The client is a furniture-manufacturing firm that advertises a “great love of nature; we are wood”. In the first telephone contact, the client identified herself as the manager of a firm and said they had “suffered a misfortune”; one of their employees had died in a workplace accident. This paper discusses details of the group therapy. It should be noted that throughout the process, parallel individual therapy was conducted with some of the employees.

Phase I: The therapeutic emergency: we encountered users with shallow breathing, energy in the upper part of the body and poor grounding with lifeless legs. In relational terms, each individual was isolated in his or her own world of sorrow. One basic objective in this first phase was to establish and reinforce a bond of trust amongst group members, by means of exercises encouraging contact and relationship (for example, encouraging visual contact between them).

Phase II: Grounding, treatment of traumatic memories and grief: Users were seen to have difficulty in establishing good grounding, with the energy clearly having shifted upwards, in a group defence mechanism. It was therefore particularly important to promote grounding and perform leg work, so that they can hold themselves up and tolerate the situation experienced in all its intensity.

Phase III: Grief integration and elaboration: Special importance was given to placing a positive value on aggressive force, since the right to get angry and feel their own rage appears be a taboo for them. The therapists worked on enabling them to be well grounded, fostering feelings of security, confidence and empowerment. For the grief ritual the employees planted a magnolia tree in the environs of the company.

The therapists are from the healthcare and social services sector and offer therapy at a private clinic. This was their first contact with the business sector. They performed the intervention in a room at the company, thus leaving the security of the clinic and innovating through their action. No similar intervention in trauma and grief is known in this country.

The therapists began this project during their last year of training in Bioenergetic Analysis, contributing their experience for the development of therapeutic processes in the business sector.

The paper discusses some of the techniques used; the theoretical basis (Lowen's Bioenergetic Analysis); incorporation of neurological advances on trauma (Porges’ Polyvagal Theory) and trauma treatment (Berceli, Levine, Ogden, Rothschild and Van der Kolk); and the concepts that might be most helpful for anyone replicating this work in similar contexts.

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