Fostering Embodied Reconstruction with Bereaved Caregivers: An Integrative Group Art Therapy Intervention Research Project

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ABSTRACT

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An increasing number of people are affected by the realities surrounding terminal illness, end-of-life, and bereavement. Findings indicate that end-of-life caregiving and bereavement can disrupt the autonomic nervous system, triggering changes in emotional states as well as physiological symptoms. Furthermore, overwhelming experiences, such as the death of a loved one, can lead to the emergence of trauma responses in the body. This paper investigates the impacts of end-of-life caregiving and of bereavement on adults and develops an integrative group intervention that combines constructivist grief therapy, trauma-informed approaches, polyvagal theory, and art therapy. The aim of this project is to create an intervention framework that would adequately meet the needs of bereaved caregivers. Guided by the first two steps of Fraser & Galinsky's (2010) intervention research model, this paper establishes a rationale for the inclusion of trauma-informed art therapy approaches within interdisciplinary bereavement services in palliative care.

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"It's not the weight you carry
but how you carry it –
books, bricks, **grief** –

it's all in the way you embrace it,
balance it, carry it

when you **cannot**, and **would not**,
put it down."
- Mary Oliver

To my grandmothers, who dealt with pain and loss in their own ways. To my parents, my sister, my family, to the generations I have met and the generations that came before. To the things that were passed on and the meanings we tried to make. To growing around the losses.

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CHAPTER 1. INTRODUCTION

This paper investigates the impacts of end-of-life caregiving and of grief on adults and aims to contribute to the advancement of knowledge and practices in the interdisciplinary fields of grief counseling and art therapy. As a theoretical project, this research follows the first two steps of Fraser and Galinsky's (2010) intervention research model, focusing on problem formulation and the development of a conceptual framework that would suit this specific population. The existing literature will be explored to determine if and how trauma-informed approaches, group art therapy and grief counseling can intersect to adequately support bereaved caregivers after palliative care. Malleable factors, which are factors that can positively influence the evolution of grief or lead to post-traumatic growth (Austin et al., 2024), will be articulated and combined to create a 15-week integrative group art therapy intervention program for bereaved caregivers.

Relevance and Need

An increasing number of people are affected by the realities surrounding terminal illness, palliative care, and bereavement. In Québec alone, more than 250 000 people were registered as receiving palliative and end-of-life care between 2018 and 2023 (Gouvernement du Québec, 2025). The multifaced fear of death and dying that exists in our society (Blomstrom et al., 2022) creates an environment where terminal illness and palliative care are very uncomfortable subjects, which justifies a call for more attention on these issues. Research shows that caregivers in palliative care experience a high level of stress (Kes et al., 2025). Additionally, literature shows that "caregiving for someone who is dying becomes a primary focus and changes the nature of all social relationships. These accompanying social losses ripple through the network of family members, friends, neighbors, acquaintances, and coworkers" (Waldrop, 2007, p. 203).

Even though it is a natural part of life, grief can be experienced as a traumatic event (Hurst & Kannangara, 2024). Applications of Polyvagal Theory (PVT) within a trauma-informed approach could help bereaved caregivers develop their capacity to be with dysregulating subjects and track their nervous system activation through challenging experiences (Porges, 2025).

There is a growing interest in the applications of art therapy in palliative care settings (Motlagh et al., 2023). The core processes of art therapies can help individuals explore difficult

subjects with a safe distance and communicate needs, desires and boundaries in a healthy way (Jones, 2020) and can also pair well with the embodied and somatic aspect of PVT, which will be explored in this paper through the Expressive Therapies Continuum Framework.

This project will combine knowledge on nervous systems regulation with a holistic and trauma-informed framework to create a group art therapy program well suited for the needs of bereaved caregivers. An argument will be made that combining grief counselling with trauma-informed art therapy practices could provide a framework that would adequately address the embodied repercussions of caregiving and grief on a person's nervous system.

Statement of Purpose

This purpose of this intervention research project is to examine the impacts of end-of-life caregiving and of grief on adults, and to explore integrative approaches that could effectively support the needs of bereaved caregivers.

Research Questions

Primary Research Question

How can trauma-informed approaches, group art therapy and grief therapy intersect to adequately support bereaved caregivers after palliative care?

Subsidiary Research Questions

The subsidiary questions are (1) what are the impacts of caregiving and grief on the autonomic nervous system? and (2) how could group art therapy contribute to the improvement of bereavement support practices in palliative care?

Personal Relationship to the Subject

My own family's relationship to illness and death has affected my vision and interest in the subject. I witnessed my mother acting as a caregiver for my grandmother in the last years of her life and saw the impact on my mother's life and wellbeing. Meaning making in my own grief process (Neimeyer et al., 2010) brought me to train and work in the field of grief counseling from 2018 to 2024. In a professional setting, I have witnessed the effects of the intense stress and emotional fluctuations associated with end-of-life experiences on the nervous system of bereaved family members. I was initially trained to approach grief through a systemic lens, but I feel like

Polyvagal Theory is the missing piece of the puzzle, as it allows clinicians to zoom in and out of client's embodied experiences. I feel like there is an important connection between nervous system regulation and counseling in palliative care setting, before and after the death of a loved one.

Key terms

Caregiving in palliative care. The Government of Canada defines palliative care as a holistic approach that treats people who have a terminal illness and their relatives (2026). Palliative care can start when a diagnosis is received and continue through the illness and after the patient's passing. The World Health Organization describes palliative care as an approach that supports individuals who are facing a life-threatening illness and their family members (2020). Caregiving in palliative care is associated with "increased responsibilities and the shifting of family roles and routines" (Kes et al., 2025, p. 402). Studies have shown that family caregivers experience high levels of distress during palliative care (Kes et al., 2025).

Grief. It can be defined as an adaptation process that occurs after a significant loss. Grief is something that people *grow around of* (Tonkin, 1996). Grief is also associated with psychological and somatic manifestations, and can be described as an embodied experience (Borgstrom & Visser, 2024).

Top-Down / Bottom-up. Top-down processing refers to cognitive input leading to physiological changes, whereas bottom-up processing refers to sensory input leading to meaning-making and thought formation.

Regulation. In the Polyvagal framework, regulation refers to the autonomic nervous system's ability to adaptively shift between states of sensing relative safety (ventral vagal), mobilization (sympathetic) and immobilization (dorsal vagal) based on environmental cues (Porges, 2022). A misconception is that a regulated nervous system is always calm. Rather, a regulated nervous system is able to come back to a ventral vagal stage after experiencing arousal (Dana, 2023).

Co-regulation. Refers to how one person's nervous system in ventral-vagal state directly influences another's, bringing both back to a state of equilibrium and safety, contributing to stress regulation (Dana, 2023; Haeyen, 2024). As Haeyen explains, "self-regulation and co-

regulation are both important to be able to regulate physiological and emotional responses, thus creating safety and connection" (Haeyen, 2024, p. 4).

Neuroception. Related to PVT, neuroception refers to the internal and external detection of cues related to safety and threat that involves both top-down and bottom-up processing (Porges, 2022) and can be negatively affected by overwhelming experiences.

Pendulation. A key concept from Levine's trauma-informed work (1997), pendulation refers to when a client alternates between feeling autonomic nervous system arousal and a felt sense of relative safety anchored in the present moment. Pendulation moves back and forth between the felt sense connected to the implicit memories of the trauma and a restorative connection to self-regulation and/or co-regulation (Elbrecht & Deuser, 2013).

Chapters Outline

Following this introduction, the second chapter offers a literature review that explores the impacts of caregiving in end-of-life, key concepts of trauma-informed approaches and body-focused art therapy. The third chapter presents Intervention-Research as a methodology and establishes its relevance in the context of this project. The fourth chapter synthesizes findings from the literature to elaborate the outline of an art therapy support group for caregiver grief. Finally, the fifth chapter consists of a brief discussion that will address limitations, considerations and recommendations for future research and clinical applications.

CHAPTER 2. LITERATURE REVIEW

This chapter offers an overview of the recent and relevant literature on caregiving in palliative care, on trauma-informed clinical approaches and on the benefits of art therapy. Sources related to caregiving in palliative care are organized around the concept of caregiver burden and the notion of anticipatory grief. A subsequent section explores the conceptualization, impacts and complications of grief. Then, a brief history of trauma-informed approaches is presented, as well as polyvagal theory and its key concepts. Finally, the art therapy related literature pertains to the Expressive Therapies Continuum, trauma-informed art therapy practices, group art therapy, and the applications of art therapy both in palliative care and medical settings. Intersections between the selected subjects are also examined, namely trauma-informed approaches in palliative care, trauma-informed approaches in art therapy and art therapy with caregivers.

Caregiving for Someone Who is Dying

Palliative care is a holistic framework that addresses the physical, psychosocial and spiritual dimensions of terminal illness (Fortin et al., 2025). While palliative care is not only designed to support imminent death, *end-of-life care* is a specific branch of palliative care that focuses on pain management, quality of life and dignity in the last months or weeks of life.

Caregiving at the end-of-life is a deeply complex experience. In the last fifteen years, it has caught the interest of the scientific community and has been the subject of publications, research and legislative projects in Québec and across the country (Éthier, 2022). An uncomfortable yet unavoidable subject, caregiving in end-of-life has carved a place for itself in the field of interdisciplinary death studies (Éthier, 2022; Fortin et al., 2025; Melin-Johansson et al., 2012). So far, medicine, nursing and social work are the fields which have been the most of attentive to the needs of caregivers in palliative care (Applebaum & Breitbart, 2013; Benson et al., 2023; Hendricks et al., 2021; Kes et al., 2025; Melin-Johansson et al., 2012; Nowels et al., 2023). This research paper aims to reiterate the importance of art therapy as well as trauma-informed approaches in this interdisciplinary conversation.

In a recent scoping review of Canadian literature on caregiver grief, authors recommended paying more attention to caregiver grief and highlighted the importance of community-based grief services in hospices and palliative care establishments (Thrower et al.,

2023). Findings emphasized that intervention programs supporting grief helped prevent illness, and should therefore be considered an essential part of health services (Thrower et al., 2023).

Caregiver Burden

Increased responsibilities, the shifting of family roles, a high level of stress and anxiety and both physical and psychological exhaustion make up what is recognized as *caregiver burden* (Benson et al., 2023; Kes et al., 2025). Caregivers can experience feelings of loneliness and isolation, as they gradually stop participating in activities that would fulfill their own social needs in order to prioritize their loved one's needs (Wang et al., 2018). The results of a longitudinal study on breast cancer patients and their primary caregivers indicate that caregivers experience high levels of anxiety and depression, and that their distress increases as the patient's health declines (Grunfeld et al., 2004). A systematic review on caregiver experience in palliative care confirms that caregiver's distress is comparable, and even sometimes surpasses, that of the palliative care patient for whom they care (Applebaum & Breitbart, 2013). Rates of depression between 12 % and 59 % and anxiety between 30 % and 50% are reported in caregiver samples, as opposed to between 10 % and 25 % and between 19% and 34 % respectively in the patient samples (Applebaum & Breitbart, 2013). An integrative literature review of caregivers needs around end-of-life identified "living in the presence of death" as their main concern and encouraged clinicians to build intervention programs that would support and inform caregiver during and after a terminal illness (Melin-Johansson et al., 2012).

Anticipatory Grief and Caregiver Grief

Another important aspect of caregiving in end-of-life is "the process of mourning a loved one's approaching death throughout the person's physical and mental decline" (Anngela-Cole & Busch, 2011, p. 321), also known as *anticipatory grief*. Findings from recent English and French qualitative studies on caregiver grief come to similar conclusions. They both highlight the importance of offering support to caregivers as the illness progresses, since said support can prevent adverse grief complications after the patient's death (Paulsen et al., 2025; Zech et al., 2023).

Conceptualizing Grief

Throughout its trajectory, end-stage palliative care is closely connected to death and grieving. Arising from the writing of influential authors such as Bowlby (1961) and Kübler-Ross (1973), a common misconception is that grieving involves predetermined steps. According to Kübler-Ross (1973), grief followed stages of (1) denial, (2) anger, (3) bargaining, (4) depression and (5) acceptance. However, empirical studies from the last 40 years have refuted this model, highlighting the non-linear and unique nature of each individual's grieving process (Maltais & Cherblanc, 2020). The experience of grief can be understood as something that individuals *grow around of*, instead of something that individuals *heal from* (Tonkin, 1996).

Grieving can be defined as a psychological, social, cultural and spiritual adaptation to a significant loss (Maltais & Cherblanc, 2020). While bereavement, grief and mourning are distinctive concepts in the English language, they all fall under the same term in French; *deuil*. *Bereavement* generally refers to the person's identity and *self-concept subtraction* (widow, orphan, etc.), whereas *grief* is associated with the emotional and psychological pain, and *mourning* with the cultural and spiritual practices (rituals, narratives, symbolic acts, etc.) (Maltais & Cherblanc, 2020, pp. 2–3).

As a person-centered, humanistic form of therapy, constructivist grief therapy considers grievers as experts in their own experience, and advocates for a non-blaming and non-pathologizing approach to grief counseling (Neimeyer et al., 2010). Through this lens, grieving consists of rebuilding meaning and identity after a significant loss. As Neimeyer et al explain, "from a constructivist perspective, the loss of a loved one can challenge the validity of core beliefs and undermine the coherence of self-narratives. [Namely], the prolonged and painful death of a loved one due to cancer may make the bereaved individual wonder if the world is indeed benevolent" (2010, p. 74).

Constructivist grief therapy focuses on reconstruction of meaning. Strategies that were identified as particularly transformative include narrative retelling, therapeutic writing and the use of metaphors and evocative visualisation (Neimeyer et al., 2010).

Impacts of Grief

Grief has impacts on emotions, cognition, physiology, and relationships. Grieving individuals commonly report sadness, fear, anger, dread or sorrow, as well as difficulties with concentration, attention and memory, in addition to dizziness, muscle pain or spasms, insomnia, headaches, tensions, fatigue, tightness in the throat and shortness of breath, all coupled with social withdrawal and feelings of loneliness (Ossefort-Russel, 2018). An experimental fMRI study on the functional neuroanatomy of grief found that grief was associated with the activation of brain regions involved in emotional processing, mentalization, episodic memory and autonomic regulation (Gündel et al., 2003). In grievers, higher cortisol levels and a dysregulation of the hypothalamic-pituitary-adrenal axis activity were consistently seen in research (O'Connor, 2019). While neuro-imagery does not yet provide a clear picture of grief through brain activity, contemporary research recognizes that the experience of grief is mediated by neural networks that are involved in affect processing, memory, cognition and autonomic regulation (Gündel et al., 2003). Consequently, authors now recognize grief as an embodied experience, acknowledging its emotional, cognitive, physiological and relational impacts (Borgstrom & Visser, 2024; O'Connor, 2019; Ossefort-Russel, 2018).

Timelines and Complications

Although some people seem to navigate grief with less complications, others may have a harder time with meaning-reconstruction and the emotional processing that accompanies the death of a loved one. In the words of Solomon (2026), "when and where grief reactions belong in the DSM and/or should be the focus of therapeutic attention has been controversial for a long time" (p.1). The recent inclusion of Prolonged Grief Disorder (PGD) as an official Stress and Trama-Related Disorder diagnosis emphasizes the connections between stress, trauma and grief (American Psychiatric Association, 2022). According to its diagnostic definition, PGD is a maladaptive reaction that can be diagnosed at least 12 months after the death of the loved one, and that involves intense yearning as well as preoccupations with thoughts and memories of the deceased person that co-occur with various symptoms such as identity disruption, intense emotional pain, difficulty reintegrating activities, emotional numbness or intense loneliness (American Psychiatric Association, 2022). This definition of maladaptive grief has caused

discussions in the mental health field, with some professionals welcoming the diagnosis and others criticizing the reframing of human suffering as an individualized issue (Brinkmann, 2023).

Interventions Recounted in Literature

While authors used to believe that "re-narration of the loss [promoted] mastery of difficult material and [helped] counteract avoidance coping" (Neimeyer et al., 2010, p. 76), exhaustive verbal retelling might not always be the best option in grief counseling (Beaumont, 2013). Literature suggests that the field of grief counseling could benefit from creative and alternative forms of expression, such as creative art-based therapies. A pilot study of community-based art practice with bereaved adults reported good impacts on its participants (Xiu et al., 2020). Interventions that support honoring, letting go and self-transformation have been identified as helpful in a qualitative research (Sas & Coman, 2016). According to the findings of a comparative case study, constructivist grief therapy promotes emotional processing, which seems to help in overcoming complicated grief (Pinheiro et al., 2022).

Post-Traumatic Growth in the Context of Palliative Care

In recent years, researchers have examined the concept of post-traumatic growth (PTG), which can be understood as the positive counterpart to post-traumatic stress disorder, and its implications in the field of palliative care. A cross-sectional study found that mindfulness-based therapies reduced psychological distress and increased meaning making, which in turn was linked to PTG (Williams et al., 2021). Results from a scoping review of prevalence, characteristics and interventions around PTG suggested that managing emotional distress and focusing on acceptance-based therapies would be more effective in fostering PTG in palliative care (Austin et al., 2024). Though it may not always be the case, findings from a narrative literature review identified multiple evidence that suggest that PTG can come from grief (Hurst & Kannangara, 2024).

Trauma-Informed Approaches

Even though it is a fundamental part of life, "the universality of the experience does not prevent grief from being a traumatic event" (Hurst & Kannangara, 2024, pp. 262–263). This section of the literature review will consequently gather knowledge on trauma-informed practices.

Contemporary authors define trauma as a "psychophysical event, even when the physical body is not harmed" (Elbrecht & Deuser, 2013, p. 126). Trauma can be described as a reaction to a situation that is "too big, too much, or too fast" (Elbrecht, 2019, p. 88). Furthermore, emerging voices remind us that

> trauma is not a flaw or a weakness. It is a highly effective tool of safety and survival. Trauma is not an event. Trauma is the body's protective response to an event – or a series of events- that it perceives as potentially dangerous. This perception may be accurate, inaccurate or entirely imaginary. […] This trauma gets stuck in the body – and stays stuck until it is addressed (Menakem, 2021, p. 7)

In the last 35 years, trauma-informed practices in clinical settings have greatly evolved. While, in the 1990s, some initially believed that the task of trauma work was to retrieve a complete and coherent narrative of the traumatic event, Judith Herman suggested a less confrontational treatment approach rooted in stabilization in her pioneering book *Trauma and Recovery* , first published in 1992 (Fisher, 2014). As Bessel van der Kolk documented the impacts of trauma through neuroscience (Van Der Kolk, 1994), clinicians gradually moved away from talk therapy to further empower victims of trauma (Fisher, 2014). As neuroscience clarified that when an emotional experience exceeds a person's affect tolerance, parts of the brain involved in reasoning and differentiating past from present are physiologically affected, a new framework of body-oriented therapies emerged (Fisher, 2014). Since top-down approaches, such as reasoning, thinking and talking about it, couldn't always effectively support victims of trauma, bottom-up approaches, such as Somatic Experiencing (Levine, 1997), body-oriented work (Rothschild, 2000), sensorimotor psychotherapy (Ogden, 2015) and somatic art therapy (Hamel, 2014) gradually surfaced.

Herman's tri-phasic trauma recovery model is still relevant today and can be applied to top-down or bottom-up clinical approaches. It advocates for (1) building safety and stabilization, (2) exploring remembrance and mourning and (3) working towards reconnection and integration (Herman, 2022).

Polyvagal Theory

First introduced in 1994 and described as the "science of safety" by its developer Stephen Porges, Polyvagal Theory (PVT) is a theoretical model that describes the connection

between our nervous system and our experience of emotions, behaviors and social connections (Porges, 2025). Polyvagal theory "provides an understanding of the core features […] needed to co-regulate and trust others" (Haeyen, 2024, p. 9).

According to PVT, the autonomic nervous system (ANS) is made of three distinctive pathways – ventral, sympathetic and dorsal – that are associated with different bodily experiences and ways of engaging with the world (D. Dana, 2023, pp. 3–4). The "ventral pathway" is the system of connection (to the self, to others and to meaning), the "sympathetic pathway" is the system of mobilization and the "dorsal pathway", the system of rest and shutdown (D. Dana, 2023, pp. 3–4). In everyday language, sympathetic dominance can be associated with concepts such as fight-flight, while dorsal dominance would correspond to freeze or collapse. Dana formulates that hyperarousal, or sympathetic functioning, as being linked to anxiety, while hypoarousal, or dorsal functioning, can be associated with symptoms experienced in depression (2023). Literature also mentions that chronic stress can lead to sympathetic dominance, which impairs the body's ability to rest, repair and heal (Harnden, 2025). Furthermore, neuroception, an internal and external detection of cues related to safety and threat that involves both top-down and bottom-up processing (Porges, 2022) can be negatively affected by overwhelming experiences.

In his latest article, Porges (2025) suggested guidelines for designing interventions and programs that would foster safety and encourage regulation and co-regulation. These guidelines included offering a predictable rhythm through structure and routines, focusing on relational presence, building sensory safety by minimizing sensory triggers and enhancing both participation and agency in individuals to reduce their felt powerlessness (Porges, 2025).

A growing interest in the clinical applications of PVT has resulted in a body of literature that explores the benefits and implications of this theoretical model. The field of family therapy suggests reframing resistance in therapy as a protective mechanism through the applications of PVT (Ryland et al., 2022). Social work engages PVT to inform relational work between adolescents and parents (Koenig, 2025). Creative art therapy explores emotion regulation through the lens of PVT (Haeyen, 2024).

In *Clinical Applications of the Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies*, editors Dana and Porges (2018) dedicate chapters to PVT in nursing, medicine and

therapy. Highly relevant in the context of this research project, a chapter of this book specifically addresses grief through the polyvagal lens.

Ossefort-Russel (2018) writes that grieving individuals often come to therapy with nervous systems that have been triggered into sympathetic flight-flight states or collapsed into dorsal vagal shutdown due to prolonged stress and the interplay of physiological and societal factors. External elements, such as the unsought uncertainty and the physical absence of the loved one, as well as internal elements like the individual's shaken beliefs and values, the intensity and unfamiliarity of their emotional responses -and their inability to suppress them- negatively affect neuroception during grief (Ossefort-Russel, 2018). As a deep experience of disconnectedness, grief affects neuroception and disrupts a person's ability to regulate their body and emotions (Ossefort-Russel, 2018). Through the PVT lens, grief responses are reframed as variations of sympathetic fight-flight or dorsal shutdown responses.

The Field of Creative Art Therapies

Art is included in the continuum of healthcare practices in various ways around the world (Fortin et al., 2025; Jones, 2020; Sonke et al., 2021; Sunderland et al., 2023; Willemsen et al., 2024; Wood et al., 2019). Art therapy offers tools to explore intense or overwhelming emotions in a safe way (Hamel & Labrèche, 2019). It also offers the unique advantage of reviewing art tasks as a part of the therapeutic process (Landgarten, 1991). Furthermore, art therapy can also be depicted as a *multilingual* form of therapy, as it offers the possibility to switch from verbal to visual language according to the client's needs and comfort level (Morrell, 2011).

The Expressive Therapies Continuum

First published as a theoretical framework in 1978 by Kagin and Lusebrink, the Expressive Therapies Continuum (ETC) is now a thorough interdisciplinary model rooted in psychotherapy, developmental psychology and neuroscience (Lusebrink et al., 2013). The different levels of the ETC follow a developmental hierarchy and intersect with different therapeutic goals and experiences (Hinz, 2019). Based on the assumption that well-functioning individuals can process information on all three levels of its model – which are the Kinesthetic-Sensory (KS) level, the Perceptual-Affective (PA) level and the Cognitive-Symbolic (CS) level – the ETC "can be used to assess a client's preferred and blocked levels of information processing and to prescribe desired therapeutic experiences" (Hinz, 2020, p. 11). The ETC also ranks media

properties from restrictive to fluid, and suggests that the use of fluid media such as watercolor or chalk pastels could encourage affective processing, whereas restrictive media such as pencils or collage would be associated with cognitive processing (Hinz, 2020).

Kinesthetic-Sensory level. The main goal of the KS level of the ETC is to modulate energy and tensions through movements and sensations. The KS level engages action and sensory experience (Hinz, 2020). While Kinesthetic tasks focus on movement and either build up or release energy in the body, Sensory tasks focus on tactile aspects of the materials and invite clients inwards to reconnect with their sensations. Supporting theory, an experimental research on 125 war widows who engaged in art therapy found that kinesthetic-sensory tasks helped modulate arousal, soothe physiology and widen tolerance of difficult affects (Chesnot & Schauder, 2026).

Perceptual-Affective level. The main goal of the PA level of the ETC is to broaden the client's perspective and to increase their ability to shift points of view through visual language. Experiences on the PA level can also "help clients identify emotions, facilitate discrimination among emotional states, and assist in the appropriate expression of emotions" (Hinz, 2020, p. 9). A pilot study of a Chinese brush painting group for bereaved parents, which can be associated to a PA level intervention, resulted in improvement of emotional regulation in its participants (Xiu et al., 2020).

Cognitive-Symbolic level. The main goal of the CS level of the ETC is to elaborate meaning. While the symbolic pole explores mystery and meaning, the cognitive pole elaborates structure, understanding and links between ideas and concepts. Experiences on this level allow planification, decision-making and problem solving (Hinz, 2020). Rafaely and Golderg's Grief Snow Globe intervention (2020) provides an example of work on the CS level of the ETC.

Authors write that an integrative approach that utilizes all levels of the ETC can contribute to trauma healing (Hinz & Lusebrink, 2024). Case studies support the relevance of ETC-guided interventions (Hinz, 2023; Marsman et al., 2024), even though no large scale empirical studies have been conducted yet.

Trauma-Informed Practices in Expressive Art Therapies

Cathy Malchiodi, an American psychotherapist and expressive arts therapist, has contributed to the applications of trauma-informed care in creative art therapies. Her approach to trauma-informed creative art therapies is influenced by PVT and the ETC. In her most recent book, Malchiodi suggests a four-part model for arts-based healing practices that relies on (1) movement, (2) sounds, (3) storytelling and (4) silence (Malchiodi, 2020). Focused on a bottom-up approach, Malchiodi's trauma-informed framework engages the body, fosters self-efficacy, restores aliveness and enhances nonverbal communication skills (Haeyen, 2024).

Sensorimotor Art Therapy

Cornelia Elbrecht is another important figure in art therapy and in trauma-informed care. Her framework of sensorimotor art therapy blends trauma-informed care and elements of the ETC to reconnect the mind and body. Pendulation, a concept derived from Levine's (1997) work that refers to the oscillation between the trauma and a restorative connection to self-regulation and healing, is commonly invoked in her sensorimotor art therapy interventions (Elbrecht, 2019; Elbrecht & Deuser, 2013). Initially trained in body-focused approaches in the 1970s, Elbrecht has laid the foundations of clay field art therapy (Elbrecht & Deuser, 2013) and guided bilateral drawing (Elbrecht, 2019), which both rely on a mix of top-down and bottom-up processing.

Elbrecht argues that Guided Drawing's "seemingly simple process of sensory perception and rhythmic expression of motor impulses allows a unique way of communicating with the nervous system." (2019, p.52). Guided Drawing uses movement, rhythmic repetition, and sensory input to explore and soothe physiological stress reactions, fostering reconnection and empowerment. Rhythmic repetition is crucial in Guided Drawing, as it brings clients out of thinking or controlling and provides structure and safety (Elbrecht, 2019).

Art Therapy in Palliative Care

In the medical field, art therapy can foster transformation and transcendence, as it allows re-authoring of self-narratives, exploration of old and new senses of self, and creation of post-illness or post-caregiving narratives (Malchiodi, 1999).

Evidence supports art therapy in an end-of-life setting as a way to improve mutual understanding between the caregiver and the patient and to promote self-expression (Park &

Song, 2020). In a systematic review of the effects of art therapy on family caregivers of cancer patients, authors found that group art making with caregivers helped reduce stress and increase positive emotions (Lang & Lim, 2014). A mixed methods pilot study of the outcomes of art therapy with caregivers of cancer patients also concluded that art-related group interventions were beneficial to caregivers, who expressed enjoyment, relaxation, a sense of flow as well as personal and existential insight through this modality (Kaimal et al., 2019).

Multiple approaches of art therapy groupwork exist, ranging from very structured to unstructured. The open studio approach, based on an informal and relaxed atmosphere (Liebmann, 2004, p. 14), is widely used in medical settings and in palliative care. In Québec, Lorenzato & Dumont (2017) have developed and implemented an open studio approach to artistic expression in palliative care that focuses on symbolic and existential creative expression. On the other hand, closed-groups and theme-based art therapy groups, that usually have a formal structure, are often used to address "particular problems or aspects of human experience, e.g. bereavement, anger, life transitions" (Liebmann, 2004, p. 15). The strength of group art therapy is that it allows expression outside of verbal communication and creates individual meaning in the context of relationships with others (Moon, 2016).

Conclusion

Information gathered in this literature review highlighted the fact that caregiving in palliative care is associated with emotional distress and psychophysiological reactions (Kes et al., 2025). The high stress and unpredictability that surrounds end-stage palliative care weights on caregivers. Throughout the course of illness, caregivers face anticipatory grief (Paulsen et al., 2025) and tend to put aside their own needs in order to prioritize their loved-one's wellbeing (Wang et al., 2018). Even though death and dying are normal parts of life, grief can be a traumatic experience. Trauma-informed care has greatly evolved in the last 35 years, and advocates for a patient, non-confrontational approach that empowers victims. Grief, quite like trauma, can be described as an embodied experience with psychosomatic repercussions (Herman, 2022; Borgstrom & Visser, 2024; Ossefort-Russel, 2018). The Expressive Therapies Continuum (ETC) provides guidelines for working with sensations, perceptions, emotions, and cognition through art-based interventions. Guided Drawing is an example of an art therapy intervention that integrates principles of the ETC to trauma-informed care. Literature shows that art therapy

can have a positive impact on caregivers in palliative care and in grief counseling (Alvarez et al., 2025; Kaimal et al., 2019; Lang & Lim, 2014; Park & Song, 2020; Uysal et al., 2025). However, no applications of trauma-informed or polyvagal influenced art therapy approach in palliative care or in grief counseling were recalled in the reviewed literature. This research addresses a gap in knowledge regarding the clinical applications of trauma-informed art therapy approaches in grief counseling.

CHAPTER 3. METHODOLOGY

This chapter will situate Intervention Research as a methodology, and address data collection, data analysis, validity, and ethical considerations.

Research Questions

The primary research question is: how can trauma-informed approaches, group art therapy and grief therapy intersect to adequately support bereaved caregivers after palliative care? The subsidiary questions are (1) what are the impacts of caregiving and grief the autonomic nervous systems? and (2) how could group art therapy contribute to the improvement of bereavement support practices in palliative care?

Intervention Research Methodology

This research follows the first 2 steps of the 5-step model of Intervention Research (Fraser & Galinsky, 2010). Intervention Research is an appropriate methodology for this research question since it is designed to look at existing knowledge on a subject and then create informed intervention principles (Fraser & Galinsky, 2010; Thomas & Rothman, 2013). Indeed, "intervention research is the systematic study of purposive change strategies. It is characterized by both the design and development of interventions" (Fraser & Galinsky, 2010, p. 459). The goal of this research is to formulate a group art therapy program that will adequately address bereaved caregiver's needs.

The first step of Intervention Research is to look at existing literature to elaborate a portrait of the problem. Through the literature review, the documented impacts of caregiving in palliative care and of bereavement were explored. The documented impacts of art therapy with caregivers in palliative care and with bereaved adults were also explored, as well as the origins and development of theoretical frameworks invoked in the research.

The second step of Intervention Research is to use the gathered knowledge on the subject to formulate an intervention program. Through this second step, "new linkages between concepts of various disciplines" (Thomas & Rothman, 2013, p. 32) can be established. The problem theory utilizes knowledge obtained in the literature review to identify risk factors and protective factors related to grief and caregiving. The program theory then addresses the malleable factors

of grief to develop an intervention program that offers a new way to support bereaved caregivers after palliative care.

Data Collection

The data consists of literature. The sources included monographs, book chapters, journal articles, and peer-reviewed literature. Data was gathered from search engines and databases such as Google Scholar, the Concordia University Library Software (Sofia), PubMed, and ProQuest as well as from public libraries. Data collection was bilingual, as both French and English literature on the selected subjects were included. Search terms have been determined to narrow the scope of research. In English, key search terms included *caregivers, caregiving, palliative care, caregiver burden, trauma-informed care, polyvagal theory, art therapy, grief,* and *end-of-life.* In French, key search terms included *proche aidance, soins palliatifs, art-thérapie, théorie polyvagale, deuil,* and *post-aidance*. Literature published in the last twenty-five years was prioritized, to focus on contemporary research. However, some primary sources that predated this time period were also included to adequately situate the selected theoretical frameworks. The data collection procedure was organized around three main areas: the impacts of caregiving in palliative care, the existing trauma-informed clinical literature, and the documented impacts of art therapy in general and in palliative care specifically.

Data Analysis

Data is analyzed by combining the selected literature to pinpoint themes and patterns (Fraser & Galinsky, 2010). In this project, the data is organized in the Literature Review and analyzed in the Findings chapter. The synthetized theoretical knowledge serves as a foundation for the subsequent intervention framework. Conclusions drawn from the first two steps of Intervention-Research remain theoretical (Fraser & Galinsky, 2010). They can inform future research though pilot testing of the suggested intervention protocol.

Validity, Reliability and Limitations

Validity and reliability are assessed in subsequent steps of the selected methodology. Effectiveness, efficacy and reliability of the suggested intervention are evaluated in the third and fourth steps of Intervention Research (Fraser & Galinsky, 2010). In the first two steps, reliability is usually higher if the selected data is recent and comes from various sources.

Limitations are related to the theoretical nature of this research in itself, along with the fact that findings might not be generalizable to grieving populations outside of the palliative care system. As the only researcher in this project, my own biases and insights might also have influenced the data collection and analysis, even though I tried to be as neutral and reflective as possible.

Ethical Considerations

Since this research remains theoretical and does not involve participants, it presents minimal risks to the targeted population. However, painting an accurate representation of the studied population still requires an ethical reflection. Gathering and analysing knowledge is a powerful act, and it can amplify some marginalized voices and open up new perspectives when it is done right. Decentering oppressive voices and structures can be an important aspect of qualitative and theoretical research. In this sense, an effort to amplify female, gender non-conforming and BIPOC voices through my data collection has been made, as they have historically faced inequity in the fields of psychology and academic research.

Positionality of the Researcher

I am a Franco-Canadian person that was born and raised in the province of Québec. I was raised in a francophone atheist middle-class household. My lineage is from Irish and settler descend. I acknowledge that, as a graduate student who has pursued higher education in North America, I have been influence by Eurocentric frameworks and ideologies that are present in the academic discourse and field. I also acknowledge that I am living, learning, and working on unceded Indigenous land, in Tiohtià:ke/Montréal. I speak the languages of the colonizers, French and English, and I benefit from privileges associated with whiteness.

CHAPTER 4. FINDINGS

This chapter details the research's findings, following Fraser & Galinsky's (2010) intervention research guidelines, which define the problem theories and specify the program theories as well as the program description. First, the problem theories will identify risk factors, protective factors, and malleable mediators, which is a crucial step in building a relevant intervention program. Then, the program theories will explore, combine, and contrast the information gathered in the literature review to formulate responses to the encountered problems. Finally, the program description section will offer an overview of the suggested group art therapy intervention program.

Problem Theories

Identification of the Problem

Caregiving in palliative care is a complex reality. Facing a loved one's terminal illness and end-of-life can be a challenging, and sometimes traumatic, experience. After their loved one's passing, bereaved caregivers go through a period of identity and meaning reconstruction. Grief is a mind and body experience that impacts the nervous system (Ossefort-Russel, 2018).

Specific resources for caregivers in palliative care are scarce, even though caregivers need an increasing amount of psychosocial support as the course of illness progresses (Paulsen et al., 2025). According to Thrower et al. (2023), only 42% of bereaved caregivers receive grief support, which motivates a call for increased clinical attention to caregiver grief (p.221). Adequate grief counseling around palliative care should be considered a health priority (Thrower et al., 2023).

Protective Factors, Risk Factors & Malleable Mediators

Literature identifies factors that affect caregiver burden. Antecedents to caregiver burden are personal attributes, social support and economic resources (Morgan et al., 2022). Caregivers who are young females, spouses of the patient, who are unemployed, who have lower level of education, who are residing in the same house as the patient and people who are of diverse ethnic and racial backgrounds experience the highest risks of caregiver burden (Morgan et al., 2022). Caregivers who have low social support score higher when it comes to depression (Morgan et al., 2022). Economic resources also affect caregiver burden, as "81% of caregivers [have] financial

concerns that negatively correlate with health, depression"(Morgan et al., 2022, p. 5) and their overall quality of life. Therefore, age, gender, relationship to the palliative care patient, employment, financial situation, ethnic or racial background and quality support network constitute potential risk factors.

Some factors related to the course of illness also affect caregiver grief, during and after the palliative care period. Having the opportunity to come to terms with the impending loss during the palliative care period could encourage post-traumatic growth in grieving caregivers (Hurst & Kannangara, 2024). Conversely, research has shown that when relatives are unprepared for the person's death and avoid conversations around it, it puts them at risk of developing complicated grief (Paulsen et al., 2025). Moreover, support groups seem to help individuals navigate grief and prevent grief-related complications (Paulsen et al., 2025).

Overall, interventions targeting fatigue, social support (Kes et al., 2025; Paulsen et al., 2025) and self-efficacy (Morgan et al., 2022) constitute malleable factors in regard to the distress experienced by caregivers in palliative care.

Program Theories

In the following section, constructivist grief counseling, polyvagal theory, the ETC and trauma-informed art therapy will be combined and contrasted to elaborate an intervention framework. First, the need for alternative forms of expression will be highlighted. Then, grief counseling will be explored through the Expressive Therapies Continuum and through the polyvagal framework. Lastly, approaches that foster empowerment will be combined. Insights emerging from these theoretical reflections will inform the subsequent group intervention program for bereaved caregivers.

The Need for Alternative Forms of Expression

Terminal illness and death are realities that can shatter world views. Bereaved caregivers face issues that are hard to put into words as they reorganize their world, their identity, and their relationships after the death of their loved one. Trauma-informed approaches and constructivist grief therapy both acknowledge the impacts of challenging situations on a person's mind and body, and advocate for a non-pathologizing approach. The documented impacts of grief are both physiological and psychological. Literature suggests that verbal retelling alone does not always

adequately support individuals through grief (Beaumont, 2013) and justifies looking into alternative forms of expression. Authors consider that body-focused approaches are essential when it comes to rebuilding a sense of safety after a potentially traumatic experience, since cognitive therapies alone are not able to "lastingly settle involuntary fear-responses triggered in the autonomic nervous system" (Elbrecht, 2019, p. xviii). When top-down approaches are insufficient, bottom-up approaches can be helpful. Art therapy is uniquely situated to provide top-down and bottom-up processing.

What distinguishes art therapy is that "when it comes time to communicate […], the art therapy client has a choice: to speak or to make art" (Morrell, 2011, p. 28). Both verbal language and artistic language are explored in sessions, which makes art therapy a multilingual form of therapy, where the linguistic concept of *code switching* can occur (Morrell, 2011). "By incorporating both code switching and language switching with visual and verbal languages, the art therapist may facilitate deeper emotional experience, assist with emotional regulation and invite a more cognitive approach to problem-solving" (Morrell, 2011, p. 30).

The palliative care framework acknowledges the impacts of terminal illness on both the mind and the body and recognizes that terminal illness affects patient and caregivers. It is a holistic, mind and body view of health that naturally intersects with trauma-informed practices. However, interestingly enough, no clinical applications of trauma-informed approaches were found in the examined literature. Palliative care, as a framework, is "attentive to the evolving and specific needs of the community" (Fortin et al., 2025, p. 11), but it could be enriched by a deeper understanding of its impacts on patients' and caregivers' nervous systems. Porges (2025) describes PVT as the *science of safety* and advocates for applying it in a variety of clinical fields, hence moving "closer to creating systems and communities that support not only survival, but the fullest expression of what it means to be human" (p. 183).

Building art therapy intervention programs that foster increased access to a sense of relative safety and regulation could have a positive impact on caregiver grief. It could prevent adverse consequences and set up the necessary conditions for growth and resilience. This is relevant since "the concept of post-traumatic growth proposes that creative abilities may actually increase post-trauma and suggests that individuals may be able to transform negative life experiences and use creativity as a way of coping with adversity" (Malchiodi, 2020, p. 34).

Accordingly, this intervention program combines grief counseling and trauma-informed body focused art therapy to provide a structure that could enhance self-efficacy, raise social support, and reduce fatigue in bereaved caregivers. As a group level intervention, it will also offer social support and provide nervous system co-regulation opportunities.

Grief Through the Expressive Therapies Continuum Framework

Navigating grief requires a back-and-forth movement between the Self and Other, between the inside and the outside. Bereaved caregivers can benefit from revisiting the course of illness and their relationship to the deceased, while also exploring and expanding their sense of self and reconnecting to their own needs. Caregivers, who have often had to prioritize someone else's needs and wellbeing for an extended period of time, can find it particularly difficult to reconnect to their own needs once the palliative care period is over. Since grief has impacts on the brain, body, and mind, it might require both top-down and bottom-up processing, much like trauma healing.

By matching interventions to the different levels of the ETC framework, art therapists can offer an integrative approach to grief counseling. While the Kinesthetic/Sensory level of the ETC provides opportunities to reconnect to the body, the Perceptual/Affective level encourages reframing and emotional processing, and the Cognitive/Symbolic level connects to meaning making and problem solving. There seems to be a natural fit between the different levels of the ETC and themes frequently explored in grief counseling such as honoring, remembering, reframing, transforming, reconnecting, and letting go.

According to the constructivist perspective, individuals are drawn to elaborate and maintain narratives that impose meaning on their lived experiences, and these meaningful narratives are shaken by grief (Neimeyer et al., 2010). These goals connect with the PA and CS levels of the ETC, which can be used to broaden perspectives, explore new meanings and integrate conflicting experiences. Caregiving can be associated with a belief system that connects the caregiver's sense of self and worth to the act of giving. While caregiving can give purpose to a person through a difficult period, loss can challenge a world of meaning (Neimeyer et al., 2010). After the death of a loved one, grievers can engage in one of two meaning-making coping strategies: *assimilation* or *accommodation*. *Assimilation* adheres to pre-loss beliefs and narratives, whereas *accommodation* reorganizes, expands or deepens pre-loss beliefs and

narratives to acknowledge the reality of the loss (Neimeyer et al., 2010). “Regardless of whether assimilation or accommodation predominates, the goal is to re-establish a (sufficiently) coherent self-narrative and […] sense of meaning” (Neimeyer et al., 2010, p. 75).

Grief and Polyvagal Theory

With cognitive, physiological and emotional manifestations, grief is an embodied experience (O’Connor, 2019; Ossefort-Russel, 2018). As previously stated, neuroscience reveals that grief has considerable impacts on brain activity (Gündel et al., 2003). Engaging PVT in grief counseling could expand clinical work. Broadening nervous system capacity can help clients and therapists withstand existential concerns. Both the slowing down of the parasympathetic nervous system (ventral vagal and dorsal vagal) and the sympathetic mobilization serve a purpose in grief: the ventral vagal break allows slowing down to restore, while mobilization is necessary when it comes to returning to activities, trying out new roles or seeking out support (Ossefort-Russel, 2018). Therefore, adequate PVT-informed grief counseling should include an oscillation between the two processes of ventral vagal and sympathetic functioning (Ossefort-Russel, 2018). The gentle movement that happens during art making can also support bereaved caregivers in moving from dorsal vagal immobilization towards more sympathetic mobilization. Moreover, while engaging in gentle body-oriented art tasks with a group and art therapist that feels supportive, participants can experience both ventral vagal connection and more sympathetic mobilization.

Fostering Empowerment

Self-efficacy seems to be a malleable factor in caregivers’ experience of distress (Morgan et al., 2022), which suggests that when they feel competent and empowered to act, they may experience less traumatic symptoms. These findings are consistent with Levine’s (1997) conceptualization of trauma, which stems from a person’s inability to act or sense support from others during a traumatic event and can lead to persistent dysregulation.

Offering psychoeducation on grief, nervous system regulation and the mechanisms involved in art therapy could have a positive impact on clients who are facing unfamiliar realities. Explaining and normalizing grief responses with bereaved caregivers is recommended by Waldrop (2007). Marsman et al. found that including psychoeducation on the ETC within an art therapy program improved emotion regulation, increased autonomy and helped gain new

insights (2024). Trauma-informed care and PVT also both agree that offering psychoeducation to clients helps them feel empowered and able to act. Through the polyvagal lens, clinicians are encouraged to humanize their responses to grief and to offer information on grief that would reduce shame and self-criticism (Ossefort-Russel, 2018).

Body focused art therapy offers accessible ways to engage creativity and encourage empowerment. Based on routine, rhythmic movements and repetition, Guided Drawing as a technique can provide a safe and predictable frame (Elbrecht, 2019). As Elbrecht explains it, the structure of Guided Drawing counterbalances the clients' felt sense of helplessness and turns passive suffering into active responses that align with inner needs (2019). This encourages clients to move from survival to aliveness and action. Guided drawing does not focus on the finished product; it rather offers an opportunity to track body sensations through bilateral scribbling. This approach emboldens clients to let emotions emerge and flow, and reminds them that inner needs and impulses do not always need to be managed (Elbrecht, 2019).

While constructivist grief therapy does intersect with the ETC framework with its focus on narrative retelling and therapeutic writing (PA and CS levels of the ETC), it does not seem to adequately acknowledge the embodied aspects of grief. An integrative, trauma-informed body aware art therapy program that combines the ETC framework with guidelines of constructivist grief counseling could support bereaved caregivers and help them explore grief and reconstruction.

Program Description

This 15-week art therapy group is designed to support caregivers through grief. It merges trauma-informed care with constructivist grief therapy. The structure of the program offers a predictable rhythm and fosters participation and agency, as recommended by Porges' intervention design guidelines for regulation and co-regulation (2025), while also rethinking Herman's (2022) trauma-informed guidelines to offer more pendulation. Sessions offer opportunities to explore meaning making and identity restructuration, as outlined by constructivist grief therapy guidelines (Neimeyer et al., 2010), while also encouraging information processing on all levels of the ETC (Hinz, 2020).

Overarching goals are (1) to reconnect to the self and move towards nervous system regulation or co-regulation, (2) to explore and expand the sense of self through identity reformation, and (3) to explore grief and meaning making.

Group Work

This group program is designed as a closed group that would run for 15 weeks with 8 members. Closed group allow members to get to know each other, to build trust and to share on a deep level (Liebmann, 2004), while longer sensorimotor intervention programs are associated with more positive results (Kuhfuß et al., 2021). Group work also offers co-regulation opportunities, which is an important part of PVT (Haeyen, 2024) and addresses social support as a malleable factor.

While the recommended number of participants for group art therapy ranges from 4 to 12 (Liebmann, 2004), this intervention program plans for 8 group members. This group composition will suit the practical considerations around time management as well as necessary space and art materials.

Population

This intervention program is designed for adults who have been caregivers in another adult's end-of-life. Participants are required to have been 18 years or older while they were involved in their caregiving role, since caregiving in youth is a different experience in itself (Hendricks et al., 2021). Participants can be immediate family or extended family members, as long as they were involved in caregiving through end-of-life.

Counterindications Since this intervention program is designed specifically for caregivers who are experiencing grief after a loved-one's terminal illness, it might not adequately support individuals who are experiencing other forms of bereavement (suicide, accident, homicide, etc.). Counterindications would also include individuals who are experiencing any form of urgent mental health crisis, such a suicidal ideation or active psychosis. These individuals should be referred to the appropriate professionals, which could also be art therapists but would have specific intervention plans for their needs.

Location

This intervention program is designed to be offered in a community setting, such as palliative care day center or a community organization. Group members would be seen as outpatients. In the community setting, the room in itself needs to accommodate 8 people who will be engaging in artistic tasks at the same time. Since Guided Drawing will be part of every session, participants need at least enough space to move freely while using A2 paper format. Ideally, the room should also provide running water in order for group members to be able to use watercolor, paint, and messy materials easily.

Referral and Intake

Collaboration with hospices, hospitals and palliative care establishments can provide referrals. The intake process assesses participants and determines whether their needs would be adequately met by the suggested group art therapy intervention program. An intake interview should be conducted with bereaved caregivers who wish to join the group, to ensure that they are ready and willing to commit to the whole group process. During the intake, group leaders should gather information on the course of illness, on the relationship to the deceased and on the bereaved caregiver's general health (mental health and physical health). The initial screening also triages caregivers to ensure individuals who might meet the population's exclusion criteria be referred to the appropriate complementary psychosocial service.

Leading the group

This intervention program is designed to be led by a team of two mental health professionals, from which at least one should be an art therapist. As previously mentioned, art therapists can offer both verbal and embodied forms of expression to their clients.

When a group is co-led by a team of therapists, interactions between the therapists can model prosocial communication. Co-leading a group can also foster safety and regulation in the group leaders themselves, since they can rely on each other and share responsibilities. A multidisciplinary and collaborative approach also suits palliative care and its holistic definition of health. Recommendation to co-lead this intervention program would enrich clinical practice.

Art materials

This intervention program follows Hinz's ETC guidelines on choice of material. Therefore, the group should provide markers, pencils, oil pastels, soft pastels, paint, watercolor, clay, and a variety of found objects that could be used in 3D creations.

The sensorimotor approach to art therapy (Elbrecht, 2019) also specifies paper size and art materials. In order to engage in guided drawing exercises, group members need multiple A2-size sheets of paper, as well as oil pastels, chalk pastels and fingerpaint (Elbrecht, 2019).

In addition to the listed ETC and Guided Drawing material, watercolor paper, ink, scissors, cardboard, magazines, hot glue, and glue sticks should be available, as well as various sizes and colors of paper.

Confidentiality

In art therapy, artwork storage needs to be approached with the same concern for confidentiality that accompanies record keeping. Client's artwork and portfolio should be kept out of sight and protected. To ensure confidentiality around client's artwork, portfolios should be kept in a locked cabinet in between sessions. After each session, group leaders would store the client's artwork in their respective portfolios and lock the cabinet. Storing portfolios in a locked cabinet between sessions also provides distance from the artwork and will facilitate the termination reviews.

Structure of the Program

The first phase of the program will consist of 8 sessions that will alternate between connection to the self and remembrance and mourning. During this phase of the program, the goals will be to be with the dysregulation and move towards nervous system regulation and co-regulation, while also exploring and expanding the bereaved caregivers' sense of self. The second phase of the program will consist of 4 sessions and focus on reconnection and integration, to explore reconstruction and meaning making in grief. The final phase of the program will consist of 3 sessions and focus on art reviews and goodbyes, knowing that "the closing phase of therapy has spill-over benefits into the numerous separations and losses" (Landgarten, 1991, p. 176) that caregivers have faced and will face in their lives.

Each session will last two hours and take place weekly over the course of approximately four months, which will result in a 15-week group program. Sessions 2 to 12 will start with 10 minutes of guided drawing exercises followed by a quick verbal check-in for participants to share how they are coming in. The session's theme will then be introduced by the group leaders, and 45 minutes will be allotted to artistic exploration and creation. As the creation time comes to an end, participants will be invited to bring their artwork to the front of the room, where they will be displayed for the following part of the group. Participants will be offered a 10-minute break, during which group leaders can rearrange the seating options for the discussion part of the group. After the break, participants will each have time to share their thoughts and reflections on the session's theme and on their artwork. Up to 45 minutes will be allotted to discussion time. For a group of 8 participants, each participant would have a little more than 5 minutes to talk about their experience. The last 10 minutes of the session will be allocated to a closing ritual. The rituals at the beginning and end of the sessions will encourage movement and active participation and provide opportunities for regulation and coregulation. This predictable and steady structure will support group members as they experience potentially stronger feelings and greater dysregulation though the sessions, and support pendulation as they connect back to the here-and-now through the closing ritual.

The suggested outline of sessions allows group members to experience both verbal and artistic expression every session. Through this structure, participants benefit from code switching (Morrell, 2011), engage in both top-down and bottom-up processing and gradually build neuroception skills (Elbrecht & Deuser, 2013; Porges, 2022). The program also supports grief through the Kinesthetic-Sensory, Perceptual-Affective and Cognitive-Symbolic levels of the ETC (Hinz, 2020), alternating between levels and goals of intervention from session to session. To enhance participation and foster empowerment, group leaders will additionally offer psychoeducation on nervous system, grief, and art therapy.

Participants will be informed that they only need to disclose what feels comfortable during the discussions and that they will always have the option to either just listen to the other participants or step out of the room if the theme or discussion feels too distressing, knowing that a group leader will check on them if they do.

First phase: sessions 1 to 8

The first phase of this intervention program pairs step 1 and 2 of Herman's trauma-informed model (Herman, 2022), while alternating between sessions that (1) focus on coming back to the self and sessions that (2) explore remembrance and mourning. This back and forth will pace the interventions and ensure that group members explore past and present experiences around caregiving and bereavement.

Session #1. The first session of the group will introduce Guided Drawing as a technique, and touch on basic definitions of nervous system regulation, trauma, and grief. Around "getting started" as a theme, the group leader and members will first come together to establish group norms and co-create a frame that foster safety. The group members will be invited to identify elements that would help them feel safe enough in the group, and to quickly illustrate them or write them down. Group leaders can add confidentiality and additional boundaries to the group norms if those elements did not emerge from the group member's needs. Pieces of paper depicting the identified elements will be brought together and assembled on a A2 piece of paper that will offer a visual reminder of the group's needs and norms. This co-creation of the group norms will encourage participation and agency in group members. The group leaders will then go over the planning of the group and the structure of the sessions, before introducing Guided Drawing and basic definitions of nervous system regulation and co-regulation, trauma-informed practice, and grief counseling. Going over the structure and the rationale will offer a predictable outline of what will happen in the group, which can be reassuring. Next, 30 minutes will be dedicated to an introduction to Guided Drawing. After a short break, group members will come together to discuss their experience and share their thoughts and reflections on the beginning of the group process. Finally, a closing ritual will end the first group session.

Session #2 to 8. Sessions 2 to 12 will follow the previously detailed session structure (10 minutes of guided drawing, check-in, theme, 45 minutes of artwork, 10 minutes break, 45 minutes of discussion and closing ritual). The second session will focus on exploring identify and sense of self, around "what I need" as the theme. Group members will create an imaginary creature that could represent them and then think of environment and elements that could fulfill the creature's needs. The session will encourage participants to come back to the self and to center their own needs and experiences.

The third session will initiate grief exploration. The theme of the session will be “the person I took care of”, and participants will be invited to introduce their loved one to the group through the use of symbols.

The fourth session will bring participants back to grounding and connection to the self. Presented with “abstract landscape” as a theme, group members will be invited to use oil pastels to fill two whole pages with colors that would represent a place where they feel like they can be themselves or be at ease. Both images will be kept in the client’s portfolio, but one of them will be reused and transformed in a subsequent group session while the other will act as a keepsake.

During the fifth session, group members will explore sensory-based memories. Through smell, sight, hearing, tasting or touch, they will be invited to represent and honor a significant aspect of their relation to the deceased.

The theme of the sixth session will be “inside/outside”, and group members will be invited to work with boxes to explore what is visible on the outside and what is kept on the inside. This session will focus on reconnection to the self.

Sessions 7 and 8 will dive more deeply into grief exploration. The theme of the seventh session will be “the map”, and participants will be invited to explore the course of caregiving and grief through the creation of a timeline-inspired road or path. During the eighth session, participants will explore “growing around grief” (Tonkin, 1996) as a theme, and create a mandala that expands around an initial ink blot. One of the two images created during the fourth session will also be covered with ink, to be used as a scratch card during the next session.

Second phase: sessions 9 to 12

The second phase of the intervention program focuses on reconnection and integration, which is the third phase of Herman’s tri-phasic model (Herman, 2022). During the ninth session, “under the surface” will be offered as theme, and members will be invited to use their ink-covered oil pastel creation as a scratch card. “Full-size body silhouette” will be suggested on the tenth session, to explore the complexity of identity reformation and integrate multiple elements to the expanded sense of self. The eleventh session, guided by “reuse, recycle, transform” as a theme, will invite group members to create large collages out of their previous sessions’ guided drawing papers. Then, during the last session of the second phase of the program, under the

theme “together and apart”, group members will each leave a trace on a A1 paper that will then be divided into 8 A4 papers to create a mosaic-like collective artwork.

Third phase: sessions 13 to 15

The third and final phase of the intervention program addresses termination. Sessions 13 and 14 will be dedicated to the art task reviews (Landgarten, 1991), which represents an important step towards the termination of the therapeutic process. 30 minutes will be dedicated to each participant’s artwork review, and the whole group should be present for each member’s review period. Session 15, the very last session of the group, will focus on nervous system regulation and co-regulation, providing an opportunity to connect to the self, to others and to meaning. During that last session, group members will have 45 minutes to experiment with bilateral sensorimotor drawing, on A2 paper with either oil pastels, chalk pastels or fingerpaint. After the break, participants will be invited to share their impressions of the group, their perceptions of their own growth and what they like or disliked throughout the 15-weeks process.

Conclusion

The current chapter detailed the findings on caregiver’s experience of palliative care and suggested a trauma-informed grief art therapy group program that could be implemented into hospices, community settings, or palliative care day centers. Aimed at reducing fatigue, raising social support, and increasing self-efficacy, the overarching goals of the intervention program are to reconnect to the self and move towards nervous system regulation or co-regulation (while also experiencing the feelings of grief), to explore and expand identity and sense of self, and to explore meaning-making in grief. Inspired by trauma-informed approaches and guidelines in grief counseling, the program weaves pendulation into its very structure, and allows bereaved caregivers to reconnect to their own needs while also honoring their loved-one’s memory. To further enrich clinical practice, art therapists should pilot this intervention program with bereaved caregivers.

Table 1 - Outline of Intervention Program

#	Theme	Suggested Intervention	OG*	ETC level	Herman's model
1	Getting started Introduction to guided drawing	Guided drawing	1	KS	Back to self
2	*What I need*	Self as a little creature (color clay and mix-media)	2	PA CS	Back to self
3	*The person I took care of*	Presentation of their loved one through symbol	3	CS	Remembrance, mourning
4	*Abstract landscape*	Oil pastels on paper, focus on color that feel soothing or nurturing	1	KS PA	Back to self
5	*Sensory-based memory to honor*	Representing a sensory-based memory of their loved one that they want to keep	3	CS KS	Remembrance, mourning
6	*Inside and out*	Self-box and exploring what is shown on the outside, what is kept on the inside	1 2	CS PA	Back to self
7	*The map*	Creating a road/path and exploring course of caregiving and grief	1 3	PA CS	Remembrance, mourning
8	*Grow around grief*	Mandala, growing around initial ink trace that represents grief (also cover #4 artwork with ink for scratch card)	2 3	KS PA	Remembrance, mourning
9	*Under the surface*	Scratch card: repetition and patterns	1 2	PA CS	Reconnection, integration
10	*Full-size body silhouette*	Identity reformation through a full-size body silhouette that can be filled with symbols and elements	2	KS CS	Reconnection, integration
11	*Reuse, recycle, transform*	Collage out of the guided drawing papers	2 3	PA CS	Reconnection, integration
12	*Together and apart*	Collective artwork that they each take a part of. Leaving a trace on a page, cutting up for 8 individual pieces, creating mosaic of individual/group artwork	2 3	KS PA CS	Reconnection, integration
13	Art recap (4)	-	-	PA CS	
14	Art recap (4)	-	-	PA CS	
15	Saying goodbye	45 minutes of guided drawing	1 2 3	KS PA CS	

*Overarching Goals:

1. Reconnect to the self and move towards nervous system regulation and co-regulation
2. Explore and expand sense of self and identity
3. Explore grief and meaning making

CHAPTER 5. DISCUSSION

Revisiting the Research Questions

The purpose of this research was to explore the impacts of caregiving in palliative care and grief on adults, and to investigate integrative approaches that could adequately meet the needs of bereaved caregivers and support them. The primary research question was how can trauma-informed approaches, group art therapy and grief therapy intersect to adequately support bereaved caregivers after palliative care? In order to answer this research question, two subsidiary questions were formulated, which were (1) what are the impacts of caregiving and grief the autonomic nervous system? and (2) how could group art therapy contribute to the improvement of bereavement support practices in palliative care?

This research clarified that caregiving in palliative care was associated with high rates of anxiety, depression, and physiological complaints, and that the palliative care period could spread over a period of several weeks to several months, further contributing to caregiving being a challenging and exhausting experience.

This research investigated the intersections of grief and trauma since overwhelming experiences can lead to the emergence of trauma responses in the body. It clarified the impacts of grief on the brain, body and emotions, and reframed grief responses as adaptative and protective. It also explored the connection between grief and the nervous system, through the Polyvagal Theory lens. It subsequently integrated trauma-informed guidelines into grief therapy and utilized the Expressive Therapies Continuum (ETC) and body focused art therapy to elaborate an integrative group art therapy intervention program that would address the physiological, emotional, and cognitive dimensions of bereavement after a palliative care period.

New Insights

The suggested intervention program has been carefully crafted to foster empowerment and nervous system regulation, to accommodate both verbal and artistic processing, and to oscillate between the connection to the self and the process of remembrance and mourning that are involved in both grief counseling and trauma healing. This research emphasized the natural fit between the different levels of the ETC framework and elements that bereaved individuals address in therapy, such as honoring, letting go and exploring transformation. Since grief has

documented impacts on regions of the brain that are involved in autonomic regulation, episodic memory, mentalization and emotional processing (Gündel et al., 2003), it can involve experiences that are hard to put into words and that are better expressed through alternative means. While the KS level of the ETC invites group members to reconnect to the wisdom of their bodies (Hinz, 2020), the PA level shifts perspectives, and the CS level elaborates meaning (Hinz, 2020).

Combining grief counseling to body-focused trauma-informed art therapy could provide a framework that would adequately address the embodied repercussions of caregiving and grief on a person's nervous system. This research found that group art therapy was uniquely situated to support individuals by working with both the mind and the body to process difficult experiences and elaborate meaning. Group art therapy offers a chance to forge connections, co-regulate, build supportive relationships, and benefit from positive and validating social interactions. It also encourages active participation and reconstruction, and strengthens the connection to playfulness, action, and curiosity.

This research project also highlighted how trauma-informed care could benefit bereaved individuals, in a non-pathologizing way, as it focuses on empowerment, self-agency and reconstruction, reframing highly adaptative nervous system responses. Similarly to the trauma-informed tri-phasic model that works towards reconnection to the self and integration (Herman, 2022), grief counseling reorganizes past and current beliefs and experiences and reconstructs meaning and identity after a significant loss.

Evolution of the Project

When I started gathering information for this research project, I initially set out to apply guidelines of trauma-informed care to caregiver support *during* palliative care. I quickly discovered that caregivers in palliative care face unpredictable timelines. Understandably, during that unpredictable period, caregivers would often prioritize spending time with their palliative care loved ones over other commitments, such as participating in time-consuming forms of self-care. Moreover, through a trauma-sensitive lens, I learned that the nervous system had more capacity for processing and connecting when the 'dangerous feeling experience' is no longer present (Malchiodi, 2020; Elbrecht, 2019; Levine, 1997). In end-of-life care, the impending death represents a constant danger. It is theorized that "one cannot engage in any kind of trauma

processing before having established safety" (Elbrecht, 2019, p. 61). While literature upheld the importance of caregiver support during palliative care, I believe that it would not have been appropriate, not realistic, to suggest a 15-week support group to caregivers while their loved ones were navigating end-of-life.

Even though caregivers experience anticipatory grief during palliative care, they also revisit their experiences, relationships and identify after the death of their loved ones. The stress and strain of caregiving can leave them exhausted and conflicted, as they experience both sorrow and some form of relief. As I gathered information on the impacts of caregiving during and after palliative care, I readjusted the aim of my research project to build a trauma-informed grief art therapy support group that could be offered as a subsequent form of support, after the palliative care period.

Potential Implications

Until this intervention program is brought into practice, insights remain theoretical. To further develop this project, future research could follow the remaining steps of Fraser & Galinsky's (2010) model. This would consist in refining and confirming the program's efficacy, testing its effectiveness in a clinical setting and disseminating the program's findings and materials (Fraser & Galinsky, 2010). Moreover, clinicians could adapt parts of this intervention model to meet the needs of other bereaved populations, such as individuals who have experienced the death of a loved one by suicide or homicide. Clarifying the connections between trauma and grief, this research encourages therapists to foster integrative, bottom-up and top-down processing with their bereaved clients.

Limitations

Non-Linear Healing

Healing is not linear. I could not wrap this project up without addressing it. The loss of a loved one can be experienced as a deep psychological and embodied wound. Each person lives through loss differently, in light of past experiences, personal temperament and available social support. Step by step intervention models that were once believed to adequately depict the grieving process are now recognized as inadequate, since they do not match the experience of bereaved individuals (Maltais & Cherblanc, 2020). Forcing a predetermined grieving process on

someone can bring forth shame. Therefore, clinicians should keep in mind that grief responses serve a purpose and that the grieving client's internal rhythm should be prioritized over a predetermined course of treatment. In the same way, clients preferred levels on the ETC framework should be honored, and art therapists should be mindful not to push their own expectations of healing and growth on their client's creative processes. Trusting the client's internal wisdom through the ETC might look like allowing them to spend most sessions doing the same thing if that feels supportive and comfortable to them. As grief causes caregivers' bearings to collapse, it opens up a deeply intimate and indescribable space that rarely matches the academic field's desire to categorize and resolve human suffering.

Systemic lens

Terminal illness and caregiving exist within a system that puts a lot of strain on families and individuals. Since literature shows that support during the palliative care period has an impact on the caregivers' distress and adaptation after it (Hurst & Kannangara, 2024; Paulsen et al., 2025; Zech et al., 2023), this intervention program would have a broader impact if it was combined to an open-studio art therapy program offered during the palliative care period. During the unpredictable and stressful palliative care period, trauma-informed interventions should focus on the here-and-now. A low-barrier and low commitment open-studio approach implemented into palliative care units and establishments would promote accessibility and provide support to caregivers during that period. Future research could explore the systemic ramifications of terminal illness, palliative care and caregiving, and their repercussions on the caregivers' nervous system.

Multicultural considerations

Future research could also explore multicultural caregiving and grief since a person's cultural background could affect their experience of caregiving. Indeed, "caregivers look to their culture and society for caregiving expectations and justifications. [They then] internalize cultural perceptions of their role" (Anngela-Cole & Busch, 2011, p. 322). A multicultural study compared emotional responses to caregiving in different ethnocultural groups in Hawai'i, and illustrated how cultural groups categorized as interdependent (Chinese, Japanese and Native Hawaiian) had different perception of stress and response to grief than cultural groups categorized as independent (American, European) (Anngela-Cole & Busch, 2011). Since

caregivers of diverse ethnic and racial background seem to experience higher rates of caregiver burden (Morgan et al., 2022), cultural and contextual adaptations of this intervention program (Fraser & Galinsky, 2010) should be taken into consideration.

CHAPTER 6. CONCLUSION

This theoretical intervention research project explored the potential intersections of trauma-informed approaches, grief counseling, and group art therapy to enrich clinical practices with bereaved caregivers in palliative care. Specifically, it investigated the impacts of caregiving and grief on an adult's autonomic nervous system and examined art therapy's inherent mechanisms and the ways that they could address these impacts.

The second chapter of this paper reviewed the literature and situated theories that informed intervention programs for bereaved caregivers. The third chapter presented Intervention-Research (Fraser & Galinsky, 2010) as a methodology and established its relevance in the context of this project. The fourth chapter synthesized findings from the literature to develop the outline of both a top-down and bottom-up polyvagal-informed and ETC guided group art therapy intervention program for bereaved caregivers. Finally, the fifth chapter consisted of a short discussion that addressed new insights, future implications and limitations.

The suggested intervention program was designed to address the need for alternative forms of expression, the importance of fostering empowerment, and a new clinical understanding of grief through the polyvagal lens and art therapy's ETC framework. The outline of the program was conceived to allow group members to experience both verbal and artistic expression every session, to benefit from code switching (Morrell, 2011), to engage in both top-down and bottom-up processing and to gradually build neuroception skills (Elbrecht & Deuser, 2013; Porges, 2022). The program was also built around the Kinesthetic-Sensory, Perceptual-Affective and Cognitive-Symbolic levels of the ETC (Hinz, 2020), alternating between levels and goals of intervention from session to session.

To further explore this research's insights, future research could refine the program's efficacy, test its effectiveness, and disseminate the findings, in the hope that it would encourage the "fullest expression of what it means to be human" (Porges, 2025, p.183).

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