

Manualized trauma-informed bereavement groups after traumatic loss: from individual psychotherapy to a structured group protocol integrating art-based containment

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Abstract

Background: Traumatic bereavement frequently combines grief-specific separation distress with trauma-related intrusions, avoidance, and dysregulation. A subgroup of patients develops persistent impairment consistent with prolonged grief disorder (PGD).

Objective: This commentary outlines the clinical rationale and conceptual foundations of a manualized group program for bereavement after traumatic loss, integrating psychotherapeutic structure with art-based containment strategies.

Approach: Drawing on evidence-based grief psychotherapy, group intervention research, and expressive therapies frameworks, the program was developed as a ten-session closed-group protocol integrating manualized art-based containment within a trauma-informed safety architecture. The model emphasizes structured oscillation between stabilization and symbolic exposure, graded affect regulation, and meaning reconstruction.

Program outline: Sessions follow a consistent rhythm of grounding, psychoeducation, graded symbolic engagement, cognitive-emotional integration, and closure rituals. Core modules address guilt reappraisal, continuing bonds, trigger mapping, restoration-oriented re-engagement, and future orientation. Art-based elements function as bounded externalization and containment tools for experiences that are difficult to verbalize.

Evaluation: A pilot implementation (2026) is planned as a mixed-methods feasibility study including pre-, post-, and 3-month follow-up assessments. Outcomes will include measures of prolonged grief symptoms, depression/anxiety, trauma-related distress, and qualitative indicators of containment and group cohesion.

Conclusion: Manualized trauma-informed bereavement groups may provide an intermediate intervention between non-specific support and specialized individual therapy, particularly for patients experiencing isolation and persistent traumatic grief reactions.

Keywords: Traumatic bereavement, Prolonged grief disorder, Group psychotherapy, Art therapy, Manualized intervention

Introduction: Traumatic Bereavement as a Distinct Clinical Challenge

Bereavement is a universal human experience, yet the psychological course of grief varies substantially. While most individuals gradually integrate the reality of loss into autobiographical continuity, a clinically significant minority develop persistent, impairing grief reactions that exceed normative adjustment processes. This domain has received renewed diagnostic and therapeutic attention through

the introduction of Prolonged Grief Disorder (PGD) in DSM-5-TR and ICD-11 frameworks [1–4]. Epidemiological studies suggest that prolonged grief symptoms are not rare and may be associated with adverse mental and physical health outcomes [5–7].

Traumatic loss—such as sudden, violent, accidental, or otherwise unexpected death—often generates a particularly complex constellation: grief-specific yearning and separation distress coexist with trauma-related intrusions, hyperarousal, and avoidance [8–10]. Such cases are frequently marked by profound disruption of meaning, identity coherence, and relational security [11–13]. Consequently, traumatic bereavement requires interventions that are both grief-focused and trauma-informed [14–17].

The present commentary builds on guided bereavement groups after traumatic loss and proposes a scientifically grounded framework for a manualized group program integrating structured psychotherapy with art-based containment strategies, alongside an evaluation roadmap.

Conceptual Foundations: Attachment, Oscillation, and Continuing Bonds

Attachment theory provides a foundational framework for understanding grief reactions. The disruption of an attachment bond through death generates protest, yearning, and reorganization processes that may, under certain conditions, become prolonged or dysregulated [18]. Longitudinal research has demonstrated associations between bereavement and adverse physical and psychological health outcomes, underscoring the need for structured interventions in vulnerable subgroups [19].

Cognitive-behavioral models further emphasize the role of maladaptive appraisals, avoidance patterns, and rumination in maintaining prolonged grief symptoms [20,21]. Within this context, the Dual Process Model conceptualizes adaptive grieving as an oscillation between loss-oriented and restoration-oriented coping processes [22,23]. Failure to flexibly oscillate between these modes may contribute to symptom persistence.

The concept of continuing bonds has challenged earlier stage-based detachment models by proposing that adaptive grief may involve an ongoing inner relationship with the deceased rather than complete emotional disengagement [24,25]. Empirical examinations of stage theory have not consistently supported linear models of grief progression, suggesting greater heterogeneity in trajectories [26,27].

Evidence Base for Bereavement Group Interventions

Structured bereavement groups have been developed to reduce isolation, facilitate emotional processing, and promote adaptive coping. Meta-analytic findings indicate that psychological interventions for grief yield small to moderate effects, with stronger outcomes observed in clinically distressed samples [28,29]. Preventive interventions targeting unselected bereaved populations appear less consistently effective than targeted treatments for individuals with elevated symptom levels [30].

Longitudinal research has demonstrated substantial heterogeneity in grief trajectories, ranging from resilience to chronic dysfunction [31,32]. This variability underscores the need for stratified intervention approaches rather than uniform support formats.

Trauma-informed adaptations are particularly relevant in the context of sudden or violent loss. Evidence from child and adolescent bereavement research indicates that traumatic bereavement may involve overlapping grief and posttraumatic stress processes requiring integrated therapeutic models [33–37].

Systematic reviews of bereavement support programs further suggest that structured, theory-based approaches demonstrate greater effectiveness than non-directive support alone [38]. Randomized controlled trials of complicated grief treatment provide additional evidence for structured intervention protocols [39,40], while meta-analytic reviews confirm that targeted treatment approaches outperform non-specific supportive counseling in clinically impaired samples [41].

Group-based formats have been investigated in older adults and other populations, demonstrating feasibility and symptom reduction under manualized conditions [42]. Emerging approaches, including metacognitive therapy and family-focused interventions, further extend the evidence base for structured grief treatment models [43–45]. Additionally, multi-perspective models integrating psychodynamic, attachment-based, and cognitive approaches have informed clinical practice [46], and digital or internet-based interventions are increasingly evaluated as complementary modalities [47].

Expressive and Art-based Containment Within a Trauma-informed Framework

Expressive and art-based approaches have long been integrated into psychotherapeutic work with traumatized and bereaved populations. Theoretical foundations emphasize the role of non-verbal symbolization, affect modulation, and structured externalization processes in facilitating integration of overwhelming experiences [48,49]. Within the Expressive Therapies Continuum, graded engagement with sensory, perceptual, affective, cognitive, and symbolic modalities provides a scaffold for regulated exposure and containment.

Systematic reviews suggest that visual art modalities and expressive interventions may contribute to improvements in emotional processing, meaning-making, and psychosocial well-being among bereaved individuals and caregivers [50–52]. Although effect sizes vary and methodological heterogeneity remains considerable, structured expressive components appear particularly useful when embedded within a clearly defined therapeutic frame.

In the present model, art-based elements are not conceived as free-form creativity but as bounded containment tools. Drawing tasks, symbolic representations, and structured narrative integration are sequenced within a trauma-informed safety architecture emphasizing predictability, pacing, and affect regulation. This integration seeks to bridge exposure-based principles with meaning reconstruction while minimizing risk of dysregulation.

Program Structure and Clinical Modules

The program is designed as a ten-session closed-group intervention combining psychoeducation, structured sharing, symbolic processing, and restoration-oriented activation. Sessions follow a consistent sequence: grounding, thematic introduction, graded symbolic engagement, cognitive-emotional integration, and closure ritual.

Core modules address guilt reappraisal, trigger mapping, continuing bonds, oscillation between loss- and restoration-oriented coping, and future-directed re-engagement. The Inventory of Complicated Grief is recommended for symptom monitoring and outcome tracking [53].

The manualized format aims to balance flexibility with structure. While individual experiences of grief are heterogeneous, a stable procedural frame enhances safety and group cohesion. The trauma-informed architecture emphasizes stabilization before exposure, titration of affect intensity, and explicit closure practices at each session.

Evaluation Roadmap

Initial implementation should prioritize feasibility, adherence to manual structure, and monitoring of adverse events [38]. Clinical outcomes should include validated measures of prolonged grief symptoms such as the PG-13-R [1], the Inventory of Complicated Grief [53], and established scales assessing depression, anxiety, and trauma-related distress [7,39].

The planned pilot is conceived as a mixed-methods feasibility study with pre-, post-, and follow-up assessment. Quantitative symptom trajectories should be complemented by qualitative exploration of perceived containment, group cohesion, and meaning reconstruction processes. Given the heterogeneity of grief trajectories [31,32], stratified analyses may be informative in identifying differential response patterns.

Conclusion

Traumatic bereavement frequently involves an interplay of attachment disruption, trauma-related dysregulation, and meaning disintegration. While resilience is common, a clinically significant subgroup develops persistent impairment consistent with prolonged grief disorder [1,31].

Manualized, trauma-informed bereavement groups may offer an intermediate intervention between non-specific support and specialized individual therapy. By integrating structured oscillation processes [22], continuing bonds perspectives [24], and graded symbolic containment through expressive modalities [48,49], the present model seeks to bridge stabilization and meaning reconstruction within a coherent procedural framework.

Further empirical evaluation is warranted to clarify feasibility, acceptability, and potential moderators of treatment response.

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