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Psychological aspects of conducting loss support groups and their supervision.

Анотація. У статті представлені методи групової психотерапії при переживанні ускладненого горювання. Українське суспільство справляється з тягарем втрат під час війни. І в даній статті представлені методи групової роботи при втраті. Надається короткий огляд феноменології травми при втраті. Аналізується види втрат, та реакції на втрату. Аналізуються типові симптоми втрати та нетипові.

В статті подаються переваги групових методів роботи з втратою та аналізуються фактори, що є психотерапевтичними, тобто дають позитивну динаміку. Проводиться аналіз групи, яка орієнтується на теорії засновані на сенсі. Подаються етапи групової роботи та аналізуються цільова аудиторія, скринінг. Структура та проведення консультативної групи з надання сенсу.

Аналізується також груповий метод психодрама. Психодрама є потужним методом психотерапії, який включає в себе динамічну взаємодію між учасниками через рольову гру. Ключова ідея психодрами — це використання театральних технік для відтворення пережитих ситуацій, що дозволяє людині обробити емоції, які супроводжують її переживання, і знайти нові способи подолання важких ситуацій.

Аналізуються переваги методу психодрами при роботі з втратою. Акцент робиться на емоційне очищення, розуміння травми, гнучкість, терапевтична підтримка. Психодраматична група надає пацієнту підтримку та співпереживання, що є дуже важливим в процесі лікування. Крім того в статті приводиться аналіз супервізій таких груп.

Ключові слова: горе, реакція на втрату, горювання, прив'язаність, стадії горювання, безперервність, методи групової психотерапії, психодрама, група орієнтована на сенсах, супервізія.

Abstract. The article presents the methods of group psychotherapy for complicated grief. Ukrainian society is coping with the burden of losses during the war. And this article presents methods of group work with loss. A brief overview of the phenomenology of bereavement trauma is provided. The types of losses and reactions to loss are analyzed. Typical and atypical symptoms of loss are analyzed.

The article presents the advantages of group methods of working with loss and analyzes the factors that are psychotherapeutic, i.e., give positive dynamics. The group is analyzed based on the meaning-based

theory. The stages of group work are presented and the target audience and screening are analyzed. The structure and conduct of a counseling group on giving meaning.

The group method of psychodrama is also analyzed. Psychodrama is a powerful method of psychotherapy that involves dynamic interaction between participants through role play. The key idea of psychodrama is the use of theatrical techniques to recreate the situations experienced, which allows a person to process the emotions that accompany his or her experiences and find new ways to overcome difficult situations.

The advantages of the psychodrama method in dealing with loss are analyzed. Emotional cleansing, understanding of trauma, flexibility, and therapeutic support are emphasized. The psychodrama group provides the patient with support and empathy, which is very important in the treatment process.

In addition, the article analyzes the supervision of such groups.

Key words: grief, reaction to loss, grieving, attachment, stages of grieving, continuity, methods of group psychotherapy, psychodrama, meaning-oriented group, supervision.

The aim of this article is to analyze group methods of influence in the experience of complicated grief.

Relevance of the topic. Because of the war, all of us in Ukraine and far beyond its borders are in a state of loss, and this is a very broad concept. We are losing both material things (a house, family photos, favorite things) and intangible things (a position, relationships, even hopes).

The loss can be temporary or permanent, real or imaginary, physical or psychological.

Depending on the stressor, the following types of losses are distinguished

- loss (death) of a loved one;
- loss of family due to divorce (family crisis);
- loss of health due to illness;
- loss of personal freedom as a result of violence;
- loss of freedom (prison crisis);
- loss of work (professional crisis).

When considering the loss associated with death, it should be remembered that a person who faces it experiences not only physical death, as the dying of the body, but also psychological death, as the loss of significant relationships, breakdown of attachments, change in the way of being, lifestyle, way of thinking, attitude towards oneself, the world around one, and basic existential needs.

A loss reaction is considered pathological if it is accompanied by an excessive emotional outburst, too long or completely absent rejection of the event.

In psychology, there is the concept of loss syndrome, which is applied to a situation or phenomenon of a sharp change in lifestyle due to the loss of someone or something with subjective feelings and experiences (death of a loved one, loss of profession, loss of residence due to a natural disaster, disability, etc.) Loss syndrome can be the cause of psychogenic disorders or somatovegetative disorders.

Typical symptoms of loss (normal): sleep disturbances, anorexia - sudden weight loss or gain, irritability, difficulty concentrating, loss of interest in the news, work, friends, church, etc.

Depression, apathy, and alienation; loneliness, crying, self-criticism, suicidal thoughts, somatic symptoms, fatigue, use of medications (sleeping pills or sedatives), hallucinations, identification with the person who died or a sense of their presence.

Atypical symptoms of loss (pathological): Prolonged grief (several years). Delayed reaction to the death of a loved one (no expression of suffering for 2 or more weeks). Severe depression, accompanied by insomnia, tension, bitter reproaches and the need for self-criticism. The emergence of psychosomatic diseases, such as ulcerative colitis, rheumatic arthritis, and asthma. Hypochondria: the development of symptoms that the deceased suffered from.

Hyperactivity: a person begins to develop frenetic activity without feeling the pain of loss. Bright hostility directed against specific people, often accompanied by threats, but only in words. Behavior inadequate to normal social and economic existence. There may be a complete change in lifestyle. Persistent lack of initiative, immobility. Weakly expressed emotions; inability to feel emotionally. Abrupt transitions from suffering to self-satisfaction in short periods of time. Suicidal plans may be hatched. Changes in attitudes towards friends and relatives; irritability, unwillingness to bother, withdrawal from social activity; progressive

loneliness [1].

Group forms of work are successfully used to work with loss.

Psychotherapeutic aspects. Trauma is a failure in our imagination, problems with perceiving and expressing feelings, and hyper-arousal. The consequences of this trauma can last a lifetime.

Meaning-based group bereavement counseling: a bridging theory with new trends in intervention research.

Therapy for complicated grieving and trauma: be patient with how futile the patient may find therapy: "You can't bring my wife back!". Explore the patient's feelings about the dead, alienated self. First, deal with the trauma through self-regulation, i.e. breathing, grounding practices with the client (G. Logan). Psychoeducation about grief and trauma - to normalize. Discuss fight/flight/freeze, numbness, dissociation as a defense, loss of feelings/thinking. If there is a lot of loss, follow the client. You can focus on the less traumatic loss first.

Oscillation is a process by which people who have suffered a loss sometimes confront it and sometimes invest their energy in rebuilding their lives. Short-term group therapy, which was formulated by Yalom and Leszcz [2]. This model involves short-term (12 to 20 sessions are suggested) interventions focused on recent problems and issues. The principles of short-term group therapy include the effective delivery of an intervention with separately defined tasks and aims that are closely related to the participants' therapeutic aims. Careful selection of participants is vital to protect the integrity of the group. This model also emphasizes interpersonal rather than intrapersonal problems [2].

The analysis of individual and group methods of work showed the advantages of group methods. Factors that are psychotherapeutic, i.e., give positive dynamics [5].

1. Universal - we have the same feelings, thoughts and problems (we are in the same boat).
2. Altruism: helping other members of the group;
3. Inspire hope: increasing optimism about your own improvement in the task by observing the success of other group members;
4. Information transfer. Gaining new knowledge, education, or advice from the therapist or other participants.
5. Adjusting the repetition of the primary family experience. An opportunity to reenact critical and problematic early life dynamics with other members.
6. Development of communication techniques. Learn to communicate, express love, anger, anxiety.
7. Imitative behavior.
8. Cohesion - this is the most important factor. The feeling of trust, belonging and acceptance, the feeling that participants are part of something. Then the group will be safe and then there will be a positive impact. A group that is cohesive becomes a long-lasting group.
9. Empowerment factors. Awareness and acceptance of responsibility for one's decisions during the stroke.
10. Catharsis - the release of feelings. Group catharsis of repressed feelings.
The inner world opens up to the outer world.
11. Interpersonal learning. The opportunity to gain a personal understanding of your influence on other group members through feedback.
12. Self-understanding. Gaining insight into the psychological motivation behind behavior and emotional reactions. The group provides care, is a container, a group mirror [3].

The main thing in the work is to create an atmosphere of safety and trust. Careful selection of participants is vital to protect the integrity of the group.

Target audience and screening.

Only those individuals who are actively seeking bereavement support services and are experiencing an uncomplicated grief response should join the group. The death must have occurred at least 6 weeks and no more than 2 years before the first group meeting, as suggested by Davidson and Neimeyer [4].

The support group is designed for participants who are experiencing the loss of a parent, spouse, friend, or adult child. Participants must be over the age of 18 at the time of the first session and grieving the death of someone over the age of 18.

Structure and delivery of the meaning-making counseling group .

The support group consists of 12 sessions, each of which lasts 90 minutes. The fixed time and duration of the sessions are important aspects of the therapeutic framework and provide consistency, stability, and reassurance to participants about the boundaries, limitations, and possibilities of treatment [5].

The support group contains topics divided into three time phases (initial, middle, and final). Topics usually overlap at different times depending on the needs of the participants, the level of development of the group, and the clinical judgment of the psychologist. The tasks promote collective and collaborative exploration of both intrapersonal and interpersonal reconstruction of meaning. Psychologists will periodically provide handouts to help anchor the sessions in specific tasks. Sometimes, participants may refuse to explore certain topics or perform certain tasks. In such cases, exploring and discussing resistance in a respectful way can provide rich therapeutic material about participants' grief.

The initial phase covers sessions from 1 to 3. The first session establishes the safety of the group:

A) setting expectations (what they expect, what they can expect from others);

B) establishing rules:

Session 1 consists of a short greeting and introduction, after which the group psychologists and participants jointly set the rules. The rules may include confidentiality, regular attendance, punctuality, the importance of control and responsibility for one's own behavior, allocating sufficient time for each participant to share, the importance of self-disclosure, the value of the group to its members, and the necessary balance between support and confrontation [6].

Psychologists invite participants to share the story of their recent loss, identifying common and distinctive themes in their bereavement narratives. Particular attention is paid to contextual aspects of the loss, such as the nature of the relationship that was destroyed. The therapist may ask participants to identify any expectations they have of the group, as well as their personal therapeutic goals.

The framework of session 2 follows the traditional principles of bereavement support groups (Worden, 2009; Yalom Vinogradov, 1988). Objectives include understanding the loss, identifying complex emotions, normalizing reactions, and exploring current coping styles. Facilitators assist the exploration by encouraging participants to not only identify their feelings, but also to articulate an understanding of their current emotions (Neimeyer, 2006). In addition, facilitators may encourage participants to compare the current death to previous losses, perhaps fitting the loss into a family history narrative (Nadeau, 2008) [6].

The middle phase covers sessions from 4 to 10. In Session 4, participants are encouraged to begin reflecting on and identifying the hidden or explicit assumptions they hold about themselves and the world in order to begin to facilitate the process of restoring a sense of coherence to their lives.

The aim is to identify and reflect on strategies for restoring assumptions that have been shaken by the loss (e.g., that the world is benevolent and meaningful, and that the self is worthwhile; Janoff-Bulman, 1992). Group dialogue can focus on how the loss has confirmed or challenged certain personal meanings and assumptions they held before. This collective process of reflection can generate alternative, more flexible and adaptive constructions of the world and the self that reflect the new reality [6].

The fifth session introduces participants to the dual grief process model (Stroebe Schut, 1999) to help them articulate their experience of loss, encouraging them to make connections between the model and their current experience. Participants can identify specific loss-oriented actions, recovery-oriented actions, and any consequences of oscillating between these two orientations.

The first major objective of the three mid-course sessions (sessions from 6 to 8) is to encourage participants to reflect on the changes they have experienced in their sense of self, identity, and family (Neimeyer, 2006; Riches Dawson, 1996). Highlighting transformations in values, roles, and relationships can facilitate participants' ability to navigate and identify changes they wish to make. Psychologists may focus on the family system by asking participants to comment on how the family has changed, how it communicates about the loss, how it performs rituals to honor the deceased, how it is affected by relevant social and cultural factors, or how it copes with the difficulties that have arisen as a result of the loss (Nadeau, 2001).

By sessions from 9 to 10, participants may feel more secure and connected to the group, which will facilitate deeper and more intimate sharing. Participants may also be looking forward to the end of the group and feel the need to make the most of the time they have left. The final sessions of the middle phase introduce participants to Frankl's (1981) notion of reacting to events beyond their control. Psychologists can gently encourage participants to find ways to regain power, and emphasize personal agency and responsibility in

negotiating loss. The aim is to stimulate discussion of creative responses to the loss, as well as past and present sources of meaning, similar to the intervention of Breitbart and colleagues (2010). For example, co-facilitators may ask what activities have always been meaningful to the couple in the past (e.g., art, music, nature), how these activities can be continued, and/or brainstorm new meaningful activities.

The closing phase covers sessions 11 and 12. The last two sessions attempt to integrate the therapeutic efforts of the previous sessions. One of the aims of the closure phase is to explore participants' feelings about the end of the group, which usually evokes a variety of feelings (Yalom & Vinogradov, 1988). Participants can revisit the aims they set at the beginning of the group and find out how well they have achieved them. Participants can also discuss their life after the group, their anxieties and plans they want to make to adapt to the loss.

The aim of the psychotherapy program according to the concept of psychodrama is to work through traumatic experiences, develop imagination, spontaneity and creativity, establish connections, restore imagination, and role reversal.

Psychodrama is a powerful tool for bereaved people, as it allows them to restore emotional balance and find new ways to adapt to life changes.

Psychodrama is a method of therapy developed by Jacob Moreno that combines elements of theater and psychology to explore the inner world of a person through role-playing, imagination, and interaction with other participants. The client can play the role of themselves in the past or imagine their future, reenact important events or dialogues with people who are no longer there.

In the context of loss, psychodrama helps a person to face the emotions of grief and sadness, to recover past emotions that have been neglected, and to understand their feelings in a safe and supportive environment.

The benefits of psychodrama in dealing with loss:

- Emotional cleansing: Psychodrama techniques allow for the expression of pain and feelings, which helps to restore emotional balance.
- Understanding the trauma: Through role-playing, you can gain a deeper understanding of the effects of loss and find new ways to adapt.
- Flexibility: Psychodrama allows you to work with different types of loss, whether it is death, divorce, job loss, or other traumatic events.
- Therapeutic support: The psychodrama group provides the client with support and empathy, which is very important in the treatment process.

Recovery process exercises: Accepting the role of the other when we repeat. We show the state and repeat everything. These are exercises of the recovery process (reparation). They restore neural connections. We play a fairy tale to expand repertoire roles.

Consider the methods of psychodrama for working with loss in more detail, with a description of each step and specific examples of how they can be used in practice.

The Dialogue with the Lost Method

This method assumes that the patients can imagine that they are communicating with the person they have lost.. Imaginary dialogues help to restore a sense of connection with lost people and “close” unfinished conversations or questions.

How does the method work?

1. The client sits down in front of an empty chair representing the lost person.
2. He starts a dialog with this imaginary person, expressing all his emotions and questions.
3. After the client has finished his/her part, the therapist or another participant in the game can take on the role of this lost person and respond from his/her perspective. This allows the client to feel that the loss does not leave them without understanding or completion of important emotions.

The result is an opportunity to express unfinished thoughts that usually remain in the heart, reducing the emotional pain associated with the loss.

Clearing the experience of grief through the “completion” of unspoken words. Working with the future by “rewriting” history

After the client has experienced the loss through role-playing, the next step is to create an imaginary future where the loss can be “experienced” with new understanding and strength. This is a method in which the patient creates images that indicate new possibilities after the loss.

How does the method work?

1. The client imagines how he or she looks some time after the loss, when the pain is no longer so acute.

2. The therapist helps to imagine what opportunities are opening up for the client what changes in his life after this period.

3. The client can even “rewrite” their story, adding new important points that will help them move on.

The result is the creation of a new outlook on the future, the definition of new goals and paths for life after loss, and the restoration of faith in the ability to move on.

Symbolic Psychodrama Method

How does the method work?

1. The client chooses a symbol or object (for example, a thing that symbolizes the loss or a natural phenomenon).

2. The client recreates the situation or process associated with this symbol, using metaphors that reveal deeper aspects of his/her experiences.

3. Psychodrama allows the client to experience the loss as a process rather than as a fixed trauma.

The result is the creation of a softer and more acceptable form for experiencing loss, the ability to work with pain without direct emphasis on tragic events, and metaphors allow for “rethinking” the experience of loss.

These types of work require mandatory supervision. Today, supervision is an important element of the professional development of psychologists, psychotherapists, social workers, and other professionals who work with people in crisis situations. Modern methods of supervision include individual and group sessions, as well as supervision via video or online platforms. They can be aimed at developing professional skills, analyzing the emotional aspects of the therapeutic process, and improving techniques for working with clients.

Supervision emerged as a tool to support and monitor professional practice in medicine and psychotherapy and gradually developed into a more formalized practice that is an integral part of the learning and professional development process. It has helped to maintain high quality patient care, increase the effectiveness of therapeutic practices, and support the emotional stability of specialists. Supervision, as an important tool to support the professional development of specialists, has different forms and types, which depend on the context in which it is used, as well as on the goals set by the supervisor and the supervisee. Here are the main types of supervision:

Recognition of supervision at the international level has become especially important in the context of globalization and access to different learning resources. This allows professionals from different countries to have access to highly qualified supervisors, regardless of their location. The focuses of the supervision cases included analysis of the emotional states of the therapeutic process of group participants and group leaders, analysis of resources for trauma transformation, analysis of group dynamics, analysis of methods and techniques for working with group participants.

Conclusion. The psychological consequences of loss due to war and other traumatic events require effective therapeutic interventions to facilitate healing. Psychodrama, as an experiential group therapy method, enables individuals to externalize emotions and reconstruct disrupted personal narratives in a safe environment. Through role-playing and symbolic expression, clients can achieve emotional catharsis and deepen self-understanding. The group setting provides essential social support, fostering a sense of belonging and mutual validation. Psychodrama’s emphasis on creativity and spontaneity aligns with contemporary trauma recovery models that prioritize embodied and meaning-centered approaches. In the context of ongoing conflict, such as in Ukraine, psychodramatic methods can enhance resilience and psychological adaptation. These interventions support not only immediate emotional relief but also long-term identity reconstruction and empowerment. Therefore, psychodrama is a valuable component of comprehensive psychosocial care for individuals experiencing profound loss.

Supervision improves and develops the professional skills of support group leaders.

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