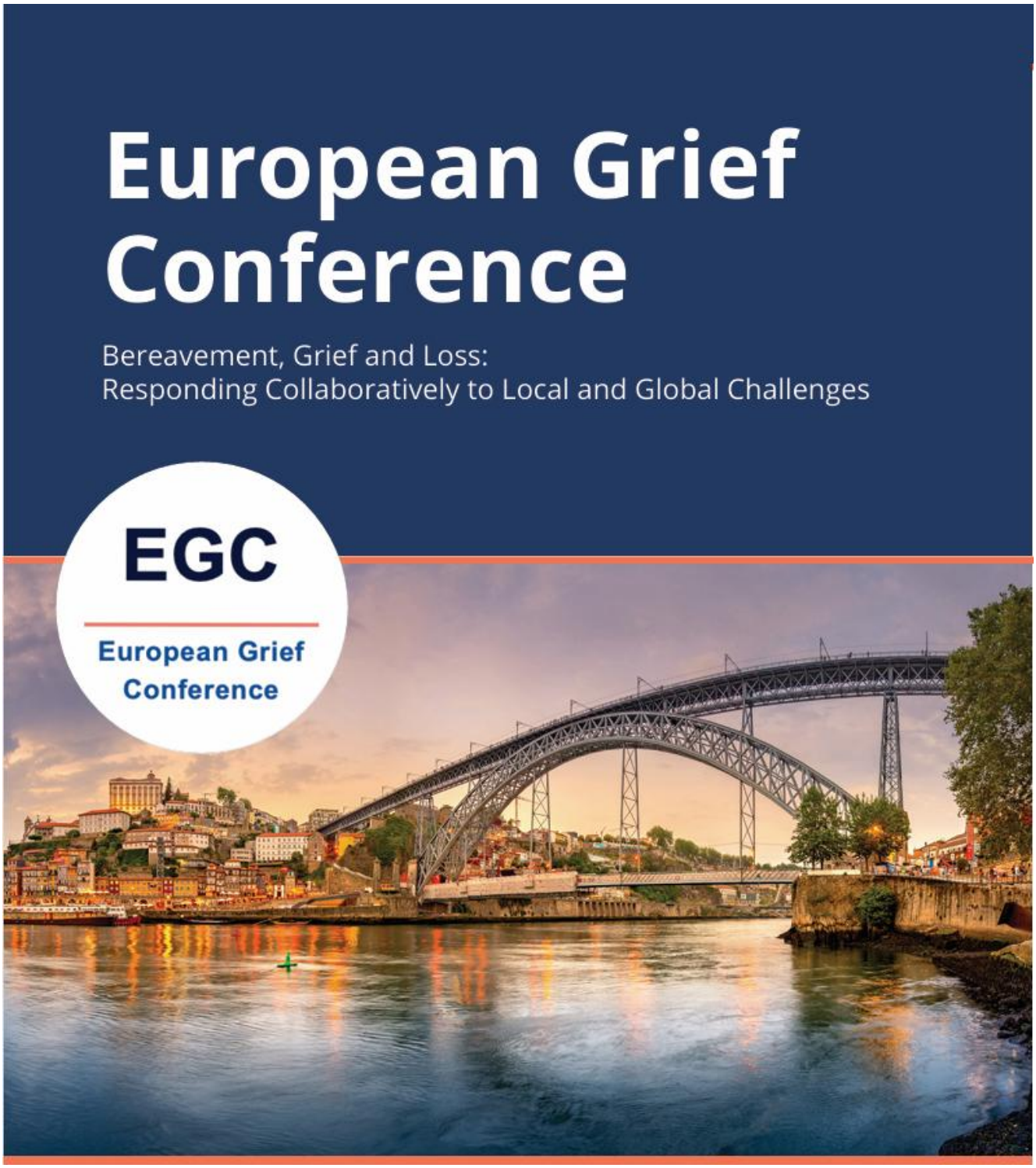
Symposia presentations



Frontiers of Childhood Bereavement: Credible Innovation through Modality, Participation, and Peer Led Support

Korie Leigh[1], Rivi Frei-Landau[2], Martin Blinkenberg Lytje[3], Rakel Eklund[4]
[1]Marian University, Santa Fe, United States, [2]Ariel University, Israel, [3]Center for crisis psychology, University of Bergen, Bergen, Norway, [4]Department of women's and children's health, Uppsala University, Sweden

Background
Across Europe, childhood bereavement support is expanding in schools, paediatric palliative care, health services, and NGOs. This growth is welcome. It is also slightly ahead of itself. Much current support is still shaped by adult assumptions about what "good conversation" looks like, and much research continues to treat children's participation as something granted, rather than intentionally designed.

This mismatch produces familiar effects. Children disengage without explanation. Adults interpret silence as coping or avoidance. Services default to talk, even when talk is not the child's most effective tool. Researchers conduct careful studies and still generate thin data, because the methods were not built with children in mind.

At the same time, stronger approaches are emerging. Creative modalities can carry meaning when language fails. Participatory methods can turn ethics into a marker of quality rather than a compliance exercise. Peer models can reduce isolation and sustain belonging, often with reach that professional services alone cannot achieve. What remains missing is a clear account of how these strands connect, and how they can be integrated without losing rigour, safety, or trust.

Rationale
This symposium advances a single, deliberately practical claim: innovation in childhood bereavement becomes credible when modality, participation, and scalable delivery are designed together. Better support is not only new content; it requires new forms of expression, new relational ethics, and tools that can travel across real settings.
First, modality: children need developmentally attuned ways to express grief that do not rely solely on verbal articulation.
Second, participation: children's voices must shape how we ask questions, how we listen, and how we interpret, so research and interventions are built with children, not merely about them.
Third, delivery: promising approaches must be able to operate across schools, community organisations, and health systems without being reduced to diluted "good intentions."
The symposium brings together three complementary presentations that address this integration challenge from different angles, moving from expression to ethical participation, to sustained peer-based support.

Design
This 90-minute symposium includes three linked presentations (approximately 15 minutes each), followed by a 20-minute moderated discussion.
"Papa, don't cry for me": Music and creative expression for anticipatory grief in a medically complex teenager (Korie Leigh, PhD). A practice-grounded case demonstrating how songwriting and recording can support anticipatory grief, strengthen family communication, and enable intentional legacy-making when conversation is limited, emotionally loaded, or ineffective.
From Protection to Participation: Ethical Frontiers in European Childhood Bereavement Research (Martin Blinkenberg Lytje. PhD). A research-practice framework that reframes ethics as participatory method, introducing the Power Shift Model to guide developmentally attuned recruitment,

interaction, and interpretation, and moving research from being done to children toward being shaped with them.
Peer mentorship and peer support groups for parentally bereaved children: The Sunflowers model (Rivi Frei Landau, PhD). Qualitative evidence on adolescent peer mentorship, tracing pathways from loneliness to belonging, from helplessness to self-efficacy, and from survival to meaning-making over time.
The moderated discussion, led by Rakel Eklund, PhD, integrates the presentations through three shared questions:

1. What counts as credible evidence when outcomes include agency, connection, and meaning?
2. What safeguarding and governance structures are needed when innovation relies on creative modalities and peer roles across schools, NGOs, and healthcare settings?
3. How can participation become routine practice, shaping training, implementation, and follow-through, not just data collection?

Results

The symposium offers three concrete takeaways for attendees:

- A usable typology of innovation distinguishing modality, participation, and delivery, and clarifying the limits and strengths of each.
- A mechanism-level synthesis showing how creative expression expands access to meaning-making, participatory ethics strengthens trust and reduces burden, and peer models sustain belonging over time.
- Implementation principles for European contexts, including minimum conditions for safe peer involvement, predictable failure modes of adult-centred participation, and design cues for child-fitting engagement across ages and settings.

Conclusion

Childhood bereavement support will not advance through a single flagship programme or perfect method. Progress depends on integrating developmentally attuned expression, participatory ethics, and scalable peer support into a single practice. By linking these elements, this symposium offers a forward-looking agenda for European research and services seeking innovation with both reach and care.

Child Death, Uncertainty and Ambiguous Loss in the Former GDR: A Qualitative Study

Lucia Emmerich[1], Birgit Wagner
[1]Medical School Berlin, Berlin, Germany

Background:
A group of parents believe that their child was falsely declared dead shortly after birth or in early childhood in the former GDR. Research on this phenomenon remains fragmentary. A historical study found no evidence of systematically falsified infant deaths and suggested that the assumption may be linked to former medical practices and an unresolved grieving processes among affected individuals (Steger & Schochow, 2020).

Rationale:
The study explores grieving processes and perceptions of ambiguous loss in parents who believe their children were falsely declared dead in the former GDR.

Design:
Narrative interviews were conducted with eight women, who gave birth to a child in the former GDR between 1968 and 1986 and whose children were declared dead right after the birth or in early childhood. Data were analyzed using thematic-structuring qualitative content analysis.

Results:
Participants reported a lack of medical information regarding the circumstances of death. Death notifications were perceived as impersonal and lacking empathy. None of the women were allowed to see their deceased child. Burials were often arranged by the clinic without parental involvement. Following the loss, participants described a lack of social support and societal acknowledgment. Most women reported (avoidant) coping strategies in the immediate aftermath. In many cases, the assumption that the child's death may have been falsely declared emerged years later and may facilitated talking about the loss, social recognition of injustice and grief. Participants described characteristic features of ambiguous loss, including the psychological presence of the child, persistent uncertainty, and the absence of closure.

Conclusion:
Individual, institutional, and social factors shaped the grieving processes and contributed to a sustained experience of ambiguous loss. Findings underscore the relevance of medical practices and social acknowledgment after perinatal loss (Doka, 1999; Lang et al., 2011).

Reference:
Steger, F., & Schochow, M. (2020). Wo ist mein Kind? Familien auf der Suche nach der Wahrheit: ein Beitrag zur Aufarbeitung. Universität Ulm.
Doka, K. J. (1999). Disenfranchised grief. Bereavement care, 18(3), 37-39.
Lang, A., Fleiszer, A. R., Duhamel, F., Sword, W., Gilbert, K. R., & Corsini-Munt, S. (2011). Perinatal loss and parental grief: The challenge of ambiguity and disenfranchised grief. OMEGA-Journal of Death and Dying, 63(2), 183-196

Coping profiles of relatives of missing persons in Tajikistan

Sherzod Musrifshoev[1], Bhava Poudyal[2], Omar Salih Rasheed[2], Geert E. Smid[3], Hannah Comtesse[1]
[1]University Of Hagen, Hagen, Germany, [2]International Committee of the Red Cross, Geneva, Switzerland, [3]ARQ National Psychotrauma Centre, Diemen, Netherlands

Background:
As a result of armed conflict, thousands of families worldwide are faced with the disappearance of loved ones, constituting an ambiguous loss. This specific type of loss prevents closure (Boss, 2007) and has been associated with elevated psychological distress in different populations (Kennedy et al., 2019; Lenferink et al., 2017). However, very little is known about the health consequences of this kind of loss in humanitarian settings.

Rationale:
Identifying distinct coping profiles and their associations with demographic and loss characteristics as well as functional health in a humanitarian context in Tajikistan.

Design:
Coping strategies (Brief COPE), disability (WHODAS 2.0), loss characteristics, and sociodemographics were assessed in a sample of 606 family members of missing persons who sought support from the ICRC program in Tajikistan. Latent profile analysis was conducted with the Brief COPE indicators to identify distinct patterns of coping strategies. Covariates included age, gender, relation to the missing person, disappearance year, disability scores, and were analyzed using multinomial logistic regressions.

Results:
A four-class solution fit the data best. The first profile was characterized by high active coping and planning (36%), the second by high usage of both functional and dysfunctional strategies (21%), the third by low coping overall (18%), and the fourth by relying mainly on religion as well as emotional and instrumental support (25%). The first profile was associated with the highest functional health. Age, relation to the missing, and time since disappearance were also correlates of profile membership.

Conclusion:
The results indicate that relatives of missing persons employ different coping strategies that are differentially associated with functional health. This highlights the need for developing a broader perspective of loss consequences and contextualized interventions. Clinical implications and limitations will be discussed.

References:
Boss, P. (2006). Loss, trauma, and resilience: Therapeutic work with ambiguous loss. W.W. Norton.

Kennedy, C., Deane, F. P., & Chan, A. Y. (2019). In limbo: A systematic review of psychological responses and coping among people with a missing loved one. Journal of Clinical Psychology, 75(9), 1544-1571. https://doi.org/10.1002/jclp.22799

Lenferink, L. I. M., de Keijser, J., & Boelen, P. A. (2018). Toward a better understanding of psychological symptoms in people confronted with the disappearance of a loved one: A systematic review. Trauma, Violence, & Abuse, 20(3), 287–302. https://doi.org/10.1177/1524838017699602

Ambiguous Loss in Biological Parents Following Forced Adoption: A Qualitative Study from the Former GDR

Birgit Wagner[1], Doreen Hoffmann
[1]Medical School Berlin, Berlin, Germany

Background
Forced adoptions in the former German Democratic Republic (GDR) resulted in the lifelong separation of biological parents from their children under coercive social and institutional conditions. Unlike bereavement following death, these separations created a form of unresolved loss characterized by ongoing uncertainty about the child's fate.

Rationale
Ambiguous loss is a particularly burdensome form of grief, as it disrupts meaning-making and prevents psychological closure. Understanding how forced adoption produces and sustains ambiguous loss in biological parents is essential for bereavement research, trauma-informed practice, and policy development in European post-authoritarian contexts.

Design
The study is based on qualitative interviews with 18 biological parents affected by forced adoption in the former GDR. Data were analyzed using thematic qualitative methods, with particular attention to long-term psychological consequences of the separation.

Results
Findings indicate that forced adoption generated a persistent form of ambiguous loss marked by prolonged grief, emotional numbness, and recurrent longing for the child. Parents described the impossibility of grieving because the child was physically absent but psychologically present. Uncertainty regarding the child's wellbeing, identity, and life trajectory sustained grief across decades. Participants reported recurrent depressive episodes, intrusive thoughts around birthdays and anniversaries, and a strong sense of "frozen grief." Access barriers to records and archive material and lack of societal recognition further intensified ambiguity and hindered meaning reconstruction.

Conclusion
Forced adoption constitutes a profound form of ambiguous loss with severe and enduring psychological consequences. Recognition of this loss type is crucial for bereavement care, policy makers, and reparative justice in Europe. Trauma- and grief-informed interventions must explicitly address ambiguity, uncertainty, and the lifelong parent–child bond.

Ambiguous Loss and Delayed Disenfranchised Grief: The Spanish Experience of Historical Trauma

Nereida Bueno-Guerra[1], Pablo Cortina[1], José Gamoneda[1], Carmen Carreras[2]
[1]Comillas Pontifical University, Madrid, Spain, [2]Truth Comission Association of San Sebastián de los Reyes, San Sebastián de los Reyes, Spain

Spain presents a unique case for grief research: an estimated of more than 114,000 victims from the Spanish War (1936-1939) and Franco dictatorship (1939-1975) remain in mass graves, affecting hundreds of thousands of family members across four generations—yet Spain has no national psychological support program, no centralized research initiative, and until very recently, minimal official acknowledgment of these families' ongoing suffering despite growing evidence that collective grief shapes individual pathology, family functioning, and community wellbeing. From a public health perspective, when unresolved grief extends across multiple generations, affects hundreds of thousands, receives no systematic intervention, and generates documented psychiatric morbidity (depression, anxiety, complicated grief, intergenerational trauma transmission), it merits the same attention as other large-scale health challenges. This symposium offers the first systematic approach to psychological impact and intervention needs for these bereaved families.

This symposium takes a deliberately scientific approach to what remains a politically sensitive topic in Spain. Regardless of one's political ancestor position during the Spanish War or whether one views the transition as successful or flawed, none of these changes the presence of ambiguous loss, since the location of the bodies is not always known with certainty; disenfranchised grief, as families of the Republican side were not authorized to bury their dead and were subjected to acts of dishonour and stigma, and delayed grief plus intergenerational transmission, precisely due to the inability to carry out farewell rituals and symbolic burial acts. While these three phenomena correlate with distress, complicate mourning, and are measurable, they contrast sharply with the feelings of joy and relief that families currently express when exhumation, identification, and ritual burial actions are successfully carried out.

Through three presentations—historical-clinical context, victim testimonies, and methodological innovation- we approach this topic from a psychological and public health perspective to demonstrate that Spain's historical grief is measurable and intervention is necessary. This trauma-focused approach enables the European grief community to engage with Spain's situation.
To understand the challenge, consider the scale. Spain's Historical Memory Law (2007) and Democratic Memory Law (2022) estimate 114,000 victims remain in approximately 5,300 mass graves nationwide. This represents the largest unexhumed civilian population in Western Europe. Each victim represents a family system affected across generations:

- First generation (1900s-1930s births): Spouses, siblings, parents of the disappeared—now in their 90s-100s, with many already deceased
- Second generation (1920s-1940s births): Children who grew up without their parent—now in their 80s
- Third generation (1950s-1970s births): Grandchildren inheriting family narratives—now in their 50s
- Fourth generation (1980s-ongoing births): Great-grandchildren learning family history—children and adolescents

A conservative estimation generates approximately 456,000 potentially affected individuals. This calculation excludes extended family, community members, or professionals experiencing secondary trauma through exhumation work. Therefore, the numbers suggest that Spain's historical grief merits systematic research and intervention comparable to other recognized mental health challenges.
Moreover, three factors make Spain's situation particularly complex for grief research:
First, the temporal dimension: The violence started 90 years ago, yet families are seeking remains and answers now. This creates unique grief phenomenology—mourning ancestors never met, inheriting trauma without direct experience.

Second, the ongoing political contestation: Unlike contexts where transitional justice achieved some societal consensus, Spain remains divided about how to address this history. This polarization complicates grief resolution, as families encounter social conflict about meaning and memory.
Third, the absence of systematic support: Spain provides no national psychological intervention program. Families face exhumations, identifications, and reburials largely without trained trauma professionals.

As Spain constitutes a wealthy Western European democracy with advanced healthcare, robust academic institutions, and international human rights commitments but grief research related to this context and psychological support for historical trauma victims remains absent, the European grief community may ask: how do we understand grief that occurs decades after loss in our continent? How should contemporary healthcare systems address unresolved grief from historical events?

Our Symposium addresses these questions through three presentations:
1. Documenting the psychological reality: Presentation 1 provides historical-clinical framework, demonstrating how delayed transitional justice created diverse grief experiences ranging from complete uncertainty to fully successful.
2. Sharing affected voices: Presentation 2, delivered by a national association of victims, shows how families confront intergenerational transmission, revealing that active engagement—even when unsuccessful—correlates with beneficial psychological outcomes.
3. Proposing research and intervention pathways: Presentation 3 presents innovative methodology for studying this population ethically, addressing the urgent challenge of researching aging survivors before direct witnesses are gone plus offering some clinical intervention.

Five Factors Defining Quality of Transitional Justice and Grief Resolution

Nereida Bueno-Guerra[1]
[1]Comillas Pontifical University, Madrid, Spain

This introductory presentation establishes the theoretical framework for the symposium by identifying five fundamental factors that determine how effectively societies address collective grief after mass atrocities. Through comparative analysis across continents, this work argues that the quality of transitional justice processes directly correlates with the quality of grief resolution.
The first factor, timing of interventions, examines the temporal spectrum from immediate responses to complete institutional absence, demonstrating how prolonged delays complicate trauma processing. The second factor analyzes religious and cultural context, revealing how different worldviews shape narratives of loss and reconciliation. The third factor emphasizes geographic and cultural specificity, challenging WEIRD (Western, Educated, Industrialized, Rich, Democratic) bias in intervention design and advocating for culturally situated approaches. The fourth factor underscores the necessity of data transparency and psychological assessment, integrating collective mental health indicators into truth-seeking processes. Finally, the fifth factor examines legal robustness, including trials, memory laws, and institutional accountability as indispensable structural elements.
This brief presentation will serve as the foundation for subsequent presentations, which will explore diverse international experiences and examine how these five factors have influenced the actions undertaken to address victims' grief. By establishing this analytical framework, the symposium provides comparative tools for understanding the varying outcomes in transitional justice processes and their psychological impact on affected communities.

Living with Not Knowing: Adapting a Digital Self-Help App for Ambiguous Loss in Syrian refugees

Clare Killikelly[1], Tanya Kiziler[1], Ayala Licht[1], Anaïs Aeschlimann[1]
[1]University Of Zurich, Zurich, Switzerland

Introduction:
Syrian refugees are often confronted with Ambiguous Loss (AL) due to enforced disappearance, detention, or separation during conflict and displacement. Unlike confirmed bereavement, AL is characterized by prolonged uncertainty about the fate of loved ones, disrupting mourning processes, family roles, and coping mechanisms. Despite its prevalence and psychological burden, AL remains under-recognized and insufficiently addressed within existing mental health services, which are typically designed for confirmed loss.

Aim:
This study aimed to explore how a culturally adapted internet-based intervention (IBI)—the Swiss Red Cross Sui Grief module—can be further adapted to address AL among Syrian refugees living in Switzerland.

Methods:
Semi-structured interviews were conducted with eight Syrian refugees with experiences of AL. Data were analyzed using Framework Analysis, guided by the RECAPT (Reporting Cultural Adaptation in Psychological Trials) framework, distinguishing surface- from deep-structure adaptations

Results:
Several resource-oriented elements of the existing module, including the Tree of Legacy and Memory Wall, were considered transferable. However, substantial adaptations were deemed necessary to ensure ambiguity-sensitive support. Participants rejected death-implying language and closure-oriented content, emphasized the need for explicit psychoeducation on AL, and identified hope as a central coping resource supporting daily functioning rather than being contingent on reunion. Somatic expressions of distress highlighted the importance of body-oriented psychoeducation.

Conclusions:
Systematic cultural and content adaptations are required for digital interventions to effectively address AL. Culturally adapted IBIs show promise in filling an important treatment gap for refugees affected by ambiguous loss

References:
Comtesse, H., Killikelly, C., Hengst, S. M. C., Lenferink, L. I. M., de la Rie, S. M., Boelen, P. A., & Smid, G. E. (2023). The Ambiguous Loss Inventory Plus (ALI+): Introduction of a Measure of Psychological Reactions to the Disappearance of a Loved One. International Journal of Environmental Research and Public Health, 20(6), 5117. https://doi.org/10.3390/ijerph20065117

Killikelly, C., Ramp, M., & Maercker, A. (2021). Prolonged grief disorder in refugees from Syria: Qualitative analysis of culturally relevant symptoms and implications for ICD-11. Mental Health, Religion & Culture, 24(1), 62–79.

Kiselev, N., Pfaltz, M., Haas, F., Schick, M., Kappen, M., Sijbrandij, M., De Graaff, A. M., Bird, M., Hansen, P., Ventevogel, P., Fuhr, D. C., Schnyder, U., & Morina, N. (2020b). Structural and socio-cultural barriers to accessing mental healthcare among Syrian refugees and asylum seekers in Switzerland. European Journal of Psychotraumatology, 11(1), 1717825. https://doi.org/10.1080/20008198.2020.1717825

Aeschlimann, A., Heim, E., Hoxha, A., Triantafyllidou, V., Killikelly, C., Haji, F., Stoeckli, R. T., Aebersold, M., & Maercker, A. (2024). Cultural adaptation of an internet-based self-help app for grieving Syrian refugees in Switzerland. BMC Public Health, 24(1), 3048. https://doi.org/10.1186/S12889-024-20507-8

Beyond the Clinic: Next-Generation eMental Health for Underserved and Hard-to-Reach Populations

Clare Killikelly[1], Eva Stelzer[1], Celestin Mutuyimana[1]
[1]University Of Zurich, Zurich, Switzerland

Armed conflict, displacement, migration, and social stigma create profound barriers to grief support and mental health care for many bereaved individuals across Europe and beyond. Traditional clinic-based interventions often fail to reach those most affected—combat survivors, bereaved men, migrants, and individuals living in contexts of limited service availability or high stigma. Digital health innovations therefore hold significant potential to transform access to bereavement care by offering anonymous, scalable, culturally sensitive, and user-centered support. This symposium, “Beyond the Clinic: Next-Generation eMental Health for Underserved and Hard-to-Reach Populations,” brings together emerging research on innovative digital interventions addressing grief in war-affected, migrant, and stigmatized groups. Across four presentations, the symposium highlights qualitative, mixed-methods, and user-centered approaches to developing and testing digital tools tailored to complex grief contexts.

The first presentation, “Adaptations of an App Intervention for Bereaved Combat Survivors” (Ayala Licht), explores cultural and contextual adaptation of a text-message–based grief support program for bereaved combat veterans in Ukraine and Israel. Through qualitative interviews with bereaved combat survivors, the study examines how operational demands, moral injury, stigma, and disrupted mourning rituals shape grief experiences during war and how brief, mobile-delivered help texts can provide validation, coping strategies, and psychoeducation. Emphasis is placed on tailoring tone, content, and timing to military culture and ongoing threat contexts. This research demonstrates how scalable interventions can be adapted to populations where formal services are inaccessible or mistrusted.

The second presentation, “Breaking Silence in Men’s Grief: Testing an Online Self-Help Website for Bereaved Ukrainian Men” (Clare Killikelly & Hoang Le), addresses the gendered barriers that prevent men from seeking mental health support. In the context of the war in Ukraine, men face heightened bereavement exposure but are less likely to engage with therapy due to norms of stoicism, emotional restriction, and fear of stigma. Using in-depth usability interviews, this study evaluates a beta version of a culturally adapted online platform incorporating psychoeducation, CBT-informed exercises, video testimony, and action-oriented tools designed specifically for men. Results highlight the importance of anonymity, autonomy, and practical exercises, and they demonstrate how digital platforms can create safe spaces for men who avoid traditional care pathways.

The third presentation, “New Developments in Group Therapy for Bereavement Migrants” (Anca Siminea), extends the symposium focus beyond war-zones to migrant grief experiences. Migrants often experience layered losses—of homeland, identity, role, and loved ones—while navigating linguistic barriers, uncertain legal status, discrimination, and disrupted social networks. This presentation introduces novel digital-supported group-therapy models designed for bereaved migrants, addressing isolation, belonging, and the reconstruction of meaning across cultures. It emphasizes hybrid and online group formats that expand reach across borders and respond to mobility and access constraints faced by migrant communities.

The fourth presentation, “Development and Pilot Evaluation of a User-Centered Mobile Application for Prolonged Grief Disorder in Iran” (Narges Ensan), illustrates how mobile health solutions can address regions with limited specialist grief services and high stigma surrounding mental health care. Using a mixed-methods user-centered design, the study develops and pilots a mobile application grounded in evidence-based treatment principles targeting prolonged grief disorder mechanisms. The app incorporates culturally sensitive exercises supporting loss processing, avoidance reduction, continuing bonds, and meaning reconstruction. This presentation emphasizes the value of integrating local cultural norms, privacy needs, and end-user perspectives from the earliest development stages.

Together, these four presentations reveal a convergent message: digital grief interventions are not merely technological innovations but vehicles for equity and inclusion. They expand access beyond the clinic, reach individuals who are unlikely to present for traditional services, and allow tailoring to cultural, gendered, and contextual realities. The symposium underscores core methodological principles—co-creation with users, cultural adaptation, qualitative depth, and iterative testing—as essential to ethically and effectively developing eMental Health in bereavement care. In the European context, where conflict-related bereavement, migration, and health inequities increasingly shape mental health needs, next-generation digital grief support represents a crucial path forward for research, clinical practice, and policy.

Living in Limbo: Spanish Families' Experience of Disenfranchised Grief and Structural Barriers to Closure

Carmen Carreras, Nereida Bueno-Guerra[1]
[1]Truth Comission Association of San Sebastián de los Reyes, San Sebastián de los Reyes, Spain,
[2]Comillas Pontifical University, Madrid, Spain

Background:
More than 114,000 victims of Franco's dictatorship (1936-1975) remain in mass graves throughout Spain. Their families—now spanning four generations—face systematic obstacles to grief resolution: absence of psychological support, administrative requirements placing burden on families, lack of centralized DNA database, and ongoing political polarization preventing comprehensive transitional justice.

Rationale:
Academic and policy discussions about Spain's historical memory often exclude victims' voices. This presentation centers lived experience, demonstrating how structural failures in transitional justice translate to individual and family suffering. Victims are not statistics—they are people denied fundamental right to mourn their dead.

Design:
Synthesis of Spanish victims' associations' experiences, including qualitative accounts of families facing exhumation processes, legal barriers, and looking for else institutional support. Documentation of specific systemic failures and their psychological consequences across generations.

Results:
Spanish families report: Ambiguous loss—knowing relative is dead but not where bones lie; Disenfranchised grief—decades of social silencing, political polarization preventing public mourning; Administrative burden—families must locate graves and face funding barriers plus bureaucracy; No systematic psychological care—unlike Chile, Spain provides no specialized trauma services; Intergenerational impact—fourth-generation descendants inherit unresolved trauma, family secrets, political division. First-generation survivors die without closure; subsequent generations advocating for relatives they never met.

Conclusion:
Spain's approach—treating historical justice as optional, family-initiated, politically contested—perpetuates public health crisis of unresolved grief. Evidence-based recommendations: (1) establish systematic psychological support programs modeled on Chile's PRAIS; and (2) implement the law with institutional accountability. International examples prove this intervention is possible.

The Stories We Carry: What Pet Loss Teaches Children and Their Families About Death

Maria Gore[1], Ashley Mosher, Andrew Ciccolini
[1]1. Argus Wellness & Support Colorado State University Veterinary Health System 2. Valid & Required Productions 3. Companion Animal Spectrum of Care Services, Colorado State University Veterinary Health System, Fort Collins, United States

This symposium combines the perspectives of a filmmaker, a social worker, and a veterinarian to examine what happens when we stop turning away from death and grief and begin to live with it in view. We introduce a documentary film, Untitled, and this film follows families, children, and veterinary professionals. It explores how early losses like those of a family pet, can impact children's relationship to death. It also examines how grief avoidance or acceptance can become a generational narrative. Through three interconnected presentations, the symposium discusses how patterns of death avoidance can shape a child's relationship with death and loss. It explores how veterinary professionals may carry their own grief while supporting families through emotionally charged moments and the impact of this burden. Together, these perspectives will tie together the significance of normalizing conversations around grief as an effort to build resiliency in families, communities, and professional systems.

Pet loss is often a child's first experience with death, yet many adults feel unprepared to respond to children's questions and emotional reactions. Research shows that early interactions with loss can significantly influence a child's long-term grief responses, emotional regulation, and meaning-making capacities (Rosengren et al., 2021). In many societies, children are shielded from death, and this becomes a generational pattern, leaving caregivers lacking a framework for guiding children through loss. Scholars have noted that this cultural pattern of death avoidance can hinder children's ability to integrate early grief experiences in healthy ways (Testoni et al., 2020).

The filmmaker's presentation, Documentary Storytelling: A Lens into Living Alongside Death, introduces selected clips from the documentary that offers a vérité look at families navigating the death of a pet. The filmmaker discusses the ethical and narrative considerations involved in documenting grief, especially when children are involved, and highlights how film can serve as a catalyst for grief literacy and cultural change.

The veterinarian's presentation, Carrying Your Own Grief While Supporting Others: The Emotional Labor of Veterinary Practice, brings to focus the emotional labor carried by veterinary professionals, who regularly walk between life and loss of beloved pets. Research increasingly recognizes the significant emotional toll of veterinary work, including compassion fatigue, moral stress, and cumulative grief (Kogan et al., 2022). This presentation will explore how normalizing conversations around grief can build resiliency in this profession.

The social worker's presentation, Using Documentary Film for Expanding Grief Literacy, explores how documentary film can be a tool to educate the public and professionals about grief and loss. While mental health specialists receive training in navigating grief and loss, most families do not and yet they are the ones guiding children through their earliest experiences of death. Recent studies emphasize that grief literacy, defined as the knowledge, skills, and values that enable individuals to understand and support grief—is essential for community well-being and can be effectively strengthened through public education initiatives (Breen et al., 2022). The social worker highlights how interdisciplinary collaboration between filmmakers and helping professionals can broaden the reach and impact of grief literacy efforts.

Together, these three presentations demonstrate an interdisciplinary approach to grief education. Each profession has a unique perspective, including storytelling, community education, and professional practice.

This symposium argues that grief literacy is not merely a clinical skill or a family responsibility, it is a cultural competency that benefits entire communities. Through interdisciplinary collaboration, we can challenge death avoidance, normalize conversations about loss, and build more grief-informed societies.

References

Breen, L. J., Kawashima, D., Joy, K., Cadell, S., Roth, D., & Chow, A. (2022). Grief literacy: A call to action for compassionate communities. Death Studies, 46(1), 1–9.

Kogan, L. R., Schoenfeld-Tacher, R., & Hellyer, P. (2022). Compassion fatigue, burnout, and stress in veterinary professionals: A review. Frontiers in Veterinary Science, 9, 889876.

Rosengren, K. S., Gutiérrez, I. T., & Shtulman, A. (2021). Children's developing understanding of death as a biological event. Monographs of the Society for Research in Child Development, 86(2).

Testoni, I., Ronconi, L., Palazzo, L., Galgani, M., Stizzi, A., & Kirk, K. (2020). Psychological effects of death education: A systematic review. Omega: Journal of Death and Dying, 82(3), 473–494.

Documentary Storytelling: A Lens into Living Alongside Death

Ashley Mosher[1], Maria Gore[2]
[1]1. Valid & Required Productions, Carbondale, United States of America, [2]Argus Wellness & Support, Colorado State University Veterinary Health System, Fort Collins, United States of America

The session within the symposium titled, The Stories We Carry: What Pet Loss Teaches Children and Families About Death, will introduce the documentary film, a poetic exploration of how we live alongside death. The filmmaker will discuss the inspiration behind the film and how the film evolved to become a quiet portrait of life, death and the light between, showing that grief and love share the same breath.

Carefully selected clips will highlight the significance of early grief experiences and how these shape patterns of navigating death and loss. Additionally, this presentation will examine the ethical, emotional, and narrative considerations involved in filming grief, particularly when children are at the center of the story. The filmmaker will also discuss how her own experience with grief as a teenager, as well as her research on other cultural norms around death and dying, informed her decisions around consent, representation, and emotional safety, as well as the responsibility of documenting vulnerable moments without exploitation.

Selected film clips will illustrate how documentary storytelling can illuminate cultural discomfort with death and create space for more open conversations about grief. The session will also explore how film can serve as a tool for grief literacy and public dialogue.

By the end of the session, attendees will gain insight into how documentary film can deepen understanding of children's emotional worlds and support broader cultural shifts toward more open, compassionate conversations about death.

Link to documentary teaser: https://vimeo.com/1121711510

Using Documentary Film for Expanding Grief Literacy

Maria Gore[1]
[1]Argus Wellness & Support, Fort Collins, United States

This presentation will focus on how a documentary film can be used as a tool to educate the public and helping professionals on grief and loss. Drawing from the film, we will explore how narrative media can shift cultural attitudes toward death and help develop stronger grief literacy amongst families and communities at large.

We will discuss how authentic stories can help to normalize grief and discussions around death and loss. We will explore how mental health professionals and similar helping professions can integrate documentary resources into their community education efforts. We will also talk about methods of utilizing the film to educate veterinary professionals and veterinary students who do not have formal grief training to understand diverse perspectives on death, as well as the various ways grief can manifest when working with families and children whose pet is ill or has died.

Carrying Your Own Grief While Supporting Others: The Emotional Labor of Veterinary Practice

Andrew Ciccolini, Maria Gore[1]
[1]Argus Wellness & Support, Fort Collins, United States

Veterinary professionals often witness the high emotions around end-of-life decision-making for their clients' pets. They are exposed to the grief, and distress that families experience when losing a pet. This presentation will explore the emotional toll this can take on an individual.

Drawing on themes and scenes from the documentary film, from Title TBD, the session will highlight the challenge this professional navigates the emotional side of their work, which includes, providing compassionate care to the families of the pets that are being treated while managing their own emotions related to the exposure to death and loss. Additionally, there will be discussion around the risks and consequences of this often-unacknowledged grief.

Audiences will expand their understanding of the emotional realities inherent in the veterinary profession and gain insight into how grief-informed approaches can support both professionals and the families they serve.

Adaptations of an app Intervention for bereaved combat survivors

Ayala Licht-Handler[1], Ulysse Marendaz[1], Einat Yehene[2], Prof Dr Clare Killikelly[1], Huy Hoang Le
[1]University of Zürich, Zürich, Switzerland, [2]The Academic College of Tel-Aviv-Yaffo, Tel Aviv, Israel

Background:
There are few contexts that expose individuals to loss as extensively as war.
However, war poses multiple barriers for grieving. Soldiers in combat zones face operational demands and persistent threat, leaving no room to grieve (Neria & Litz, 2004; Vynnytska et al., 2025). Feelings of guilt and stigma can additionally reduce help seeking and impact the grieving process. In addition, funerals may be impacted as bodies cannot be retrieved (Neria & Litz, 2004; Sharp et al., 2015).

Rationale:
Mobile-based interventions present a possible solution for limited and war impacted grief support. Help Texts offers text-message-based grief support (Levesque et al., 2023, 2025). Participants receive SMS messages containing education, tips, coping strategies and emotional validation twice weekly. Help Texts could provide a scalable and accessible intervention for combat veterans. However, cultural and contextual adaptation is necessary for acceptability.

Design:
Semi-structured interviews consisting of two parts will be used. First, participants are asked to discuss themes and challenges faced by bereaved combat survivors, including coping strategies, needs and barriers. Then, participants review existing Help Texts messages for traumatic loss and provide feedback on perceived usefulness, relevance and missing themes. We aim to recruit approximately 10 participants with combat experience and war related bereavement from Ukraine and Israel.

Results:
We are currently in the recruitment and interview process. Results should be obtained by Spring 2026 and will be updated accordingly.

Conclusion:
Adaptations of existing interventions for traumatic grief could help support combat survivors, a particularly struggling and hard to reach group.

References
Levesque, D. A., Lunardini, M. M., Adams, S. N., Payne, E. L., & Neumann, B. G. (2025). Grief Coach: Feasibility and acceptability of a text message program for bereavement support among grievers in the United Kingdom. Death Studies, 49(4), 391–402. https://doi.org/10.1080/07481187.2024.2334080
Levesque, D. A., Lunardini, M. M., Payne, E. L., & Callison-Burch, V. (2023). Grief Coach, a Text-Based Grief Support Intervention: Acceptability Among Hospice Family Members. Omega (United States). https://doi.org/10.1177/00302228231159450
Neria, Y., & Litz, B. T. (2004). Bereavement by traumatic means: The complex synergy of trauma and grief. Journal of Loss and Trauma, 9(1), 73–87. https://doi.org/10.1080/15325020490255322
Sharp, M. L., Fear, N. T., Rona, R. J., Wessely, S., Greenberg, N., Jones, N., & Goodwin, L. (2015). Stigma as a barrier to seeking health care among military personnel with mental health problems. Epidemiologic Reviews, 37(1), 144–162. https://doi.org/10.1093/epirev/mxu012
Vynnytska, M. O., Roienko, I. V., & Shymanova, O. S. (2025). Timely Mental Health Interventions in the Context of War and Humanitarian Crises as a Factor in Preventing the Long-term Consequences

of Individual Trauma and Its Intergenerational Transmission. Turkish Journal of Child and Adolescent Mental Health, 32(1), 42–58. https://doi.org/10.4274/TJCAMH.GALENOS.2024.71602

Development and Pilot Evaluation of a User-Centered Mobile Application Based on an Integrated Therapeutic Approach for Prolonged Grief Disorder (PGD): A Mixed-Methods Study in Iran

Narges Ensan[1,2], Fariba Zarani[1], Haleh Ayatollahi[4], Leili Panaghi[3], Prof Dr Clare Killikelly[2]
[1]Clinical and Health Psychology Department, Faculty of Psychology and Educational Sciences, Shahid Beheshti University, Tehran, Iran, [2]Clinical Intervention and Global Mental Health, Department of Psychology, University of Zurich, Zurich, Switzerland, [3]Department of Family Health, Shahid Beheshti University, Tehran, Iran, [4]Health Management and Economics Research Center, Health Management Research Institute, Iran University of Medical Sciences, Tehran, Iran

Background:
A considerable minority of bereaved individuals develop Prolonged Grief Disorder (PGD), characterized by persistent longing, emotional pain, avoidance, and functional impairment (Szuhany et al., 2021). PGD is associated with substantial psychological burden and increased health risks, yet access to specialized grief-focused interventions remains limited (Hilberdink et al., 2023). In Iran, stigma, reduced help-seeking, and restricted availability of structured grief services may further increase unmet support needs (Ashouri et al., 2025).

Rationale:
Mobile-based interventions may provide accessible, scalable, and low-stigma grief support (Eklund et al., 2021). Emerging evidence suggests grief-focused digital interventions are feasible and acceptable and may contribute to symptom reduction (Aeschlimann et al., 2024). However, culturally informed and evidence-based mobile interventions tailored to PGD in Iran remain scarce.

Design:
Using a sequential mixed-method design, we conducted semi-structured interviews with 17 Iranian adults diagnosed with PGD and 6 grief specialists. Data were analyzed via inductive content analysis to identify user needs and culturally relevant design priorities. Based on these findings and evidence-based PGD treatment principles, we developed an integrated self-help mobile application targeting key PGD mechanisms (loss processing, avoidance reduction, and meaning reconstruction). Pilot usability and feasibility will be evaluated by summer 2026 using QUIS among users and experts.

Results:
The prototype includes psychoeducation, structured PGD-focused exercises, and modules supporting continuing bonds and rebuilding life goals, emphasizing cultural sensitivity, privacy, supportive tone, and usability.

Conclusion:
This project introduces a culturally adapted, user-centered PGD app addressing unmet needs in Iran. Pilot findings will guide refinement and inform future effectiveness trials.

References:
Aeschlimann, A., Gordillo, N., Ueno, T., Maercker, A., & Killikelly, C. (2024). Feasibility and acceptability of a mobile app for prolonged grief disorder symptoms. Clinical Psychology in Europe, 6(1), Article e10881. https://doi.org/10.32872/cpe.10881
Ashouri, A., Nasirimoghadam, A., Abdoli, F., Yousefi, S., & Aliyaki, S. (2025). Prevalence and predictors of prolonged grief symptoms among university students in Iran. OMEGA—Journal of Death and Dying. Advance online publication. https://doi.org/10.1177/00302228251327700

Eklund, R., Eisma, M. C., Boelen, P. A., Arnberg, F. K., & Sveen, J. (2021). Mobile app for prolonged grief among bereaved parents: Study protocol for a randomised controlled trial. BMJ Open, 11(12), e052763. https://doi.org/10.1136/bmjopen-2021-052763
Hilberdink, C. E., Ghainder, K., Dubanchet, A., Hinton, D., Djelantik, A. A. A. M. J., Hall, B. J., & Bui, E. (2023). Bereavement issues and prolonged grief disorder: A global perspective. Cambridge Prisms: Global Mental Health, 10, e32. https://doi.org/10.1017/gmh.2023.28
Szuhany, K. L., Malgaroli, M., Miron, C. D., & Simon, N. M. (2021). Prolonged grief disorder: Course, diagnosis, assessment, and treatment. Focus, 19(2), 161–172. https://doi.org/10.1176/appi.focus.20200052

New developments in group therapy for bereavement migrants

Anca Georgiana Siminea[1], Clare Killikelly[1]
[1]Universität Zürich, Zurich, Switzerland

Background
The effects of migration on mental health have been widely documented. Loss of social networks, isolation, unemployment, poverty, discrimination, and lack of basic resources and safety significantly affect psychological well-being (Miller & Rasmussen, 2017). Additionally, the inability to perform culturally specific death rites and mourning rituals following migration has been associated with increased severity of grief symptoms (Hinton et al., 2013c; Kokou-Kpolou et al., 2017). Despite this evidence, few scientifically grounded group based approaches address grief among expatriates by integrating both community-based support and symbolic–ritual dimensions of mourning.

Rationale
This study aims to develop a group-based, culturally informed approach to grief by examining the relationship between ritual practices and mental health outcomes in bereavement. Engagement in rituals will be explored in relation to emotional and physical well-being, psychological distress, and social functioning using validated measures alongside open-ended questions.

Design
The study follows a two-phase mixed-method design. In Phase I, individuals who have experienced bereavement at least six months prior complete questionnaires assessing mental health status, engagement in religious, cultural, social, and personally developed rituals, and the perceived usefulness of these practices. Associations between ritual engagement and mental health indicators will be examined. Based on the findings, a ten-session group programme will be developed.
In Phase II, three groups of Swiss-based expatriates who have experienced bereavement will participate in the 10 group sessions facilitated by a professional trained in symbolic psychoanalytic work and Classical Morenian psychodrama. Participants will complete the same questionnaires at baseline and post-group.

Results
Preliminary analyses from Phase I indicate associations between engagement in culturally meaningful ritual practices and mental health outcomes following bereavement. Greater ritual engagement appears to be related to lower grief-related distress and better perceived social functioning. Participants who reported difficulties or an inability to perform culturally specific mourning rituals following migration described higher emotional burden and feelings of isolation that those who were able to take part in the rituals.

Conclusion
This project aims to inform the development of a scientifically grounded, culturally tailored group-based approach to bereavement that integrates social support and symbolic–ritual processes for expatriate populations.

References
Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: An ecological model of refugee distress. Epidemiology and Psychiatric Sciences, 26, 129–138. https://doi.org/10.1017/S2045796016000172
Hinton, D. E., Peou, S., Joshi, S., Nickerson, A., & Simon, N. M. (2013c). Normal grief and complicated bereavement among traumatized Cambodian refugees: Cultural context and the central role of

dreams of the dead. Culture, Medicine, and Psychiatry, 37, 427–464. https://doi.org/10.1007/s11013-013-9324-0
Kokou-Kpolou, K., Mbassa Menick, D., Moukouta, C. S., Baugnet, L., & Kpelly, D. E. (2017). A cross-cultural approach to complicated grief reactions among Togo–Western African immigrants in Europe. Journal of Cross-Cultural Psychology, 48(8), 1247–1262. https://doi.org/10.1177/0022022117721972

Methodological Challenges in Researching Multigenerational Historical Grief: A Doctoral and Interventional Research Design

Pablo Cortina[1], Nereida Bueno-Guerra[1]
[1]Comillas Pontifical University, Madrid, Spain

Background:
Despite 114,000+ disappeared victims, no systematic psychological research examines Spanish families' grief experiences. Developing appropriate methodology requires facing unprecedented challenges: first-generation survivors are elderly/fragile; four generations exist simultaneously; families exist along a six-stage typology of grief experience and narrative strategies vary (legacy versus silence).

Rationale:
Standard trauma research approaches fail here. Traditional questionnaire batteries seem inappropriate for elderly first generation (cognitive fatigue, literacy issues). Yet studying only younger generations loses emotional immediacy and direct trauma impact. The methodology must balance scientific rigor with ethical responsibility.

Design:
Our doctoral project proposes differentiated, generation-appropriate methodology: First generation (direct survivors)—brief narrative interviews, clinical evaluation by trained psychologists. Second-fourth generations—longer interview, validated scales, family narrative assessment.

Results (Preliminary/Expected):
The hypotheses being tested comprise: (1) Psychological impact decreases across generations but remains clinically significant through fourth generation; (2) Family narrative or appraisal style (legacy vs. silence) moderates psychological impact more than generational distance; (3) The recovery stage interacts with specific needs per generation—first generation desperately needs closure, fourth generation seeks historical understanding; (4) Active searching provides psychological benefits regardless of outcome; (5) Including symbolic feedback by researchers increases participants' wellbeing.

Conclusion:
Studying historical grief requires methodological innovation respecting both scientific standards and human dignity. This approach enables first rigorous assessment of Spain's overlooked victim population while establishing methodology applicable to other historical trauma contexts globally.

The Public Health Model of Bereavement Support: Evolutions and Opportunities

Samar Aoun[1], Susan Cadell[2], Orla Keegan[3], Geok Ling Lee[4], Mary Ellen Macdonald[5], Yong Hao Ng
[1]Perron Institute for Neurological and Translational Science and University of Western Australia, Perth, Australia, [2]University of Waterloo, Renison University College, and Grief Matters, Waterloo, Canada, [3]Irish Hospice Foundation, Dublin, Ireland, [4]National University of Singapore, Singapore, [5]Dalhousie University and Grief Matters, Halifax, Canada

The public health model of bereavement support has received wide attention from academics and practitioners since its initial inception. In 2012, Aoun et al. conceptually introduced a public health model based on the concepts of public health integrated into the three-component bereavement support model developed by the United Kingdom's National Institute for Clinical Excellence.1 In 2015, Aoun et al. provided an empirical basis to the public health model, through a population-based survey, for how needs and support for the bereaved could be conceptualised based on the risk level for prolonged grief disorder.

Presentation 1 linked to symposium: The Public Health Model of Bereavement Support 14 Years On: A Critical Review of the Uses, Misuses, and Interpretations
Presentation 2 linked to symposium: Re-conceptualising Bereavement Support: A Singapore Study

However, there is no overview of how the public health model has been used in research and practical implementation. Therefore, this symposium discusses the use and misuse of the model, its evolution, and future opportunities. Four presentations comprise this symposium.

The Public Health Model of Bereavement Support 14 Years On: A Critical Review of the Uses, Misuses, and Interpretations
The first presentation discusses how the model has been applied in bereavement support research through a discourse analysis of the 244 research articles that cited the 2012 and 2015 articles by Aoun et al., up to January 2026. Europe produced the highest proportion of the articles (45%). The concepts of health and public health were used as theoretical lens`es for the analysis. Findings suggest that research on bereavement support has been colonised by health and mental health services, leading to over-psychologisation and over-professionalisation of bereavement support. Moreover, the community is co-opted to support bereavement care services rather than being viewed as an equal, collaborative partner with unique strengths and contributions. Overall, the notion of public health is lost and requires an urgent re-introduction and integration into the model.

Testing the Public Health Model of Bereavement Support: A Canadian Study
The second presentation discusses uses of the model in Canada. Our team is in the midst of testing the model in a mixed methods study.3 In our now completed first phase, we had 437 respondents. Results of risk of complicated grief are similar to the original Australian model. Our second phase involves in depth interviews and will begin shortly. The results will provide further empirical evidence to the public health model for the first time in a country where assisted dying is legal. In addition, examples from a Canadian context will be presented that align with the results of the discourse analysis discussed in the first presentation. Grief literacy has overall been neglected.

Translating the Public Health Bereavement Model into Action, Education and Policy in Ireland
The third presentation discusses the public health model developed through a collaborative process with representatives at all levels of service provision in Ireland, managed by Irish Hospice Foundation.4 Formally introduced in 2020, the model introduced four levels of needs and support. It also highlights the multitude of factors that impact bereavement experiences across a bereaved person's social networks, circumstances, and time. The model recognises that the bereaved person's needs can evolve and change over time, and they can access more than one level of support to meet different needs at one time. Practice usage of the Irish model will be discussed.

Re-conceptualising Bereavement Support: A Singapore Study
The fourth presentation discusses a Singaporean adaptation of the public health model of bereavement support proposed by Lee et al, developed through contributions from 69 participants representing health, social, and death-related services across 10 focus group discussions.5 The model emphasises the person-in-environment perspective and adopts a systemic approach. Accordingly, bereavement support is conceptualized as a collaborative partnership involving formal services and lay community members who interact with bereaved individuals and families. Additionally, the model re-conceptualised risks and support needs at level 3 to include social outcomes (e.g., practical needs) that may require community-based complex care coordination or specialised interventions. Such re-conceptualisation underscores that complex bereavement needs extend beyond mental health concerns alone and highlights the importance of delivering interventions within the community, rather than solely in clinical settings.

References
1.Aoun et al. A public health approach to bereavement support services in palliative care. Australian and New Zealand Journal of Public Health 2012; 36: 14–16.
2.Aoun et al. Who needs bereavement support? A population based survey of bereavement risk and support need. PLoS ONE 2015; 10: e0121101.
3.Cadell et al. Grief and grief support needs in Canada: A mixed methods protocol. Palliat Care Soc Prac 2025; 19: 26323524251334180.
4.The Irish Hopsice Foundation. Adult Bereavement Care Pyramid: A National Framework
5.Lee GL, et al. Re-Conceptualizing Bereavement Care Practices: Insights Gained from Service Providers. Omega 2022; 89: 1074–1093.

The Public Health Model of Bereavement Support 14 Years On: A Critical Review of the Uses, Misuses, and Interpretations

Yong Hao Ng[1], Samar Aoun[2]
[1]National University Of Singapore, Singapore [2]Perron Institute for Neurological and Translational Science and University of Western Australia, Perth, Australia

Background
Fourteen years have passed since the introduction of the public health model of bereavement support. Since then, it has received significant attention and has been applied in various countries and regions.

Rationale
To review how the public health model has been used or misused since its inception, and the direction it has taken.

Design
A Foucauldian-informed discourse analysis using the public health concept as a theoretical lens.1 The analysis was applied to research articles that cited the 2012 and 2015 articles,2,3 which respectively introduced and provided a population-based empirical basis for the public health model. These articles were searched through PubMed, Scopus, and Web of Science databases.

Results
244 articles were analysed, 45% of which originated from European countries. These articles used the public health model as a triage framework for bereavement support, as evidence for the epidemiology of prolonged grief and its risk factors, and as a reference for the types of support sources accessed by the bereaved. Misuses included misattribution of the epidemiological results, unclear delineation between risks and needs, and misappropriation of responsibilities. The discourse analysis found that the public health model has been over-psychologised and over-professionalised, with indications of service colonisation and co-option of communities.

Conclusions
The concept of public health needs to be reintroduced to the model. Bereavement support needs to move beyond the individual level to include families and communities. Formal services need to view the community as an equitable partner rather than a co-opted resource to support the services' work.

References
1. Phillips MJ. Towards a social constructionist, criticalist, Foucauldian-informed qualitative research approach: Opportunities and challenges. SN Soc Sci 2023; 3: 175.
2. Aoun SM, Breen LJ, Howting DA, et al. Who needs bereavement support? A population based survey of bereavement risk and support need. PLoS ONE 2015; 10: e0121101.
3. Aoun SM, Breen LJ, O'Connor M, et al. A public health approach to bereavement support services in palliative care. Australian and New Zealand Journal of Public Health 2012; 36: 14–16.

Re-conceptualising Bereavement Support: A Singapore Study

Geok Ling Lee[1], Yong Hao Ng[1]
[1]National University Of Singapore, Singapore

Background
The public health model of bereavement support provides a conceptual framework for organizing bereavement care and support practices.1,2 However, the model requires adaptation to account for local sociocultural perspectives and the organisation of care systems.

Rationale
To develop a Singaporean version of the public health model of bereavement support.3

Design
Sixty-nine participants representing health, social, and death-related services across 10 focus groups shared their perspectives to inform the development of the public health model of bereavement support.

Results
Thematic analysis yielded two themes: (i) identifying challenging circumstances for providing bereavement care and (ii) strategies for addressing gaps in service delivery. This presentation focuses on theme 2 on strategies which include building a culture of collaborative practice, building public and community capacity, and providing multi-tiered services across different settings according to the changing needs of the bereaved. These strategies are underpinned by person-in-environment perspective and a systemic approach to bereavement support. In addition, the model re-conceptualised risks and support needs at level 3 to include social outcomes (e.g., practical needs) that may require community-based complex care coordination or specialised interventions.

Conclusions
Addressing bereavement challenges requires a whole-of-system approach, which includes formal services and lay community members. These challenges should include social as well as mental health issues.

1. Aoun SM, Breen LJ, O'Connor M, et al. A public health approach to bereavement support services in palliative care. Australian and New Zealand Journal of Public Health 2012; 36: 14–16.
2. Aoun SM, Breen LJ, Howting DA, et al. Who needs bereavement support? A population based survey of bereavement risk and support need. PLoS ONE 2015; 10: e0121101.
3. Lee GL, Chee WY, Teo I, et al. Re-Conceptualizing Bereavement Care Practices: Insights Gained from Service Providers. Omega 2022; 89: 1074–1093.

Translating the public health bereavement model into action, education and policy in Ireland

Orla Keegan[1], Amanda Roberts[1], Amy Gibney[1], Nicole Forster[1], Catherine Tierney[1], Avril Easton[1]
[1]Irish Hospice Foundation, Dublin, Ireland

Background
Bereavement rarely appears in policy, is mostly catered for through health services and lacks conceptualisation reflecting the universal/social nature of grief. Yet the public health approach has gained significant traction in research literature1,2.

Rationale
To develop and implement a public health bereavement care pyramid across natural and professional communities, and to influence policy.

Design
The presentation will give the story of developing bereavement care nationally: a case study of collaboration and projects over a six year period reflecting activity and outcomes at each level of the bereavement care pyramid.

Results
'The adult bereavement care pyramid: a national framework' was developed over four years and launched in 20203.
Annual national grief awareness/ literacy campaigns and community arts projects have been run for six years focusing on the universal experience of bereavement. A Grief in the Workplace programme highlights work as a community.
Collaborative work at Level 2 brought community/voluntary bereavement support organisations together to define competence in bereavement care using a Delphi survey, and to develop e-eLearning. Over 50 organisations have engaged.
Training for therapists at level 3 and 4 in national organisations has been initiated.
Six local bereavement networks exist providers at levels 2 to 4, but crucially creating a foundation for real community development at Level 1.
IHF submissions to government on new policies/practices, e.g. older people care, death registration, organ donation, are guided by the public health approach.

Conclusion
The framework promoted gains in bereavement care, however more community engagement, policy and intervention in education systems remain priorities.

1. Aoun, S. M., et al (2012). A public health approach to bereavement support services in palliative care. Australian and New Zealand journal of public health, 36(1), 14–16. https://doi.org/10.1111/j.1753-6405.2012.00825.x

2. Aoun, S. M., et al (2015). Who needs bereavement support? A population based survey of bereavement risk and support need. PloS one, 10(3), e0121101. https://doi.org/10.1371/journal.pone.0121101

3. Irish Hospice Foundation. (2020). Adult bereavement care pyramid [online]. Available from https://hospicefoundation.ie/wp-content/uploads/2021/10/Adult-Bereavement-Care-Pyramid-Booklet.pdf

The Public Health Model in Canada

Susan Cadell[1], Mary Ellen Macdonald[2], David Kenneth Wright[3], Stephanie Levac[1], Lauren Breen[4], Samar Aoun[5]
[1]School Of Social Work, Renison University College, University of Waterloo, Waterloo, Canada, [2]Dalhousie University, Halifax, Canada, [3]University of Ottawa, Ottawa, Canada, [4]Curtin University, Perth, Australia, [5]Perron Institute, University of Western Australia, Nedlands, Australia

Background
In Canada, grief literacy has been neglected in policy and practice. Our team in Canada, along with two Australian co-investigators, is in the midst of testing the public health model of bereavement support (PHMBS; Aoun et al., 2015) in a mixed methods study. In addition to our work, the public health model is being used in various contexts in Canada.

Rationale
Our study aimed to test the PHMBS in Canada, updating to a post-COVID-19 social context that included assisted dying, and deaths by drug poisoning (Cadell et al., 2025).

Design
Our study used a mixed methods design. For the first phase (completed), we adapted and administered the PHMBS survey, including the PGD, the prolonged grief disorder scale, revised edition (PG-13-R; Prigerson et al., 2021). Our second phase involves in-depth interviews and will begin shortly.

Results
The results of the first phase of our study will be briefly presented. We had 437 respondents. Results demonstrate that the risk of complicated grief are similar to the original model. Additionally, examples from a Canadian context will be presented that align with the results of the discourse analysis of the research articles presented by our colleagues.

Conclusions
Our work confirms the PHMBS as a systematic and evidence-based framework to describe the needs of bereaved people. Second phase interviews will further elaborate grief support needs. This Canadian work reinforces that, as in Australia, community-based bereavement support is effective for the majority of individuals experiencing a death-related loss, amplifying the ongoing need for grief literacy.

References
Aoun, S. M., Breen, L. J., Howting, D. A., Rumbold, B., McNamara, B., & Hegney, D. (2015). Who Needs Bereavement Support? A Population Based Survey of Bereavement Risk and Support Need. PLOS ONE, 10(3). https://doi.org/10.1371/journal.pone.0121101
Cadell, S., Wright, D. K., Dosani, N., Cherblanc, J., Breen, L., Aoun, S., Sequeira, L., Kortes-Miller, K., Arya, A., Anthony, K., Boudreau, C., Prince, H., Thompson, M., & Macdonald, M. E. (2025). Grief and grief support needs in Canada: A mixed methods protocol. Palliative Care and Social Practice, 19, 26323524251334180. https://doi.org/10.1177/26323524251334180
Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. World Psychiatry, 20(1), 96–106. https://doi.org/10.1002/wps.20823

From Protection to Participation: Ethical Frontiers in Childhood Bereavement Research

Martin Blinkenberg Lytje

Childhood bereavement research has grown, but evidence remains fragmented. Protecting children is essential, but it can also limit whether and how they take part. When they are included, adult assumptions still shape the research. Studies may group children across wide age ranges or use methods that work better for researchers than for them. This leaves a gap between listening to children and allowing their knowledge to shape research and practice.

Drawing on two cases, this presentation asks what ethically credible participation requires in practice. The first follows the development of sand-tray interviews with young bereaved children, showing how the mode of expression shapes what children communicate and what researchers understand. The second introduces Grief Power Shift, developed with bereaved children and Grief Encounter. It traces what happens to children's contributions as organisations move from listening to decisions, showing where influence is enabled, narrowed, or lost.

Together, the cases offer two tests for credible participation: does the method fit children's developmental capacities, and can we show what changed because children contributed? Moving from protection to participation requires more than including children. The field must build on existing knowledge, design research around children, and make their influence visible in what happens next.

“Papa, Don’t Cry for Me”: Music and Creative Expression for Anticipatory Grief in a Medically Complex Teenager

Korie Leigh

Creative expression has long served as a means of helping individuals process experiences that are difficult to communicate through words alone. In pediatric palliative care, music, art, storytelling, ritual, and other expressive interventions can provide children and families with opportunities to explore meaning, strengthen connection, and create lasting legacies during anticipatory grief and long into the grief process.

This presentation begins by examining the theoretical and clinical foundations for using creative expression in grief care, highlighting evidence that supports expressive approaches across the lifespan. Participants will then explore a case study of a medically complex teenager who used songwriting to express wishes, communicate with loved ones, and leave behind a meaningful legacy before death. Additional examples of creative interventions that can be adapted across pediatric and adult settings will also be presented.

Drawing from clinical practice in pediatric palliative care, this session offers practical strategies for integrating music and expressive arts into grief support while illustrating how creativity can foster emotional expression, strengthen relationships, and provide moments of meaning throughout the anticipatory grief journey.

Co-creating Digital Grief Support with Bereaved Teenagers

Rakel Eklund, Rebecca Rhodin, Anneli Silvén Hagström, Atle Dyregrov, Josefin Sveen

Meaningful involvement of bereaved young people requires more than inviting them to participate; their perspectives need to influence both the research process and the intervention being developed. The presentation will illustrate how co-creation with six parentally bereaved teenagers aged 13–18 shaped the development of a self-management mobile app for young people in grief. Across four workshops, the teenagers influenced the app's name, visual identity, structure, content, language, and overall tone.

Their contributions extended beyond preferences about design. They identified issues that the adult research team had not fully anticipated, including the risk of excluding adolescents bereaved by the death of a sibling, the need to make the app supportive rather than overly sombre, and the challenge of motivating young people to engage with an app addressing a difficult topic. These insights were translated into concrete design decisions intended to improve inclusivity, relevance, and sustained use.

The process also demonstrated that meaningful participation requires a safe social context, recognition of young people as experiential experts, flexible and creative working methods, and transparency regarding the limits of their decision-making power. The findings indicate that bereaved teenagers should not be excluded from research or intervention development solely because they are perceived as vulnerable. When participation is carefully planned, flexible, and supported, their involvement can be safe, meaningful, and essential for developing support that reflects their needs and experiences.

Vitality Focused Therapy as a model of Healing Collective trauma and Grief

Celestin Mutuyimana

The presentation explores the development and testing of UMUTI, a culturally grounded multisystemic intervention for healing collective trauma and grief. Global crises such as war, pandemics, and climate emergencies have generated widespread collective trauma and grief, affecting entire societies beyond individual suffering. These experiences erode vitality, meaning, and shared humanity - captured in the concept of “Ubuntu", meaning "I am because we are” in Africa. Existing therapeutic approaches are often individualized and insufficiently grounded in cultural contexts limiting their ability to restore both personal and collective well-being. Here we present a web-based collectively-focused intervention