Who Cares for the Therapist? The Impact of Loss in a Systemic Psychotherapy Training Group.[2]

Diamantis Odysseas (editing, synthesis), Gastouniotou Eleni (language editing, English translation), Belisakou Konstantina, Kaparis Angelos, Karkatsoulis Theodoros, Manoli Stefania Angeliki, Mantis Panagiotis, Markozannes Ioanna, Papaevangelou Nikistratos, Pentheroudaki Theodora, Ralli Eirini, Siganou Maria-Anna, Soulioti Ester, Tsinou Areti, Velonaki Martha, Gournellis Rossetos (co-editing), Pomini Valeria (co-editing)



Introduction

The loss of a colleague—particularly by suicide—constitutes a central issue for a group of mental health professionals: it simultaneously touches the personal, the professional, and the collective levels. Especially when the loss occurs within the context of a psychotherapy training program, the processing of grief is inextricably linked to a series of significant assumptions tied to the therapist's professional identity. Sadness, the management of collective grief, resilience, the shock of the unexpected, and the capacity for understanding come to the fore.

The unexpected loss of a colleague and friend represented an abrupt rupture in the group's training and personal trajectory. This experience activated diverse thoughts, intense emotions, and relentless questions regarding the vulnerability of mental health

[2] The Four-Year Postgraduate Training Programme in Systemic Family and Couple Psychotherapy is offered by the *University Mental Health, Neurosciences, and Precision Medicine Research Institute "Costas Stefanis"* (UMHRI). The Programme is chaired by Valeria Pomini, Rossetos Gournellis, and Vlassis Tomaras.

professionals, the importance of mutual support among colleagues, and the way in which loss is collectively managed and processed.

Within this context, the aim of this paper is to explore how a community of psychotherapy trainees collectively processed the suicide of one of its members, and the meanings that emerged concerning the therapist's professional identity. The trainees of the program were invited to record the thoughts and feelings that arose in relation to the loss and to the memory of the deceased. The present article constitutes an attempt to synthesize and present the narratives of the members of the training group. This attempt at thematic synthesis does not aim at interpreting the irrevocable event of a death, but rather at creating a space of remembrance, generative reflection, and care, while also seeking to contribute to the dialogue on therapists' mental health and the importance of community in the field of psychotherapy.

Methodology

The material for the present article was drawn from written narratives by trainees of the Four-Year Training Program in Systemic Family and Couple Therapy of the University Mental Health, Neurosciences and Precision Medicine Research Institute (UMHRI) composed on the occasion of the first anniversary of the loss of a trainee member of the group. Participants were invited to freely record thoughts, feelings, and reflections that had emerged in relation to the event of the loss, the memory of their colleague, and the significance of this experience for their personal and professional identity. Fourteen texts were collected, submitted in written form, following an open invitation to all members of the training group.

Participants were clearly informed of the purpose of the present synthesis and explicitly consented to the use of their texts in anonymized form. All personal details were removed, and any identifying information was modified so as to ensure the confidentiality and privacy of the participants. All participant quotations presented in this article were translated from Greek by the authors.

The narratives were approached through reflexive thematic analysis, as described by Braun and Clarke (2006, 2019). This methodological approach was selected for its capacity to identify recurring patterns of meaning in experiential texts, without the positivist claim to objectivity or generalizability.

The process comprised the following stages:

- Familiarization with the material through repeated reading of the texts.
- Initial coding, marking phrases and excerpts related to the lived experience of loss, professional identity, guilt, vulnerability, and group processes.

- Construction of subthemes through the grouping of conceptually related codes.
- Reflexive review and synthesis of themes, aiming to create coherent narrative axes that capture the collective experience.

The analysis and synthesis of the texts were carried out by the first author, who is also a member of the training group. It must be acknowledged that this dual member-researcher status (insider-researcher position) has an impact on the interpretive process. Within the framework of reflexive thematic analysis, however, subjectivity is not regarded as a methodological flaw but as a foundational element of meaning-making (Braun & Clarke, 2019). An effort was made to ensure that factors influencing the coding and synthesis of themes—such as personal assumptions, emotional responses, and theoretical predispositions—remained objects of conscious reflection.

The analysis adopts a social constructionist epistemological stance, recognizing that meanings are not self-discovered but constructed through language and relationship (Braun & Clarke, 2019). Coding was primarily semantic, with an emphasis on the explicitly stated content of the narratives. Intercoder reliability was not pursued, as emphasis was placed on the theoretically informed interpretive engagement of the first author—an approach consistent with reflexive thematic analysis. The present work aims at a synthesized presentation of the key themes that emerged through the group's collective reflection. The synthesis of the texts seeks to preserve the participants' voice, situating it within a broader theoretical and systemic framework for understanding grief, therapist vulnerability, and the significance of the professional community.

Emergent Themes

The themes that emerged from the reading and careful distillation of the texts are presented below: the shock of loss; guilt, responsibility, and reflection; the myth of therapist omnipotence; the vulnerability of mental health professionals; collegial relationships; the training group as a grieving system; and memory, meaning and continuity.

The Shock of Loss

The news of our colleague's death came as a shock. As one of the writers characteristically describes, there was initially an intense sense of freezing—of both the self and lived time—a profoundly uneasy silence, accompanied by difficult questions about how well mental health professionals ultimately know one another.

This experience is consistent with descriptions of the initial phase of crisis as immobilization or denial, as outlined in the illustrative schema of the Kübler-Ross model, where shock functions as a temporary protective mechanism in the face of a sudden and potentially

traumatic event (Kübler-Ross & Kessler, 2009; Gerhardt & Puchkov, 2023). At the organizational and collective level, similar reactions have been described as phases of systemic destabilization, in which balances, routines, roles, and implicit contracts of cohesion are disrupted (De Klerk, 2019).

Another writer metaphorically describes our colleague's death as a stone that violently stirred the lake of the trainee community, creating ripples that reach all trainees, colleagues, friends, and loved ones. This metaphor resonates with the observation in the literature that, in times of crisis, group members often resort to symbolic images and metaphors in order to render intelligible an experience that initially exceeds their cognitive processing (Gerhardt & Puchkov, 2023).

Guilt, Responsibility, and Reflection

Feelings of guilt emerge consistently as recurring patterns across most of the narratives. The questions are numerous and revealing of the sense of responsibility experienced by trainee therapists in the midst of grief. As one trainee characteristically writes: *"What is it like, one wonders, to work every day with the psychological pain of others while carrying one's own? How much space do we allow for mental illness when it concerns us—the 'experts'—rather than the people in our care? How genuinely open are we to difference when it shatters the image of the competent, resilient mental health professional? And how do you support a person—a colleague, a friend, a relative—when they do not feel able to speak, or perhaps when they cannot or will not help themselves? And ultimately, how much guilt can one bear when the unthinkable happens, wondering what one failed to see, failed to hear, failed to do?"* Excessive investment in the therapist's sense of responsibility is a factor that may contribute to burnout; in such cases, supervision and collegial support serve a protective function (Morse et al., 2012; Van Hoy & Rzeszutek, 2022).

In another contribution, we read: *"Our work carries responsibility. A heavy responsibility, and at times a steep price. Perhaps, in the end, the earlier you realize this, the better"*. Doubt regarding one's personal and professional adequacy, as well as the search for "signs", are characteristic of the shared experience of mental health professionals, who often feel pressured to project an unrealistic image of psychological resilience (Sterna, 2022). The rupture between the expectation of professional stability and therapists' actual vulnerability may lead to a re-evaluation of the boundaries between the personal and the professional self (Martin et al., 2020).

The Myth of Therapist Omnipotence

The collective imaginary often projects the expectation that professionals in the mental health field are not permitted to face mental health problems themselves, even as they are

called upon to solve them (Jain et al., 2024). If they do face such problems, it is assumed—as members of the group note—that some personal weakness or professional deficit must be involved.

Bearse et al. (2013) document a series of components—such as stigma, the demand for continuous academic advancement, and other factors—that may act as barriers to seeking personal help and to creating space for self-care. One might say that the therapist stands in a position similar to that of the centaur Chiron, who was able to heal the wounds of others while his own wound remained open despite his miraculous abilities (Veler-Poleg et al., 2025). A member of the group reported that announcing the colleague's death to people close to them provoked intense bewilderment and harsh criticism—an admittedly common experience that reveals the severity and depth of public stigma surrounding mental health issues.

The Vulnerability of Mental Health Professionals

A strong tendency among the voices of the group underscores the fact that health professionals are not invulnerable to difficulties. The omnipotent image of the mental health specialist is countered by research data indicating that, compared with other professional groups and the general population, mental health professionals show elevated rates of burnout, psychological distress, and suicidal ideation, while psychiatrists present the highest risk of developing depression and suicidality (Sterna, 2022; Varela-Agra et al., 2025; Jain et al., 2024). These findings highlight the need for systematic preventive and supportive interventions within professional communities (Van Hoy & Rzeszutek, 2022).

Members of the group explicitly note that both experience and research demonstrate the occupational exposure of mental health specialists and the tendency of their working conditions to foster burnout, while even the possibility that mental health specialists may face psychological difficulties is stigmatized. We are not taught, as one member of the group observes, how to be vulnerable; indeed, this is often passed over in silence. Yet mental health cannot flourish where vulnerability has no space to be expressed.

Collegial Relationships

At several points in the collective narrative, it becomes evident that the issue of suicide could not be examined by the group solely through a professional lens. Mental health professionals are human beings embedded in networks of relationships, in which the professional element is interwoven with the interpersonal and the experiential.

As one characteristic excerpt from the texts illustrates: *"The loss of our colleague is inscribed in the life of the group not merely as a biographical event, but as a relational*

occurrence that permeates our shared space. A sense of destabilization emerges, as if an unspoken certainty is being shaken—the certainty that the training context constitutes a protected space against human vulnerability. The experience of loss diffuses through the group's relationships and is imprinted on small, everyday interactions: in silences that grow heavy, in glances that are avoided or that seek reassurance, in moments of awkwardness when his name surfaces or is left unspoken".

It is important that colleagues in the mental health field offer one another mutual support and can readily voice and hear the difficult issues of everyday life. The challenging questions surrounding the loss of our colleague, as one member of the group aptly notes, *"create a need for openness, collectivity, and honesty in relationships. Yet a sense of responsibility also arises, and with it a commitment: to build relationships, to be present, and above all to create space for care and not to remain silent in the face of psychological distress"* (Posluns & Gall, 2020).

Collegial relationships and support characterized by safety can provide a framework of mutual understanding and respect, and may help prevent extreme events that shake the system of trainees and trainers. According to Martin et al. (2020), the development of peer-support skills among colleagues strengthens resilience and promotes the seeking of appropriate help when needed. As one contribution characteristically puts it: *"Let us not forget, then, to help one another, to listen, and to give space"*. At times, the simple question "Are you okay?" becomes the occasion for eyes to meet and for human conversations to begin.

The Group as a Grieving System

Loss initiates multiple processes at different levels for those left behind, and especially for the training group as a system of relationships, interactions, and shared experience. McGoldrick and Walsh (2011) note that loss operates as a disruptive event in the system's life cycle: it alters its homeostasis and demands a redefinition of roles, boundaries, and collective narratives. In systemic terms, loss can be seen as an event that reorganizes the system (Minuchin, 1974), activating reflective processes of meaning-making (Braun & Clarke, 2006, 2019). Loss triggers new modes of interaction, redistributes implicit burdens of responsibility, and brings about shifts in each member's position within the system (De Klerk, 2019). The group is called upon to redefine the boundaries between professional role and human vulnerability (Hoare, 2023), and also to renegotiate the meaning of collegiality, mutuality, and presence. Across the different narratives, a shared experience emerges of the group as a space where loss is processed not only individually but collectively—through relationship and the dialogical exchange of thoughts and feelings (Smollan, 2014).

This process appears to move the group from a potentially idealized image of professional stability—that of a falsely omnipotent therapist—toward a more complex understanding of the therapist's identity as both professional and human being. The human condition is treated as common ground that permeates the system and reshapes its collective narrative (Posluns & Gall, 2020). This shift follows and confirms contemporary approaches to therapists' professional resilience (Skovholt & Trotter-Mathison, 2016): vulnerability is understood as an inherent element of the therapist's identity, not as a sign of inadequacy.

Memory, Meaning, and Continuity

The memory of the colleague as a person constitutes a field of inner tension for the trainee community. There is no shortage of personal references, laden with emotional intensity and sorrow over the loss, but also a very deep and healing desire: to hold on to memory imbued with meaning. The search for meaning after a loss is one of the fundamental dimensions of the grieving process—not in terms of "overcoming", but in terms of transforming the relationship with the deceased (Kübler-Ross & Kessler, 2009). From a systemic perspective, the creation of a collective narrative allows the group to maintain a sense of symbolic continuity and to metabolize the loss, integrating it into its identity (De Klerk, 2019).

Particularly critical and consoling is the effort to create continuity: not to let the memory of the deceased fade, but through his loss to remember what mattered to him and what continues to matter to the group. The group makes a significant choice: several contributions converge in highlighting the crucial transition from the loss itself to the person—to what interested him, to the way he stood in his relationships with friends and colleagues. This turn toward the person's contribution reflects the process of reconstructing the meaning of the relationship (Selvili & Klass, 2025).

As one characteristic excerpt reads: *"In the time I knew you, you seemed to be searching for the light and claiming it: through collectivity and fighting spirit. Through art and artistic creation. Through a scientific way of seeing things. Through respect and genuine interest in the other person"*.

Other contributions also emphasize the deceased's social engagement, as well as certain more personal recollections. Characteristic, for example, are the references highlighting his active political involvement, his generosity toward others, his empathy, and his sensitivity.

In this way, the system of trainees declares that loss does not become routine, and strives to keep alive the image of a person who loved, who drew inspiration from ideals, who inspired others, and who gave courage and hope far more powerfully than his ending. This collective tendency echoes the concept of continuing bonds, according to which grief does not entail severance from the deceased but a transformation of the relationship with him: the deceased continues to influence the living through habits that are maintained, and

through ideas and models that pass into personal and collective identity (Klass, 2006; Klass & Steffen, 2017). Memory functions here as a means of preservation in the present and as a dynamic process of integrating the pain of loss into the unfolding of life (Klass, 2014).

Discussion

The findings of this reflexive thematic analysis suggest that the death by suicide of a mental health professional in training was experienced not merely as an individual process of grief, but as an event that profoundly affected participants' professional identity, the cohesion of the training group, and the collective understanding of what it means to be a therapist. Rather than representing discrete findings, the themes developed through the analysis constitute interconnected dimensions of a shared experience through which grief was transformed into a process of collective reflection and meaning reconstruction. From a systemic perspective, the loss can be understood not only as a personal trauma but also as an event that reorganises relationships, roles, and prevailing professional assumptions.

The impact on professional identity

The present reflexive thematic analysis showed that the death by suicide of a mental health professional in training was not experienced solely as an individual process of grief, but also as an event that profoundly affected participants' professional identity, the cohesion of the training group, and their shared understanding of what it means to be a therapist. The themes generated through the analysis do not represent discrete findings; rather, they constitute interconnected dimensions of a shared experience through which grief was transformed into a process of collective reflection and meaning reconstruction. A systemic perspective enables the loss to be understood not only as a personal trauma but also as an event that reorganises relationships, roles, and prevailing professional assumptions.

One of the study's most significant findings concerns the way in which the death by suicide of a colleague challenged the image of the *invulnerable therapist*. The experience of loss exposed the discrepancy between the social and professional expectations of psychological resilience and the reality of human vulnerability. Previous research has consistently shown that mental health professionals are at increased risk of burnout and psychological distress (Morse et al., 2012; Banerjee et al., 2020). Nevertheless, acknowledging this reality continues to be hindered by stigma and by idealised assumptions surrounding the therapeutic profession.

From this perspective, dismantling the myth of the omnipotent therapist should not be understood as a threat to professional identity but rather as a prerequisite for developing a more realistic and humane understanding of the therapeutic role. Moreover, the loss appeared to function as an organisational turning point, affecting not only individual

members of the training group but also the relational system and the shared meanings through which the group understood itself (De Klerk, 2019).

Guilt, responsibility, and the limits of the therapeutic role

Participants' accounts revealed pervasive feelings of guilt and personal responsibility, reflecting the high expectations associated with the therapeutic role. Persistent questions such as *"What did I fail to notice?"* and *"What could I have done differently?"* illustrate therapists' tendency to internalise responsibility for an event that is inherently complex and multifactorial.

At the same time, the findings highlighted the need to reconsider the meaning of professional community. Participants' reflections suggest that relationships among colleagues can serve as a source of mutual recognition, emotional containment, and support, particularly within a broader social context in which social disconnection and loneliness may increase vulnerability even among highly functioning individuals (Cacioppo & Cacioppo, 2018). From a systemic perspective, shifting the focus from individual guilt to recognising the multifactorial nature of suicide and the inherent limits of the therapeutic role facilitates both the processing of grief and the preservation of professional identity. Rather than diminishing professional responsibility, acknowledging these limits allows therapists to develop a more realistic, ethically grounded, and compassionate understanding of their role.

The group as a reorganising system

The loss affected not only individual members but also the training community itself as a relational system. From a systemic perspective, significant losses disrupt a system's equilibrium and initiate processes of reorganisation and meaning reconstruction (De Klerk, 2019). Rather than remaining confined to individual experiences of grief, the group engaged in the collective construction of meaning through reflective writing, dialogue, and the sharing of personal experiences.

This collective process appeared to facilitate a shift from an idealised image of professional stability towards a more authentic acknowledgement of human vulnerability. Psychological safety, collegial support, and the opportunity to express emotional difficulties openly emerged as key protective factors that enabled the group to restore cohesion while integrating the experience of loss into its shared narrative (Hoare, 2023). These findings are consistent with previous research demonstrating that perceived social support, empathy, self-awareness, and acceptance of personal limitations are associated with lower levels of burnout and greater resilience among healthcare professionals (Molero Jurado et al., 2018; Rakesh, Pier, & Costales, 2017).

Rather than returning to its previous state, the group appeared to reorganise itself by incorporating the loss into its collective identity. From this perspective, vulnerability ceased to be understood as an individual deficit and instead became recognised as a shared human condition that could strengthen openness, mutual support, and relational resilience within the professional community.

From grief to institutional responsibility

The findings of this study suggest that safeguarding therapists' mental health cannot be regarded solely as an individual responsibility but requires organisational and institutional commitment. Strengthening clinical supervision, fostering a culture of open communication, reducing the stigma associated with help-seeking, and creating psychologically safe and supportive work environments are essential for promoting both therapists' well-being and the quality of mental healthcare services (Banerjee et al., 2020).

These findings also highlight the importance of moving beyond individual resilience as the primary response to professional distress. Instead, training institutions and mental health organisations should recognise that therapists' well-being is shaped by relational, organisational, and cultural contexts. Investing in supportive supervision, opportunities for reflective practice, continuing professional development, and workplace policies that promote psychological safety may strengthen both individual resilience and the sustainability of mental health services.

Overall, this reflexive thematic analysis suggests that the death by suicide of a colleague reshaped not only the personal experiences of those left behind but also the collective narrative through which the therapeutic community understands itself. Interpreted through a systemic perspective, the findings indicate that vulnerability should not be viewed as a deviation from professional identity but rather as one of its inherent dimensions. Within this framework, grief extends beyond an individual experience and becomes a collective process of reflection, meaning reconstruction, and shared responsibility. The loss prompted participants to re-examine assumptions about professional competence, responsibility, and mutual care, highlighting that therapists' well-being is inseparable from the quality of care they are able to provide. Ultimately, caring for therapists should not be considered an individual endeavour alone but a shared ethical and institutional responsibility embedded within the culture of mental health practice.

Limitations

The study was based on the experiences of a specific group of trainees and, given its qualitative design, does not seek to generalize its findings. Moreover, the time elapsed between the event and the collection of the data may have influenced the way participants made meaning of their experience. Future studies could explore similar experiences in different training and professional contexts.

Conclusions

The suicide of a colleague within a community of psychotherapy trainees demonstrated that grief is not merely an individual process but an event that reshapes the relationships, meanings, and professional identity of a group. The participants' narratives showed that the initial shock, guilt, and questioning can, through collective processing, be transformed into reflection on the limits of the therapeutic role, on human vulnerability, and on the significance of community. From a systemic standpoint, the experience of loss does not concern only the absent individual; it brings about a reorganization of the system itself, through new relationships, meanings, and ways of connecting.

The findings underscore that acknowledging the vulnerability of mental health professionals does not diminish the standing of the therapeutic role; on the contrary, it constitutes a precondition for its sustainable practice. Strengthening supervision, cultivating a culture of open communication, and destigmatizing help-seeking constitute institutional responsibilities that can enhance both therapists' well-being and the quality of the care provided.

Finally, memory functions neither as idealization nor as denial of the loss, but as an act of continuity. Through collective reflection, loss becomes a reminder of the value of care, solidarity, and authentic presence within professional communities. As captured in the words of one participant, systemic therapy resembles *"...a stretch of solid ground that one longs to walk on, having emerged from a stormy sea. It does not seem at all easy to me to hold that ground alone. Let us try to hold it, all of us together. Perhaps then [...] life may always prevail"*.

Post Scriptum: The Trainers' Position

The tragic death of the mental health trainee by suicide was a profoundly traumatic and unexpected event for the program's directors and trainers. They were flooded by intense emotions: personal grief and sorrow; a sense of responsibility toward him ("*How did we not realize? What could we have prevented?*"); and a sense of responsibility toward the trainee group ("*How do we support them in mourning this loss? How do we help them express and share their own feelings about losing a colleague? How can meaning be given to something so sudden and, for us too, unforeseeable?*"). As an immediate and spontaneous response,

space and time were provided during the first training session, a few days after the loss, which was devoted entirely to expressing, sharing, and reflecting on the feelings the event had evoked. Six months later, in a supervision session with an invited external supervisor, the subject of the loss and its impact on the group resurfaced and was discussed at length. Finally, on the first anniversary of the tragic event, the program directors decided to devote time and space to an open dialogue in his memory. During that meeting, the group expressed the wish to compose the present text collectively, on the theme of the therapist's mental health, in order to honor his memory.

In the systemic psychotherapy training program of the UMHRI, the trainers deliberately do not assume a therapeutic role toward the trainees, leaving the choice of a personal therapist to them, according to their own needs and preferences. Nevertheless, we are aware that, beyond our teaching role, we cannot ignore the fact that we are psychotherapists. Consequently, the questions and concerns that emerged were many, and in some cases remain unanswered or open. Certainly, after this tragic event, neither trainers nor trainees are the same. Our colleague's final choice changed us as well, along with the way we understand and approach the sensitive matter of psychotherapy training. We warmly thank the group of trainees for the honesty and courage with which they composed this text, which, we believe, can open a broader and much-needed dialogue on the sensitive issue of the therapist's mental health.

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