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THE EFFECT OF GROUP-BASED COMPLICATED GRIEF TREATMENT ON REDUCING PROLONGED GRIEF SYMPTOMS IN ADOLESCENTS AFTER THE DEATH OF THEIR MOTHERS

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Abstract

The loss of a mother is an experience that almost always evokes sadness in adolescents. However, in some adolescents, the grieving process does not develop adaptively and instead persists, interfering with emotional, social, and academic functioning. This condition is known as prolonged grief and constitutes a serious psychological problem because it occurs during adolescence, a crucial developmental phase for the formation of identity, emotion regulation, and independence. Nevertheless, psychological intervention studies that specifically target prolonged grief in adolescents after the death of a mother in Indonesia are still limited. This study focuses on adolescents because this group tends to exhibit prolonged grief symptoms that are more internalizing in nature, such as deep sadness, rumination, and intense yearning, and because they generally have stronger attachment relationships with their mothers. This study aims to examine the effect of group-based Complicated Grief Treatment (CGT) on reducing prolonged grief symptoms in adolescent girls after the death of their mother. The research method used was a quasi-experimental design in the form of a non-equivalent control group design, with pre-test and post-test measurements using The Inventory of Complicated Grief (ICG). The results of the analysis using the Wilcoxon test showed that the experimental group receiving group-based CGT experienced a significantly greater reduction in prolonged grief symptoms compared to the control group (sig. $< \alpha = 0.05$), with a large effect size ($r = -0.83$). The findings indicate that the experimental group showed a significant decrease in prolonged grief symptoms compared to the control group. These results demonstrate that group-based CGT is effective in helping adolescent girls manage emotions related to loss and restore adaptive functioning in their daily lives.
Keywords: *Complicated Grief Treatment, prolonged grief, adolescents, maternal loss, group therapy.*

Abstrak

Kehilangan ibu merupakan pengalaman yang hampir selalu menimbulkan kesedihan pada remaja. Namun, pada sebagian remaja, proses duka tidak berkembang secara adaptif dan justru menetap serta mengganggu fungsi emosional, sosial, dan akademik. Kondisi ini dikenal sebagai duka berkepanjangan dan menjadi masalah psikologis serius karena terjadi pada masa remaja, yaitu fase perkembangan yang krusial dalam pembentukan identitas diri, regulasi emosi, dan kemandirian. Meskipun demikian, penelitian intervensi psikologis yang secara khusus menargetkan duka berkepanjangan pada remaja pasca kematian ibu di Indonesia masih terbatas. Penelitian ini memfokuskan pada remaja karena kelompok ini cenderung menunjukkan gejala duka berkepanjangan yang lebih bersifat internalisasi, seperti kesedihan mendalam, ruminasi, dan kerinduan intens, serta memiliki relasi kelekatan yang lebih kuat dengan figur ibu. Penelitian ini bertujuan untuk menguji pengaruh Complicated Grief Treatment (CGT) berbasis kelompok terhadap penurunan gejala duka berkepanjangan pada remaja perempuan pasca kematian ibu. Metode penelitian yang

digunakan yaitu kuasi-eksperimental berbentuk non-equivalent control group-design, dengan pengukuran pre-test dan post-test menggunakan alat ukur The Inventory of Complicated Grief (ICG). Hasil analisis menggunakan uji Wilcoxon menunjukkan bahwa kelompok eksperimen yang menerima CGT berbasis kelompok mengalami penurunan gejala duka berkepanjangan yang signifikan dibandingkan dengan kelompok kontrol (sig. < α=0,05) serta ditemukan effect size yang tergolong besar (r=-0,83). Hasil penelitian menunjukkan bahwa kelompok eksperimen mengalami penurunan gejala duka berkepanjangan yang signifikan dibandingkan kelompok kontrol. Temuan ini menunjukkan bahwa CGT berbasis kelompok efektif dalam membantu remaja perempuan mengelola emosi kehilangan dan memulihkan fungsi adaptif dalam kehidupan sehari-hari.
Kata Kunci: *Complicated Grief Treatment, duka berkepanjangan, remaja, kehilangan ibu, terapi kelompok.*

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INTRODUCTION

The loss of a parent is one of the most emotionally stressful life events and can have long-term effects on an individual's mental health.[1] This event involves not only a physical loss but also the loss of an emotional relationship that has deep meaning in the individual's life. The impact of such a loss becomes even more complex when it occurs in adolescence, a developmental phase marked by simultaneous biological, psychological, and social changes. At this stage, adolescents are searching for their identity, developing emotional independence, and experiencing an increased need for support from their primary attachment figures.

Within the family, the mother often serves as the primary attachment figure who provides a sense of security (*secure base*), an emotional refuge (*safe haven*), and affective support in daily life.[2] The mother's presence is important not only in meeting physical needs but also in psychological development, especially in the formation of emotion regulation and identity. The death of a mother in adolescence can therefore cause deeper psychological shock than the loss of other family members, because adolescents lose their main source of security and emotional stability.

Various studies show that adolescents who lose a parent are at higher risk of mental health disorders than those who do not. The World Health Organization (WHO)[3] affirms that significant loss during development is associated with an increased risk of emotional and behavioural

[1] J. Bowlby, *Attachment and Loss, Vol. 3: Loss: Sadness and Depression* (New York: Basic Books, 1980); G. A. Bonanno, "Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive after Extremely Aversive Events?" *American Psychologist* 59, no. 1 (2004): 20–28, https://doi.org/10.1037/0003-066X.59.1.20.

[2] Bowlby, *Attachment and Loss*; L. Steinberg, *Adolescence*, 11th ed. (New York: McGraw-Hill Education, 2017).

[3] World Health Organization, "Adolescent Mental Health," WHO, 2019.

disorders and reduced social functioning into adulthood. In addition, the loss of a mother is often followed by significant changes in family structure, caregiving roles, and relational dynamics within the family. These changes can make it harder for adolescents to adapt to the reality of the loss and increase their vulnerability to psychological problems.

In general, the initial response to the death of a loved one is marked by deep sadness, yearning, crying, feelings of emptiness, and emotional shock. These reactions are normal and reflect a natural grieving process. Kübler-Ross and Kessler[4] emphasize that grieving is individual and does not follow rigid stages. For most people, the intensity of grief gradually decreases over time, followed by the ability to accept the loss and return to an adaptive life. In some individuals, however, especially adolescents, this process does not always proceed optimally.

A preliminary survey and screening of adolescents who had lost their mothers found that some still showed high grief intensity even though the death had occurred more than six months earlier. They tended to experience strong yearning, difficulty accepting the reality of the death, and recurring self-blaming thoughts and rumination. Behaviourally, this condition was marked by withdrawal from the social environment, decreased motivation to study, and avoidance of things that reminded them of their mothers. Physical complaints such as sleep disturbance, fatigue, and low energy also appeared. These findings show that in some adolescents the grieving process does not develop adaptively but persists and disrupts daily functioning, leading to prolonged grief.

From the perspective of attachment theory, the loss of a primary attachment figure such as the mother activates the attachment system intensely and for a long time. The individual experiences anxiety, insecurity, and difficulty in self-soothing.[5] This condition becomes more complex in adolescence, given that emotion regulation is not yet fully developed while the need for emotional support increases.[6] Neuropsychologically, the limbic system, which processes emotion, develops faster than the prefrontal cortex, which is responsible for self-control.[7] This imbalance makes adolescents more vulnerable to intense emotions and to difficulty in managing emotional stress.

Besides affecting emotion regulation, the loss of a mother also affects the formation of adolescent identity. Erikson[8] states that adolescence is a crucial period for identity formation. Losing the mother in this phase can disrupt the continuity of the self and lead to identity confusion. This is in line with the DSM-5-TR, which states that one of the main symptoms of Prolonged Grief Disorder (PGD) is identity disruption, namely the feeling that part of oneself has

[4] E. Kübler-Ross and D. Kessler, *On Grief and Grieving* (New York: Scribner, 2014).
[5] Bowlby, *Attachment and Loss*.
[6] Steinberg, *Adolescence*.
[7] B. J. Casey, R. M. Jones, and T. A. Hare, "The Adolescent Brain," *Annals of the New York Academy of Sciences* 1124, no. 1 (2008): 111–26, https://doi.org/10.1196/annals.1440.010.
[8] E. H. Erikson, *Identity: Youth and Crisis* (New York: W. W. Norton, 1968).

died along with the deceased.[9] In addition, cognitively and existentially, the loss of a mother can give rise to feelings of emptiness, loss of meaning in life, and difficulty imagining the future.[10]

Theoretically, prolonged grief is understood as an individual's failure to integrate the reality of loss into his or her cognitive and emotional system. The Dual Process Model of Grief explains that adaptation to loss involves oscillation between loss orientation and restoration orientation.[11] In individuals with PGD, however, this process is unbalanced, so they tend to become stuck in loss orientation and find it difficult to move towards restoration.

This condition shows the importance of structured, evidence-based psychological interventions for prolonged grief. Complicated Grief Treatment (CGT) is one approach developed specifically for this condition, integrating principles from attachment theory, cognitive-behavioural therapy, and interpersonal therapy.[12] The intervention focuses on helping individuals accept the reality of the death, process blocked grief emotions, and rebuild engagement in meaningful life activities.

Although various studies show that CGT is effective in reducing prolonged grief symptoms in adult populations, research on its application in adolescents remains limited. Moreover, most interventions are delivered in an individual format. In the context of mental health services in Indonesia, the limited number of professionals and access to services are major challenges to providing interventions widely.

Under these conditions, group therapy is a relevant and promising alternative. Group therapy not only allows services to be delivered to more individuals simultaneously but also provides additional benefits in the form of peer support and the normalization of emotional experiences. Research shows that group therapy can increase social connectedness, reduce feelings of isolation, and help individuals understand that they are not alone in their experience of grief.[13] For adolescents, peer support plays an important role in psychological adaptation and identity formation.

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[9] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed., text rev. (DSM-5-TR) (Washington, DC: American Psychiatric Publishing, 2022).

[10] H. G. Prigerson et al., "Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for DSM-V and ICD-11," *PLoS Medicine* 6, no. 8 (2009): e1000121, https://doi.org/10.1371/journal.pmed.1000121.

[11] M. Stroebe and H. Schut, "The Dual Process Model of Coping with Bereavement: Rationale and Description," *Death Studies* 23, no. 3 (1999): 197–224, https://doi.org/10.1080/074811899201046.

[12] M. K. Shear et al., "Treatment of Complicated Grief: A Randomized Controlled Trial," *JAMA* 293, no. 21 (2005): 2601–8, https://doi.org/10.1001/jama.293.21.2601; M. K. Shear et al., "Complicated Grief Treatment: A Randomized Controlled Trial," *JAMA Psychiatry* 71, no. 6 (2014): 685–94, https://doi.org/10.1001/jamapsychiatry.2014.214.

[13] R. Rosner et al., "Prolonged Grief Disorder in Children and Adolescents," *Journal of Affective Disorders* 237 (2018): 90–99, https://doi.org/10.1016/j.jad.2018.04.086; I. D. Yalom and M. Leszcz, *The Theory and Practice of Group Psychotherapy*, 6th ed. (New York: Basic Books, 2020).

In addition, interaction in a group gives adolescents the opportunity to learn from others' experiences, develop empathy, and build shared meaning around the experience of loss. This process can strengthen the sense of being accepted and understood, which is often diminished after the loss of a primary attachment figure. From a mental health service perspective, group therapy is also more efficient and can reach more individuals when resources are limited.[14]

Considering the developmental characteristics of adolescents, the complexity of prolonged grief, and the limitations of mental health services, group-based Complicated Grief Treatment is a promising and relevant approach. However, research on the effectiveness of group-based CGT in adolescents, especially adolescent girls who have lost their mothers in the Indonesian context, is still very limited. This study is therefore important for filling this gap and contributing to the development of contextual, effective, and applicable psychological interventions.

RESEARCH METHODS

This study used an experimental method with a quasi-experimental design. This design is a development of the true experimental design, which is difficult to implement, and is better than the pre-experimental design.[15]

The quasi-experimental design used in this study was the Non-equivalent Control Group Design. This design is similar to the pretest–posttest control group design in a true experiment, but the experimental and control groups were not selected randomly; they were selected through purposive sampling.

The treatment given to the experimental group was group-based Complicated Grief Treatment (CGT). The control group received no intervention during the study period. After the study was completed, the control group received psychoeducation and was offered the CGT intervention.

The experimental variables consisted of the independent variable (*Complicated Grief Treatment*) and the dependent variable (prolonged grief symptoms). Non-experimental variables are secondary or *extraneous variables* that can affect the experimental variables. They were divided into controlled variables (sex, age range, type of loss, time since loss, other intervention status, and research setting) and uncontrolled variables (family support, the subject's personality, other life stressors during the study period, and the family's socioeconomic condition).

The population of this study was individuals aged 15–20 years experiencing prolonged grief after the death of their mother, with the death having occurred more than six months earlier. The sampling technique used was *purposive sampling*.

[14] Yalom and Leszcz, *Theory and Practice*.
[15] Sugiyono, *Metode Penelitian Kuantitatif, Kualitatif, dan R&D* (Bandung: Alfabeta, 2019).

Participants were recruited by distributing a *flyer* on social media for six months containing information about the study, the participant criteria, and a *Google Form* link. The questionnaire in the *Google Form* served as an initial *screening* of prospective participants and of their willingness to take part. *Screening* used a symptom *checklist* based on the DSM-5-TR. The screening was not intended to establish a clinical diagnosis but to obtain a picture of prolonged grief symptoms after the death of a mother.

Data were collected using a questionnaire administered before the intervention (*pre-test*) and immediately after the final session (*post-test*). The instrument used was *The Inventory of Complicated Grief* (ICG),[16] a 20-item instrument assessing the severity of prolonged grief symptoms. The ICG has good internal consistency (Cronbach's $\alpha = 0.94$) and good convergent validity with other measures of grief symptoms.[17] The typical cut-off score for inclusion in *prolonged grief disorder* research is an ICG score ≥ 30. ICG scores of 19–43 are categorized as low, 44–69 as moderate, and 70–95 as high;[18] however, the recommended clinical threshold may include scores ≥ 25, indicating grief with significant social, mental, and physical impairment.[19]

The *Prolonged Grief Disorder Scale* (PG-13) was used at the initial (*screening*) stage to identify prospective participants showing prolonged grief symptoms. The PG-13 served as a participant selection tool, not as a measure of the main research variable.

The data were analysed quantitatively (descriptive statistics) based on the results of *The Inventory of Complicated Grief* (ICG). The discussion is complemented by qualitative data from interviews, *homework*, and other data collected during therapy. The nonparametric hypothesis tests used were the Mann–Whitney and Wilcoxon tests, conducted with SPSS.

RESULTS AND DISCUSSION

Research Results

The participants were eight adolescents aged 15 to 20 years, all of whom had lost their mothers more than six months earlier. They were selected through initial screening of thirty-three adolescents using the *Inventory of Complicated Grief* (ICG) and the *Prolonged Grief-13* (PG-13-R). Eight adolescents met the criteria for prolonged grief and were divided into two groups: an experimental group that received group CGT and a control group that did not receive the intervention. The descriptive data show that the two groups were equivalent in age, sex, and

[16] Prigerson et al., "Inventory of Complicated Grief."

[17] Prigerson et al., "Inventory of Complicated Grief."

[18] Shear et al., "Treatment of Complicated Grief"; S. Zisook et al., "Prolonged Grief Disorder: Clinical Characteristics and Treatment Considerations," *Dialogues in Clinical Neuroscience* 20, no. 1 (2018): 69–80.

[19] Prigerson et al., "Inventory of Complicated Grief"; W. G. Anderson et al., "Posttraumatic Stress and Complicated Grief in Family Members of Patients in the Intensive Care Unit," *Journal of General Internal Medicine* 23, no. 11 (2008): 1871–76, https://doi.org/10.1007/s11606-008-0770-2.

duration of loss, so the results can be compared fairly. In addition, none of the participants was undergoing other psychological therapy or had an active psychotic disorder that could affect the results.[20]

Overall, of the thirty-three respondents screened, only eight met the criteria for prolonged grief. This indicates that not all individuals who lose a parent experience prolonged grief symptoms to the same degree. Personality factors, social support, and ways of coping with loss can influence whether a person experiences prolonged grief. Group CGT was therefore given specifically to the eight participants who showed relatively high symptoms based on their ICG and PG-13 scores. Four participants were assigned to the experimental group, which received ten intervention sessions, and the other four to the control group, which received no intervention (*waitlist*). The two groups had similar demographic characteristics in terms of age, sex, and duration of maternal loss. This ensures that the comparison of intervention results is valid and objective. This homogeneity also minimizes potential bias arising from differences in the participants' backgrounds.

Data Results

Experimental Group

Table 1**.** Changes in Pre-Test and Post-Test Scores of the Experimental Group

Aspect	Pre-test Score (Mean)	Post-test Score (Mean)	Change (%)
Emotional	18.5	9.5	Decrease 48.6%
Cognitive	14	7	Decrease 50.0%
Behavioral	12	5.5	Decrease 54.2%
Physical	11	5.75	Decrease 47.7%

Source: Research data, processed by the authors.

[20] Prigerson et al., "Inventory of Complicated Grief"; R. A. Bryant et al., "Treating Prolonged Grief Disorder: A Randomized Clinical Trial," *JAMA Psychiatry* 77, no. 7 (2020): 719–27, https://doi.org/10.1001/jamapsychiatry.2020.0270.

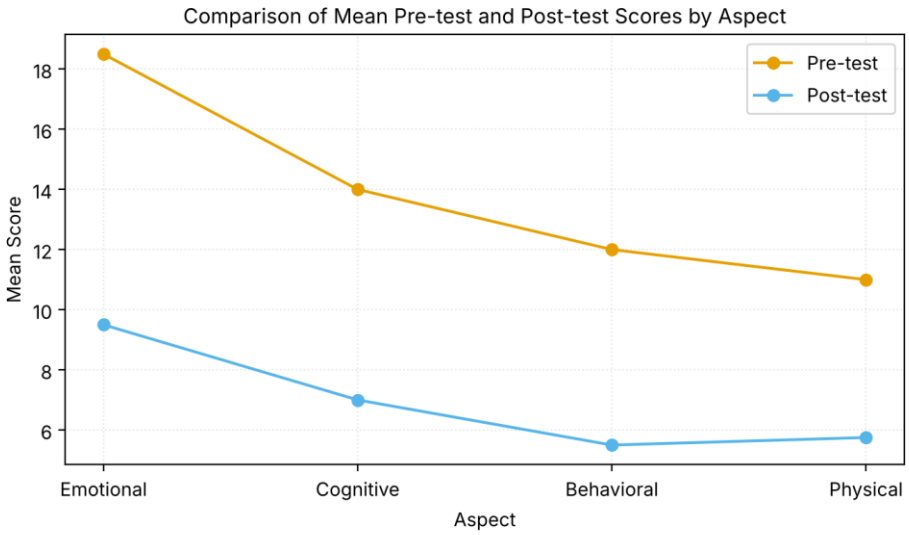


Figure 1. Comparison of Pre-Test and Post-Test Scores of the Experimental Group

Source: Research data, processed by the authors.

The mean total pre-test score was 55.50, obtained by summing the pre-test results across the four aspects. The mean total post-test score was 27.75, an absolute decrease of 27.75 points (≈ 50.0% decrease in the total score).

Control Group

Table 2. Changes in Pre-Test and Post-Test Scores of the Control Group

Aspect	Pre-test Score (Mean)	Post-test Score (Mean)	Change (%)
Emotional	17.9	17.1	Decrease 4.5%
Cognitive	13.8	13.3	Decrease 3.6%
Behavioral	12.2	11.7	Decrease 4.1%
Physical	11.5	11.3	Decrease 1.7%

Source: Research data, processed by the authors.

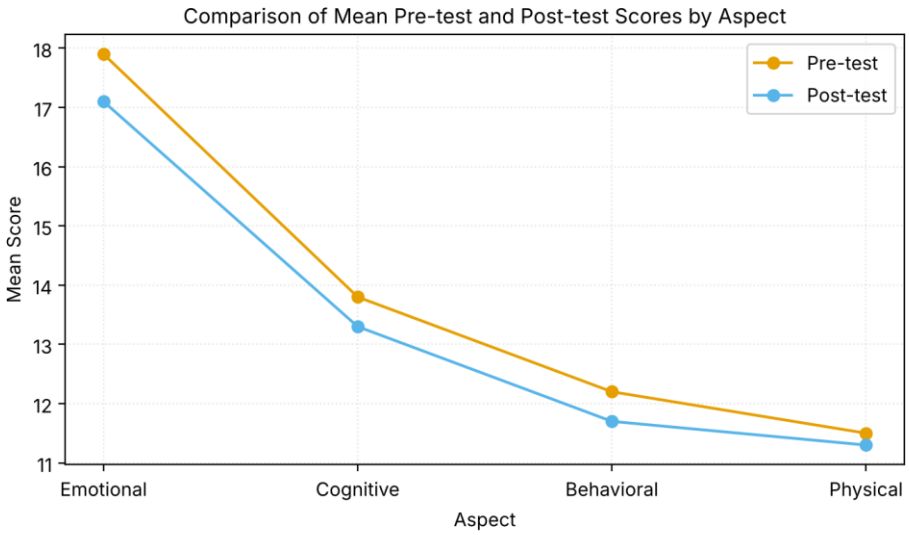


Figure 2. Comparison of Pre-Test and Post-Test Scores of the Control Group

Source: Research data, processed by the authors.

The mean total *pre-test* score of the control group was 55.40, obtained by summing the *pre-test* results across the four aspects. The mean total post-test score was 53.40, an absolute decrease of 2.00 points.

Wilcoxon Test Results (Experimental Group)

Table 3. Wilcoxon Test Results for the Experimental Group

Statistic	Emotional_post − Emotional_pre	Cognitive_post − Cognitive_pre	Behavioral_post − Behavioral_pre	Physical_post − Physical_pre
Z	−2.555[b]	−2.032[b]	−2.207[b]	−2.401[b]
Asymp. Sig. (2-tailed)	.011	.042	.027	.016

Source: SPSS output, processed by the authors. a. Wilcoxon Signed Ranks Test; b. Based on positive ranks.

The analysis shows that all aspects measured had statistically significant decreases in scores. For the emotional aspect, Z = −2.555 with significance (Asymp. Sig. 2-tailed) p = 0.011. For the cognitive aspect, Z = −2.032 with p = 0.042. For the behavioural aspect, Z = −2.207 with p = 0.027, and for the physical aspect, Z = −2.401 with p = 0.016. All significance values were below α = 0.05, meaning that there were meaningful differences between scores before and after the intervention in all four aspects of prolonged grief symptoms.

Effect Size Calculation

Table 4. Effect Size of the Wilcoxon Test (Experimental Group)

Aspect	Z	N	r = Z/√N	Interpretation
Emotional	−2.555	4	−1.28	Very large effect
Cognitive	−2.032	4	−1.02	Very large effect
Behavioral	−2.207	4	−1.10	Very large effect
Physical	−2.401	4	−1.20	Very large effect

Source: Research data, processed by the authors.

The effect size calculation shows that group-based *Complicated Grief Treatment* (CGT) had a very large effect on reducing prolonged grief symptoms in adolescents after the death of their mothers. Based on the Wilcoxon test in the experimental group, all aspects of prolonged grief symptoms, namely emotional (r = −1.28), cognitive (r = −1.02), behavioural (r = −1.10), and physical (r = −1.20), showed very large *effect sizes*.

Effect Size of the Mann–Whitney Test

Table 5. Effect Size of the Mann–Whitney Test

Variable	Z	N	r = Z/√N	Interpretation
Total prolonged grief symptoms	−2.337	8	−0.83	Large effect

Source: Research data, processed by the authors.

The Mann–Whitney test on *post-test* scores between the experimental and control groups showed a large effect size (r = −0.83), indicating that the difference in the reduction of prolonged grief symptoms between the two groups was substantial.

Mann–Whitney Test (Experimental vs Control Post-Test)

Table 6. Mann–Whitney Test Results for the Experimental and Control Groups

Statistic	Total_post
Mann–Whitney U	.000
Wilcoxon W	10.000
Z	−2.337
Asymp. Sig. (2-tailed)	.019
Exact Sig. [2*(1-tailed Sig.)*]	.029[b]

Source: SPSS output, processed by the authors. a. Grouping variable: group; b. Not corrected for ties.

The analysis shows U = 0.000, Z = −2.337, p = 0.019 (Asymp. Sig. 2-tailed), and p = 0.029 (Exact Sig.). Because the significance values are below α = 0.05, it can be concluded that there was a significant difference between the experimental and control groups after the intervention.

Discussion

General Discussion

The results of this study show that adolescents who participated in group-based Complicated Grief Treatment (CGT) experienced a significant reduction in prolonged grief symptoms compared with the control group. The reduction in the experimental group reached about 50%, while the control group showed only minimal change that was not clinically significant. This indicates that the improvement in participants' psychological condition was not merely due to natural adaptation over time but was directly related to the effectiveness of group-based CGT. This result is in line with previous research stating that CGT is an effective intervention for prolonged grief, especially in individuals who have lost a primary attachment figure.[21]

Specifically, the most notable reductions occurred in the emotional and cognitive aspects. In the emotional aspect, participants showed reduced intensity of sadness and yearning and fewer emotional reactions that had previously arisen suddenly and been difficult to control. After the intervention, participants were better able to face grief emotions without feeling overwhelmed, indicating reduced emotional avoidance, one of the main mechanisms that maintain prolonged grief.[22]

In the cognitive aspect, maladaptive thoughts such as guilt, excessive regret, and prolonged rumination decreased. Through cognitive restructuring in CGT, participants began to develop a more realistic understanding of the death and reduced their tendency to blame themselves. This change is important because rumination and self-blame are known to reinforce and maintain prolonged grief symptoms.[23]

In addition, the results show variation in change according to participants' characteristics. Younger adolescents tended to show faster emotional change, possibly related to psychological flexibility and openness to group dynamics. Participants with higher levels of education also showed more active engagement in therapy, especially in understanding and applying cognitive restructuring. The social environment also acted as a protective factor. Participants with good

[21] M. K. Shear et al., "Optimizing Treatment of Complicated Grief: A Randomized Clinical Trial," *JAMA Psychiatry* 73, no. 7 (2016): 685–94, https://doi.org/10.1001/jamapsychiatry.2016.0892; Bryant et al., "Treating Prolonged Grief Disorder."

[22] P. A. Boelen and L. I. M. Lenferink, "Symptoms of Prolonged Grief, Post-Traumatic Stress, and Depression after Loss: A Latent Class Analysis," *Psychiatry Research* 288 (2020): 112968, https://doi.org/10.1016/j.psychres.2020.112968.

[23] K. V. Smith and M. C. Eisma, "Rumination and Prolonged Grief: A Systematic Review," *Clinical Psychology Review* (2021).

social support from family or friends showed greater symptom reduction, in line with previous research emphasizing the importance of social support in grief recovery.[24]

Participants' change was also gradual over the ten intervention sessions. In the early stage, participants tended to show denial and emotional avoidance. However, as a sense of safety developed in the group, they became more open in expressing emotions. Techniques such as writing a letter to the deceased mother proved effective in facilitating emotional catharsis, which was followed by cognitive change through the restructuring of maladaptive beliefs. In the final stage, participants showed improvements in behavioural and social aspects, such as engagement in daily activities and the ability to talk about the loss more adaptively.

Statistically, the tests showed significant differences both within the experimental group and between the experimental and control groups, reinforcing the effectiveness of group-based CGT. By contrast, the control group, which received no intervention, showed only small changes that were probably due to the passage of time. This confirms that prolonged grief requires structured psychological intervention in order to improve significantly.

Overall, the findings show that group-based CGT has a comprehensive impact on adolescents' emotional, cognitive, and behavioural aspects. The pattern of change shows a progressive adaptation process, beginning with emotional catharsis, followed by cognitive meaning-making, and culminating in improved social functioning. These findings are in line with theoretical frameworks such as the Dual Process Model, Attachment Theory, and Meaning Reconstruction Theory, which emphasize the integration of processing the loss and restoring life functioning. Group-based CGT is thus not only effective in reducing prolonged grief symptoms but also contributes to building adolescents' psychological resilience in a sustainable way.

Specific Discussion

The results of this study show that group-based Complicated Grief Treatment (CGT) is effective in reducing prolonged grief symptoms in adolescent girls after the death of their mothers. This effectiveness derives not only from the core techniques of CGT but also from the group dynamics that formed during the intervention. Interaction among members created a safe space for participants to express emotions, receive validation, and learn from one another's experiences. The group thus functioned not only as a setting for therapy but also as an active part of the mechanism of psychological change.

[24] J. B. Kaplow, K. H. Howell, and C. M. Layne, "Prolonged Grief Disorder in Youth: Advances in Assessment, Diagnosis, and Treatment," *American Psychologist* 76, no. 5 (2021): 822–35, https://doi.org/10.1037/amp0000710; S. A. Lee and R. A. Neimeyer, "Pandemic Grief Scale: A Screening Tool for Dysfunctional Grief Due to a COVID-19 Loss," *Death Studies* 46, no. 1 (2021): 14–24, https://doi.org/10.1080/07481187.2020.1853885.

Before the intervention, all participants (E1, E2, E3, and E4) showed the main characteristics of prolonged grief according to the DSM-5-TR, such as intense yearning, difficulty accepting the death, and recurring thoughts about the mother. Individually, each participant showed different manifestations, ranging from guilt, emotional avoidance, and feelings of emptiness to physical complaints. All participants also showed avoidance of reminders of the loss, which in fact helped maintain prolonged grief.

The group-based CGT intervention in this study involved five main mechanisms, namely psychoeducation, emotional processing, exposure to reminders of the loss, cognitive restructuring, and meaning reconstruction. These mechanisms were reinforced by therapeutic group factors such as universality, group cohesion, social support, vicarious learning, and emotional validation. In the early stage, psychoeducation helped participants understand that their responses were part of the grieving process, thereby reducing feelings of isolation. Group dynamics raised awareness that they were not alone in their grief, increasing their sense of emotional acceptance.

In the emotional processing stage, participants were encouraged to express emotions they had previously avoided. Initially, some participants showed resistance, but through observing other members who were able to express emotions safely, vicarious learning occurred and increased their courage to open up. Empathic support from group members strengthened emotional validation and helped participants feel safe in facing grief emotions. In this context, the group functioned as a *secure base* that allowed adaptive emotional exploration.

The stage of exposure to reminders of the loss helped participants reduce avoidance behaviour and increase their tolerance of grief emotions. Exposure was carried out gradually, through both direct experience and other members' stories. This proved effective, especially for participants who had previously strongly avoided talking about their mothers. Cognitive restructuring then helped participants identify and challenge maladaptive thoughts such as guilt and negative beliefs about the future. Group discussion offered alternative perspectives that were easier to accept because they came from fellow adolescents.

In the meaning reconstruction stage, participants began to build new meanings around the loss by internalizing positive values from their mothers. This process allowed the formation of a more adaptive symbolic bond, in which the relationship with the mother was no longer maintained through paralysing sadness but through values and meanings that continued in daily life.

Overall, the changes showed a progressive pattern, beginning with emotional openness, followed by cognitive change, and culminating in increased social engagement. In the final and follow-up stages, all participants showed reduced symptoms, greater acceptance of the loss, and the ability to re-engage in daily activities. Participants were also able to maintain the coping strategies learned during therapy.

These findings confirm that group-based CGT works comprehensively on emotional, cognitive, behavioural, and meaning-in-life aspects. The group strengthens the effectiveness of the intervention through social support, normalization of experience, and interpersonal learning. Recovery is thus marked not only by reduced symptoms but also by the individual's ability to integrate the loss and rebuild a meaningful life.

CONCLUSION

This study demonstrates that group-based Complicated Grief Treatment (CGT) is effective in reducing prolonged grief symptoms among adolescents who have experienced the death of their mothers. The experimental group showed an approximately 50% reduction in total grief symptom scores, from a mean of 55.50 in the pre-test to 27.75 in the post-test. In contrast, the control group showed only a slight reduction, from 55.40 to 53.40. Statistical analysis confirmed significant improvements in the emotional, cognitive, behavioral, and physical aspects of prolonged grief within the experimental group, as well as a significant difference between the experimental and control groups ($p = 0.019$). These findings indicate that structured group-based CGT provides meaningful benefits beyond the limited changes observed without intervention.

The effectiveness of group-based CGT was supported by the combination of therapeutic techniques and positive group dynamics. Through psychoeducation, emotional processing, exposure to reminders of the loss, cognitive restructuring, and meaning reconstruction, participants gradually developed greater acceptance of their mothers' deaths and reduced maladaptive thoughts, emotional avoidance, and withdrawal behaviors. Furthermore, group cohesion, emotional validation, peer support, and shared experiences created a safe environment in which participants could express their grief and learn adaptive coping strategies from one another. These processes contributed not only to symptom reduction but also to improved social engagement and the ability to rebuild meaningful connections with everyday life.

Despite these promising findings, the results should be interpreted cautiously because the study involved a relatively small sample of eight participants, with four in each group, and employed a quasi-experimental design. Further studies involving larger and more diverse samples, randomized group allocation, and longer follow-up periods are needed to examine the sustainability of the intervention's effects. Nevertheless, this study provides initial evidence supporting group-based CGT as a relevant psychological intervention for adolescents experiencing prolonged grief following maternal loss, particularly in contexts where access to individual psychological services is limited. Its application may contribute to the development of more accessible, supportive, and developmentally appropriate mental health interventions for bereaved adolescents.

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