More Than Sadness: Grieving and Loss

One person's guide to understanding, experiencing, and navigating grief

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Introduction

I have had my small share of losses in my life. My partner of 26 years died in August 2013. My mum died in July 2017. My wife Roxanne suddenly left me in January 2024. In each case these events caused me to feel grief. But not exactly the same grief in the same way or to the same extent.

My grief for my partner was deep, suffocating, and has lasted for years. It was the grief of a future that had been built together and then vanished overnight. My grief for my mother was a quieter thing, threaded through with gratitude for a long life well-lived, but sharp in moments of sudden memory. My grief for the relationship with my wife was different again: it was not death but abandonment, and it carried with it a complex mixture of relief, guilt, anger, and a profound sense of personal failure that grief for the dead rarely does.

This is known to those who endure grief.

It is understood intimately by anyone who has sat with loss and felt it resist easy categorisation. And yet it is little regarded in the wider community. There is an **expectation of grief**. A social script that tells us how we should feel, when we should feel it, how long it should last, and what forms it should take. When Albert Camus wrote *The Stranger* in 1942, he captured something profound about this expectation. His protagonist Meursault is condemned not for any moral failing but for failing to perform grief correctly at his mother's funeral. He does not weep. He cannot recall his mother's age. And for that (for the crime of feeling differently than expected), he is destroyed by the machinery of society. The novel is a razor-sharp commentary on the tyranny of emotional normativity, and it remains as relevant today as it was eighty years ago.

This paper is about grief in all its forms.

- It is about what grief is, why it differs so profoundly from person to person and loss to loss, how the social rituals that were designed to help us have in many cases been abandoned and left us carrying more than any individual should bear, and why the legitimacy of grief is so frequently and so painfully misunderstood.
- It examines the major theories that scholars and clinicians have developed to make sense of grief, and it offers guidance on a subject that is too often treated as taboo: how to forgive yourself in the midst of grieving and where to find help when the weight becomes too much.

What Is Grief?

**Grief is our psychological, emotional, and physical response to loss. **

It is not a single emotion but an entire ecosystem of responses: **sadness, anger, guilt, relief,**

longing, numbness, anxiety, exhaustion. It can manifest in the body as heaviness in the chest, disruptions to sleep and appetite, general fatigue, and what many people describe as a kind of physical hollowing out. Cognitively, it can produce intrusive thoughts, difficulty concentrating, a sense of unreality, and repeated rumination on what has been lost. Emotionally, it moves in and out like a tide, sometimes unpredictable and sometimes completely so.

Grief is often conflated with mourning and bereavement, but the three terms are not identical.

- **Bereavement** refers specifically to the state of having lost someone to death — it is the circumstance.
- **Mourning** is the social and cultural expression of grief: the rituals, practices, and outward behaviours through which grief is processed and expressed. Funerals, memorial services, wearing black, sitting *shiva*, scattering ashes — these are mourning practices.
- **Grief** is the internal experience. You can grieve without mourning (if you have no rituals available to you, or if your grief is deemed unacceptable by those around you) and you can mourn without grieving in the way others expect (as Meursault discovered).

The broader definition of grief also encompasses loss beyond death. We grieve the loss of relationships, even when those relationships end without anyone dying. We grieve the loss of health, of identity, of safety, of a version of ourselves we once knew. The loss of a job, the end of a friendship, the departure of a beloved pet, the miscarriage of a hoped-for child — all of these are legitimate losses that can produce grief, and yet they are frequently minimised or rendered invisible by a cultural emphasis on death as the only 'proper' occasion for mourning.

Why Grief Differs From Person to Person

No two people grieve identically, and no two experiences of grief are identical even when the loss is the same. A spouse dies, and one surviving partner is incapacitated by grief while another continues to function — and neither response is a measure of love. This variability is not a sign that something is broken in the grieving person. It is an inherent feature of what grief is.

Several factors shape the particular form that grief takes for any individual.

The nature of the loss itself. The death of a child is not the same as the death of an elderly parent, and neither resembles the end of a marriage. A sudden, violent loss produces a different quality of grief than a prolonged, expected decline. **Ambiguous loss** — where the person is physically absent but psychologically present (as in cases of dementia or disappearance) or psychologically absent but physically present (as in the case of a spouse who has undergone profound personality change through illness or addiction) — produces a particularly complex and disorienting form of grief that resists closure and conventional mourning.

The relationship to what was lost. Our grief is proportional not to the objective significance of what was lost but to our subjective, relational significance. A estranged family member who dies may produce little apparent grief despite the formal relationship, while the death of a beloved friend may be devastating. The degree of attachment, the presence of unresolved conflict, the role the lost person played in the survivor's daily structure. All of these modulate the grief experience.

The griever's personal history. A person who has experienced multiple losses without adequate support may have a different relationship to grief than someone experiencing loss for the first time in a supported context. Early experiences of loss, particularly in childhood, shape our adult grief responses in ways that are now well-documented in attachment theory and trauma research. A person whose childhood losses were ignored or dismissed may have learnt to suppress grief, producing many complications later in life.

Personality and coping style. Introverts and extroverts grieve differently. People who process emotionally may need to talk through their grief **repeatedly**; people who process cognitively may need to **understand** it, to research it, to make meaning from it. Neither approach is superior, and neither is the griever's failure if their way of processing does not match what others expect.

The presence or absence of social support. Grief is profoundly social. The availability of people who can hold space for the griever without trying to fix them, rush them, or judge them makes a significant difference to the grief experience. **Social isolation (whether chosen or imposed) is one of the strongest predictors of complicated grief.**

Cultural and religious context. Different cultures hold radically different beliefs about death, the afterlife, the appropriate duration and form of mourning, and the relationship between the living and the dead. These beliefs do not make grief less real, but they do shape how it is expressed, processed, and understood. A grieving person whose cultural practices validate their grief will typically fare better than one whose grief is met with incomprehension or disapproval.

The Social Rituals of Grieving: Intention and Abandonment

Human beings have always, across every culture and every historical period, developed elaborate rituals around death and loss. Funerals, wakes, memorial services, periods of enforced rest, specific clothing and symbols, particular foods, community gatherings at regular intervals. These are not merely tradition for tradition's sake. They are load-bearing structures. They were designed to distribute the weight of grief across a community rather than placing it entirely on an individual's shoulders.

The funeral or memorial service serves multiple functions simultaneously. It provides a structured occasion for the community to acknowledge the loss, which in turn validates the griever's experience. It offers a framework of predictability at a time when everything feels unpredictable. It creates an opportunity for the exchange of memories and stories, which can be deeply comforting and can begin the process of integrating the loss into the survivor's ongoing life.

The physical practices (washing and dressing the body, building or choosing a coffin, gathering mourners) give the grieving mind something concrete to do while the emotional self processes the reality of what has happened.

The sociologist Emile Durkheim argued in *The Elementary Forms of Religious Life* (1912) that ritual creates and reinforces social solidarity. This is as true of funeral rituals as of any other form of ceremony. When a community gathers to mourn, it communicates two things simultaneously: that the person who died mattered, and that the people left behind matter too. To withdraw those rituals (to leave the grieving person to process their loss in complete isolation) is to send a message of abandonment at precisely the moment when the griever is most vulnerable.

And this is precisely what has happened in modern Western societies. The secularisation of death, the medicalisation of dying, the geographic dispersion of families, the decline of religious observance, and the erosion of close-knit community structures have all contributed to a situation where the traditional scaffolding of grief has been largely removed, and the load has been placed almost entirely on the individual.

The consequences of this are significant. Studies consistently show that complicated grief (grief that persists for more than twelve months and significantly impairs daily functioning) has **increased** in prevalence over the past several decades. While causation is difficult to establish, the erosion of

mourning rituals and social support structures is a strong candidate for part of the explanation.

There is also a paradox at the heart of contemporary grief culture. We have, on the one hand, become deeply uncomfortable with death. We have sanitised it, hidden it away in hospitals and funeral homes, removed children from the bedside of dying relatives on the assumption that this protects them. And yet we simultaneously expect the bereaved to 'move through' their grief quickly, quietly, and without inconvenience to others. The message is: **Death is something to be managed privately, and grief is something to be got over as rapidly as possible.**

This is not a criticism of any individual who has responded to a griever with awkwardness or withdrawal — most people genuinely do not know what to say or do around grief, and our culture has given them few tools. But it is an observation that the removal of communal ritual has left a structural hole in how we process loss, and individuals are consistently paying the price.

The Legitimacy of Grief: Whose Grief Is Real?

One of the cruellest features of grief culture is the hierarchy of legitimacy that it imposes. Some losses are deemed worthy of deep mourning; others are dismissed, minimised, or rendered invisible. And the criteria by which legitimacy is assigned have little to do with the actual subjective experience of the griever.

The death of a spouse or child is considered legitimate. The death of a pet (still one of the most painful losses many people will ever experience) is often treated as an absurd overreaction.

The grief of a mother who has lost a pregnancy, particularly an early one, is still routinely minimised by medical professionals and family members alike.

The grief of a person whose spouse has left rather than died is frequently met with the response *"but they're still alive*", or *"You've had a clean break"* or *"There are faults on all sides"*, responses that fundamentally misunderstand the nature of grief as a response to the loss of invested relationships rather than to biological death alone.

The case of Camus's Meursault is worth lingering on, because it crystallises something important about social expectations around grief performance. Meursault is not unfeeling (cold or indifferent). He loves his mother. But he cannot perform grief on cue, in the right way, at the right time, for the right duration. And for failing to meet a social script, he is condemned. The message is that how you grieve matters as much as the fact that you grieve, and **if your grief does not conform to social expectations, you will be punished for it.**

This creates a secondary wound on top of the primary wound of loss. The grieving person not only has to endure their grief but also has to manage other people's discomfort with it, other people's need for it to be a particular shape, and other people's desire for it to resolve quickly. This is exhausting and isolating in ways that compound the original loss.

There is also a particular cruelty in the way that grief is time-limited by social expectation. The griever is typically afforded a window — often measured in weeks, occasionally in months — in which their grief is tolerated. After that, the expectation is that they will have "*come through it,*" "*found closure,*" or "*learned to live with it.*" The idea that grief might be a permanent feature of life after loss, not as something to be resolved but as something to be integrated, is largely absent from mainstream understanding.

For those whose grief is ongoing, this produces a peculiar loneliness: the grief itself is real and constant, but the social permission to express it has expired. The result is that **many grievers learn to grieve in private, to perform functionality in public, and to feel a profound isolation precisely**

because the world around them seems to have moved on while their grief has not.

Theories of Grief

Grief has attracted the attention of scholars and clinicians for over a century, generating a range of theoretical models that attempt to describe, explain, and guide the grieving process. **No single model captures the full complexity of grief**, but each offers useful insights.

What follows is an overview of the most influential frameworks.

Kübler-Ross: The Five Stages

Perhaps the most widely known concept of grief, the Kübler-Ross Model, was originally developed by the Swiss-American psychiatrist Elisabeth Kübler-Ross in her 1969 book *On Death and Dying*. Based on her observations of terminally ill patients and their psychological responses to approaching death, the model describes five stages: **denial**, **anger**, **bargaining**, **depression**, and **acceptance**.

It is important to understand what Kübler-Ross actually proposed and what she did not. She was describing the psychological experience of people who were dying, not the experience of those left behind after a death. She was offering a descriptive framework, not a prescriptive sequence. She never intended the stages to be applied rigidly, and she herself later expressed concern that the model had been oversimplified and misapplied in popular culture.

In grief specifically, the stages are best understood as a rough **heuristic** rather than a universal script. People do not necessarily move through them in order. They may revisit stages, skip some entirely, or experience them simultaneously. The model is useful for normalising the idea that grief involves multiple, often contradictory emotions, but it should **not** be used as a checklist against which a griever's progress is measured.

Worden: The Tasks of Mourning

William Worden, a clinical psychologist and grief counsellor, proposed a task-based model of mourning in his influential book *Grief Counseling and Grief Therapy* (1982, with subsequent editions). Worden shifted the emphasis from stages (which imply a passive experience of being moved through grief) to tasks (which imply active engagement).

Worden's four tasks are:

1. **To accept the reality of the loss.** This involves coming to grips, intellectually and emotionally, with the fact that the loss has occurred. It may require revisiting the reality repeatedly, as the mind-protecting function of denial can make acceptance difficult to sustain.
2. **To work through the pain of grief.** This means allowing oneself to feel the pain, both emotional and physical, rather than avoiding it, suppressing it, or substituting other feelings for it. This is often the most difficult task, because Western culture in particular offers many scripts for avoiding grief.
3. **To adjust to an environment in which the deceased is missing.** This has two dimensions: an external adjustment (changes in roles, routines, and identity that the loss necessitates) and an internal adjustment (a reconfiguration of one's sense of self in relation to the deceased and to the contextual world of the previous relationship).
4. **To find an enduring connection with the deceased while embarking on a new life.** Worden was clear that moving forward does not mean "*getting over*" the loss or forgetting the deceased. It means finding a way to maintain a continuing bond with the person while still

engaging with life.

Worden's model is widely used in grief counselling because it offers the griever active, concrete things to do, rather than simply waiting to be moved through a series of emotional states.

Stroebe and Schut: The Dual Process Model

Margaret Stroebe and Henk Schut, working from the Netherlands, proposed the Dual Process Model (DPM) in the late 1990s as a critique and refinement of stage-based models. Their central insight was that grieving involves oscillation between two orientations:

- **loss-oriented activities and emotions** (confronting the pain of grief, focusing on the deceased, dwelling on the loss) and
- **restoration-oriented activities and emotions** (attending to the practical and emotional demands of life after loss, developing new roles and routines and building a new identity).

Healthy grieving, in this model, is not about working through grief in a linear fashion but about moving flexibly between these two orientations, sometimes confronting loss and sometimes turning away from it toward life. **Neither orientation is correct** all the time. The griever who only ever focuses on their loss may become stuck in prolonged rumination; the griever who only ever focuses on restoration may fail to process the emotional reality of what has happened.

The DPM has been influential because it maps well onto what grievers actually report: the experience of grief as a wave, ebbing and flowing, rather than as a road with a fixed destination.

Neimeyer: Meaning Reconstruction

Robert Neimeyer, an American psychologist who has worked extensively on the psychology of loss, proposed that grief is fundamentally a process of **meaning reconstruction**. When a significant loss occurs, it shatters the meaning structures (the frameworks of assumption and expectation) through which we understand ourselves and the world. **Grief is the process of rebuilding those structures.**

This model is particularly useful for explaining why some losses are more debilitating than others: a loss that fits within existing meaning structures (for example, the death of a very elderly person after a full life, which can be integrated into a narrative of natural completion) is typically easier to process than one that shatters fundamental assumptions (for example, the death of a child or a **sudden** violent loss, which may fundamentally challenge beliefs about justice, safety, and the meaningfulness of life).

Neimeyer's approach has contributed significantly to therapeutic practices that focus on helping the griever tell the story of their loss, find meaning in it, and reconstruct a coherent narrative that integrates the loss into their ongoing life without requiring them to 'let go' of the deceased.

Tonkin: The Changing Understanding Model

Elizabeth Tonkin, a British researcher, proposed a model of grief focused on how our understanding of a loss changes over time, rather than on stages or tasks as such. In her 1986 paper "*What Does Grief Teach Us About Self?*" she described how the griever's relationship to the deceased and to the loss is not fixed but evolves as the survivor's understanding of what has happened deepens and shifts.

This model emphasises that grief is a process of **ongoing cognitive and emotional integration**, not a problem to be solved or a series of stages to be completed. The person who died remains present in memory, imagination, and feeling, but the survivor's relationship to that presence changes over time. Tonkin's work is particularly valuable for challenging the idea that grief has a definitive endpoint.

Rando: The Six Processes of Mourning

Therese Rando, an American clinical psychologist, proposed a comprehensive model of mourning that she termed the *Six Processes of Rando Mourning* in her book *Loss and Anticipatory Mourning* (1986) and subsequent works. The six processes are:

1. **Recognise** the loss.
2. **React** to the loss — experiencing and expressing the pain.
3. **Re-experience** the deceased and the pain.
4. **Retain** and **relate** to what remains: memories, objects, the ongoing bond.
5. **Relinquish** old assumptions about the world and one's place in it.
6. **Readjust** to the new reality, developing new roles and ways of being.

Rando's model is notable for its comprehensiveness and for its attention to the physical and social dimensions of grief, not just the emotional. It is widely used in clinical training and has influenced the development of structured grief therapy approaches.

Doka: Disenfranchised Grief

The most **important** contribution of Kenneth Doka, an American gerontologist and grief specialist, to grief theory is the concept of **disenfranchised grief** — grief that is not openly acknowledged, socially validated, or provided with institutional support. Doka defined it in his 1989 book *Disenfranchised Grief: Recognizing Hidden Sorrow* as "*grief that persons experience when they incur a loss that is not or cannot be acknowledged, socially sanctioned, or publicly mourned.*"

Examples include the grief of a person whose spouse leaves them (as I experienced), the grief of a miscarriage, the grief of losing a beloved pet, the grief of losing a friend to whom one was not biologically or legally related, and the grief experienced by carers for someone with dementia (who may mourn the gradual loss of the person they knew while that person is still alive).

Doka's framework is important because it names a phenomenon that many grievers intuit but rarely see articulated: that their grief is real but unrecognised, and that the lack of social recognition compounds their suffering. It also identifies a structural problem in how societies organise grief support, pointing to the need for greater recognition of non-death losses and non-traditional relationships.

Personal Overexpectations in the Grieving Process

Beyond the social expectations placed on grievers, there is the equally powerful (and sometimes more damaging) phenomenon of personal overexpectation: the standards that grievers set for themselves, often unconsciously, about how they should be coping, how long their grief should last, and what kind of griever they should be.

Some common forms of personal overexpectation include:

The expectation of "good grief." Many people carry an internalised script (absorbed from family, culture, and media) about what grief should look like. The "*good griever*" is assumed to be someone who cries, who talks about their feelings, who accepts comfort, who eventually heals and moves on. If the griever does not conform to this script — if they feel numb rather than sad, if they cannot talk about their loss without shutting down, if they find that their grief does not resolve in the expected timeframe — they may conclude that something is wrong with them.

The expectation of resolution (the 'closure' myth). The idea of "*closure*" is **pervasive** in Western

culture, but grief theorists are virtually unanimous that **it is a myth**. Grief does not end; it transforms. The person who has lost a loved one will carry that loss with them for the rest of their life, even when they have rebuilt a meaningful and fulfilling life around it. Setting an internal deadline for the end of grief — whether six months, a year, or five years — sets the griever up for failure.

The expectation of being able to help others. The grieving person is often placed in the position of having to comfort and support others who are also grieving the same loss. Managing other people's grief while being unable to process their own. This is particularly common when the deceased was a primary carer or the centre of family life. The griever's own needs get subordinated to the needs of others, and their grief goes unexpressed and unprocessed.

The expectation of gratitude. There is a particular and insidious form of guilt that affects people who have lost someone they had a complex or ambivalent relationship with. The griever may feel that they should be grateful for the relationship they had, or for the fact that the person is no longer suffering, and therefore have no right to their grief. This form of overexpectation prevents the griever from acknowledging the full complexity of their feelings: **the love and the resentment, the relief and the grief, the gratitude and the anger**.

Forgiving Yourself in Grief

Self-forgiveness in grief is one of the most difficult and most necessary things a grieving person can do. It involves letting go of the relentless internal tribunal that tries the griever for every failing — real or imagined — connected to the loss.

Common self-accusations include: *I should have been there. I should have noticed the signs. I should have said something different. I should have made a different choice. I should be further along by now. I should stop feeling this.*

The first step toward self-forgiveness is to recognise that these "*should*" statements are not rational assessments of the griever's behaviour. They are attempts to regain a sense of control over an event that was, by definition, beyond control. The unconscious logic is: *if I am to blame, then the loss was in my power to prevent, and therefore it could be prevented in future.* This is a protective illusion, and it is corrosive. The reality is that most losses are not preventable, and the griever's guilt (however genuine it feels) is almost never proportional to any actual failing.

Practical steps toward self-forgiveness include:

- **Writing a letter to yourself** in which you articulate the accusations you are making against yourself, and then respond to each one as you would respond to a dear friend making the same accusations against themselves.
- **Separating intent from impact.** It is possible to have hurt someone without intending to and to have failed someone without having wanted to. Grief often collapses this distinction, creating a sense of moral equivalence between a harmful intention and a harmful outcome. They are not the same, and holding them to the same standard is not fair.
- **Acknowledging the full range of feelings.** If the relationship was complicated, the grief will be complicated. This is not a betrayal of the person who died or of the good aspects of the relationship. It is an honest acknowledgement that human relationships are complex and that loss requires us to hold contradictory feelings simultaneously.
- **Seeking professional support** if self-forgiveness proves elusive. Grief counselling and therapy are not signs of weakness; **they are practical tools for processing an experience that was always meant to be processed with support.**

If You're Grieving: Where to Find Help

Grief, while universal, is not something you have to navigate alone. The following resources may be useful:

Crisis support. If your grief is producing thoughts of self-harm or feels unbearable, please contact a crisis service. In the UK: **Samaritans** — 116 123 (free, 24 hours). **Crisis Text Line** — text SHOUT to 85258. In an emergency, always call 999.

General bereavement support: - **Cruse Bereavement Care** (UK) — cruse.org.uk — Helpline: 0808 808 1677. Specialist bereavement support, including face-to-face, telephone, and email counselling. - **Winston's Wish** — winstonswish.org — Support for children and young people affected by bereavement. - **The Compassionate Friends** — tcftogether.org — Support for parents who have lost a child.

Grief therapy and counselling. If your grief is persistent, disabling, or complicated (involving prolonged or intense symptoms that do not ease over time), consider seeking specialist grief therapy. Ask your GP for a referral to a bereavement counselling service, or seek a private therapist with specialist training in grief. The **British Association for Counselling and Psychotherapy** (bacp.co.uk) maintains a directory of accredited therapists.

Peer support. Many people find it helpful to speak with others who are also navigating grief. Cruse and other organisations offer group support, and there are online communities specifically for particular types of loss. Sharing your experience with others who understand it, without judgement or advice, can be profoundly validating.

Practical help with daily life. Grief is exhausting, and the simplest tasks can feel impossible. Accepting practical help (meals, childcare, assistance with administrative tasks) is not a sign of weakness. It is an acknowledgement that grief is work and that the body and mind need physical support while they process what has happened.

Your GP. If your grief is significantly disrupting your sleep, appetite, ability to function, or mental health, make an appointment with your GP. You do not need to wait for a formal diagnosis or for a particular timeframe to have passed. Your GP can discuss whether additional support — including medication, if appropriate — might be helpful in the short term.

Conclusion

Grief is not a problem to be solved. It is a process to be lived through, and it will take the time it takes. There is no correct amount of grief, no correct way to grieve, no correct duration, and no correct sequence of emotions. What happened to you was real, and your grief is the measure of that reality.

Be patient with yourself. Seek support when you need it. Question the scripts and expectations — both social and personal — that tell you how you should be feeling or when you should be "over it." And remember that surviving loss is not the same as forgetting what was lost. The person, relationship, or life you are grieving was real, and your grief is the evidence of that reality.

You do not have to move through grief. You have to move *with* it, one day at a time, and you do not have to do it alone.

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Please note that this article is not presented as clinical advice or guidance. It is an analysis that may help explain the multiplicities of grief and how coping, assimilation and progress may be found. But always look for professional support if you find yourself with prolonged physical and mental symptoms.

Bea Groves-McDaniel, 14th August 2026.
