anxiety nor attachment avoidance predicted changes in PGD symptoms from pre- to follow up-treatment. Post-treatment grief-related cognitions mediated the association between attachment anxiety and change in PGD symptoms; the indirect effect was significant, whereas the direct effect was not. No significant mediation was observed for attachment avoidance.

Conclusion:
These findings support cognitive models of PGD by suggesting that attachment-related vulnerability affects symptom change primarily through maladaptive grief-related cognitions rather than through direct effects on treatment response.

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Attention biases towards loss-related images

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Background:
Cognitive models of Prolonged Grief Disorder (PGD) propose that impaired integration of a loss into autobiographical memory represents a central maintenance mechanism regarding grief-symptoms. This lack of integration might result from altered processing of loss- or deceased-related stimuli. Associations between increased attention allocation towards deceased-related images and grief severity have been found in previous research (Eisma et al., 2014, 2025). However, attention biases for loss-related stimuli have not yet been examined systematically.
Based on findings from other clinical conditions showing early attentional engagement with threat stimuli followed by attentional avoidance (Armstrong & Olatunji, 2012), we expect faster initial fixations, shorter fixation durations and reduced dwell times in bereaved without PGD for loss-related and negative compared to neutral images. In individuals with PGD, the difference between loss-related and neutral images is expected to be more pronounced than for negative compared to neutral images.

Rationale:
Investigating attention bias towards loss-related stimuli in bereaved with or without PGD.

Design:
In an ongoing study, bereaved individuals participate in an online free-viewing eye tracking task contrasting neutral, negative and loss-related images. Our analyses focus on fixation durations and dwell times. PGD symptoms are assessed and will determine PGD diagnostic status of participants (PGD vs. no PGD).

Results:
Data collection and analyses will be completed in summer of 2026 and the abstract will be updated accordingly.

Conclusion:
Identifying attention biases linked to loss-related stimuli in bereaved individuals might contribute to a deeper understanding of grief and PGD and provide potential directions for interventions targeting PGD.

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Factors Associated with the Experience of Bereaved Adults: Preliminary Results from an Umbrella Review

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Background
Tens of thousands of empirical studies address various aspects of adult bereavement. However, this body of research is difficult to navigate due its heterogeneous theoretical frameworks, diverse populations, and varied types of loss. This fragmentation limits coherent understanding of the global experience of bereaved adults.

Rationale
Given the breadth and dispersion of available evidence, this umbrella review (systematic review of systematics reviews) aims to identify and describe concepts and factors associated to the holistic bereavement experience of adults who have lost at least one significant other. By synthetizing higher-order evidence, the study seeks to clarify how bereavement has been conceptualized and what domains shape adult grief.

Design
An umbrella review methodology was conducted following PRISMA guidelines. The protocol was registered in PROSPERO. Searches were performed across major databases. Study selection, data extraction, and quality appraisal were conducted independently by two reviewers within Covidence. A concept analysis (Smith et Mörelius, 2021) was performed, allowing examination of epistemological, pragmatic, linguistic, and logical features of bereavement-related concepts.

Results
A total of 69 systematic reviews met all inclusion criteria. Findings will be presented in two phases. First, descriptive results summarizing the characteristics of the reviews, including an overlap matrix illustrating shared primary studies. Second, using a narrative synthesis approach, we will present the results of the concept analysis, highlighting the key conceptual dimensions underlying adult's bereavement experiences.

Conclusion
These preliminary results outline key conceptual challenges in bereavement research and provide directions for refining definitions, improving theoretical coherence, and guiding future empirical studies.

A Qualitative Study on Career Reconstruction of Women After Spousal Loss

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Background
A spouse is not only a life partner for an individual; they are also a friend, a confidant with whom secrets are shared, and a supportive figure who constitutes an important part of life. For this reason, after the loss of a spouse, the individual goes through a complex process of transitioning from an identity defined as “we” to one defined as “I” (Parkes & Prigerson, 2010). Individuals who lose their spouse experience not only an emotional loss but also face changing life circumstances, social roles, and economic challenges. Along with the loss, the disappearance of roles acquired through marriage, coping with the grieving process, and confronting societal expectations can make this process even more complicated (Ergün-Başak, 2024). Dynamic approaches that emphasize both the emotional aspects and the reconstruction of daily life during mourning provide guidance in explaining how individuals oscillate between their inner experiences and life necessities following the loss of a spouse (Stroebe & Schut, 1999).

Rationale
In this study, the psychological processes experienced after the loss of a spouse and the impact of individual, familial, relational, and societal factors on women’s career-construction process will be examined. Emphasis will be placed on how spousal loss is shaped within the context of social and religious practices in Turkey and on gender roles. In this regard, the research question has been structured as follows: How are women’s processes of constructing their careers after spousal loss influenced by individual, familial, relational, and societal factors?

Design
The phenomenological approach model preferred in this study is particularly functional in understanding these subjective experiences in situations of loss, grief, and when individuals are compelled to reconstruct their lives. The study group consists of nine adult women, aged between 30 and 65 (Mean age = 48), who have experienced spousal loss.

Results
As a result of this study, the data were structured in a three-layered, hierarchical framework consisting of 5 main themes, 9 sub-themes, and 22 codes. The main themes were identified as follows: the process experienced after loss; family dynamics and role change; individual responsibilities and the necessity of rebuilding life; social confinement and relational contraction after loss; and finally, economic restructuring and career.

Conclusion
The findings indicate that the post-loss process is multidimensional. Participants reported that they primarily coped through social support and religious rituals, while emotional and cognitive reactions were prominent during the grieving process. Within family dynamics, extended family relationships and couple harmony played a significant role. Additionally, the increase in individual responsibilities and social isolation made the process more challenging. Economically, transitioning into working life and financial difficulties were among the notable findings. For women who have lost their spouse, career reconstruction represents a struggle to weave the future with their own hands from a fragmented past, as the “I” identity emerges from survival. The static sorrow of grief merges with the dynamism of working life, transforming the woman from a passive mourner into the active architect of her own life and the sole safe harbor for her children.

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A system perspective on child grief: Experiences and needs of parents and school counsellors in the face of childhood grief

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Background
Parents may believe that the reality of death would negatively affect their children's mental health, so they think they should hide it from them. Death is often considered an issue that only adults need to worry about. However, this approach overlooks the fact that children encounter death in many ways in their daily lives. Studies on the prevalence of loss in children's lives provide important data on childhood bereavement. For instance, it is estimated that one in every 11 children in the United States will lose a parent or sibling by the age of 18 (CBEM, 2025).
Adults who are aware of the needs and feelings of children around them play a crucial role in helping them to grieve following a bereavement (Dyregrov, 2008). In this context, research was conducted into the experiences and needs of parents and psychologists regarding the grieving process in childhood.

Rationale
In this regard, the study focuses on parents and psychological counsellors — the two fundamental components of support mechanisms for children's grieving processes. The study uses system perspective and grief theories as a background to the study.

Design
The research was designed using phenomenological method. The study included parents of children aged 6–13 who had lost a close relative (parent, grandparent, etc.) within the last two years and were experiencing grief, as well as psychological counsellors working with children meeting these criteria at their schools. Ethical approval was obtained from the Ethics Committee at Bahçeşehir University's Institute of Social Sciences. A total of fifteen participants (eight parents and seven counsellors) took part in the study.

Results
The sub-themes of children's experience of grief; parents' difficulty in managing their own grief, challenges in the parenting role, ritual management and decision-making processes, the need for information and support, and retrospective regret and evaluation were examined under the theme of parental experience and needs. Under the theme of psychological counsellor experience and professional needs, the sub-themes of grief experiences of children in school, theoretical approach and intervention, systemic and practical Challenges, and needs and assessment were addressed.

Conclusion
The findings suggest that parental narratives alone are insufficient for assessing childhood grief. School-based observations and expert evaluations together with information from parents could provide a comprehensive picture of the process.

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Can Prolonged Grief Follow Companion Animal Loss? Evidence From a Prospective Study

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Background:
Prolonged Grief Disorder (PGD) is marked by intense, persistent, and impairing grief after losing a close person (Prigerson et al., 2021), with key predictors including interpersonal factors, especially attachment to the deceased (Sekowski & Prigerson, 2022).

Rationale:
Attachment and grief extend beyond human relationships to bonds with companion animals. Grief after a companion animal's death can be prolonged, impairing (Hyland, 2026), and socially disenfranchised, limiting support (Adams et al., 2000). This study aimed to estimate the prevalence of a condition analogous to PGD following the loss of a companion dog and to identify its prospective predictors.

Design:
In a two-wave prospective online study with a 4-month interval, adult Polish participants (N=307; 47.6% female) who had lost a companion dog due to death at least 12 months prior to T2 completed questionnaires at T1 assessing attachment to the dog, adult attachment style, continuing bonds, perceived social support, and disenfranchised grief. PGD was assessed at T2 using the Prolonged Grief Disorder–13–Revised.

Results:
Overall, 16.6% of participants met criteria for PGD following dog loss. At the bivariate level, hypothesized T1 predictors differentiated PGD-positive and PGD-negative individuals. Multivariable logistic regression showed that significant risk factors included attachment to the dog (OR=2.16); social support in bereavement (OR=1.71), and disenfranchised grief (OR=1.48).

Conclusion:
Loss of a companion dog may trigger a PGD-like condition, with strong attachment and unsupportive social environment as key risk factors, highlighting the need for greater awareness of possible complicated grief after pet loss.

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Parents experiences of peer support following unexpected, sudden or violent child loss

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Background and Rationale:
Many parents losing a young or adult child want to connect with other bereaved parents (BPs), called peer support (PS) (Kristensen et al., 2021). Despite its recognized importance, little is known about how parents perceive the need for and their use of various forms of PS (Bartone et al., 2019; Kaspersen et al., 2022). This NORHELP sub-study aims to describe BPs' experiences of PS provided by grief organizations and others, and to investigate factors associated with satisfaction, perceived helpfulness and life satisfaction.

Design and Methods:
In this cross-section study, 260 bereaved parents from SIDS, acute illness, stillbirth, accidents, suicide, and homicide completed an online survey mapping need for and experiences of PS, alongside depression and life satisfaction assessment. Confirmatory factor analysis (CFA) of positive and negative statements describing PS were performed. Regression analyses on how demographic and loss-related variables, including factors from CFA, relate to the outcomes were conducted.

Results:
Most parents described a need to connect with peers, others with similar losses. Overall, parents perceived PS services as helpful, such as one-to-one support and support groups. CFA identified two kinds of support. Both 'cognitive' and 'emotional' support were found to have significant association with life satisfaction. Perceived helpfulness of PS was related to significant lower levels of depression and higher levels of cognitive support.

Conclusion:
This study indicates that peer support provides needed support for bereaved and complements professional care. The potential benefit of organized PS can be optimized by increased understanding of negative experiences.

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An Exploratory Mixed-Methods Study of Grief in China: Interviews and a Pilot Online EMI

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Background/Rationale:
In China, the incidence of prolonged grief disorder is high (Yuan et al., 2024), while formal bereavement services remain limited. Digital interventions may offer a feasible alternative. This study aimed to develop a culturally adapted ecological momentary intervention (EMI) informed by bereaved individuals and grief experts in China, and to preliminarily assess its effectiveness.

Design:
Seventeen Chinese bereaved individuals and ten Chinese experts participated in online semi-structured interviews. Bereaved participants were asked about grief experiences, coping strategies, and needs for digital support, while experts evaluated the initial EMI prototype. A pilot study was conducted with 30 bereaved individuals to examine changes in grief symptoms using the IPGD questionnaire.

Results:
Bereaved individuals commonly reported difficulty accepting the loss, fear of forgetting the deceased, sleep disturbances, and social withdrawal. Emotional bonds were often maintained through engagement with the deceased's belongings. Coping strategies were mainly social and behavioral. Although most participants had no prior experience with digital support, they expressed strong preferences for flexible, user-friendly, and personalized interventions with professional involvement and innovative features such as artificial intelligence. Data collection for expert feedback and the pilot study is ongoing.

Conclusion:
This study integrates stakeholder perspectives to inform the development of a culturally adapted EMI, laying the groundwork for scalable bereavement support in China.

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Development and pilot evaluation of an Ecological Momentary Intervention for subclinical grief, for bereaved Swiss adults

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Background:
Whilst he majority of people adjust to life after bereavement without developing a disorder (Ergun et al., 2025), the experience of sub-clinical grief can nevertheless be very difficult and disruptive. However, grief support it is often limited and reserved for those with clinical levels of grief (Lenferink et al., 2021). Thus, leaving those with subclinical levels of grief without much available support.

Rationale:
Ecological momentary interventions (EMIs) provide support in people's everyday life and in the real world (Heron & Smyth, 2010). In an App format they promise convenience, anonymity, reduced stigma, increased flexibility, and real-time monitoring and feedback (Eklund et al., 2021).

Design:
We developed a self-help grief EMI for bereaved Swiss adults. Three groups were included in the co-creation: bereaved adults, grief experts, and researchers.
We first conducted Expert Interviews with a variety of grief professionals. The interview findings were then analyzed synthesized, and then presented to bereaved individuals, who gave feedback on the suggested intervention content and format. Once the intervention is developed, we will conduct a pilot test to receive further feedback for the application.

Results:
We present a low-intensity self-help app for grief. The app includes a psychoeducation module, writing exercises and a memory-wall. In addition, users are prompted to engage with 'in-the-moment' content and ecological momentary assessment twice a day.

Conclusion:
The app content was suggested and deemed relevant by experts and bereaved individuals alike. The final pilot will be conducted in Spring 2026 and final feedback will be presented at the EGC.

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Workplaces Supporting Life's Final Chapter

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Background:
UK workplaces increasingly encounter terminal illness and bereavement among employees, yet organisational responses remain inconsistent. While one in two people are expected to develop cancer [1], and annually, there are over 500,000 deaths [2] and six million bereavements [3], only one-third of organisations have formal policies to support affected staff. This forces employees to choose between managing their health or bereavement and remaining in work, causing premature workforce exit and financial hardship.

Rationale:
Hospice UK data shows that only one in five managers feels confident supporting bereaved employees [4], while 64% of employers lack guidance for terminally ill staff [5]. Research demonstrates that work and wellbeing are reciprocally linked, positioning workplaces as critical intervention settings.

Design:
This paper evaluates a workplace training intervention co-created by the Ruth Strauss Foundation and Royal Society for Public Health. Two eLearning programmes were developed: a 60-minute course for HR professionals and managers, and a 20-minute module for all staff, addressing terminal illness with emphasis on compassion, flexibility and understanding.

Results:
Mixed-methods evaluation with 140 learners across multiple sectors demonstrated significant improvements in perceived training importance, confidence supporting terminally ill and bereaved colleagues, and overall satisfaction. Participants described training as relevant, compassionate and practical, with feedback informing programme refinements.

Discussion:
Targeted workplace education transforms organisations from reactive uncertainty to proactive support. Compassionate practices outlined in the training maintain employee dignity while strengthening organisational wellbeing, retention and culture. Supporting terminal illness at work represents both a moral and strategic imperative, warranting further research into long-term organisational and employee impacts.

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Narrative Exposure Therapy for Traumatic Grief: A Bayesian Evaluation of Treatment Outcomes

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Background
Despite the high prevalence of Prolonged Grief Disorder (PGD) among individuals with migration backgrounds, effective PGD treatments for this population remain limited. Narrative Exposure Therapy for Traumatic Grief (NET-TG) is a promising adaptation of NET, targeting loss experiences and grief, alongside traumatic events. In clinical settings where large-scale randomized controlled trials are challenging, Bayesian informative hypothesis testing (BIHT) can be a useful method of analyzing small-sample and individual participant data. It can provide valuable insights through calculating the relative likelihood of informative hypotheses, given the data.

Rationale
Given the potential of NET-TG for patients with migration backgrounds, we evaluate its outcomes in the treatment of PGD. Additionally, given the shortage of adequate evaluation methods for small-sample and individual participant data, we demonstrate the BIHT approach.

Design
Twelve participants completed the 16-week treatment program. Before each session, participants completed the Short Questionnaire of Traumatic Grief (assessing PGD, PTSD, and depressive symptoms). Bayesian analyses addressed the following questions: 1) Do group- and individual-level clinical outcomes improve during treatment?; 2) Does symptom variability change during treatment?; 3) Are session-to-session change scores of outcomes correlated? Informative hypotheses outlining likely scenarios were evaluated using Bayesian methods.

Results
At the group level, PGD, PTSD, and depression symptoms all improved over the course of NET-TG intervention. Individual-level analyses reveal additional nuances regarding patterns of symptom change and variance.

Conclusion
NET-TG is a feasible and promising treatment approach for adult migrants with PGD. BIHT shows potential utility for analyzing small sample and individual patient data in research and clinical practice.

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Qualitative insights on the lived experience of prolonged grief disorder

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Background:
Prolonged grief disorder (PGD) is a recently introduced psychiatric diagnosis in ICD-11 and DSM-5-TR. Despite its inclusion as a diagnosable and grief-specific disorder, there are indications that the experiential characteristics of PGD may be poorly understood (Bergsmark & Illum, 2024; Prigerson & Maciejewski, 2024).

Rationale:
Lived experience research on clinical samples provides an entrance to understanding how disordered conditions such as PGD is experienced beyond diagnostic descriptions and criteria (Malterud, 2001). These insights have the potential to strengthen our understanding of PGD as a diagnostic construct and clinical phenomenon.

Design:
Structured, clinical interviews were conducted with 17 bereaved adults meeting the ICD-11 and DSM-5-TR diagnostic criteria for PGD. Interview data were analyzed with systematic text condensation (Malterud, 2012), a stepwise method for thematic analysis suited to clinical qualitative research.

Results:
Three interrelated themes were synthesized from the interviews: 1) Forlornness, 2) Breakdown, and 3) Disassociation. These dimensions captured a pervasive struggle to navigate an irreparable loss and to sustain emotional and existential coherence. The themes were closely interconnected, illustrating a complex configuration of distress and desolation that characterizes the lived experience of pathological grief.

Conclusion:
The findings provide novel insights into the lived experience of prolonged grief disorder and delineate core experiential features of disordered grief. These results illustrate the value of collaborative efforts between qualitative research on the experiential profile of disordered grief and the continuing work on refining the diagnostic criteria of PGD. Further research into possible cultural variations in experience and expressions is needed.

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Imagery Rescripting in the Treatment of Prolonged Grief Disorder

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Background:
Grief-related mental images are common after bereavement and their frequency and nature are related to prolonged grief disorder (PGD) symptom severity (Lechner-Meichsner et al., under review). Imagery Rescripting (ImRs) has demonstrated efficacy in reducing psychological symptoms associated with aversive mental images across disorders (Kip et al., 2023).

Rationale:
Addressing grief-related mental images with ImRs represents a promising intervention for PGD. While ImRs approaches tailored to different themes have been proposed (Lechner-Meichsner et al., 2024), their effects have yet to be empirically tested. The present study aims to examine the efficacy of ImRs focused on unfulfilled responsibilities, self-blame, and guilt in patients with PGD.

Design:
We employ a randomized multiple-baseline case series design. The baseline period (A1) is a passive waiting period of one to three weeks. The intervention period (B) comprises six 100-minute ImRs sessions over six weeks, followed by a two-week follow-up period (A2). Throughout all periods, participants complete daily assessments, and PGD symptoms are repeatedly assessed using a clinical interview. We plan to include at least nine patients with a primary diagnosis of PGD.

Results:
First observations indicate that ImRs has a substantial impact and data collection is ongoing. Preliminary treatment outcomes and individual change trajectories in key processes (e.g., beliefs, avoidance) will be presented, alongside clinical material from ImRs sessions.

Conclusion:
This study will provide initial evidence regarding the feasibility and potential efficacy of ImRs for PGD. Implications for using ImRs as a stand-alone treatment for PGD or in combination with other interventions will be discussed.

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Development and Initial Validation of the Grief Training Needs Assessment Scale (GTNAS)

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Background:
Healthcare professionals frequently encounter grieving patients and families, yet many report insufficient preparation to provide competent grief care. Identifying specific training needs is essential to strengthen clinical practice and align professional competencies with European bereavement care frameworks.

Rationale:
Existing tools rarely assess grief-related training needs comprehensively or in a way that reflects both pre death and post death care contexts. The GTNAS was developed to address this gap by offering a structured, psychometrically informed instrument to guide training design and workforce development.

Design:
A deductive item generation process was followed by expert review using a Delphi procedure (six experts) to establish content validity. Cognitive interviews with five healthcare professionals refined clarity and relevance. The final scale was administered online to 221 professionals, predominantly women nurses. Exploratory factor analysis examined dimensionality, and reliability and validity indicators were assessed.

Results:
Analyses supported a three factor structure encompassing Pre death Grief Competencies, Post death Grief Competencies, and Motivation for Grief Training. Internal consistency was excellent ($\alpha = .952$). Convergent and construct validity were satisfactory. Discriminant validity was confirmed for the motivation factor, although overlap emerged between the two competency factors, suggesting conceptual proximity in practice.

Conclusion:
The GTNAS shows promising psychometric properties and offers a useful tool for assessing grief related training needs among healthcare professionals. These findings highlight the GTNAS as a valuable resource for informing European educational policies in grief care training, contributing to the development of consistent, evidence based guidelines that can enhance professional preparation across healthcare systems.

Understanding Loss and Grievability: An Existential Framework

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In this talk, I present an existential framework for understanding the relation between loss and grief in terms of grievability (Køster, 2025). In its simplest formulation, grief is often understood as the result of loss. While this is broadly true, it is equally evident that not all losses give rise to grief. Many losses encountered throughout life are not experienced as grief at all, but instead manifest as instances of disappearance, irritation, nuisance, or mild sadness. Defining grief merely as a response to loss is therefore too indeterminate. The dominant trend in grief research has been to restrict grief to the bereavement of a loved one. However, in light of emerging discussions of living and non-death losses (Cole & Ratcliffe, 2022; Harris, 2020), this restriction is no longer tenable. Contemporary debates thus require a more expansive account of grievability—one that extends beyond bereavement. In response to this challenge, I propose a conceptual framework in which grief is understood as a response to the loss of what I term existential identity. To unpack this idea, I introduce four axes of existential identity that are susceptible to loss: (1) Habitual identity, (2) Practical identity, (3) Narrative identity, and (4) Historical identity. I argue that all grievable losses can be understood through some combination of these axes, and I show how employing them as analytical lenses helps to illuminate the individuality of grief experiences in ways that are directly relevant for counselling and clinical practice with bereaved individuals.

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Emotional Transformation as a Mechanism of Change in Brief Videoconference Emotion-Focused Grief Therapy

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Background:
In brief therapeutic protocols, clients' initial depth of experiencing has been conceptualized as a preparatory factor for change, facilitating emotional processing and enhancing therapeutic effectiveness (Pos et al., 2009; Watson, 2018).

Rationale:
However, the specific emotional processing mechanisms underlying the link between initial depth of experiencing and therapeutic outcomes remain insufficiently understood. This study examined emotional transformation sequences (Greenberg & Pascual-Leone, 2007) and in-session depth of experiencing (Pascual-Leone & Yeryomenko, 2017) as potential mechanisms of change within a brief, videoconference-delivered Emotion-Focused Therapy (EFT) protocol for complicated grief.

Design:
Twenty-six clients received a three-session EFT intervention, including an empty-chair dialogue in session two. Emotional processes were micro-analytically coded using the Classification of Affective Meaning States (CAMS), the Client Experiencing Scale (EXP-C), and the Client Emotional Arousal Scale–III (CEAS-III). Self-report measures of complicated grief, emotional well-being, experiential avoidance, and depressive symptoms were collected at pre-treatment, post-treatment, and two-month follow-up.

Results:
Emotional transformation sequences occurring during the central segment of the empty-chair work mediated the relationship between clients' initial depth of experiencing and symptom improvement at follow-up, whereas in-session depth of experiencing alone did not. This mediational effect was moderated by emotional arousal at session completion, with higher arousal associated with greater reductions in complicated grief and depressive symptoms.

Conclusion:
Emotional transformation emerged as a key mechanism of change in brief videoconference EFT for complicated grief, highlighting the clinical importance of fostering emotional engagement in specialized grief interventions and informing practice at Level 3 of the Adult Bereavement Care Pyramid, within the broader framework of the symposium "Emotion-Focused Therapy and Counselling for Grief: Processes, Typologies, and Clinical Interventions."

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Working Through Loss: An Emotion-Focused Therapy Case Study of Prolonged Grief Disorder

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Background
Prolonged Grief Disorder is characterized by persistent and debilitating grief symptoms following the loss of a significant person. Emotion-Focused Therapy (EFT) has shown efficacy in the treatment of complex emotional distress, yet empirical evidence regarding its application to Prolonged Grief Disorder remains limited.

Rationales
Given EFT's emphasis on accessing, symbolizing, and transforming maladaptive emotional states linked to unmet attachment needs, it represents a theoretically coherent approach for addressing unresolved grief and its associated emotional pain.

Design
This study reports a single-case design examining the application of EFT in a 20-year-old woman who sought psychological support five years after the death of her grandmother, her primary attachment figure. At intake, the client met criteria for Prolonged Grief Disorder, with a PG-13-R score of 32. The intervention comprised 20 psychotherapy sessions grounded in EFT principles, incorporating experiential tasks such as grief-focused Empty-Chair Dialogues and Compassionate Self-soothing exercises. All sessions were subjected to qualitative analysis through systematic video review and rubric-guided coding. Symptom change was quantitatively monitored using validated self-report measures (PG-13-R, CORE-10, PHQ-9, and GAD-7), and associations between session content and symptom evolution were examined.

Results
Qualitative analyses revealed a consistent association between persistent grief-related symptoms and core emotional pain linked to unmet developmental needs. The therapeutic process followed the EFT model of emotional transformation, in which maladaptive emotional states were accessed and transformed into adaptive emotional responses. Quantitative outcome data showed clinically meaningful reductions in prolonged grief symptoms, overall psychological distress, depressive symptomatology, and anxiety across treatment.

Conclusion
These findings provide preliminary support for the clinical utility of EFT in the treatment of Prolonged Grief Disorder and offer a detailed process-level illustration of its therapeutic mechanisms within the broader framework of the symposium "Emotion-Focused Therapy and Counselling for Grief: Processes, Typologies, and Clinical Interventions."

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CBT Griefhelp for Prolonged Grief in Children: Mechanisms of Change

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Background:
Following loss, some children develop prolonged grief (PG), posttraumatic stress, and depression. Cognitive behavioural theorizing postulates that maladaptive cognitions, avoidant coping, and decreased positive parenting from caretakers play a key role in maintaining these problems. “CBT Griefhelp” was developed to mitigate these problems.

Rationale:
CBT Griefhelp has been found to effectively reduce PG and related problems (Boelen et al., 2021). There is a need to increase our understanding of mechanisms driving this effect, in order to refine interventions. Accordingly, this study examined to what extent the effects of CBT Griefhelp can be attributed to changes in negative cognitions, avoidant coping, and positive parenting caused by this treatment.

Design:
In total, 134 children with elevated PG were assigned to either CBT Griefhelp or supportive counselling, combined with caregiver counselling. Changes in PG, posttraumatic stress and depression and in cognitions, avoidance, and parenting strategies were examined from pretreatment to posttreatment and 6 months follow-up.

Results:
Reductions in PG and other outcomes were linked to decreases in negative cognitions and avoidance, aligning with the cognitive behavioural theory behind CBT Griefhelp. Changes in parenting seemed unrelated to symptom improvement.

Conclusion:
CBT Griefhelp seems to owe part of its effects to its ability to change maladaptive thinking and avoidance. Further theorizing and research is needed to increase our understanding of the role of positive parenting in emotional problems after loss.

Between Death and Captivity: Ambiguous Loss and Multisystemic Disrupted Bereavement of Deceased-Hostage Families

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This paper investigates the unprecedented experience of families whose loved ones were abducted during the attack on Israel on October 7, 2023, later declared dead, while their bodies remain in Gaza. Drawing on conceptual frameworks of ambiguous loss and disrupted bereavement, the study argues that these families face a conflicting hybrid form of mourning, simultaneously marked by ambiguity and state-declared resolution. The continued absence of the body undermines the ability to grieve within accepted cultural and institutional frameworks, creating a prolonged and politicized liminal state.

Through qualitative analysis of 17 in-depth interviews with families of deceased-hostages, the paper identifies five interwoven themes: the shift from ambiguous loss to disrupted bereavement; the crisis of recognition surrounding their unique status; a "triple fight" for return, presence, and discourse; the rupture of relational ties; and the multifaceted significance of return. These themes reveal multisystemic disrupted bereavement among deceased-hostage families, reflecting psychological procedural, inter-personal (social), and political breakdowns in the process due to the absence of cultural scripts. Theoretically, the article contends that existing grief literature is insufficient to capture this phenomenon: while ambiguous loss overlooks the presence of formal death, conventional mourning models presuppose a body. The "deceased-hostage" figure thus exposes a blind spot in current theories, necessitating new conceptual tools for understanding loss in contexts of captivity or missingness, state failure, and delayed return. The findings point to the need for a multidimensional policy and intervention response, combining symbolic recognition, long-term psychosocial support, revised notification protocols, and inclusive commemoration.

Significant Losses and Perceived Social Support in University Students: Beyond Bereavement Due to Death

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Background
Grief research has traditionally focused on losses due to death. However, recent literature has highlighted the psychological impact of non-death losses, such as relationship breakdowns, migration, loss of health, or disrupted life projects (Harris, 2020). These experiences may give rise to disenfranchised grief, characterized by limited social recognition and reduced access to support (Doka, 2002; Cesur-Soysal & Arı, 2024). During the university years, students face multiple developmental transitions and cumulative losses, making perceived social support a key factor in emotional adjustment.

Rationale
This early-stage study explores the prevalence and characteristics of different types of significant losses among Spanish university students, as well as the role of perceived social support in emotional well-being. Expanding the understanding of grief beyond death-related losses may contribute to the development of more inclusive university mental health policies within the European context.

Design
A cross-sectional study will be conducted using an anonymous online questionnaire. The initial sample will include approximately 50 Spanish university students aged 18 years or older who have experienced significant losses, both due to death and non-death events, within the past 24 months. Instruments will include an ad hoc questionnaire assessing types of loss, the Multidimensional Scale of Perceived Social Support (MSPSS; Spanish adaptation EMASP; Zimet et al., 1988; Landeta & Calvete, 2002), and brief standardized measures of emotional distress and coping strategies. Preliminary analyses will comprise descriptive statistics, correlation analyses, and comparisons across types of loss.

Expected Results
Based on previous studies in university populations (Sirrine et al., 2023), a high prevalence of non-death losses is expected, particularly romantic relationship breakups, loss of life projects, and changes in residence. These losses are anticipated to be associated with significant emotional distress comparable to that observed following bereavement due to death. Higher perceived social support is expected to be associated with lower levels of anxiety and depressive symptoms, regardless of loss type.

Conclusion
This preliminary study will contribute to increasing the visibility of disenfranchised grief in European university contexts and highlight the need for psychological support services that address the full range of significant losses experienced by students, beyond those related to death.

Prevalence of Prolonged Grief Disorder Among Spanish University Students: A Cross-Sectional Study Using the PG-13-R

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Background
Prolonged grief disorder (PGD) is recognized as a clinical entity in the ICD-11 (Prigerson et al., 2021). Recent studies in Western university student populations report prevalence rates of 13.4% (Glickman, 2020) and 10.4% (Ashouri et al., 2025). However, evidence regarding Spanish university students remains limited. University students face multiple academic stressors and life transitions that may increase their vulnerability to significant losses.

Rationale
This early-stage study aims to estimate the prevalence of PGD among Spanish university students who have experienced bereavement and to conduct a preliminary evaluation of the psychometric properties of the PG-13-R adapted by Estevan et al. (2019) in this population. Generating European data in young university populations is essential for the development of contextually informed preventive and supportive interventions.

Design
A cross-sectional descriptive study will be conducted using an anonymous online questionnaire targeting Spanish university students aged 18 years or older who have experienced significant losses within the past 24 months. The PG-13-R will be administered only to participants whose bereavement due to death occurred more than six months prior. Instrument: PG-13-R. Preliminary data analyses will include descriptive statistics, internal consistency reliability (Cronbach's α), and convergent validity analyses.

Expected Results
Based on recent international studies (Glickman, 2020; Ashouri et al., 2025), prevalence rates of PGD between 10% and 15% are expected among bereaved university students. The PG-13-R is anticipated to demonstrate adequate psychometric properties ($\alpha > .80$) and moderate to high correlations with anxiety, depressive, and trauma-related symptoms. Associations with type of relationship to the deceased, time since loss, and availability of social support are also expected.

Conclusion
This preliminary study will provide pioneering European data on prolonged grief disorder among Spanish university students and evidence regarding the usefulness of the PG-13-R in young populations, contributing to the development of evidence-based and culturally adapted university psychological support services. This study will be conducted following ethical approval currently under review.

When the World Breaks: Grief and Loss in Illness and Old Age

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Background:
Grief and loss are central existential experiences, particularly for people facing life threatening illness or old age, who may simultaneously mourn their own approaching death and the cumulative loss of others. Research shows that grief extends beyond bereavement to include relational and practical losses that disrupt one's lifeworld, contributing to isolation and existential vulnerability.

Rationale:
Less is known about how such existential loss shapes grief among individuals nearing the end of life, who often grieve others rather than themselves. This study examines how people with life threatening illnesses and residents of elderly care facilities narrate loss, and how these experiences challenge their lifeworld

Design:
The study draws on in depth interviews with 18 participants. Interviews focused on existential concerns related to illness and aging. The material was analysed thematically, informed by phenomenological theory, with attention to how loss affected participants' relationships, daily life, and sense of world.

Results:
Grief emerged as multidimensional, encompassing both bereavement and cumulative relational and practical losses. Participants described ruptures in their world—"something broke when it happened"—and often spoke of mourning others even when reflecting on their own approaching death. The gradual disappearance of social contacts created a world marked by absence, illustrated by statements such as: "I used to talk to [name], but now they're all gone." These accounts highlight grief as an ongoing confrontation with an eroding social world.

Conclusion:
Grief is a complex existential experience extending beyond bereavement. Care systems should recognize multidimensional loss and its impact on meaning, belonging, and connection, particularly for individuals facing serious illness or aging.

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The Role of Emergency Chaplains in a Coherent Bereavement Response

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Background:
In acute bereavement following sudden death or severe trauma, families are supported by multiple professional groups. Despite this, the role and competencies of emergency chaplains within acute bereavement responses remain under-described in international research and practice.

Rationale:
This study explores the distinctive role of emergency chaplains within a coherent bereavement response system and examines how their competencies complement those of police, healthcare professionals, and psychologists.

Design:
The study draws on qualitative interviews with ten Danish emergency chaplains conducted between April 2025 and September 2025. The interviews were analysed thematically and coded into the themes; 1) Presence and powerlessness, 2) Ritual care in acute bereavement and 3) Interprofessional positioning

Results:
We found that emergency chaplains describe themselves: 1) contributing with a unique form of presence characterized by an open-ended understanding of time, tolerance of powerlessness, and the ability to remain with bereaved families without the imperative to intervene, assess, document, or “fix” the situation. 2) Encountering bereaved families offering rituals and prayer when appropriate, while maintaining non-missionary practice and respect for diverse belief systems 3) Experiencing that they are often described by other professionals as “specialists in powerlessness,” particularly valuable when action-oriented approaches reach their limits. Collaboration with police and healthcare services is described effective but person-dependent and insufficiently formalized.

Conclusion:
Emergency chaplains play a crucial yet under-recognised role in integrated bereavement preparedness. Greater structural integration, formalised collaboration, and shared competency development may strengthen cross-sectoral support for bereaved families and enhance the visibility of chaplains’ contributions across professional disciplines.

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The TrauerKaleidoskop: An Integrative Framework for Bridging Grief Research and Practice

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Background

The TrauerKaleidoskop is a widely used integrative framework for understanding and working with grief in germanspeaking contexts. Over the past decades, academic grief research and everyday profes-sional practice in germanspeaking bereavement care have developed with limited systematic ex-change. First published in 2017 by grief expert Chris Paul, the TrauerKaleidoskop offers a visual, non-linear and non-pathologising perspective on grief. This has made it accessible and applicable across counselling, education, and community-based bereavement support.

Rationale
Bridging the gap between theorydriven grief research and practical application remains a central challenge in bereavement care. Practitioners often rely on relational, intuitive, or visual approaches, while researchbased models may be perceived as abstract or distant. Positioning the TrauerKaleidoskop within contemporary grief research creates a shared conceptual language connecting theory, practice, and lived experience.

Design
The six grief facets of the TrauerKaleidoskop are systematically mapped onto established theoretical perspectives, including the dual process model, continuing bonds, narrative and meaning-making ap-proaches, attachment theory, and trauma-informed care. These connections are presented visually to support reflection, education, and interdisciplinary dialogue in professional and community settings.

Results
The TrauerKaleidoskop functions as a mediating framework that enhances grief literacy, supports professional reflection, and facilitates ethically grounded practice. Its visual structure translates key insights from grief research into an accessible format for bereaved individuals and those supporting them in professional, social, and community contexts.

Conclusion
Visual integrative frameworks such as the TrauerKaleidoskop can strengthen knowledge transfer between bereavement research and practice, supporting resourceoriented and non-pathologising approaches to grief in diverse European contexts.

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Grief, a Private Matter? Social Issues in Fragmented Bereavement Support

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Context
For more than a century, the support surrounding death and bereavement has progressively professionalized, shifting from community-based management to care provided by medical, funerary, psychosocial, and spiritual actors (Jung, 2026). Since the 2000s, relatives have been increasingly integrated into a continuum spanning end-of-life care and bereavement; however, this model largely rests on an individualized and linear conception of the "grief process."

Rationale / Purpose
Despite the diversity of available services, support appears fragmented. Continuities do exist—particularly the emphasis placed on listening and narration—but they coexist with frequent disruptions: a multiplicity of providers, lack of coordination, and the rapid transfer of responsibility for seeking support to bereaved individuals after the funeral.

Methodology
These data are drawn from a qualitative ethnographic study conducted in French-speaking Switzerland between 2018 and 2022 (Jung, 2026), involving 13 settings (palliative care units, funeral homes, bereavement support associations) as well as independent professionals. The study is based on around fifty interviews with professionals, direct observations in a palliative care unit, and approximately ten iterative interviews with bereaved individuals first met within two months of the death.

Results
This fragmentation may restrict access to support, particularly for individuals with fewer social or economic resources. The injunction to autonomy thus tends to obscure structural vulnerabilities and inequalities in the experience of grief.

Conclusion
This paper proposes rethinking grief as an issue of social justice. Drawing on the concepts of vulnerability (Butler, 2009) and the ethics of care (Tronto, 2009), it calls for moving beyond a strictly individual approach toward recognizing a collective responsibility in supporting bereaved people, especially the most vulnerable.

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Hospital-Based Bereavement Care After Organ Donation: An Annual Memorial Meeting for Donor Families

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Background
The demand for organ transplantation continues to exceed organ availability, with family consent playing a decisive role, particularly in countries such as Brazil, where authorisation by relatives is mandatory regardless of prior donor intent (Ministry of Health, 2025). Families approached for donation experience intense emotional distress and remain vulnerable to prolonged grief, depression, and post-traumatic stress beyond the hospitalisation period (Kentish-Barnes et al., 2018; Latifi et al., 2025). Literature highlights that donor families express a need for continued support in the months and years following the donation decision (Bjelland & Jones, 2022).

Rationale
Despite the donation process, structured forms of social recognition and ongoing care for donor families remain limited. Hospital-based initiatives that extend care beyond death and formally acknowledge families' generosity may contribute to bereavement care and social validation of grief.

Design
This poster describes an annual memorial meeting organised by a hospital for families who consented to organ or tissue donation, regardless of donation feasibility. The event is organised by a multidisciplinary team comprising psychology, hospital chaplaincy, nursing, and medical staff, and features an ecumenical moment, expressions of gratitude, the reading of deceased persons' names, and a candle-lighting ritual, with voluntary family participation.

Results
Across three editions (2023–2025), invitations increased from 24 to 49 families. Attendance included 11 families in 2023, 14 in 2024 (including returning families), and 11 in 2025. Families reported emotional validation, reinforcement of the donation decision, and informal peer support. Lower attendance in 2025 may be associated with the shift from telephone calls to WhatsApp invitations, highlighting the importance of personalised contact.

Conclusion
The annual memorial meeting represents a low-cost, transferable hospital-based bereavement care practice that promotes remembrance, gratitude, and ongoing support for donor families, aligning with the need for long-term post-donation care.

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Exploring reactivity effects of self-monitoring prolonged grief reactions in daily life: A randomized waitlist-controlled trial using experience sampling methodology.

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Background:
Daily self-monitoring using experience sampling methodology (ESM)[1] can alter symptom levels [2], yet no controlled studies have examined such reactivity effects in the grief field[3].

Rationale:
We investigated reactivity effects of self-monitoring prolonged grief reactions to determine whether self-monitoring leads to clinically significant changes in early prolonged grief disorder(PGD), post-traumatic stress disorder(PTSD), and depression symptoms at both group and individual levels.

Design:
184 adults, bereaved 3 to 6 months earlier, were randomized to an ESM(n=90) or waitlist condition(n=94). Over two weeks, participants reported their prolonged grief reactions 5×/day. Early PGD, PTSD, and depression symptoms were assessed at baseline, post-ESM, and post-waiting. Reactivity effects on psychopathology symptom severity were examined between the ESM and waitlist group. Reliable change indices indicated clinically relevant changes in psychopathology severity and logistic regression models used to test if certain characteristics were related to the clinically relevant changes.

Results:
At the group level, no significant reactivity effect of self-monitoring on symptom severity for PGD, PTSD, and depression was found. Individual-level analyses indicated that most participants did not experience clinically relevant changes from pre- to post-ESM. However, people with higher baseline-PGD-scores were more likely to experience clinically relevant improvements.

Conclusion:
Self-monitoring prolonged grief in daily life does not seem to induce reactivity effects in symptom severity, supporting ESM as a suitable method for monitoring early prolonged grief in everyday life. Self-monitoring may benefit those with more severe initial symptoms, offering potential for targeted self-management strategies in bereavement care.

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Development of the GriefSupportApp for prolonged grief following traumatic loss: Study protocol for co-creation, micro-randomized trial and mixed-method pilot study

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Background:
Bereaved people following traumatic loss (i.e., suicide/homicide/accident/disaster) are at risk for prolonged grief disorder (PGD), yet many experience barriers to find support [1,2]. Given that PG symptoms fluctuate in daily life and are context-dependent [3,4], the right support at the right time is needed.

Rationale:
Ecological momentary interventions (EMIs), i.e., delivering mini-interventions in daily life via smartphones, are a promising way to bridge the treatment gap by providing dynamic, context-sensitive support. The GriefSupportApp is the first EMI developed for people with PGD.

Design:
Micro-interventions are co-created iteratively with bereaved people, grief clinicians, and eHealth experts. A 28-day micro-randomized trial (MRT) identifies which micro-interventions are effective in reducing PG, depression, and post-traumatic stress symptoms and improving wellbeing, and in which contexts they are most effective. Based on results from the MRT, the GriefSupportApp is created and evaluated in a 28-day uncontrolled mixed-method proof-of-concept pilot study.

Results:
Co-creation will result in micro-interventions suitable for PGD. The MRT will assess short-term effects at four daily time points on reducing PG symptoms and improving wellbeing, and long-term effects before and after the study period on reducing PG, depression, and post-traumatic stress symptoms, and improving wellbeing. The pilot study will provide preliminary data on clinical impact, usability, and engagement of the GriefSupportApp, including follow-ups after three and six months.

Conclusion:
The GriefSupportApp will be the first mobile intervention aimed at providing self-guided, dynamic, and context-sensitive support for people with PGD following traumatic loss, reducing barriers to adequate support.

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“Acknowledge my grief” - experiences and needs of bereavement support in Sweden following the death of a loved one

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Background:
Grief is commonly associated with psychological distress and difficulties in everyday life (1). Previous research indicates that bereavement support is needed at multiple levels, but that existing models of care vary considerably and face substantial challenges in implementation (2). There is still limited knowledge on how grief support should be organised and offered in practice (3).

Rationale:
It remains unclear how this translates into the support received by bereaved individuals in Sweden. Therefore, this study aims to explore the support bereaved people in Sweden have received after the death of a loved one and what they wish had been offered.

Design:
Bereaved adults answered an online survey with open-ended questions. A total of 472 participants’ answers were analysed with a conventional content analysis.

Results:
A majority of the participants felt that the support they received had not been enough. Grief support was provided by various sources, including personal social networks, healthcare, civil society and religious institutions. Desired support included information about grief and grief support, improved structure and organisation of given support, increased access to counselling, practical help, economic assistance and wider knowledge about grief in society.

Conclusions:
The findings suggest a need for improved structure and visibility of available bereavement support, so that bereaved individuals can more easily access the support they need and thereby better manage their grief. The current evidence for the design of bereavement support is limited; however, this study may contribute to highlighting existing gaps in the bereavement support offered in Sweden.

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Crisis management plans in Swedish primary schools: do they address death and grief?

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Background and rationale:
Schools play a central role in supporting children through crises, including death and grief (1,2). Yet little is known about how Swedish primary schools address these issues in their crisis management plans (CMPs). This study examines the structure and content of CMPs with a focus on death, grief, and bereavement support.

Design:
Forty-five CMPs from Swedish primary schools were analysed using document analysis.
Results: The CMPs prioritise logistical actions and symbolic rituals, while descriptions of psychosocial support and long-term follow-up are limited. Many plans rely on outdated grief theories, particularly Cullberg's stage model. Children's perspectives and participation are rarely included, and CMPs seldom outline how emotional needs should be supported over time. Overall, the documents emphasise immediate organisational responses rather than long-term child-centred support.

Conclusions:
The findings reveal substantial gaps in how schools prepare for and respond to loss. Updated national guidance is needed, grounded in contemporary grief research and clearer routines for long-term psychosocial support. Strengthened staff training and greater attention to children's participation may improve schools' capacity to support grieving students. Improved CMPs could help schools address both practical and emotional needs following a death (2,3).

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Being in School After a Family Member's Death: Children's, Young Adults' and Parents' Experiences of Grief in Swedish Primary School Context

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Background:
In Sweden, about 12 children lose a parent or sibling each day, and many return to school shortly after the loss. School can offer stability but may also intensify emotional, social, and academic challenges (1,2.3).

Rationale:
Little is known in Sweden about how bereaved children experience the return to school or how parents navigate this experience. Such knowledge is essential for developing equitable and evidence-informed support in Swedish schools.

Design:
Semi-structured interviews were conducted with 13 children (8-18 yrs), 9 young adults (19-25 yrs), and 11 parents. Data were analysed using conventional content analysis.

Results:
Participants described school as either stabilising or overwhelming. Many children experienced exhaustion, shifting grief reactions, and used personal strategies for managing the school day. Feeling seen, or overlooked, by teachers, classmates, and student health services shaped their sense of security. Parents described varied communication with schools, adult-directed decisions about the return, uneven access to adjustments and psychosocial support, and school situations that sometimes intensified their child's grief.

Conclusions:
The findings demonstrate the need for structured, long-term, and child-centred bereavement support in Swedish primary schools, including clearer routines and improved staff competence.

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Analytical listening to music - a guided fantasies method in the case of a woman with mixed trauma and vanishing twin syndrome

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Vanishing twin syndrome (VTS) refers to the occurence where a twin or multiple gestation is diagnosed, but one or more embryos or fetus die or cease to develop during any trimestar in gestation. (1)
This definition is contraversal, as some researchers define VTS exclusively as a first - trimestar event, whereas others acknowledge that fetal losses meeting similar clinical criteria may also occur later in gestation i.e. the same term is used where both sacks or embryos disappeared. (2,3)

In clinical practice, survivors exibit characteristics of disenfranchised grief and many psychological, physical, and social consequences. (4)

The aim of this paper is to focus on VTS, as an under-recognized clinical problem in mental health practice, and present the analytical listening to music-guided fantasies method (ALM - GFM) as effective diagnostic and therapeutic tool in case of prenatal and postnatal traumas and losses.
In the paper will be presented the methodology bases of the ALM -GFM applied during 30 sessions of receptive music therapy, once a week, in woman with anxiety and recurrent depression.

Qualitative analyse of fantasies will present the process of prenatal regression according to Stanislav Grof's prenatal stages. Stages in grief therapy during therapy by ALM-GFM will present the process of recognizing, accepting and resolving the loss of twin and other important prenatal and postnatal traumas generated by the mother i.e. the environment.

Compared to the ALM -GFM protocol for treating depressive disorders (5), it is clear that this type of grief therapy protocol for VTS and mixed trauma is different.
At the end of the treatment, the patient had no symptoms of depression or anxiety, improved interpersonal relations and manifested personal growth.

For further research and conclusions, it is necessary to collect other cases of VTS, compare the time of prenatal loss, the type of prenatal trauma, and manifested clinical symptomatology.
For ALM - GFM is important to compare different types of protocols with the type of prenatal trauma and clinical presentations.

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Evaluating the effectiveness of online pre-bereavement support groups for partners of parents with cancer

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Background
Across the European region, 20% of all deaths are caused by cancer [i]. Incidence is increasing among people <50 years old [ii], who are more likely to have dependent children. Parents with advanced cancer worry about the impact of illness on their children [iii], while co-parents often assume responsibility for partners' care, childcare, work, and own wellbeing. Consequently, co-parents experience higher rates of anxiety and depression [iv]. They play a crucial role in children's adjustment to parental bereavement [v], yet targeted pre-bereavement support for this group is limited.

Rationale
To evaluate the efficacy and impact of a structured, professionally facilitated online support group for co-parents affected by incurable cancer.

Design
A UK charity providing counselling to parents with incurable cancer invited 97 co-parents on caseload to attend a six-week online group. Groups included up to eight co-parents. All participants received a screening call with a facilitator. Participants could continue one-to-one counselling alongside group attendance. Over 12 months, groups were facilitated by a pre-bereavement counsellor and a cancer professional. 28 co-parents attended over 4 different groups, 22 completed an internally designed evaluation survey.

Results
Group size and six-week duration supported meaningful participation and exploration of evolving and future challenges. Online delivery was essential for accessibility. Dual facilitation ensured psychological safety, supplemented by tailored pre-bereavement support.

Conclusion
Co-parents' pre-bereavement needs are insufficiently addressed within hospice and oncology services. Professionally facilitated online groups provide connection, emotional support, practical coping strategies and preparation for bereavement, supporting co-parents' wellbeing while caring for their families.

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When Another's Loss Touches Mine: Anger and Injustice in Infertility-Related Grief

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Background
Infertility is commonly experienced as cumulative and disenfranchised grief, marked by repeated anticipated losses and disruptions to identity, embodiment, and future orientation (Bell, 2019; Doka, 1989). In clinical settings, emotional responses such as sadness and longing are more readily recognized, while anger, resentment, and perceived injustice are often minimized or avoided by both clients and clinicians. These unaddressed affects can complicate grief processing and therapeutic engagement.

Rationale
Clients experiencing infertility frequently report distressing reactions to others' pregnancies or reproductive choices, including voluntary pregnancy termination. These reactions are often accompanied by moral conflict and shame, expressed in statements such as: "I'm happy for her, but I feel angry and don't understand why this is happening to me." Without clinical guidance, clients may suppress or judge these emotions, leading to increased isolation, emotional dysregulation, and stalled grief work (Major et al., 2000). Recent empirical literature further highlights the role of social comparison, perceived injustice, and identity threat in infertility-related distress (Cousineau & Domar, 2021; Peterson et al., 2020).

Design
This clinical skills–oriented presentation provides a psychoeducational framework and practical interventions for working with anger and injustice in infertility-related grief. Drawing from grief theory, narrative approaches, and emotion-focused practice, the session highlights common clinical themes including social comparison, avoidance of pregnant peers, and reproductive identity disruption. Participants will be introduced to specific therapeutic strategies, including clinician language for naming difficult emotions, methods for containing affect without moral validation, and techniques for redirecting focus from external comparison to internal loss processing (White & Epston, 1990).

Results
When clinicians explicitly frame anger and resentment as signals of unintegrated loss rather than character flaws or ethical judgments, clients demonstrate increased emotional tolerance and reduced shame. Psychoeducation that legitimizes the presence—but not the targeting—of these emotions supports affect regulation, facilitates emotional symbolization, and reopens stalled grief processes. Emerging research supports interventions that emphasize emotional meaning-making and identity reconstruction as central to reducing infertility-related distress (Gameiro et al., 2021).

Conclusion
Developing clinical skill in addressing socially unacceptable emotions is essential for effective infertility-related grief work. Therapeutic approaches that validate emotional experience without normalizing harmful projections help clients move from self-judgment toward grief integration. By equipping clinicians with concrete language and intervention strategies, this psychoeducational approach enhances therapeutic containment, ethical practice, and client outcomes.

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Developing a Person-Based Digital Intervention (GriefDiff) to Support Grief Adaptation in Older Adults

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Background:
Bereavement in later life is common and may involve distress, withdrawal, avoidance, and disrupted meaning, while older adults often face barriers to timely, acceptable support.

Rationale:
GriefDiff – "Grief Guide" is a Portugal-based progressive web app intended to facilitate adaptive grief through brief, user-selected self-help tasks, with light human support when needed. Content follows an integrative-relational, multidimensional and non-sequential model (stabilisation; trauma processing as indicated; easing avoidance; grief-task elaboration; integration/closure).

Design:
Using the Person-Based Approach, we mapped barriers/needs (emotional overwhelm during remembering, anniversary spikes, low digital confidence/sensory constraints, internalised ageism, and adherence challenges) into guiding principles and features. The platform combines an open psychoeducation site with a private app (simplified onboarding; three pathways—"I want to feel better", "I want to change", "I wish to remember"). Sub-modules include short audio regulation (relaxation, breathing, somatic grounding, meditation), healthy-habit goal setting, social network activation, acceptance/forgiveness and avoidance psychoeducation, meaning/legacy capture, memory prompts, ritual/homage tasks, and an anniversary planner. Users can set "commitments" (date/frequency), receive reminders, and complete a brief weekly check-in, with in-app help and signposting to additional care. A back office supports user management and data export.

Results:
We present the development process using person based approach. At different stages, we present the themes associated with user feedback, including those from think-aloud interviews and feasibility testing. We reflect on the needs of this particular group and context and how this digital intervention can best respond to them.

Conclusion:
GriefDiff operationalises theory-informed grief processes in an accessible PWA tailored to older adults, prioritising simplicity, autonomy, and blended support; next steps are user-centred refinement and pilot evaluation.

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Collaborative development of an arts and compassion-focused bereavement programme for women following pregnancy loss: Findings from The PEARL Study Pilot Trial

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Background
Pregnancy loss (PL) can lead to significant mental health challenges, including prolonged grief and post-traumatic stress (1,2,3). Many women seek compassionate, accessible bereavement support delivered by trusted healthcare professionals, such as midwives, within community settings (2,3). However, evidence-based bereavement programmes designed for European contexts remain limited.

Rationale
The PEARL study involves co-creation and pilot testing of a midwife-led bereavement programme for women following PL, aiming to improve psychological wellbeing and reduce prolonged grief in community samples.

Design
A project advisory group of women with lived experience, healthcare professionals, and community-sector representatives (n=30) co-created the programme. The intervention is delivered as a day-long community-based workshop integrating theory-informed and evidence-based arts and self-compassion focused components. Workshops are co-facilitated by a midwife and a woman with lived experience of PL. Seven workshops were delivered across Northern Ireland. Participants (n=100) completed a pre-test/post-test single arm pilot trial. A subset of women and facilitators (n=35) took part in focus groups. Findings informed plans for implementation, optimisation, and future robust evaluation.

Results
Data collection will conclude in June 2026. Outcomes include change scores at pre, post, and one month follow-up on prolonged grief, post-traumatic stress, psychological wellbeing, and self-compassion. Qualitative findings address the acceptability and feasibility of the programme.

Conclusion
This study examines feasibility and acceptability of a co-created bereavement programme for women following PL. Findings will inform refinement, implementation planning, and a future controlled evaluation to strengthen community-based bereavement care in European contexts.

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Sharing knowledge about grief with the school community

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Background:
In Sweden, much of society's knowledge about grief is still characterized by an outdated view of grief and bereavement support. This is particularly true when it comes to children's grief.

Rationale:
The project aims to share current knowledge about children's experiences of grief and their need for support in schools, and to build bridges between schools and healthcare institutions.

Design:
Certified healthcare counselors (social workers) have targeted social workers/counselors in schools in one of Sweden's largest cities (Gothenburg). All school-counselors in Gothenburg's elementary schools are given a lecture on new perspectives on grief, with a particular focus on children's grief.

Results:
The exchange has been met with great enthusiasm. Some describe how they perceive the theoretical perspectives and knowledge of care to be very important and something that is not discussed enough. Others describe how they feel they already possess some of this knowledge but appreciate having their knowledge validated and reinforced.

Conclusion:
The project has had a ripple effect! Now, other members of the student health teams are asking to share in the knowledge about grief. The project and collaboration are continuing, and new initiatives are being planned.

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Bereavement and Parenting. A Longitudinal Thematic Analysis of Bereaved Parents with Minor Children

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Background
The death of a spouse from cancer disrupts family life, particularly when the surviving parent must support minor children throughout a prolonged illness and the end-of-life period.

Rationale
Little is known about how parents with minor children experience and make sense of this process over time. A longitudinal approach is needed to capture evolving meanings, parental responsibilities, and family reconfigurations after spousal loss.

Design
A longitudinal qualitative thematic analysis was conducted based on six interviews with bereaved parents whose spouse died from cancer. Interviews were carried out three months (T0), six months (T1), and one year (T2) after death. The mean age of participants was 42 years. Families had one to two children (0-17 years old). Analysis focused on changes over time in themes related to illness, death, memory, and parenting.

Results
At T0, narratives focused on illness-related experiences and their impact on family life, including communication with children, hospitalizations, physical decline, and children's presence in palliative care settings. At T1, parents emphasized memory work, emotional adjustment, increased attention to children's needs, and the burden of sole parental responsibility. At T2, memories of the deceased parent became more internalized and accompanied by a continuing sense of presence, while parents reflected on future family trajectories, including possible new relationships.

Conclusion
These findings underscore the value of longitudinal qualitative approaches for understanding bereavement in families with minor children. The evolution of parental narratives suggests adaptive processes that could be supported through sustained, family-centered follow-up, which remains rare in palliative care settings.

Effects of a Self-Management Mobile Health App for Grieving Adolescents: A Randomised Controlled Trial

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Background:
Adolescents who experience the loss of a family member are at increased risk of adverse mental health outcomes, yet many face barriers or may be reluctant to access in-person or group-based support1. Mobile health (mHealth) interventions can help address these barriers by offering flexible, accessible, and low-threshold support.

Rationale:
This study examines the short- and long-term mental health effects of the mobile app Alba – Youth in Grief2, 3. User-reported helpfulness and negative experiences were also examined.

Design:
Adolescents who had lost a parent and/or sibling were allocated to either Alba (n = 61) or an active control condition (n= 65). At baseline and at 2, 6, and 12 months symptoms of prolonged grief, posttraumatic stress, depression, grief and personal growth were assessed. Mental health outcomes were analysed using linear mixed models, while user experiences were examined using descriptive statistics and summative content analysis.

Results:
Intention-to-treat analyses indicated that access to Alba was associated with moderate reductions in prolonged grief symptoms at 12 months, with no significant effects at earlier follow-ups. Alba was also associated with reductions in grief reactions and symptoms of posttraumatic stress and depression, with the strongest effects observed at long-term follow-up, but demonstrated no effect on personal growth. Most participants reported the app as helpful, while a minority disclosed negative experiences such as sadness.

Conclusions:
Overall, the findings indicate that access to Alba may be beneficial in reducing mental health symptoms among bereaved adolescents and highlight its potential as a safe, acceptable, and scalable mHealth intervention

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Supporting Family Involvement in the Child Death Review Process in England: A National Review of Key Worker Provision

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Background
Child Death Review(CDR) is a statutory process in England intended to identify learning from every child death while supporting bereaved families. National guidance recommends that all families are offered a single, named Key Worker(KW) to provide information and signposting[1].

Rationale
Variation in how the KW role is implemented risks inequitable family involvement and may compound distress during an already traumatic period[2]. Understanding national provision is essential to inform standardisation and transferable learning for European systems managing multi-agency responses after child death[3].

Design
Child Bereavement UK conducted a national questionnaire survey (32 items) to all 58 Child Death Overview Panel (CDOP) areas, building on an earlier survey[4]. Responses were anonymised and descriptively analysed, alongside families' narrative accounts included in the report.

Results
Thirty-four responses were received (58.6% return rate). Most responding CDOPs (74%) reported having access to a KW role (including where provision was limited to unexpected deaths), yet 26% reported inconsistent provision or none. Standardised role documentation was variable: 48% reported using a specific role/job description (7% partial), while 30% reported none. Training was inconsistent; excluding 'not applicable' responses, 70% reported some bereavement-specific training for KWs and 30% reported none. Families described confusion and added distress when communication was unclear or absent.

Conclusion
Six years after statutory guidance, KW support remains uneven, creating a "postcode lottery" in family involvement. Standardised role expectations, training, supervision and sustainable commissioning are required to ensure consistent, compassionate support -an issue highly relevant to bereavement, palliative care and child death review policy.

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Inequities in bereavement support following multi-agency investigations of sudden unexpected child death.

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Background:
There are around 1000 sudden unexpected deaths of infants and children each year in England [1]; these deaths require detailed Child Death Review (CDR). Despite statuary guidance requiring coordinated investigation and family support through the CDR process, many families affected by Sudden Child Death do not receive formal grief care [2].

Rationale:
CDR aims to improve the experience of families and learning after a child dies [3]. However, there are ongoing concerns about uneven implementation, limited bereavement support, and significant regional differences.

Design:
Semi-structured interviews with CDR professionals across England. The interviews covered bereavement support, CDR investigations and gaps in service provision.

Results:
Professionals from 26 regions were interviewed. Sixteen reported consistent local bereavement support, primarily provided by charities and children's hospices, however only half of the hospices support unexpected deaths. Across six regions, parents had little or no access to local bereavement support. While sibling support was available in 20 regions, support for grandparents and extended family was inconsistent and lacked dedicated services. Over half of the interviews reported more than six months waiting times. Gaps in CDR delivery included under-resourced bereavement keyworker roles, limited face-to-face contact with families, delays in post-mortem processes, and inconsistent follow-up.

Conclusion:
Bereavement care after sudden and unexpected child death is fragmented and uneven. It is crucial to strengthen CDR investigations and integrate accessible, trauma-informed bereavement support within formal pathways to address ongoing inequities and guide European policy and practice.

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An Experience Sampling Assessment of Grief Symptomatology in Switzerland, Rwanda, and Viet Nam

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Background:
Prolonged Grief Disorder (PGD) is now recognized as a diagnostic condition, yet most empirical evidence on trajectories and risk factors derives from Western populations. This raises important questions about the global applicability of PGD and whether grief unfolds similarly across diverse cultural contexts.

Rationale:
Grief is a dynamic, non-linear process that fluctuates in intensity across time and situations. Experience sampling methods (ESM) enable fine-grained assessment of grief as it is lived in daily life and offer a powerful approach to examine cultural, situational, and interpersonal influences on grief trajectories.

Design:
This longitudinal, cross-cultural study applies ESM to investigate daily grief trajectories among bereaved adults in Switzerland, Viet Nam, and Rwanda. A total of 100 participants per country who experienced a loss within the past three years complete 2-week ESM assessments via a mobile application (mPath). Assessments occur every three months for 9 months in Viet Nam and Rwanda, and up to 18 months in Switzerland. Participants report PGD symptoms and daily-life context five times per day and complete baseline assessments prior to each ESM period. ESM items were culturally adapted through cognitive interviews to ensure acceptability and ecological validity.

Results:
Preliminary findings will address symptom variability, chronicity, and feasibility across cultural contexts. We expect substantial within-person fluctuations in grief intensity, short-term oscillations linked to stressors and reminders, and both universal and culture-specific patterns in symptom expression. Feasibility analyses will describe completion rates, burden, and acceptability.

Conclusion:
This study will provide novel evidence on the global applicability of PGD and demonstrates the value of culturally informed ESM approaches for advancing grief research and bereavement care worldwide.

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Making Invisible Grief Visible: Supporting Bereaved Friends

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Background:
Bereavement involves multiple circles of mourners, including bereaved friends. These friends may come from school, military, neighborhoods, workplaces, or be close companions of the deceased. In Israel, since the Iron Swords war, the scale of bereavement has grown significantly, including a marked increase in the number of bereaved friends.

Rationale:
Most existing responses to bereavement, across legislation, individual services, and community-based interventions, focus primarily on the immediate first circle of loss. People in the wider circles of bereavement are often mobilized to support the family and remain isolated and silent in their own grief. This population is offered few tailored responses, underscoring the need for further research and innovative service development.

Design:
The presentation reports findings from a study of an innovative program developed for bereaved friends. The program consisted of three-day group gatherings formed around individuals who lost their lives. A mixed-methods design was employed, including qualitative interviews and observations, alongside a quantitative pre–post questionnaire study.

Results:
Key principles guiding the program and its short-term outcomes are presented. These include a for example unique model of group formation, participant-led processing and the integration of professional and non-professional support. Quantitative findings indicate the significance of the extended workshop for participants, as well as perceived successes and challenges.

Conclusions:
The findings highlight the importance of recognizing the subjective and often silenced pain of many mourners, call for knowledge development in this field, and emphasize the need for tailored responses both in times of crisis and as part of routine.

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Digital Peer Support for Parental Child-Loss Grief: Development and Early Outcomes of the Kids Connecting Parents App

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Background
Child loss grief is profoundly debilitating and may significantly impair parental capacity for relational, emotional, and occupational functioning. Bereaved parents require restorative processes to integrate grief into their future. Over the past two decades, more than 38 million parents across Europe—approximately 7% of adults—have experienced the death of a child aged 0–49 years (1, 2, 3), with global estimates reaching approximately 586 million affected parents (4). These European figures exclude miscarriage and are therefore likely conservative.

Rationale
Following the death of my teenage son in 2021 and subsequent return to practicing psychology, I examined gaps in child loss grief support. Bereaved parents described the need for timely, local, face-to-face peer connection and opportunities to rebuild support networks. The Kids Connecting Parents App was developed as a trauma-informed digital intervention to address this gap, enabling private, autonomous parent-to-parent connection while complementing—rather than replacing—formal therapeutic care, including within rural and remote contexts.

Design
The digital platform integrates principles from grief psychology, lived-experience peer support, positive social connection, and geolocated digital networking, and encompasses all child loss and all parents.

Results
Since launching in April 2025, parents across eight countries have exchanged more than 2,700 messages and facilitated at least seven in-person gatherings. User feedback indicates increased perceived support and emotional relief and reduced isolation, with no adverse events reported. Several grief organisations have incorporated the App as a clinical resource.

Conclusion
Early findings suggest the App is a promising peer-led digital social connection tool for bereaved parents internationally.

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The Hope Collective: Poetry as language for the unspeakable

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Background
The death of a child violates accepted norms, severing the deepest human-bond (1). During the acute bereavement period parents/families often become isolated from communities who are unsure how to interact with them, and most find themselves unable to access external bereavement support (2–4).

Rationale
Hope Collective, a collaboration between the National Poetry Centre, two universities and a health provider, harnesses the public's creative gifts by inviting poems to share experiences that are hard to express with ordinary language, exploring poetry's capacity to foster connection and shared understanding.

Design
The Hope Collective's second edition (5) invited poems about grief in four categories (Loss, Unspoken, Begin, Moment) between September-December 2025. An arts-informed reflexive thematic analysis of poems was conducted.

Results
80 participants submitted poems. The following themes were generated: 1.Loss i)death of a child–specific agony, ii)physical absence–depicted through physical voids, iii)shattered identity–loss of a part of themselves; 2.Unspoken i)inadequacy of language, ii)social taboos and silence, iii)internal monologues–that have nowhere else to go, iv)masking normalcy–surviving social interactions; 3.Being i)liminal states–detachment from reality, ii)surviving the new normal, iii)persistence–survival as a daily act of defiance; 4.Moment i)trauma frozen in time, ii)fleeting solace, iii)act of remembering, iv)spiritual connection–ethereal threads maintaining bonds. A follow-up-survey 31%(n=25/80) reported writing poetry offered cognitive and emotional tools to organize the chaos of internal grief, acting as a conduit to break isolation.

Conclusion
Poetry spans cultures, providing an emotionally powerful medium to support human connection by articulating sensory and embodied experiences of loss.

Models and Components of Care Following Sudden and Unexpected Child Death: A Systematic Review

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Background
The sudden and unexpected death of a child constitutes a profoundly traumatic event for families, often involving emergency care, police or coroner services, and multiple agencies[1]. Families experience enduring psychological, social, and economic consequences, yet bereavement care following such deaths remains fragmented and inconsistently delivered across Europe and other high-income settings[2,3].

Rationale
Despite policy commitments to compassionate bereavement care, there is limited synthesis of how care is organised after sudden child death, or which components support families most effectively. Clear evidence is required to inform equitable, trauma-informed service design.

Design
An integrative systematic review of qualitative, quantitative, and mixed-methods studies published from 2005 onwards was conducted. Nine databases were searched for evidence relating to models or components of care following sudden and unexpected child death (<18 years). 34 studies met inclusion criteria. Data were synthesised thematically, with descriptive summary of quantitative outcomes.

Results
Models of care included hospital-based bereavement teams, community follow-up services, charity-led support, school-based interventions and multi-agency responses involving health, social care, police and coronial systems. Core components associated with improved family experiences included timely and compassionate communication, continuity via a named professional, coordinated inter-agency working and proactive long-term follow-up. Provision was highly variable, with substantial inequities in access, sustainability and resourcing. Evidence on effectiveness and cost-effectiveness was sparse.

Conclusion
Care following sudden child death remains uneven. Integrated, family-centred, and trauma-informed models spanning statutory and voluntary sectors show promise and offer actionable components to inform European policy, commissioning, and practice.

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Family Experiences and Outcomes Following Sudden and Unexpected Child Death: A Systematic Review

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Background
Sudden and unexpected child death is frequently traumatic, leaving families unprepared and exposed to abrupt care transitions, investigative procedures, and disrupted support. These circumstances are associated with elevated risks of psychological distress[1], physical morbidity and long-term social and economic strain[2-3].

Rationale
While individual studies document family experiences, evidence remains fragmented regarding how system responses shape bereavement trajectories. Synthesising this literature is critical to improving care following sudden child death in European contexts.

Design
An integrative systematic review of qualitative, quantitative, and mixed-methods studies published from 2005 onwards was undertaken. Nine databases were searched. 83 studies met inclusion criteria. Thematic synthesis was supported by narrative integration of quantitative findings.

Results
Across sudden deaths (including accidents, unexplained infant deaths, suicide, and acute medical events), families reported high levels of post-traumatic stress, depression, physical illness, and premature mortality. Distress was intensified by lack of preparedness, abrupt loss of professional contact, and insensitive investigative or bureaucratic processes. Compassionate communication, continuity of care, and recognition of the child's life supported trust, meaning-making, and adaptive coping. Siblings commonly experienced behavioural and emotional difficulties. Marked disparities in access to support were evident across regions, socioeconomic groups, and cultural contexts.

Conclusion
Sudden child death generates complex, long-term bereavement needs. Trauma-informed, culturally-sensitive care incorporating compassionate communication, named professional continuity, coordinated follow-up, and advocacy across agencies is essential to mitigate harm and support recovery. Future research should prioritise equity, longitudinal outcomes, and system-level evaluation.

Focus: Research
Bereavement Care Pyramid Level: 3 (complex and complicated grief)

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Factors that Shape Bereaved Relatives' Experience of Care at End of Life: Findings from an Irish National Survey

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Background
The National End of Life Survey (NELS) (2023) collected data about the care provided to individuals at end of life and their bereaved relatives and friends (n=4,500) across Ireland.

Rationale
Understanding what factors most impact on relatives' perceptions of quality of care can improve bereavement supports offered before and after a loved one's death.

Design
Respondents were asked rate (scale of 0-10), the care and support received before and after their loved one's death. A linear regression model identified factors that significantly predicted variations in these ratings.

Results
The most influential factor was when people did not receive practical information on what to do after their loved one's death (-1.50 points, p=0.000).

There were noticeable differences in the provision of this information across the different care settings (Hospice (77%), Nursing Home (62%), Home (57%), Hospital (50%)) highlighting an inequity across settings.

Healthcare staff not engaging in a sensitive manner (-1.59 points, p=0.000) and not giving respondents enough time to discuss their loved one's care (-1.08 points, p=0.000) had a significant negative impact on quality-of-care perceptions.

Conclusion
Bereavement support should be made available in all care settings, as pledged in the National Adult Palliative Care Policy.

These findings highlight that practical and compassionate interactions with healthcare staff have the greatest bearing on quality of care and support for friends and relatives. Training in sensitive communication and protected time should be facilitated to enable healthcare staff to support grieving family and friends immediately after a death.

Voicing the Void: a transdisciplinary approach to naming parental grief and child loss

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Background
Our culture struggles to discuss child loss (REF), a difficulty compounded by the absence of a word parallel to widow or orphan to describe a bereaved parent. We explore how language across time and culture shapes the taboo surrounding child death[2] and examine English's failure to name the identity of parents whose children have died.

Rationale
Bereaved parents describe profound isolation in their grief[3], intensified by society not naming their loss. As poetry operates at the edges of language; stretching metaphor over linguistic gaps, this project uses poetry to explore and test new language to describe parental bereavement.

Design
This transdisciplinary study brought together bereaved parents, poets, and academics from multiple disciplines. Drawing on linguistic, historical, philosophical and creative methods we examined the meaning and significance of naming loss across cultures and time; to collaboratively develop prototype neologisms which parents explored through poetry.

Results
We identify how child loss is named across history, culture and language (Arabic, Sanskrit, Mandarin, Hebrew, Welsh) and explore the meaning, significance, risks and legal implications of naming; and its potential to foster group identity and community. Bereaved parents articulated the emotional qualities they sought for the word – its texture, sound and imagery. Using Latin and Greek roots alongside symbols from other cultures, several neologisms were constructed and appraised through poetry and a public vote.

Conclusion
Naming the identity of bereaved parent offers recognition and validation of validation of parents' loss', opening new opportunities for collective and societal understanding of child death and grief.

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Women's Mental Health across the Life-Course: Grief Experiences in Non-Terminal Female Cancer Patients

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Current literature addressing grief in those diagnosed with cancer tends to focus on those with advanced or terminal illness or on caregivers which ultimately leaves a significant gap in our understanding of how grief manifests in patients who are not at the end of life. In fact, unresolved grief in those diagnosed with non-terminal cancer can lead to depression, isolation, emotional distress and declining treatment options which suggests a need to explore grief experiences among this population.[1,2]

The present study seeks to explore the grief and loss experienced by women diagnosed with non-terminal cancer in hopes of better understanding the mental health and support needs of this population. By capturing women's experiences and preferences in seeking mental health care, this study also aims to inform more responsive, inclusive, and accessible mental health services. Understanding and addressing grief in this context is vital. This research fills a critical gap and aims to enhance both psychological support and clinical outcomes for women navigating cancer-related grief and loss.

This multi-methods project involved distribution of a survey to female patients with non-terminal cancer in Nova Scotia, Canada. The quantitative portion of this study included three validated tools: the Hospital Anxiety and Depression Scale (HADS),[3] the Connor-Davidson Resilience Scale (CD-RISC),[4] and a modified Prolonged Grief Disorder scale adapted to reflect first-person experiences.[5] The survey also included investigator developed questions related to women's families, their emotional responses, awareness, and access to grief resources. These questions were designed in the absence of validated tools to address this significant area. Responses to the short-answer questions were analyzed to provide insight into how patients perceived their mental health and grief is acknowledged and managed throughout their cancer journey. Of note, the study is presently undergoing data analysis, but results are expected to highlight the challenges faced by this population.

This research aims to generate a deeper understanding of the grief and loss experienced by women following a non-terminal cancer diagnosis. Ultimately, the outcomes of this research will support improved emotional and psychological care for women living with cancer, promote holistic and patient-centered care models, and foster more compassionate conversations around grief in clinical settings.

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Enhancing Professional Skills for Supporting Diverse Families in Bereavement

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Background
Grief affects entire families and creates complex emotional and practical challenges. Professionals in health care, social services, education, and community work often meet bereaved families but report uncertainty in providing inclusive support.

Rationale
The Surevan Kohtaaminen (”Supporting the Bereaved”) program, funded by the Finnish Funding Centre for Social Welfare and Health Organisations (STEA), is a joint initiative of four national peer-support organisations – Käpy (child death families), Surunauha (suicide loss support), Huoma (homicide victims’ families), and Nuoret Lesket (young widows, widowers and widowed families) – representing families affected by traumatic losses. Their collaboration enables shared learning and deepens understanding of families’ needs.

Design
The program is aimed at professional and students across sectors – hospital staff, social workers, educators – who meet families in varied contexts. It combines evidence-based knowledge with lived-experience through structured training for volunteers and expert-by-experience activities. Surevan kohtaaminen programme also provides expertise in various networks and working groups. In 2024, the program coordinated 135 lived-experience presentations reaching over 7000 listeners, mainly processionals and students. Digital resources (website: 32 000 users, 61 000 visits) reflect demand for practical guidance.

Results
Feedback shows that the program increases knowledge of grief in families and enhances professionals’ confidence in supporting diverse families. Collaboration among peer support organisations has facilitated mutual learning and a deeper understanding of family needs, resulting in more impactful actions and collaboration.

Conclusion
By integrating research, practice, and lived experience, Surevan kohtaaminen, provides a scalable model for capacity building that promotes compassionate, family-sensitive bereavement care. Its approach offers insights for European contexts seeking to improve support for bereaved families.

Keywords: bereavement support, family diversity, capacity building, experiential expertise, grief awareness

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Huoma ry – peer support for those who have lost a loved one to homicide https://www.huoma.fi

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[In English: Experiences professionals and those studying for the profession have from the lectures given by experts by experience who have lost a loved one]

Surevan Kohtaaminen (”Supporting the Bereaved”) program
https://www.surevankohtaaminen.fi/en/

Surunauha ry Grief ribbon – Peer support after a loved one's suicide https://surunauha.net/in-english/

When What Was Left Unsaid Still Matters: Unfinished Business, Prolonged Grief and Posttraumatic Growth

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Background:
When a loved one dies, many bereaved feel that there were things left unsaid or unresolved, often described as “unfinished business.” These experiences can trigger intrusive thoughts and complicate adjustment to the loss, yet they may also intersect with processes of growth after bereavement.

Rationale:
The study aims to examine how unfinished business relates to prolonged grief symptoms and posttraumatic growth and validate the Unfinished Business in Bereavement Scale (UBBS) for the Portuguese population.

Design:
The sample includes 657 bereaved adults (Mage = 40.64, SD = 14.40), who lost a loved one an average of 28 months earlier (SD= 27.15). Participants completed the PG-13, UBBS, and the Posttraumatic Growth Inventory.

Results:
Psychometric analysis of UBBS suggested the removal of two items of unresolved conflict subscale (α=.757). Unfinished business, including unfulfilled wishes and unresolved conflict, was correlated with both prolonged grief symptoms and posttraumatic growth, particularly in the domain of new possibilities. Unfulfilled wishes (β = .39, p< .001) and unresolved conflict (β = .09, p= .016) were related to prolonged grief symptoms (R2= .176, p< .001). For posttraumatic growth, there was a significant, though small, relationship between unfulfilled wishes and growth (β = .22; R2= .05, p< .001).

Conclusion:
The perception of unfinished business, especially regarding the “unlived future” with the deceased, appears to intensify suffering in bereavement while still coexisting with the potential for growth. These findings are particularly relevant for end-of-life and palliative care, where addressing unfinished business with families may support better psychological adjustment after loss.

When Kinship Is Not Enough: Relationship Quality, Proximity and Prolonged Grief in Portuguese Bereaved

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Background:
The impact of bereavement depends not only on kinship but also on the quality and perceived closeness of the relationship with the deceased, dimensions often overlooked when studies rely solely on family ties.

Rationale:
This study aims to validate the Portuguese version of Quality of Relationship Inventory – Bereavement version (QRI-B) and examine how the relationship quality and perceived proximity to the deceased are associated with prolonged grief symptoms.

Design:
The sample comprised 693 bereaved adults (Mage = 40.73, SD = 14.44), who had lost a loved one on average 28 months earlier (SD= 27.59). Participants completed the PG-13, QRI-B and Inclusion of Other in the Self Scale (IOS).

Results:
Exploratory and confirmatory analysis supported the original two-factor structure of the QRI-B, after removal of item 13. Closeness (α = .914) and Conflict (α = .873) subscales showed good reliability. Closeness (r= .500, p<.001), conflict (r= .084, p= .027), and perceived relational overlap (IOS, r= .429, p<.001) were significantly correlated with symptoms of prolonged grief, unlike kinship (p= .142). Multiple regression analysis showed that Closeness (β = .36, p< .001), Conflict (β = .13, p< .001) and perceived relational overlap (β = .24, p< .001) explained 27.3% of the variance in prolonged grief symptoms.

Conclusion:
These findings suggest that the quality and perceived closeness of the pre-loss relationship are more informative for understanding grief intensity than kinship, emphasizing the importance of assessing these dimensions in bereavement research and clinical practice, to promote a better psychological adjustment to the loss.

Twice Bereft: Understanding Psychological Impact and Supporting Bereavement Care

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Background: Loss is a momentous event often accompanied by psychological suffering (Gravesen & Birklund, 2021). Recent mortality trends (2023) indicate sustained high death rates, increasing cases of complex grief experiences (Centers for Disease Control, 2026). Understanding the impact of experiencing more than one death within a short period is crucial for advancing bereavement care. Rationale: Adults experiencing cumulative losses may be especially vulnerable to dysfunctional coping responses that intensify grief severity. Identifying coping patterns among adults with successive losses can inform early intervention methods and increase early detection of complicated grief responses.

Design:
A cross-sectional survey included demographic information, the Brief COPE (Carver, 1997), and grief symptoms (Prigerson et al., 2021) for data collection. Participants were categorized into single-loss and dual-loss groups to assess differences in grief severity and coping. ANOVA was used to compare coping and grief severity between groups, and regression analysis further examined coping subgroups such as substance abuse and witnessing deaths.

Results:
We expect adults reporting cumulative losses will endorse significantly higher levels of denial, behavioral disengagement, distraction, and substance use, alongside decreased active coping, planning, and acceptance. Other factors such as witnessing a death are likewise expected to predict higher dysfunctional coping. Two-loss participants are anticipated to demonstrate elevated grief severity.

Conclusion:
Experiencing cumulative deaths within a year likely contributes to more maladaptive coping profiles and increased grief severity. Findings may guide bereavement care providers in developing targeted, evidence-aligned interventions for individuals navigating successive losses.

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Bereavement support guidelines for caregivers in palliative care: a scoping review

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Background:
Bereavement support practices delivered by palliative care teams show substantial variability, leading to inconsistencies in the care provided to family caregivers.

Rationale:
Clinical guidelines are essential to promote coherent and high-quality bereavement care across the trajectory of illness, death, and bereavement. This study aimed to identify and synthesise the principles and clinical guidelines that underpin best practices in bereavement support for adult family caregivers followed in palliative care.

Design:
A scoping review was conducted based on a systematic search of academic databases (EBSCO, PsycINFO, PubMed, Web of Science, Psychology and Behavioral Sciences Collection, and Scopus) and Google, covering publications from 2010 to 2024. Eligible documents addressed principles, guidelines, or clinical recommendations for bereavement support in palliative care. The methodological quality of guidelines was appraised using the AGREE II instrument.

Results:
Of the 1,489 records identified, 20 documents met the inclusion criteria, mainly governmental and institutional guidelines from the grey literature. Quality appraisal revealed gaps in evidence selection, consideration of resource implications, updating procedures, and monitoring criteria. Eight core principles were identified, informing clinical guidelines organized across key moments of assessment and intervention throughout the bereavement process, including pre- and post-death periods. Alongside universal information and support measures, regular assessment procedures were recommended to enable timely referrals based on individual needs.

Conclusion:
These guidelines capture the temporal, multidimensional, and transdisciplinary nature of bereavement care in palliative settings. Their implementation and evaluation may contribute to the standardisation of best practices and improve the quality of bereavement support provided to family caregivers.

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Development and Validation of the Relational Needs in Grief Scale (RNGS)

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Background:
Bereavement disrupts attachment bonds and often results in unmet relational needs that may compromise adaptive grief processes. Despite this, the systematic assessment of relational needs in bereaved individuals has remained limited.

Rationale:
Grounded in Payás's integrative-relational model of grief and Erskine's conceptualization of relational needs, the Relational Needs in Grief Scale (RNGS) was developed to address this gap. This study reports the development, content validation, and psychometric evaluation of the RNGS as a theoretically informed and clinically meaningful assessment tool.

Design:
A multi-phase design was employed. First, a modified Delphi study with 14 psychologists specialized in grief evaluated the clarity, adequacy, comprehensibility, conceptual coverage, and clinical relevance of 16 theoretically derived items. Item-level and scale-level Content Validity Indexes (I-CVI; S-CVI/Ave) were calculated, and qualitative feedback informed item refinement. Second, data from 354 bereaved adults were collected via an online cross-sectional survey to examine factorial structure, reliability, and convergent, discriminant, and incremental validity using Exploratory and Confirmatory Factor Analyses.

Results:
Content validity was excellent (S-CVI/Ave ≥ .90). Psychometric analyses supported a two-factor structure—Need for Protection and Validation and Need for Mutuality. Stepwise item reduction yielded a final 11-item version with improved model fit and high internal consistency (Cronbach's α = .807–.942; McDonald's ω = .808–.951). The Need for Protection and Validation factor significantly predicted prolonged grief symptoms.

Conclusion:
The RNGS is a novel, psychometrically robust instrument, enabling systematic assessment of relational needs in bereavement and supporting relationally focused research and clinical practice.

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Impact of a Primary Care–Based Group Grief Intervention: A Mixed-Methods Study

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Background
Grief is a natural response to loss; however, some bereaved individuals develop prolonged or complicated grief associated with emotional distress and functional impairment. Primary Care is a key setting for early identification and community-based psychosocial support, although structured grief group interventions remain limited.

Rationale
Group interventions may reduce isolation, enhance emotional processing, and promote adaptative coping through shared experiences and therapeutic group factors. Examining both clinical outcomes and lived experiences can clarify the mechanisms underlying their effectiveness in real-world Primary Care settings.

Design
A quasi-experimental mixed-methods study was conducted in four Primary Care centers in Catalonia, Spain. Participants were 46 bereaved adults at risk for complicated grief. The intervention consisted of nine weekly 90-minute group sessions. Pre–post quantitative measures included Emotional Well-Being, the Hospital Anxiety and Depression Scale (HADS), and grief intensity/adaptation (Inventory of Complicated Grief and Texas Revised Inventory of Grief). A qualitative component included 21 semi-structured interviews analyzed using thematic analysis informed by therapeutic group factors.

Results
Participants showed significant improvement in emotional well-being and grief adaptation, and a significant reduction in anxiety symptoms, while changes in depressive symptoms were not statistically significant. Qualitative findings identified five perceived group functions: emotional containment, social connection, psychoeducation, identity reconstruction, and meaning-making. Emotional and relational support emerged as central mechanisms explaining the quantitative improvements.

Conclusion
Primary Care–based grief groups are feasible and effective, improving emotional well-being and supporting adaptive bereavement while providing meaningful relational and existential support.

Financial Consequences of Bereavement: Evidence from a National Survey in Ireland

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BACKGROUND
Bereavement is a common and inevitable life experience that affects individuals, families, and communities across the lifespan. Alongside emotional and psychosocial impacts, bereavement can generate substantial financial strain (e.g. immediate funerals costs, legal fees) as well as longer-term challenges related to lost household income, reduced productivity, and increased healthcare expenditure.

RATIONALE
The financial impact of bereavement remains largely unexamined in Ireland. This study examined the perceptions and experiences of direct and indirect financial impacts, of bereavement in Ireland.

DESIGN
A nationally representative online survey examined perceptions and experiences of bereavement and associated financial and indirect impacts. Participants were recruited from an opt-in panel, with results weighted for national representativeness. Descriptive and chi-square analyses explored key impacts and their associations with socio-demographic and bereavement characteristics.

RESULTS
Only 22% (217/1000) of participants reported good knowledge of funeral costs, and over 24% underestimated expenses by more than €1,500.

Among those bereaved in the past three years (n=684), 30% (209/684) struggled to pay for the funeral. Over 1 in 5 (151/684) faced broader financial impacts, with 36% of these having difficulty covering everyday expenses (e.g. groceries). Over half (259/466) of those who were employed at the time of death adjusted their work patterns, and 37% (256/684) reported negative health effects.

CONCLUSION
Bereavement-related costs extend far beyond funeral expenses, with hidden and long-term financial consequences affecting work, daily living, and health. These findings highlight the need for targeted support and policy interventions to mitigate the financial burden on bereaved individuals in Ireland.

The Bereavement Journey - AtaLoss' award-winning, church led community support

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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; central signposting (AtaLoss.org); and community support, together taking pressure off therapists. In February, founder Revd Canon Yvonne Tulloch was awarded 'Most Influential CEO 2026 – Bereavement Support'.

This will showcase our award-winning volunteer led community support programme, offered by churches, spreading across the UK with extraordinary results (www.thebereavementjourney.org).

Decades of 'death denial' have meant little understanding of the many ways bereavement impacts, with support synonymous with counselling and long waits. Bereavement often affects spirituality with faith communities sought for funerals, but little help with the existential questions arising. Churches are in every community and can help regain lost community support.

AtaLoss trains church volunteers to run 'The Bereavement Journey®' for their communities, facilitating adults bereaved in any way, at any time, to do their own grief work, in peer discussion groups, prompted by films. It's packaged with courses registered for consistent, high standard, including safeguarding and oversight of counsellors. Uniquely offering our signposting and optional support with faith questions, alongside general material, it provides all-round help, with access to specialists if required.

Independent evaluation has reported consistent improvements in processing loss, coping, loneliness and mental health. 79% attending the faith session, 95% finding it helpful (https://www.ataloss.org/about/the-bereavement-journey) . The programme's currently spreading at 5 new locations per week plus pilots in care homes and prisons.

With signposting it is demonstrating wide-reaching impact pointing to social transformation.

Advancing System-Wide Responses to Bereavement, Grief and Loss: A Collaborative Hospice-Led Model of Evidence-Based Traumatic Grief Care

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Background
The death of a child represents one of the most devastating losses imaginable. Parents experience substantially elevated risks of mental ill health(1,2), including prolonged grief disorder(3) and post-traumatic stress(4). Maternal death by suicide is four times higher(5). Despite this, services across Europe lack a trauma-informed, collaborative approach and the interventions required to meet the needs of this population.

Aim
Use validated assessment tools (VATs) to clinically inform the design and development of high quality, trauma-informed bereavement support, whilst improving access to care.

Method
An opt-out approach gave families automatic access to specialist care following the expected or unexpected death of their child. Families completed routine mental health screening with VATs. Individual results informed care pathways and interventions, while aggregate data guided service design and workforce development. A total of 542 screening responses were analysed, informing a best-practice model shared with 28 hospices nationally.

Results
High levels of clinical distress were identified among parents: 82% screened positive for PTSD; 10% reported active suicidal intent. Contrary to assumptions, greater severity of trauma symptoms was observed in those accessing support later, highlighting the risks of delayed intervention. Post-intervention outcomes demonstrated significant clinical improvement: PTSD prevalence reduced 96% to 22%. These findings have catalysed a national collaborative movement to embed this model.

Discussion
Automatic, population-wide access to specialist bereavement care supported by routine use of VATs offers a scalable, transformative model that reduces inequities in access. Extending this model across the continent has the potential to reduce avoidable suffering and transform responses to the death of a child.

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Unfinished business as a mediator between posttraumatic stress symptoms and prolonged grief symptoms

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Background:
Prolonged grief (PG) symptom is highly prevalent and frequently co-occurs with posttraumatic stress symptoms, particularly after sudden or traumatic losses, leading to psychological impairment (Janshen & Eisma, 2024). Growing evidence underscores the importance of relational processes in maladaptive grief, suggesting that unfinished business with the deceased may contribute to the maintenance and intensity of grief-related distress (Hofmann et al., 2025).

Rationale:
Clarifying the psychological mechanisms linking PG and posttraumatic stress symptoms is crucial for improving assessment and intervention in bereavement care. In the European, where grief is shaped by relational, cultural, and meaning-making processes, identifying mediators such as unfinished business may support the development of integrative and culturally responsive treatment approaches for PG (Albuquerque et al., 2025).

Design:
This study examined the mediating role of unfinished business in the association between posttraumatic stress and PG symptoms. The study was conducted in 2021 in three European countries heavily affected by the COVID-19 pandemic—Portugal, Spain, and Italy. The sample included 150 adults who experienced the loss of a significant other within the previous two years. PG symptoms were assessed using the PG-13-R, posttraumatic stress symptoms with the IES, and unfinished business with the UBBS-B8. Mediation analyses were performed.

Results:
Results revealed a significant indirect effect, indicating that unfinished business partially mediated the relationship between PG and posttraumatic stress symptoms.

Conclusion:
These findings identify unfinished business as a key psychological mechanism linking PG and posttraumatic stress symptoms. Addressing unfinished business in bereavement-focused interventions may reduce distress and enhance treatment outcomes, supporting the advancement of integrative and mechanism-informed approaches to grief care in Europe.

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Towards inclusive remembrance: reflections on designing an annual service for bereaved families

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Background:
Responding to grief and bereavement is an intrinsic component of palliative care (DoH, 2024). Within palliative care, there is a need for inclusive bereavement rituals which honour the interconnected stages of living with a life-limiting condition, dying, death and bereavement.

Rationale:
In the absence of a hospice in the Irish midlands, the Laois Offaly specialist palliative care team received 541 referrals in 2025.
Each year, a remembrance ceremony is organised, wherein families and caregivers are invited.
Empirical research conveys that rituals are helpful in coping with loss (Mitima-Verloop, Mooren and Boelen, 2021).
A review was initiated in 2025 to redesign the service to ensure inclusivity. The venue was changed from a church to a hotel setting, and the elements of the ceremony were re-designed.

Design:
The ceremony was held on October 3rd 2025. Facilitative aspects included the structured setting, sacred symbolic elements, uniqueness of the reminiscence space, and sociality of a community of grievers (Sas and Coman, 2016).

Attendees were encouraged to complete a questionnaire, comprising 10 items, via a QR code. The data from 31 responses was analysed using Braun and Clarke's (2022) reflexive thematic analysis framework. 5 themes emerged:

1. The expressed benefit of the ceremony for the bereaved
2. The symbolism of the ceremony of light
3. The appropriateness of the setting
4. The suitability of non-denominational poetry and reflective inputs
5. The affirmation of the pre-existing relationship as a 'safety net' (Jurgens, Currow and Tieman, 2025) between the palliative care team and the attendees.

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The Experience of Therapeutic Presence in Group Interventions for Prolonged Grief: The Voice of Participants

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Prolonged grief (PG) is characterised by a persistent and maladaptive response to loss, compromising the psychological well-being and quality of life of the bereaved (Ribeiro et al., 2022). Group interventions are an effective approach in the treatment of PG, with therapeutic presence (TP) being an emerging factor in understanding the effectiveness of these interventions (Kealy & Kongerslev, 2022). This qualitative study aimed to understand the impact of TP on the experiences of participants involved in a group psychological intervention for PG. The study included eight participants referred from the Prolonged Grief Psychology consultation of a Local Health Unit in the North of Portugal, 12 biweekly sessions of group therapy, lasting 120 minutes. The thematic analysis revealed that the facilitator's TP was perceived as a fundamental element for the promotion of emotional security, validation of subjective experiences and deepening of therapeutic involvement. The facilitator's ability to be fully present (emotionally, relationally and clinically) favoured the emergence of group therapeutic factors, enhancing emotional regulation, meaningful sharing and the reconstruction of meaning in the face of loss. The results underline TP as a central construct in the effectiveness of group interventions for PG, highlighting its relevance in adapting therapeutic responses to the unique needs of the bereaved. The integration of TP in the clinical context is therefore essential for the development of more humane, effective and sensitive interventions in the monitoring of prolonged grief.

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Developing resources to facilitate communication about the grieving process: A Brazilian experience.

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Grief, being a universal experience, is avoided. It is taboo and generates intense emotions. To facilitate communication and the sharing of feelings and experiences between bereaved and those who care about them (family, friends, support network), products have been developed to address death and grief.

The theoretical frameworks were: Dual Process Model (STROEBE and SCHUTZ, 1999), Meaning Construction (Gillies and Neimeyer, 2006), Continuous Links Theory (Silverman and Klaus, 1996), EMDR (Shapiro, 2017). For bereaved adults, a journal was created with questions about the grieving process and psychoeducational and supportive phrases to help them face the loss. For bereaved children, an activity book was developed for completion with an adult, containing coping resources, appropriate language, and exercises based on the theories described. Following the same criteria, an activity book was developed for bereaved adolescents.

Results:
These materials were used in different contexts, demonstrating that their language is accessible to the general population, and contributes to important conversations about the grieving process, enabling recognition of the grief process. In clinical settings, it is possible to verify that such tools assist in deepening this unique process, supporting professional work.
Conclusion: The sale of these materials faces limitations such as the taboo surrounding death, which results in difficulties in dissemination both in professional circles and to the general population, as well as low financial returns and high production costs. There are few similar materials accessible to the Brazilian context. Many have been adapted from other languages into Portuguese, lacking cultural and social context. Investment is needed in other similar materials for use in different contexts such as families, schools, hospitals, and companies.

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Emergency psychological intervention in a company following an employee's suicide: a Brazilian experience in the corporate world.

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Introduction:
Due to the regulation by law of MTE Ordinance No. 1,419/2024, Chapter 1.5 of NR-1 was reformulated to explicitly include psychosocial risk factors related to work in the Risk Management Program (Brazil, 2024). From 2026 onwards, Brazilian companies must provide care for the psychosocial aspects of their employees. Among these, grief can be a psychosocial risk situation at work, but it is not recognized and there are no support programs in most Brazilian companies. Objective: To present an experience of working with bereavement among employees in a Brazilian company, following the suicide of one of its employees.

Methodology:
The work was developed according to the following steps: 1: Initial diagnostic and support meeting with the company's leadership, as well as support from the leaders themselves. 2. Design of a farewell ritual for the deceased colleague with the participation of employees. 3. Group sessions with specific teams (marketing and finance). 4. Individual sessions were made available to everyone over a period of 4 days. 5. Demobilization of emergency care and meeting with directors to discuss a diagnostic report considering the results of the intervention and presentation of other psychological care to be considered in the medium term.

Results:
There was significant participation from company employees in the group intervention. Individually, 16 employees were assisted, totaling 16 hours over a 4-day period. The implementation of a specialized and emergency support line for the following 3 months was suggested and accepted by the company. The need for structuring and organizing tasks, restructuring the organizational culture, and establishing a Human Resources leader in the country was highlighted, as there is currently only one person responsible for the personnel department. It is crucial to emphasize the participation of leadership and partners to allow for the implementation of improvements, considering the new national resolution regarding psychosocial risks associated with work. Interpersonal relationships hinder work, there is a high demand for tasks, and leaders have difficulty managing demands and priorities. More than 10% of employees have been diagnosed with mental health disorders, and a significant perceived psychosocial risk exists. Employees reported feeling respected, supported, and cared for in their work.

Conclusion:
Interventions like this, especially in corporate environments, are scarce. Laws regulating work in Brazil are still few, and the recognition of psychosocial aspects in the workplace is still being applied in an educational capacity. Therefore, companies do not develop programs to address the psychosocial needs of their employees. It is possible to perceive an initiative to change organizational culture for the prevention of psychosocial risks, even if still imposed by Brazilian laws. With positive results from the intervention, such as the employees' sense of belonging, the validation of feelings in the face of the event, and both group and individual support, it can be considered that this contributes to specific treatment actions before the emotional deterioration of some employees, potentially reducing burnout, absenteeism, and low productivity. As actions like this are still scarce, it is necessary to understand the long-term effects of punctual psychological support actions with researches.

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A longitudinal study of help-seeking during the first year of bereavement: Implications for practice and policy

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Background:
Public health models of bereavement care recognise that people vary in their levels of support need. A better understanding of help-seeking early after loss is essential for timely and proportionate responses across informal, community, and health care systems.

Rationale:
Much of what is known about help seeking following bereavement is derived from studies using long-term retrospective recall. This limits understanding of how grief trajectories and support use unfold across the first year after a death.

Design:
This study analysed longitudinal data from the National Bereavement during COVID 19 Study (Australia). Participants were fewer than six months bereaved at baseline (n = 575; 94% female; M age = 56 years; 42% unexpected deaths) and completed surveys assessing grief symptoms, support use, and social inclusion at up to four time points (2, 6, 9, and 13 months post loss). Latent growth curve modelling was used to identify grief symptom trajectories.

Results:
At 13 months, three stable trajectories were identified: low (41%), medium high (36%), and high grief symptoms (23%). Participants in the high symptom trajectory were less likely to report support from family and friends and more likely to have accessed formal health services at all time points. Their qualitative responses highlighted mixed care experiences, with unmet support needs commonly reported (75%), alongside ongoing perceptions of social exclusion.

Conclusion:
Findings highlight gaps between bereavement- related need and support provision in the first year after loss. Strengthening grief literacy and workforce capacity underpins high quality, needs based bereavement support across different levels of need.

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Re-envisioning recovery after loss following the death or severe injury of a family member from a Motor Vehicle Incident

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Background
The death or severe injury of a relative, following a Motor Vehicle Incident (MVI), may result in increased distress and difficulty returning to functional living compared with those mourning an expected death. Support from social care practitioners is an important facet of coping with the complex challenges arising from traumatic loss Rationale While support may address practical and emotional needs, professional services often focus on counselling, and little is known about how families experience support throughout the weeks and months following an MVI.

Design
Thematic qualitative analysis of ten in-depth interviews and 14 Voice of Customer anonymised responses with bereaved relatives, recruited from an insurance support provider, following the death or severe injury of a relative from an MVI.

Results
Themes reveal the nuanced need for expert support at different time points, including: the complex trajectory of loss; re-envisioning adjustment; the 'life-saving' nature of expert support, and the importance of a caring and responsive support ecosystem. While informal social support from family and friends is important, these networks may not be sufficient to meet needs in the wake of an MVI for affected family members. Compassionate, expert support and brokering links to practical care is perceived as highly beneficial, even 'life-saving', and a key part of adjustment.

Conclusion
Returning to social, occupational, relational functioning must be understood within the context of long-term adjustment to life-altering traumatic loss. Recovery is shaped not only by time but by timely, scaffolded, and specialised support that responds to evolving needs.

Grief Politics: COVID-19-related Loss and Collective Action in Brazil

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Background:
Brazil is one of the countries most heavily affected by Covid-19. Bereavement has led to political actions, the emergence of new civil society organizations, and bottom-up forms of memorialization, which have transformed the grief for Covid-19 losses into a public issue in society.

Rationale:
While much is known about grief as an individual experience, little is known about the relationship between grief and politics, and the ways in which grief contributes to the formation of social collectives. Therefore, this paper discusses 1) how grief can bring forth collective action (the politicization of grief), and 2) how being politically active in turn affects individual bereavement experiences.

Design:
This qualitative study draws on ethnographic fieldwork and in-depth interviews with people who have lost relatives due to Covid-19 in Brazil, and who have become politically active as a result. Data were analyzed using inductive, reflexive thematic analysis.

Results:
Research participants shared experiences of grief characterized by traumatic circumstances of loss and a strong sense of injustice (delayed vaccination campaigns evoked the conviction that many deaths could have been prevented). For them, being politically active was a way to collectively share experiences and seek support, to demand recognition and justice in society, and to maintain a continuing bond with the deceased.

Conclusion:
This study underscores the power and agency that may result from shared losses as they bring forth change and action. It shows that grief may generate political transformation and enhance capacities to act. Moreover, it demonstrates that transforming grief into political action may result from, and has an effect on, the continuing bonds between the bereaved and the deceased.

Background Factors and Prevention of Intrafamilial Homicides in Finland

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Intrafamilial homicides leave a mark of grief on the whole of society, with human consequences that are impossible to quantify. The purpose of this study was to describe the background factors and prevention of intrafamilial homicides in Finland. The research utilized a multi-perspective approach by analyzing forensic psychiatric examinations of perpetrators (n=119), experiences of victims' loved ones (n=17), and views of public health nurses at maternity and child health clinics (n=85). The aim was to produce a synthesis to support the development of more effective prevention methods, professional training, and timely support for families.

The study comprises three sub-studies. Data were collected through electronic surveys, thematic interviews, and forensic psychiatric records (2006–2021), and analyzed using inductive content analysis and quantitative methods.

The results indicate that key background factors include childhood maltreatment, mental health and substance abuse issues, intimate partner violence, difficult separations, and socioeconomic challenges. Deficiencies in organized assistance and emotional regulation were also highlighted. Central to prevention are the timeliness of help, child protection, and intervening in domestic violence. The study demonstrates that risk factors manifest over the long term and that childhood experiences have far-reaching effects. By identifying and addressing these risk factors early, intrafamilial homicides can be prevented more effectively.

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The incorporation of psychology students in clinical internships into individual sessions from a relational psychotherapy approach: co-therapy

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Background:
In applied psychology, there is limited availability of real clinical internships with supervision and a clear theoretical model. At XADOL, users are treated within an integrative-relational model, in which the student becomes a co-therapist in individual sessions.

Reasoning:
Bereaved individuals need to talk about the deceased and the loss; conversing with others is helpful (1). Social isolation and lack of support are associated with increased symptoms of prolonged grief; therefore, relational support and recognition of grief must be strengthened (2).
The therapeutic alliance is a consistent predictor of psychotherapy outcomes; supervised co-therapy can sustain this foundation and ensure the safe incorporation of students (3).

Design:
Theoretical-practical training of the student in the integrative-relational model (4).
Individual therapeutic intervention sessions with bereaved users, 75 minutes in duration, weekly or biweekly according to needs.
Post-session review and evaluation.
Monthly supervision with a psychologist specialized in grief.

Results:
Diversification of care in relation to relational needs, perspectives, and styles. Modeling of healthy relationships. Reduction of the therapist's emotional burden. Improved management of transference and countertransference.

Conclusion:
Co-therapy facilitates more accurate observation and intervention in emotional and relational dynamics and increases the safety of the therapeutic setting (5).

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(5) Co-therapy is configured as a clinical framework particularly indicated in contexts of psychopathological complexity, as it facilitates a deeper understanding of the patient, improved management of transferential processes, and greater emotional containment (Yalom & Leszcz, 2005; Minuchin, 1974).

The incorporation of the family and immediate environment into individual sessions: breaking the silence and strengthening bonds

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Background
Grief directly impacts the family system. In addition to the pain of loss, suffering is compounded by maladaptive dynamics within close relationships. The person attending therapy expresses various needs: to care for others, to be cared for by others, etc. Psychoeducation is essential, as family members often do not know how to support one another.

Reasoning
The loss of a family member or significant figure represents a major crisis for the family system, requiring processes of communicational, relational, and role reorganization in order to adapt to the new reality (1, 4). This is a collective process that requires time, resources, and support to facilitate healthy adaptation (2).

Design
The user attending individual sessions is invited to attend a subsequent session accompanied by a family member or close person. Therapeutic goals are agreed upon. Individual sessions are alternated with family sessions.
Minors usually attend accompanied by a friend.

Results
Families report feeling more capable of supporting one another, respecting individual grieving rhythms, and sustaining family bonds during periods of high vulnerability (3, 4). Family sessions also allow for the identification of individuals who need support but have not known how to ask for help.

Conclusion
Family sessions become a relevant tool in grief support, as they allow grief to be addressed as a shared rather than exclusively individual process. These interventions facilitate the reorganization of the family system, redistribution of roles, and adaptation to a new relational reality, contributing to the emotional well-being of both the user and their immediate environment (3).

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Bereavement need and support in palliative and cancer care: A public health perspective

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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, bereavement support in many European countries is not uniformly prioritized, leaving substantial gaps in care.

Rationale:
While the public health model is becoming more accepted in bereavement care, the means to plan and implement the model so that palliative care bereavement support is targeted and appropriately linking people to their community requires more direction.

The studies in this symposium highlight i) evidence for palliative care bereavement care at different levels; ii) comprehensive model for a national bereavement care roll out in palliative care iii) estimation of current and projected number of bereaved people requiring formal non-specialized and specialized bereavement support and iv) development of local bereavement networks to situate and support bereavement in the community.

Design:
The symposium is designed to build on a formal systematic review and mortality data-based projections, culminating in two examples of developments in palliative care bereavement care in Ireland, one a policy-driven public health approach involving model development, consultation and planning for a four level provision, and a second outlining the merits of networking at community level to promote grief literacy and access to relevant supports.

Results:
The four presentations within this symposium include:
Building the Evidence for a Public Health–Based Bereavement Service Model in Irish Specialist Palliative Care

Lichtenthal et al.

A systematic review will inform the development of a bereavement care model for specialist palliative care (SPC) in Ireland. SPC provides expert, multidisciplinary care for people with life-limiting or life-threatening illness whose complex needs cannot be met by generalist services. The proposed model will be grounded in a public health approach to bereavement care, specifically the adult bereavement care pyramid.

The review will examine supports and interventions which most effectively optimise bereavement outcomes from pre- to post-loss; the optimal timing of support, and the competencies required across levels of bereavement care; and methods for identifying needs and those at risk of poor outcomes who may benefit from higher-level, specialised support.

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

Roberts et al.

There is currently no standardised model of bereavement care in Ireland, including within specialist palliative care (SPC). This policy-directed project aims to develop a grief-informed, standardised bereavement care model for people bereaved through SPC, informed by a systematic review (Lichtenthal et al.) and consultation with SPC providers nationwide.

The work will be guided by national and international advisory groups of SPC leaders, health and social care stakeholders, and bereavement and public health experts. Using a public health approach, the project will estimate bereavement need within the SPC population and assess service capacity across SPC and community services, informing national and local service and workforce planning.

Estimating future needs for cancer-related formal bereavement support in Europe

Furlan de Brito et al.

Europe is experiencing increasing cancer mortality and family members of people with cancer have greater needs for bereavement support compared to the general population. Using a methodology similar to their earlier global projection of palliative care needs, Furlan de Brito et al. estimate current and future cancer-related bereavement needs in Europe (EU27)by applying a bereavement multiplier to cancer mortality data. Adopting a public health approach, they project the annual number of individuals newly bereaved by cancer who will be likely to require formal bereavement support, including non-specialized and specialized services.

Local Bereavement Networks: Building bereavement capacity in the community

Forster et al.

Most bereaved people cope without specialist intervention, relying on informal, community-based support; strengthening community capacity is therefore central to a public health approach to bereavement. However, there is limited evidence on how health systems can effectively build this capacity.

One such strategy is the development of Local Bereavement Networks (LBNs), which bring together healthcare services and community-based bereavement supports within a region to raise awareness and improve access to care. An evaluation of six LBNs in Ireland identified key benefits, including knowledge sharing among members and improved signposting to appropriate services.

Conclusion:
This symposium presents the evidence underpinning the development of a national, evidence-informed bereavement care model for specialist palliative care in Ireland. As a policy-driven, state-funded initiative, it moves beyond evidence to action, committing to implementation so that people bereaved through specialist palliative care receive the right care, at the right time, in the right place.

The bereavement codebook: a tool developed to support the analysis of qualitative evaluation/feedback data collected by bereavement services

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Background
Qualitative evaluation/ feedback data is commonly collected by bereavement services and can provide powerful insights into how well a service is working.

Rationale
To support services' analysis of qualitative feedback data we developed an analytical codebook to help services:

- better understand how their support benefits clients
- identify patterns in service impact, including what works well for different groups of clients
- identify where improvements may be needed
- robustly evidence impact alongside quantitative metrics.

Design
The codebook reflects the analysis framework developed in our Bereavement during Covid-19 study to describe how people felt helped by bereavement support(1). The codebook was refined using additional research(2,3), an online workshop with support providers and testing with three pilot organisations.

Results
The codebook functions as an Excel spreadsheet, containing a structured coding framework and separate 'graphs' tab. Within the framework, the ways in which service users may feel helped are captured in codes grouped into five overarching themes; Expressing feelings and feeling understood; Understanding and accepting grief and loss; Strengthening of social support and relationships; Managing and moving forwards with life; Delivery and accessibility of support. A six theme also captures negative experiences/areas for improvement.

Conclusion
The codebook is being launched in Spring 2026 and will be available to download on the National Bereavement Alliance website

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My Grief My Way: Development of an online Acceptance and Commitment Therapy (ACT) resource to improve coping and quality of life after bereavement.

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Background
My Grief My Way (https://mygriefmyway.co.uk/) is an online bereavement support resource underpinned by Acceptance and Commitment Therapy (ACT). It is a free resource which can be used by anyone seeking bereavement support; as well as those providing support to bereaved individuals. My Grief My Way was tested over a nine-month period in 2024, then subsequently refined.

Rationale
To describe the development of My Grief My Way and present data on its acceptability to: i) individuals seeking bereavement support and ii) those providing bereavement support.

Design
We conducted a mixed-methods study involving: i) online interviews with bereaved individuals; ii) questionnaires assessing coping and mental wellbeing before and after accessing My Grief My Way; and iii) focus groups with bereavement support volunteers who were trained in ACT for bereavement.

Results
Participants were 27 bereaved individuals and 20 bereavement support volunteers. Mean age of those bereaved was 51 years (range 23-77). Most perceived the resource as acceptable (user-friendly, flexible, attractive and varied), and a positive experience (supportive and caring, provided a sense of community, helped develop coping skills). Exploratory quantitative analysis suggested improvements in mental wellbeing over time. Most who used the website said they would access it again in the future (72%). Bereavement support volunteers described My Grief My Way as a valuable additional tool to complement their usual practice.

Conclusion
My Grief My Way can help more people access bereavement support in a timely manner. Further research is needed to evaluate impacts in a larger, more diverse sample.

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Psychosocial Support for Family Members in Specialist Palliative Inpatient Care

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Background
Families face significant emotional, relational, and practical challenges when a loved one receives palliative care. These challenges may intensify existing family dynamics, shape how different family members cope, and influence their bereavement trajectories (Wang et al., 2018). Despite this, evidence on how psychosocial support responds to diverse family roles and needs in specialist palliative inpatient care remains limited (Soikkeli-Jalonen et al., 2021).

Rationale
Understanding how family members experience psychosocial support is critical for strengthening bereavement outcomes and addressing family challenges. Differing needs between spouses, adult children, and parents may affect how well they are supported and how they manage anticipatory grief (Walker et al., 2023). Insights into these variations can guide improvements in communication, family centred practices, and policy to support healthier grieving processes.

Design
A cross sectional study using the "Family Involvement Scale–Psychosocial Support in Palliative Inpatient Care (FIS-PS-InPal)" instrument was conducted among family members in specialist level palliative inpatient units across Finland. Descriptive statistical methods were used for analysis.

Results
Altogether 171 family members from 16 inpatient units participated. Most reported that psychosocial support met their expectations; however, 19.9% experienced receiving less support than desired. Psycho emotional support and supportive practices were rated highest, while informational support—critical for families navigating complex care decisions—received the lowest ratings. Spouses/partners perceived support more positively than children or parents, suggesting that family roles significantly shape support needs and experiences. Men reported support closer to optimal compared with women.

Conclusion
Specialist palliative inpatient care generally meets family members' psychosocial support needs, yet notable gaps remain, particularly in communication and information sharing. These gaps may intensify family challenges during a loved one's final illness. Tailored, role sensitive support—coupled with clear, honest communication—is essential for helping families cope effectively and fostering healthier adjustment in bereavement.

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A comprehensive overview of risk factors for complicated grief reactions

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Background/rationale:
Most people experience the death of a loved one during their lifetime. The majority adapt to the loss, but a small proportion of bereaved people develop complicated grief reactions (CGR) characterized by elevated symptoms of prolonged grief disorder (PGD), bereavement-related depression, anxiety, and/or posttraumatic stress symptoms (PTSS). Knowledge about risk factors is needed to identify individuals experiencing CGR and offer early intervention. Symptoms of PGD, depression, anxiety, and PTSS are often co-occurring (Komischke-Konnerup et al., 2021), indicating the need for a transdiagnostic focus and the identification of both transdiagnostic and disorder-specific risk factors.

Design:
A comprehensive systematic review and meta-analysis of risk factors for symptoms of PGD, post-loss depression, anxiety, and PTSS. The databases PsycInfo, PubMed, Web of Science, and CINAHL were searched.

Results:
120 studies were included in the review of risk factors for symptoms for PGD, 124 for depression, 48 for PTSS, and 29 for anxiety. Several risk factors were identified for each disorder. The risk factors: death of a close family member (e.g. partner), female gender, and violent/traumatic losses (except for anxiety) were significantly associated to all CGR.

Conclusion:
This comprehensive overview provides insights into unique and shared risk factors for symptoms of PGD, depression, anxiety, and PTSS. This knowledge can guide healthcare professionals in their work with bereaved people.

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Local Bereavement Networks: situating and supporting bereavement in the community

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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. Most cope without specialist intervention, relying on informal, community-based support; strengthening community capacity is therefore central to a public health approach to bereavement. However, there is limited evidence on how health systems can effectively build this capacity.

Rationale

Local Bereavement Networks (LBNs) were established in Ireland in 2016 as voluntary, multi-agency collaborations operating at the community level to promote grief literacy and improve access to relevant supports. However, to date, no formal evaluation has been conducted to assess their impact, scalability or sustainability.

Design

A mixed-methods design was used incorporating documentary analysis; LBN member survey (27% response rate, 35/132) and focus groups (n=x); which was underpinned by a literature review. Analysis assessed meeting quality, progress toward agreed objectives, coordination gaps, barriers and challenges.

Results

Core benefits include networking, knowledge sharing, and improved signposting. Networks report strong relational health: meetings rated as well-run (94%); comfortable speaking openly (94%); trust members to deliver (100%); decisions jointly made (94%). However, sustainability is constrained by volunteer capacity, limited infrastructure, and lack of integration with statutory funding streams.

Conclusion

LBNs demonstrate strong value as autonomous, relationship-driven community networks. Their legitimacy rests on IHF facilitation, their strength lies in information sharing and trust, but their future hinges on addressing sustainability and integration with statutory systems. A Regional Hub Model for LBN was proposed to strengthen equity, integration, and long-term sustainability.

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The development and validation of a short form of the Traumatic Grief Inventory Self-Report Plus (TGI-SR+)

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Background
The Traumatic Grief Inventory Self Report Plus (TGI-SR+) is a self-assessment questionnaire measuring prolonged grief symptoms, which has been translated and validated in several languages (1). The formal recognition of prolonged grief disorder (PGD) as a diagnosis underscores the need for brief questionnaires that can be used to screen for PGD, as well as monitor symptoms during treatments, while reducing respondent burden and administration time.

Rationale
The aim was to develop and validate a short form of TGI-SR+, which can be used for screening and symptom monitoring in clinical and research settings.

Design
Existing data were used for scale development from three samples of Swedish (n= 243) (2), Norwegian (n= 277) (3), and Dutch (n= 256) bereaved adults. Item selection was informed by results from exploratory factor analyses (EFAs), item-total correlations, and considerations of clinical utility (4), performed for each sample separately.

Results
Five items were selected for the short form, based on diagnostic relevance (DSM-5-TR and ICD-11), item performance, and clinical utility. The short form demonstrated acceptable reliability (α=0.80-0.87), strong correspondence with the full scale (r=0.85-0.89), and clear discrimination between individuals with and without probable prolonged grief disorder.

Conclusion
These findings support the short-form TGI-SR+ as a brief, psychometrically sound instrument for measuring symptoms of PGD. Cross-validation of the short form against the full TGI-SR+ in an independent bereaved sample is currently underway.

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Co-creating a Specialised Bereavement Support Training Curriculum: An Educational Design Research Study in Portugal

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Background
In Portugal, professionals in health, education, psychology, social work, and related fields frequently report insufficient preparation to respond effectively to grief in practice.

Rationale
Although bereavement training programmes have proliferated, many lack scientific rigour, standardised accreditation, and sufficient depth, often resulting in inconsistent quality of care. These limitations reflect challenges in preparing professionals to deliver competent grief support to the bereaved. This study addresses an identified training gap through the co-creation of a structured, evidence-based curriculum for specialised bereavement support.

Design
An Educational Design Research (EDR) methodology was employed, comprising analysis and design phases. The analysis phase included a review of internationally recognised bereavement education programmes and a needs assessment with professionals from education, health, psychology, social work, and gerontology. The design phase involved a theory-to-practice workshop led by an internationally recognised thanatologist, followed by focus groups in which participants collaboratively defined curriculum structure, content, and pedagogical approaches.

Results
The curriculum adopts a blended-learning model and targets professionals from multidisciplinary contexts. Core competencies were identified across three domains: knowledge (grief theories, symptoms, complications, and specificities such as child, parental, and traumatic grief); practical skills (compassionate communication, creative interventions, family and community strategies); and interpersonal competencies (self-care and prevention of compassion fatigue). Active learning methodologies and continuous assessment were prioritised.

Conclusion
This study offers a transferable, evidence-informed model for bereavement education that addresses critical gaps in professional training in Portugal and resonates with wider European challenges, with potential to enhance the quality and consistency of grief support.

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Social modulation of empathy relates to salivary oxytocin levels and predicts changes in prolonged grief symptoms in Japanese bereaved adults

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Background:
Despite its inclusion in the ICD-11, the neurobiology of prolonged grief disorder (PGD) remains unclear.

Rationale:
Previously, we reported that bereaved individuals with reduced prefrontal activity when empathizing with living relatives exhibited increased grief symptoms several years post-loss. The current study examined whether social modulation of empathy is underpinned by oxytocin (OT) and predicts longitudinal changes in prolonged grief.

Design:
This prospective observational study examined 37 adults who had experienced the death of a close relative more than one year prior. Saliva was collected to determine participants' salivary OT levels and oxytocin receptor (OXTR) gene polymorphism (rs53576). Participants were subliminally primed with facial stimuli (i.e., faces of their deceased or living relatives), each immediately followed by a visual pain stimulus, and asked to rate the perceived pain intensity. Grief symptoms were assessed using a questionnaire at baseline and 3–6 months later.

Results:
Participants demonstrated an empathy bias, showing more empathy for the deceased than for a living relative, regardless of their OXTR polymorphism. Those with higher OT levels exhibited a weaker empathy bias. This association was driven by participants with PGD (n = 15, 40.5%), but not by those without PGD. Greater empathy toward a living relative, but not toward the deceased, predicted a greater reduction in grief symptoms at follow-up.

Conclusion:
These findings suggest that OT mitigates an empathy bias toward the deceased and helps maintain empathy toward living attachment figures. Further research may explore the clinical relevance of empathy-based approaches in prolonged grief.

On Grief in Contemporary Sweden

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Background:
Grief following the loss of a significant other is linked to substantial emotional, social, and health-related consequences. Yet empirical knowledge remains limited regarding how grief is experienced, supported, and managed in contemporary Sweden, particularly in relation to expected versus unexpected deaths.

Rationale:
To examine sources of support, emotional experiences, and symptom severity among bereaved individuals in Sweden.

Design:
An online questionnaire was distributed in 2022 to grief support organizations and a senior citizens' association in western Sweden. The survey included study-specific questions and the PGD 13 instrument. Descriptive and inferential statistics were used.

Results:
In total, 181 women and 74 men participated. Of these, 134 had experienced an expected death and 121 an unexpected death. The deceased were most commonly a spouse, parent, child, or sibling. Causes of death included illness, suicide, accidents, and old age. Support primarily came from family and friends, regardless of the expectedness of the death. Participants both needed and received practical and emotional support. Helpful coping strategies included social interaction, everyday conversations, time in nature, a spiritual outlook, and companionship from pets.
Participants described a multifaceted emotional landscape with both positive and negative expressions. Existential dimensions were influenced in ways that enhanced compassion, community, and meaning. Symptom severity was significantly lower among those bereaved by expected deaths compared with unexpected deaths.

Conclusion:
This study contributes new insights into grief experiences in Sweden and may support the development of grief interventions at both individual and societal levels.

When a Portuguese, a Norwegian, and a Ukrainian Walk into a Zoom Room: Building Bridges in Death and Grief Education

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Background
In societies affected by war and social crisis, experiences of loss and death are profound and enduring. In these settings, death and grief education grounded in high-quality knowledge is essential to support individuals, families, and professionals. This paper examines the emergence of an informal international collaboration, the Work Group for Death and Grief Education (WGDGE), linking Portugal, Norway, and Ukraine, initiated through professional networking at the Second European Grief Conference (EGC) in Dublin in October 2024.

Rationale
Although the need for specialised, interdisciplinary bereavement education is widely recognised, opportunities for structured European collaboration remain limited. This initiative aimed to strengthen international dialogue and develop an educational response attentive to diverse socio-cultural contexts.

Design
Over two years, the WGDGE, bringing together a researcher from the University of Aveiro (Portugal) and professors from VID Specialized University in Oslo (Norway), held regular online meetings to support academic dialogue and the development of a bereavement support training proposal for students at the Kyiv-Mohyla Academy (Ukraine). The proposed course focused on strengthening students' understanding of their professional role, needs assessment in bereavement, and context-sensitive responses.

Results
Alongside ongoing dialogue, the group developed preliminary outlines for bereavement training initiatives and expanded participation in international educational activities, including a Fulbright Specialist training course held in Portugal. The partnership has since evolved into a formal consortium preparing an Erasmus+ 2026 application.

Conclusion
This experience illustrates how the EGC can act as catalyst for enduring international collaboration, supporting the co-creation of death and grief education across borders.

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Responding to Sudden Loss in a School Community: Implementing a Bereavement Support Group Through School–Academia Collaboration

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Background:
Schools are affected by human experiences such as loss, death and grief. When a student experiences the death of a significant person, school becomes a fundamental part of their bereavement process, even though, often not prepared to support grieving students. This paper presents an initiative of grief support groups in a Portuguese secondary school.

Rationale
Bereavement support groups are a community-based response particularly effective in reduce isolation, normalising grief, and promoting connections. However, there are no known initiatives in school settings. The work presented here aims to address this need through a collaborative model involving educational agents and members of academia specialised in bereavement support.

Design
Following a request from two teachers, D. Manuel I High School collaborated with a grief researcher at the University of Aveiro, to start a Teen Grief Support Group. After institutional authorisation and parental consent, seven students attended the eight fortnightly sessions, which were guided by the Dual Process Model. These sessions integrated expressive activities, peer sharing and grounding exercises. Through online training and supervision, the teachers facilitated the group.

Results
Students reported the group as a safe and meaningful space to share experiences, understand grief as a natural process, and feel less isolated. The facilitation model empowered teachers while ensuring theoretical and technical consistency through supervision.

Conclusion
This initiative highlights the potential of school–academia collaboration in responding to bereavement in educational settings, demonstrating how supported grief groups can promote emotional safety, compassion, and grief literacy among adolescents.

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Reconstructing the “Good Death”: A Bibliometric and Critical Interpretive Synthesis

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Background
The “good death” is a key yet contested concept in palliative and end-of-life discourse, widely invoked but lacking a stable definition across clinical, ethical, spiritual, and sociopolitical contexts [1;2]. Its meanings are shaped by intersecting biomedical and normative frameworks, producing divergent expectations of dying, care, and loss with significant implications for bereavement, professional practice, and policy.

Rationale
Although existing reviews map major thematic domains of “good death” scholarship, they largely rely on aggregative approaches that obscure normative tensions and the interpretive logics through which ideals of dying are constructed and negotiated [3]. There is a need for integrative methods [4] capable of capturing both the structural organization of the field and its underlying meaning-making processes, particularly across disciplines relevant to grief and bereavement.

Design
This study integrates bibliometric mapping with Critical Interpretive Synthesis (CIS). A bibliometric analysis of 679 publications (1960–2025) identified core thematic clusters, followed by CIS of 16 purposively selected texts to reconstruct the conceptual imperatives organizing the field.

Results
Palliative care emerged as the central thematic hub, linking ethics, education, intensive care, spirituality, and euthanasia debates. Four interrelated imperatives structure scholarly understandings of the “good death”: palliative-care trajectories, moral–ethical reasoning, religious–spiritual meaning-making, and ideological frameworks centred on autonomy and governance.

Conclusion
The findings demonstrate that the “good death” is not a unified ideal but a relatively structured constellation of four imperatives (palliative-care, moral, religious, and ideological) that organize and sometimes conflict within contemporary scholarship. This framework clarifies how normative expectations of dying shape care practices and bereavement contexts, and provides an analytically grounded basis for critical reflection in palliative education, policy development, and grief-informed practice.

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Latent profiles of Prolonged Grief, PTSD, and Depression following pandemic and non pandemic losses in a Brazilian sample

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Previous Brazilian research has demonstrated higher levels of prolonged grief, posttraumatic stress, and depression among individuals bereaved during the pandemic period compared to pre pandemic losses. While mean level differences highlight increased distress, less is known about heterogeneous symptom profiles among bereaved individuals and how these profiles relate to pandemic loss. Building on prior quantitative and qualitative studies, identifying latent profiles of grief related psychopathology may deepen understanding of prolonged grief responses shaped by broader social and political contexts.
Cross sectional data from 851 Brazilian bereaved adults were analyzed. Latent profile analysis was conducted using self report measures of prolonged grief (TGI SR), posttraumatic stress (PCL 5), and depressive symptoms (PHQ 9). Model fit indices supported a three class solution. Latent class distributions were examined according to whether the loss occurred during or outside the pandemic period.

A three class solution showed good classification accuracy (entropy = 0.82). The largest profile reflected high comorbidity of prolonged grief, posttraumatic stress, and depression (n = 345, 40.5%). A second profile was characterized by elevated prolonged grief with comparatively lower posttraumatic stress and depressive symptoms (n = 254, 29.8%). A third low distress profile showed low symptom levels across all domains (n = 252, 29.6%). Losses occurring during the pandemic period were more frequently represented in the prolonged grief and high comorbidity profiles, whereas non pandemic losses were more common in the low distress profile.
Findings extend prior Brazilian research by demonstrating meaningful heterogeneity in bereavement outcomes beyond average symptom differences. Results highlight how losses occurring during the pandemic period are associated with more severe and prolonged grief profiles, underscoring the importance of contextual and differentiated approaches to bereavement assessment and care.

Investigation of Variables Predicting Posttraumatic Growth in People with Death-Related Loss: Core Beliefs, Ruminations, and Self-Compassion

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Background:
Post-traumatic growth (PTG) refers to positive psychological changes that may emerge while coping with traumatic experiences such as bereavement. According to the PTG model (Calhoun et al., 2010), disruption of core beliefs and subsequent cognitive processing play a central role in facilitating growth following trauma.

Rationale:
Self-compassion, defined as responding to personal suffering with kindness and non-judgment (Neff, 2003), is associated with better psychological adjustment and lower psychopathology (Millard et al., 2023). Although previous studies report positive associations between self-compassion and PTG (Khursheed & Shahnawaz, 2020; Liu et al., 2021), its role within the PTG model in grief contexts remains underexplored.

Design:
A cross-sectional design was employed, involving 475 bereaved adults (80.4% female, 19.6% male, 19-79) living in Turkey. Participants completed five questionnaires, including the PTG Inventory, Core Beliefs Inventory, Event-Related Rumination Inventory, Self-Compassion Scale, and Inventory of Complicated Grief. Mediation (Model 4) and moderated mediation (Model 7) analyses were conducted using Hayes' PROCESS macro with 5,000 bootstrap samples in SPSS.

Result:
The findings revealed that deliberate rumination significantly mediates the relationship between core belief disruption and PTG. Furthermore, the moderated mediation analysis indicated that the indirect effect of core belief disruption on PTG through deliberate rumination is significantly moderated by self-compassion, while the overall model explains 25% of the variance in PTG.

Conclusion:
These findings highlight the role of self-compassion in facilitating PTG following loss. Enhancing self-compassion in therapeutic contexts may support adaptive cognitive processing and promote growth in bereaved individuals.

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Reimagining grief through creativity and aesthetics: presenting 2026 book 'Creative and Aesthetic Ways of Grief: All Things Reimagined'

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Background
Although grief is an inevitable part of life, grievers retain agency in how they respond. Recent scholarly and therapeutic work highlights grief as a creative endeavour that can spark aesthetic experience and open new ways of being (e.g. Hedtke and Winslade, 2016).

Rationale
Traditional models frame grief in narrow, pathologising ways. These framings persist today (e.g. Moore et al., 2025; Avis et al., 2021). This paper presents a 2026 edited title in Routledge's Series in Death, Dying and Bereavement, 'Creative and Aesthetic Ways of Grief: All Things Reimagined' (O'Connor & Christensen, in press), that challenges persistent reductive framings by demonstrating grief's spectacular vibrancy, deep multiplicity and inherent contextual shaping.

Design
The book's 11 chapters each illustrate creative and aesthetic manifestations of grief. Chapters show the DIY nature and everydayness of creativity/aesthetics in grief, detailing diverse narrative, artful and embodied practices forged within authors' unique realities. Images evoke practices throughout.

Results
Chapters reveal culturally grounded and profoundly inventive vernacular grief forms, e.g., forest-based ritual collaborations with more-than-human worlds; a many-year practice of anonymously posting Instagram photographs, sparking unknown followers to aesthetically reimagine the poster's late mother; and graffiti-based communications between grieving strangers in an abandoned Dalmatian hotel.

Conclusion
By foregrounding the arts as a vital site of meaning making and transformation, this book heightens current interest in grief's creative dimensions, aligns with global efforts to broaden, humanise, and demedicalise grief framings, and invites research, practice and policy readers to recognise the arts as an essential agent in reimagining life after loss.

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Don’t Assume, Just ASK: A Youth Led Approach for Supporting Bereaved Children and Young People in Education

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Background
In the UK, a child or young person is bereaved of someone close to them approximately every 20–22 minutes, with 1 in 29 school age children having experienced the death of a parent or sibling. Childhood bereavement carries increased risks to mental health, learning, and social and educational outcomes, yet support across education settings remains inconsistent and often ad hoc. These environments frequently reveal the first signs of grief through changes in mood, concentration, behaviour, or attendance, but many professionals report limited training, low confidence, and a lack of clear organisational frameworks to guide an effective response.
The ASK Me manifesto and bereavement plan, co-created by Winston’s Wish and bereaved children and young people, and informed by educators and parents, address these gaps. Grounded in trauma-informed and developmental grief theory alongside lived experience, the manifesto establishes shared values—Awareness, Support, Knowledge—while the bereavement plan provides a practical, step-by-step template to guide educators in leading compassionate conversations, creating tailored support by asking bereaved students directly what they need- covering immediate responses, return-to-education strategies, ongoing check-ins, key dates (e.g. anniversaries), and triggers.

Rationale
The ASK Me framework bridges national policy guidance and frontline practice, replacing generic policies with flexible, student-led strategies that normalise grief conversations. By empowering young people to shape their care through simple prompts, it builds educator confidence, strengthens partnerships, and ensures continuity across educational transitions.

Design
A participatory, co-production design underpinned the ASK Me manifesto and bereavement plan, prioritising lived experience alongside professional bereavement and education expertise from the outset. Co-design principles—drawing from Winston's Wish methodologies and national safeguarding frameworks—guided refinement, with young people as equal partners in testing language, usability, and cultural sensitivity. Practical resources include downloadable templates, integration guides and training enables seamless adoption in any education care setting.

Participants
Over 850 stakeholders participated, including bereaved children and young people, bereaved parents and carers, early years practitioners and school/college/university staff from diverse UK cultural and regional contexts.

Results
Since its November 2025 launch during Children's Grief Awareness Week, the ASK Me manifesto and bereavement plan have gained rapid traction, with early implementers like Emmanuel College in Gateshead among the first to sign and complete specialist training. There is a growing community of education settings committing to the framework, driven by compelling youth-led advocacy. Feedback from the Ask Me Early Implementer schools highlights enhanced staff confidence and personalised student involvement, demonstrating the plan's immediate practical value in UK education settings. These initial outcomes highlight the framework's practical value in transforming bereavement support.

Conclusions

The ASK Me manifesto and bereavement plan provide a practical, co-produced framework transforming bereavement support across UK education settings—from early years to universities. Prioritising student voice, flexible planning, and trauma-informed practice, this adaptable model bridges policy aspirations and frontline delivery, ensuring bereaved children and young people feel heard, supported, and connected. As a scalable solution, ASK Me fosters compassionate, resilient learning communities nationwide.

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Relationship between Religiosity and Awareness of Death: Resulting a Quantitative Study

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Background
With the intensification of religious syncretism, existing theoretical frameworks of death awareness and grief may no longer be fully accurate. This is due to the blurring of contemporary afterlife expectations shaped by religious representations within a syncretic idealistic culture, in which religiosity can be divided into relatively distinct clusters: nominal or ideological believers and institutional believers.

Rationale
Thereby, this study investigates the relationship between multidimensional religious identity and attitudes toward death using a sample of Moscow youth aged 18–35. This group represents a distinctive case of post-secular religiosity, where the legacy of Soviet anti-clerical policies intersects with more recent socio-political transformations.

Design
Data were collected through a survey of 768 participants, representative by age and sex. We employed the CRS-15 (Central Religiosity Scale) and the DAP-R (Death Attitude Profile–Revised) to classify respondents by level of religiosity (non-religious, weakly religious, moderately religious) and to assess attitudes toward death across coping dimensions.

Results
The results demonstrate that, contrary to classical sociological and psychological theories, higher religiosity is associated with increased fear and avoidance of death, whereas non-religious individuals exhibit greater fatalistic acceptance. These findings suggest that secular and syncretic belief systems, rather than traditional religious dogma, shape contemporary perceptions of death.

Conclusion
The study highlights the limited explanatory power of the once-dominant Beckerian approach for describing post-secular and syncretic trends observed in developed Western societies, indicating broader implications for future research both in Death and Grief Studies.

Bridging the Gap After Caregiving: Implementing a Telehealth Outreach Program (TOP) for Bereaved Caregivers in Québec, Canada

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Background
Family caregivers are central to health and social care systems, yet their bereavement needs are often overlooked. After caregiving ends, caregivers may experience intensified grief, identity disruption, social isolation, and difficulties accessing support. Despite increasing recognition of bereavement as a public health issue, post-caregiving support within health systems remains inconsistent and fragmented.

Rationale
Caregivers are at heightened risk for adverse bereavement outcomes compared to non-caregivers, receiving little to no proactive follow-up. The Telehealth Outreach Program (TOP) offers a flexible and accessible approach to address this gap. It was developed to provide tailored bereavement support to caregivers while building workforce capacity through supervised social work interns. This study examines the implementation of TOP and its preliminary effects on bereaved caregivers.

Design
A convergent parallel mixed-methods design was used to examine implementation processes and early outcomes. TOP is delivered by trained social work interns under clinical supervision within a public Health and Social Service Network in Montréal, Canada. Bereaved caregivers were offered individualized telehealth support, focused on psychosocial support, normalization of grief, identity transition, strengths-based coping, and linkage to community or specialized services. Quantitative pre-post measures assess meaning-making, perceived social support, and prolonged grief symptoms, complemented by qualitative interviews and intervention documentation.

Results
Between September 2023 and January 2026, 76 referrals were received and approximately 70% received grief support. Participants were predominantly women and represented diverse cultural backgrounds. Preliminary findings indicate increased perceived social support, improved meaning-making, and stabilization or reduction of prolonged grief symptoms. Implementation facilitators included proactive outreach and telehealth flexibility, while challenges included caregiver identification, referral attrition, and written consent-related barriers.

Conclusion
TOP demonstrates promising feasibility, acceptability, and some benefits for bereaved caregivers. Proactive, telehealth-based outreach embedded within health systems may strengthen bereavement care and address critical gaps in post-caregiving support.

After Caring Ends: A Group Model for Navigating Carers/Caregivers Grief

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Background:
Carers/Caregivers often experience forms of grief that differ significantly from those of non-caregivers, shaped by the emotional, relational, and practical demands of the care trajectory.

Rationale:
In response to this distinct experience, caregiver grief support groups have emerged as an important resource for both caregivers and health and social service providers.

Design:
This project introduces a model designed to strengthen grief-specific and post-caregiving support while enhancing the capacity of practitioners across settings.
It will include a review of existing materials, identification of gaps, and alignment with current literature to ensure an evidence-informed framework for an 8-week caregiver grief support group, with a focus on validating caregiver experiences and addressing losses related to identity, control, and connection.

Results:
Process and outcome evaluation are integral to the project. Participant feedback will guide iterative improvements and ensure the group remains responsive to bereaved caregivers' needs. A comprehensive facilitation guide and training curriculum are being developed to support facilitators in delivering the program effectively and consistently across settings. Ultimately, the project is designed to be replicable and adaptable, enabling integration into existing caregiver and bereavement support programs and expanding its long-term impact.

Conclusion:
The workshop will present the emerging group framework, including session design, facilitation approaches, and plans for process and outcome evaluation. We will also introduce the developing facilitation guide and training component to support implementation across diverse settings.

Responding Collaboratively to Bereavement Inequity: A Public Health Approach Operationalised Through Training

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Background
Inequities in bereavement support persist across Europe, shaped by geography, service fragmentation, workforce variability, and uneven grief literacy (Aoun et al., 2012; Breen et al., 2014). Public health approaches recognise grief as universal but with needs varying over time depending on social networks, death circumstances, and life stage (Stroebe and Schut, 1999; Aoun et al., 2015).

In Ireland, the Irish Hospice Foundation (IHF) developed the Adult Bereavement Care Pyramid and Irish Childhood Bereavement Care Pyramid to operationalise these principles. Both define four levels of need, aligning supports and competencies at each stage (Irish Hospice Foundation, 2019). These frameworks guide national service planning, workforce training, and community engagement grounded in equity and proportional care.

Rationale
This symposium presents a coordinated national response to inequity in bereavement support through IHF's collaborative training initiatives. Rather than focusing on a single intervention, it demonstrates how a public health model can be enacted through partnerships, shared frameworks, and workforce development (World Health Organization, 1986).

Aligned with the European Grief Conference 2026 theme, the symposium illustrates how evidence-informed collaboration can drive systemic and cultural change beyond national boundaries. It shows how embedding bereavement care across workplaces, communities, and specialist services can shift support from fragmented and service-led to inclusive, community-based practice.

Design
The 90-minute symposium includes four linked presentations followed by a panel discussion. Collectively, they show how public health principles are implemented across all four bereavement care levels through distinct yet connected training initiatives.
Presentation 1 explores the Grief in the Workplace programme, which integrates Level 1 bereavement support—compassion, acknowledgement, and organisational responsiveness—into workplace wellbeing strategies. Embedding grief literacy in employment settings helps normalise grief and foster supportive cultures (World Health Organization, 1986).

Results
Collectively, the programmes demonstrate how a partnership-based approach reduces inequities by increasing the reach, quality, and appropriateness of bereavement support (Breen et al., 2014). Outcomes include greater workforce confidence, clearer referral pathways, and improved understanding of role boundaries across sectors.

Unanticipated system-level benefits also emerged, including stronger local leadership, enhanced networks, improved standards, and wider grief literacy campaigns. Independent organisations are now hosting bereavement events aligned with pyramid principles, reflecting diffusion of knowledge beyond formal training and greater community ownership of support (Aoun et al., 2015).

These developments illustrate how a unified public health model fosters coherence, sustainability, and empowerment, enabling communities to take active roles in supporting bereaved people.

Conclusion

This symposium illustrates how a public health framework for bereavement, underpinned by shared tools, collaboration, and training, can address fragmentation and inequity (Stroebe and Schut, 1999).

By embedding public health principles system-wide, Ireland is progressing from reactive, service-led models toward a coordinated societal approach grounded in compassion, evidence, and equity (Aoun et al., 2015). The Bereavement Care Pyramids promote shared language, clear roles, and proportional care, supporting communities to respond confidently and consistently.

While developed in Ireland, this work offers transferable learning for European systems aiming to strengthen community capacity and ensure equitable access to timely, appropriate support. It demonstrates that national coherence, built on local collaboration, can foster grief-literate, compassionate societies where bereavement support is accessible to all who need it.

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Can PGD be applied to grief after non-death losses?

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BACKGROUND:
This presentation is part of the symposium entitled “Conceptualizing Chronically Severe Grief in Death and Non-Death Loss: Overview and Clinical Applications,” Building on preceding symposium presentations, Harris will highlight existing research and clinical frameworks of PGD as having been developed and refined almost exclusively in the context of death loss.

RATIONALE:
This presentation will examine these frameworks through the lens of non-death loss, highlighting the underlying purpose of identifying PGD as the identification of grievers who require more structured support.

DESIGN AND RESULTS:
Core features of non-death loss, including ambiguity, non-finiteness, and intangibility, will be reviewed as factors that limit the extent to which the diagnostic construct of PGD can be meaningfully applied to non-death loss (Harris, 2020).

CONCLUSION:
Clinical implications will be discussed in the context of the growing movement toward recognizing and supporting grief following non-death loss. Emphasis will be placed on developing forms of support for non-death loss that avoid diagnostic overreach and more accurately reflect the lived realities of individuals grieving non-death losses.

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Strengthening Community Responses to Childhood Bereavement Through Collaborative Training

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Background
Children experience bereavement across multiple settings within their natural networks, and their grief is often acknowledged, or overlooked, within these same contexts (Dyregrov, 2010). In Ireland, however, many frontline professionals and volunteers lack the confidence, training, and resources to respond effectively to child bereavement (ICBN, 2023).

Rationale
To address this, a targeted intervention was developed to strengthen Level 1 and Level 2 (ICBN, 2014) responses. The Irish Hospice Foundation (IHF) partnered with the national network of Children and Young People's Services Committees (CYPSCs) to deliver accessible, evidence-based training across all 26 counties and 31 Local Authority areas to ensure equitable access to quality grief support for children, no matter their location.

Design
A one-day, in-person training programme was co-designed and delivered with CYPSCs, embedding the Childhood Bereavement Care Pyramid as its central framework. The training supported participants in identifying bereavement needs, understanding developmental and theoretical underpinnings of child grief, using practical tools and resources, navigating referral pathways, and maintaining professional boundaries and self-care.

Results
Training reached all 26 counties, engaging 584 frontline staff and volunteers, achieving a Net Promoter Score of 94%. Participants reported increased knowledge, confidence, and clarity about how and where children's bereavement needs can be best met. Wider impacts saw increased engagement in and local adoption of of children's bereavement campaign initiatives.

Conclusion
This collaborative model demonstrates how coordinated, equity-focused training can strengthen compassionate communities, enhance service consistency, and ensure high-quality bereavement support for all children.

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When Care Meets Grief: Bridging Informal Caregiver Burden and Evidence-Based Pathways Towards Healthy Bereavement

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Background:
Informal caregiving in palliative care is associated with high burden and increased vulnerability to adverse bereavement outcomes, reflecting the continuum between caregiving, anticipatory grief, and bereavement. However, psychosocial and bereavement support remains inconsistently integrated into practice, with substantial unmet needs, underscoring the urgency of coordinated, evidence-based interventions.

Rationale:
Drawing on comparative physical and psychosocial data, this study explores how caregiver vulnerability across disease trajectories shapes bereavement outcomes and informs the implementation of tailored, guideline-based psychosocial and bereavement support.

Design:
A comparative, mixed-methods study analyzing physical and psychosocial outcomes of oncology patients and palliative caregivers, interpreted in light of a recent scoping review of evidence-based psychosocial and bereavement guidelines.

Results:
Caregivers reported higher distress and negative affect, yet greater meaning in life and perceived positive changes, whereas patients showed higher positive affect, personal growth, quality-of-life, and spirituality. Physical well-being was similar across groups. These findings underscore caregivers' vulnerability and the need for interventions that address distress, strengthen protective factors, and monitor needs throughout the pre-bereavement period.

Discussion:
Enhancing caregiver self-efficacy, caregiving skills, self-care, meaningful routines, and social connectedness supports anticipatory grief work and mitigates risk. Although these approaches strengthen protective factors and address risk factors align with guideline recommendations, barriers such as generic service provision, inconsistent assessment, and limited resources continue to hinder effective implementation.

Conclusions:
Evidence-based bereavement guidelines provide guidance to standardize support and promote healthier grief. Implementing and evaluating these recommendations can enhance protective factors, reduce risk, and inform future research and practice, ensuring high-quality bereavement care worldwide.

Translation, adaptation and validation of the Prolonged Grief Disorder Revised (PG-13-R) for the Portuguese population in a palliative care setting

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Background:
Prolonged Grief Disorder (PGD) has been formally recognised as a mental health condition in major diagnostic systems (ICD-11 and DSM-5-TR). This was an important step in recognising prolonged grief as distinct from normal grief processes. It is crucial to establish valid and reliable criteria for PGD to enhance the assessment and treatment of individuals who require support.

Rationale:
The aim of this study is to translate, adapt and validate the PG-13-R scale for the Portuguese population, and to assess the current prevalence of PGD among family caregivers of patients receiving palliative care.

Design:
This multicentre study recruited a sample of 117 participants from three palliative care teams. The sample was predominantly female (71%), with a mean age of 53 years (SD = 14.25). Most participants were married (51%), had a higher education level (52%), and were actively employed (67%).

Results:
Based on the results of the confirmatory factor analysis, the unidimensional structure was supported. Strong internal consistency was observed: Cronbach's alpha (α) was 0.880 and McDonald's omega (ω) was 0.882. Additionally, strong, positive and statistically significant correlations were observed between the PG-13-R and related psychological constructs (post-traumatic stress disorder, depression and anxiety), which further support its convergent validity. The prevalence of PGD symptoms observed in this sample was 20.5%.

Conclusion:
The findings endorse the use of the PG-13-R as a valid and reliable instrument for assessing PGD in a palliative care setting. Validated measurement instruments are essential for accurately assessing grief-related processes and advancing evidence-based research and clinical practice.

Medical Social Work Service - Supporting patients seeking International Protection in Ireland – exploring complex grief & loss

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Background:
The National Maternity Hospital acts as a national referral centre for complex fetal anomalies in Ireland, the Medical Social Work (MSW) service provides a support service to patients where their unborn baby has received a fetal anomaly diagnosis. One of our growing patients groups are those seeking International Protection (Asylum) in Ireland, when faced with a fetal anomaly diagnosis they face significant challenges and issues.

Rationale:
With the diversity of population in Ireland there has been an increase in patients seeking International Protection (Asylum) in Ireland. Many of these patients have been referred by their local Maternity Unit in areas outside of the Dublin region where many of these accommodation centres are located. (almost 33,000 people resident in 320 International Accommodation Centres -2024 - IPO) Cultural issues regarding attitudes to grief and loss including death & life limiting diagnosis, lack of family support & isolation, language barriers as well as practical issues such as travel distance, finance, lack of privacy in shared accommodation, and uncertainty about their status and future in Ireland all impact on patients coping skills and decision making.

Design:
We have developed our Medical Social Work (MSW) Service to inform/guide staff to refer all women seeking International Protection to our service (Irish Medical Journal study 88% referral rate Coombe Women's Hospital, Lee et al 2023).
We work closely and inform the Fetal Medicine service so that any patients who have a fetal anomaly diagnosis and seeking International Protection are referred to the MSW service as early as possible. As many of these patients have experienced trauma and stress due to their experiences an early referral allows time to build a supportive relationship with patients and for assessment to tailor the service to meet the needs of each patient.

Results:
Our feedback from patients who availed of the Medical Social Work service has been overall positive, many spoke of the assistance both emotional & practical especially when not having their own family/cultural supports in Ireland.
Also the role of multi-disciplinary hospital care for 'wrap around' care at a very vulnerable time.
The role of advocacy was highlighted, many of these women spoke of requiring support to have their voice and views heard especially in contact with statutory agencies.

Conclusion:
Reflection on this feedback shows the importance of supporting a marginalised group in Irish society and respect and inclusion of their voice in a culturally sensitive way when their baby has a diagnosis of fetal anomaly/loss.
However ongoing efforts re liaising with community & statutory service to highlight patients voice is essential when this type of grief and loss has many complex factors.

IPO - International Protection Office, Government of Ireland (2024)
Annual Statistics
S.A. Lee1, A. Compton1, G. McGuirk2, T. Franciosa2, M.P. Foley3, M.M. Kennelly1, M.J Turner1 (2023)
Medical and social needs of pregnant asylum-seekers in Direct Provision

Social Functioning in Parents Bereaved by Cancer: A Qualitative Exploration

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Background
Assessing depression in bereaved parents, who commonly experience social support changes and challenges (Vedder et al., 2022), is complicated due to the complexities in teasing apart changes in social functioning that reflect depressive symptoms like anhedonia from intentional, adaptive shifts in social networks or interests.

Rationale
Because lack of social support is associated with adverse bereavement outcomes (Donnelly et al., 2020; Nielsen et al., 2020; Rasouli et al., 2022), understanding the nuances of social changes among bereaved parents is essential for accurate assessment and for determining whether clinical intervention is appropriate.

Design
Participants (n=43) at least six months post-loss were recruited as part of a mixed-methods, randomized controlled trial examining the efficacy of different grief interventions for parents bereaved by cancer. Baseline semi-structured interviews that included the six-item Hamilton Depression Rating Scale (HAM-D6) and the Structured Clinical Interview for Prolonged Grief (SCIP) were transcribed and analyzed using thematic analysis.

Results
Themes related to changes in social functioning included avoidance of grief activators, social expectations surrounding grief, and shifts in identity and priorities. Changes were often described as intentional and selective. While a minority reflected depressive symptoms such as anhedonia, many participants reported feeling comfortable with close family and friends and could identify activities of interest.

Conclusion
Findings suggest that bereaved parents' social changes often reflect deliberate, context-driven choices related to the loss. They suggest the importance of adapting assessments to account for the nuanced ways social functioning may change in bereavement and of tailoring interventions accordingly.

Group intervention and marital adjustment in mourning for the loss of a child

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Introduction:
The loss of a child is a disruptive experience that has a significant impact on the psychological well-being of parents and on marital relationships(Jayde & Kilcullen, 2025). Studies indicate that evidence-based group psychotherapeutic interventions can help alleviate the symptoms of grief, contributing to emotional support and understanding of the experience and loss(Komischke, Zachariae, Boelen, Marello, O' Connor, 2024).

Objective:
To explore the perception of bereaved couples on the influence of a group intervention on prolonged grief in the marital relationship after the loss of a child.

Method:
Qualitative study using semi-structured interviews. The sample consisted of parents who had experienced the loss of a child at least six months and up to five years ago, ensuring that they were no longer in the acute phase of grief but still had recent memories of the relational impact of the loss. All participants were referred by the prolonged grief consultation service of the psychology department of a central hospital in northern Portugal.

Results:
The results showed that group intervention promoted emotional support and validation, helped peers share experiences, and contributed to processes of reconstruction of meaning. Participants also reported improvements in marital communication and dyadic coping in the face of loss.

Conclusion:
Group psychotherapeutic interventions prove to be a relevant response to parental grief, with a positive impact on parents' psychological well-being and the preservation of the marital relationship after the loss of a child (Albuquerque, Narciso & Pereira, 2018; Bodenmann, Landolt, Weitkamp, Roth & Sisson, 2023).

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From Training Gap to Curriculum Foundations: Designing Multidisciplinary Bereavement Support Training as an Entry Point for Specialised Bereavement Education in Portugal

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Background
Professionals across sectors frequently encounter bereavement in everyday practice, yet many report limited formal preparation and uncertainty about evidence-informed support.

Rationale
As part of the symposium Deepening Specialised Bereavement Support in Multidisciplinary Contexts, this presentation outlines how FMAL Module 0 was designed to establish foundational competencies for advanced bereavement training in Portugal.

Design
Module 0 integrated contemporary grief frameworks, competence profiling (knowledge, relational competence, ethical decision-making), and active learning (case-based discussion, guided reflection). Delivery combined blended learning with structured interdisciplinary dialogue.

Results
The module clarified shared language across disciplines, strengthened confidence in recognising risk and complexity, and supported participants in distinguishing supportive bereavement care from psychotherapy while maintaining ethical boundaries. Attention to suicide bereavement and disenfranchised grief enabled participants to recognise how stigma and institutional fragmentation shape support pathways.

Conclusion
FMAL Module 0 demonstrates how a short, intensive module can function as a credible curricular “gateway” to specialised training, aligning international evidence with local realities and supporting more coherent multidisciplinary responses.

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Suicide Bereavement Postvention in Practice: Building Literacy, Reducing Stigma, and Supporting Safer Care Pathways

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Background
Suicide bereavement is frequently marked by stigma, moral injury, isolation, and heightened risk for complicated grief outcomes, placing significant demands on frontline professionals.

Rationale
As part of the symposium Deepening Specialised Bereavement Support in Multidisciplinary Contexts, this presentation examines how an intensive educational format can strengthen postvention literacy and improve practice across sectors.

Design
Within the FMAL masterclass on suicide bereavement, participants explored grief-specific risk and protective factors, stigma-sensitive language, ethical decision-making, and evidence-informed postvention strategies, supported by multidisciplinary dialogue.

Results
Key learning outcomes included greater confidence in recognising post-suicide bereavement needs, using non-stigmatising language, and identifying appropriate pathways for support and referral. Participants also highlighted the value of shared vocabulary across services (schools, health, emergency response, and community organisations).

Conclusion
Targeted postvention education within multidisciplinary training can strengthen safer and more compassionate care pathways, particularly when it explicitly addresses stigma and the ethical complexity of suicide bereavement.

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From Training to Local Action: Linking Multidisciplinary Education with Municipal Bereavement Support and Community Grief Literacy

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Background
Local systems of support often remain fragmented, leaving bereaved people uncertain about where to turn and professionals uncertain about how to coordinate care.

Rationale
As part of the symposium Deepening Specialised Bereavement Support in Multidisciplinary Contexts, this presentation connects specialised training with municipal-level practice and illustrates how local government can support grief literacy and coordinated responses.

Design
Building on participation in FMAL Module 0, the presentation discusses municipal approaches to bereavement support, including partnership building, service coordination, and community-facing initiatives that widen access to support and reduce isolation.

Results
Multidisciplinary education strengthened the capacity to communicate across sectors, identify shared obstacles, and articulate practical, community-informed responses. The dialogue between training and municipal practice highlighted the importance of sustained networks and clear referral pathways.

Conclusion
Bereavement education gains power when it connects to local infrastructures of care. Municipal leadership, combined with multidisciplinary training, can help transform grief literacy into accessible support.

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From Clinical Practice to Public Policy: A Pioneering Experience in Bereavement Support in Latin America

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Bereavement following the death of a loved one is a profoundly disruptive experience, with a particularly significant impact on children and adolescents. However, across much of Latin America, child and adolescent bereavement support has historically remained invisible, fragmented, or confined to the private sphere, with limited presence in public policies, educational systems, community settings, and mental health services.

This presentation aims to share the experience of Fundación Aiken (Argentina), an organization with more than 18 years of experience dedicated to supporting bereaved children, adolescents, and families, as well as to community awareness-raising, professional training, and public policy advocacy. The presentation will outline the main programs and methodologies developed, the 15 training pathways implemented, and the process leading to the creation and approval of a pioneering law in Latin America that formally recognizes and guarantees bereavement support for children and adolescents within the educational system.

Grounded in a comprehensive, rights-based approach, Fundación Aiken has developed clinical and psychoeducational support programs, group-based interventions, training initiatives for health and education professionals, and public and private awareness actions. These initiatives are informed by contemporary models of grief, an interdisciplinary perspective, and strong territorial engagement, enabling responses tailored to the specific needs of children, adolescents, and adults experiencing loss.

One of the most significant milestones of the organization’s work has been its active involvement in the design, promotion, and approval of legislation that integrates bereavement support into the educational system, recognizing schools as key spaces for accompaniment. This law establishes guidelines for teacher training, the adaptation of institutional practices, the development of protocols, and coordination with social protection and mental health services, representing an unprecedented experience in the region. The presentation will analyze the key learnings from the legislative process, the challenges encountered, and the factors that enabled a historically silenced issue to be translated into concrete public policy.

The presentation will also introduce the emergence of the Latin American Bereavement Network, an initiative promoted by Fundación Aiken that is currently in a consolidation phase. The Network emerged in response to the scale and complexity of bereavement in the region. According to United Nations (UN) data, approximately 4 million people die each year in Latin America; based on these demographic figures, it is estimated that between 16 and 24 million people may be primarily affected. Bereavement care continues to face significant gaps within health, education, and social protection systems. Support for bereaved individuals—particularly children, adolescents, and their families—is often limited, fragmented, invisible, or surrounded by silence, denial, and insufficient social responses.

There is an urgent need to coordinate efforts, make good practices visible, and strengthen professional and community capacities. The Network aims to map and connect organizations, professionals, and educators across the 33 countries of Latin America, promoting continuing education, knowledge production, context-sensitive research, and public policy advocacy.

Although the Network is still in its early stages, the presentation will share its conceptual foundations, governance structure, strategic objectives, initial actions, and short- and medium-term projections. Particular attention will be given to the creation of a Latin American Bereavement Observatory as a tool to systematize information, generate evidence, and contribute to the improvement of practices and policies in the region.

Finally, this presentation seeks to contribute to international exchange by demonstrating how a locally grounded experience from the Global South can dialogue with developments in other regions in the field of bereavement, offering transferable insights regarding intersectoral collaboration, rights-based approaches, and normative advocacy. It also aims to open a space for reflection on the role of international networks in building more humane, accessible, and sustainable responses to grief and loss.