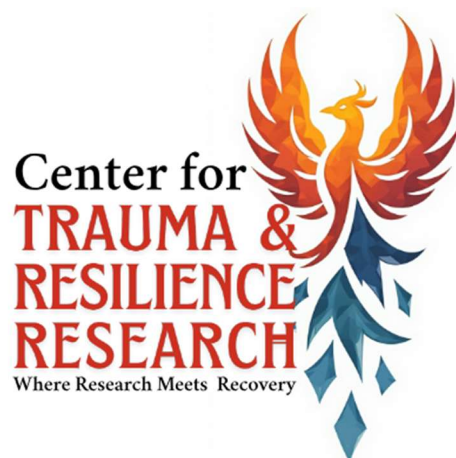


The Journey of Grief & Mourning

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Abstract

Grief and mourning are universal yet highly individualized responses to loss that unfold across psychological, physical, cultural, and spiritual domains. This paper synthesizes major grief theories—including Kübler Ross’s five stages, Worden’s tasks of mourning, the Continuing Bonds perspective, and the Dual Process Model—to illuminate common pathways and misconceptions about bereavement. Drawing on interdisciplinary research and illustrative case examples, it examines the emotional and somatic effects of grief, highlights culturally diverse mourning rituals, and explores spiritual frameworks that can foster meaning making. Special forms of grief—anticipatory, disenfranchised, and traumatic—are analyzed alongside contemporary challenges such as digital mourning practices and the collective losses of the COVID 19 pandemic. Evidence based interventions—including grief counseling, support groups, narrative and meaning centered therapies, and healing rituals—are presented to guide clinicians, caregivers, and lay readers in supporting themselves and others. The discussion emphasizes resilience, continuing bonds, and the integration of loss into an evolving life narrative, ultimately framing grief as an enduring testament to love rather than a condition to be “cured.”

Keywords: grief, mourning, bereavement, grief theories, anticipatory grief, disenfranchised grief, traumatic grief, digital mourning, COVID 19, coping strategies

The Journey of Grief & Mourning

Grief is a universal yet deeply personal experience. It often arrives as an unwelcome companion after a profound loss, bringing a wave of powerful emotions that can feel all-encompassing. Grief typically refers to the internal feelings of pain and sorrow following loss, whereas mourning denotes the outward expressions of that grief – the rituals, behaviors, and shared observances through which we process and honor a loss. In other words, grief is what we feel on the inside; mourning is how we show it on the outside. Both grief and mourning are natural responses to losing someone or something significant, and they play a crucial role in healing. This journey of grief and mourning is not a linear path with a clear endpoint, but rather a winding process that varies greatly from person to person.

An individual's grief can be triggered by many types of losses. While the death of a loved one is the most recognized cause, people also grieve other life changes: the end of a relationship, loss of a job, declining health, or even the loss of a familiar way of life. Whatever the loss, the grieving process involves a complex interplay of emotions and reactions that affect one's mental and physical health. This essay provides an engaging exploration of grief and mourning with an emphasis on mental health, drawing on major theories of grief, the psychological and physical impacts of bereavement, cultural and spiritual dimensions of mourning, and contemporary issues such as digital-age grieving and pandemic-related loss. We will also highlight therapeutic interventions and coping strategies, illustrating key points with case examples and compassionate commentary.

By understanding what grief is (and is not), we can better appreciate the normalcy of our feelings in the face of loss and learn how to support ourselves and others through the journey. Grief is not a problem to be solved or a pass/fail test of emotional strength – it is a reflection of

love and attachment, and mourning is the process that allows us to gradually adjust to a world forever changed by that loss. In the sections that follow, we delve into the landscape of grief: from classic stage models to newer concepts that emphasize continuing bonds, from the very real physical toll grief can take to the ways culture and spirituality shape our mourning rituals. Throughout, the focus remains on accessible insights for the general reader interested in mental health and the human experience of loss.

Major Theories of Grief

Over the past decades, psychologists, counselors, and researchers have proposed various models to describe how people experience grief. These theories serve as frameworks to help make sense of the often confusing and turbulent emotions of bereavement. It is important to remember that no model can fully capture every individual's experience – grief is highly individual – but each theory offers valuable perspectives. We will explore four major grief theories: Kübler-Ross's Five Stages, Worden's Tasks of Mourning, the concept of Continuing Bonds, and the Dual Process Model. Understanding these theories can provide insight into common grief reactions and reassure those in mourning that their experiences are shared by others.

Kübler-Ross's Five Stages of Grief

Any discussion of grief theories often begins with Elisabeth Kübler-Ross's famous five stages model. In her 1969 book *On Death and Dying*, Kübler-Ross identified five stages that terminally ill patients commonly went through when facing their own death: denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1969). These came to be known by the acronym "DABDA." Over time, the model was widely applied to people grieving the death of

someone else, and the five stages entered popular culture. The stages are often described as follows:

Denial: Initial shock and refusal to accept the reality of the loss (“This can’t be happening”). It serves as a temporary defense to absorb news of the loss.

Anger: Feelings of frustration and helplessness that may be directed toward others, oneself, or even the deceased or a higher power (“Why is this happening? Who is to blame?”).

Bargaining: Attempting to negotiate or find some way to reverse or lessen the loss (for example, imagining “If only I had done X, maybe this wouldn’t have happened”).

Depression: Deep sadness, despair, and withdrawal upon recognizing the loss and its impact (“This is awful; I don’t know how I can go on”).

Acceptance: Coming to terms with the reality of the loss, finding a measure of peace or resolve (“It has happened; I need to find a way to live with it”).

It is crucial to note that Kübler-Ross did not intend these stages to be followed rigidly or in order. In fact, individuals may not experience all five stages, and if they do, it is often in a nonlinear fashion – one might cycle between anger and depression, revisit denial, or feel acceptance for a time and then find waves of sadness returning. Each person’s grief trajectory is unique. Kübler-Ross herself emphasized that the stages were meant to be descriptive, not prescriptive, and that people do not move through them in a neat sequence. Unfortunately, a common misunderstanding has been the expectation that mourners should progress through these stages one by one. This can lead to people feeling they are grieving “wrong” if they don’t experience a particular stage or if emotions resurface. In reality, it is normal for grief to be more of a spiral or oscillation than a straight line.

Kübler-Ross's model was originally based on interviews with dying patients rather than bereaved survivors, which is an important context. Her work was groundbreaking in opening up conversations about death and the emotions of the dying. It marked a cultural shift from avoiding the topic of death to acknowledging the feelings of those facing it. When the five stages were later applied to those mourning a death, it was largely because people found the framework relatable. However, mental health experts caution that there is little empirical evidence that all bereaved individuals pass through these five stages in order. Believing one "should" experience stages can even be unhelpful or harmful to a griever who doesn't fit that pattern. For example, not everyone feels anger, and not everyone reaches a clear point of "acceptance" – some prefer the term "acknowledgement" of the loss, as acceptance may imply being "okay" with it. Despite these criticisms, Kübler-Ross's model remains widely known.

It can provide a helpful vocabulary for some people to label their feelings, as long as we remember each person's grief is different. In summary, the five stages illustrate some common reactions during grief but are not a mandatory roadmap. Grief is more fluid, and people often move back and forth among various emotions.

Case Example – Grief is Not Linear

After her husband's death, Maria was relieved that in the first weeks she mostly felt numb – a form of denial that gave her psyche a break from the pain. Weeks later, anger hit and she found herself irritable at friends who she felt didn't understand her loss. Some days she even felt moments of calm acceptance, only to circle back to intense sadness on holidays. Maria's experience illustrates that there is no "right" order to grieving. Each stage can resurface multiple times, and that's normal.

Worden's Tasks of Mourning

Psychologist J. William Worden offered an alternative to stage models by outlining four tasks of mourning that a bereaved person needs to work through for healthy adjustment (Worden, 2009). Unlike stages, which imply a passive progression, tasks suggest an active process – things a grieving individual works on over time. Worden's four tasks are:

1. **Accept the reality of the loss.** This involves fully acknowledging that the death or loss has occurred and that the person is truly gone. Initially, mourners often feel disbelief or cling to a hope that it is somehow reversible. Coming to accept the reality may take time and may need to be revisited repeatedly. The bereaved person may go from intellectually knowing the person is gone to emotionally realizing it. This task means overcoming denial and truly believing the loss is real. For example, attending the funeral or seeing the empty chair at the dinner table can painfully reinforce reality.

2. **Process the pain of grief.** This task entails allowing oneself to feel the pain and emotion of the loss rather than avoiding or suppressing it. Grief brings painful feelings – sadness, anger, loneliness, despair. Worden asserted that one must confront and work through these emotions. If a person refuses to feel any pain (perhaps out of a sense they must “be strong”), the grief can resurface later in unhealthy ways. Feeling the range of emotions, with support and in tolerable doses, is part of healing. Counseling or support groups often encourage the expression of these feelings in a safe environment.

3. **Adjust to a world without the deceased** (or without the lost thing). After a loss, especially of a close loved one, there are many practical and internal adjustments.

Externally, the person might have to take on new roles or responsibilities that the deceased used to handle (for instance, managing finances after a spouse's death). Internally, the bereaved must redefine their identity and routines in the absence of their loved one. Worden noted this adjustment has multiple facets – external (learning new skills, rearranging life tasks), internal (shifting one's sense of self – e.g., from “wife” to “widow”), and even spiritual adjustments (reframing one's beliefs after a loss). This task can be gradual; the bereaved person might not even realize all the roles the deceased played until those needs arise. Successful completion of this task is evidenced when the person can function in new ways and find a “new normal” in daily life, even though it may feel very different.

4. **Find an enduring connection with the deceased** while embarking on a new life. In earlier grief theories, the goal of grieving was often described as “letting go” or “moving on” from the deceased. Worden's fourth task, however, recognizes that we don't stop loving or remembering the person who died. Instead, the challenge is to find a healthy, ongoing connection with them (through memory, legacy, spirit) that coexists with continuing to live life in the present. This might mean cherishing memories, preserving the person's legacy, or feeling their presence in a symbolic way, while also not being so tied to the past that one cannot re-engage with life. In essence, It is about integrating the loss: the deceased will always be important, but the bereaved person also makes new connections, experiences, and possibly new relationships in their life going forward. Worden's inclusion of an “enduring connection” foreshadowed the continuing bonds perspective we discuss later.

Worden's tasks do not have to be completed in order, and there is no strict timeline. In fact, Worden explicitly cautioned that these tasks are not sequential checkpoints – a person can work on multiple tasks at once or revisit tasks over time. For example, accepting the reality of the loss (Task 1) might deepen over months as the person processes new reminders of the absence, even while they are already engaging with adjusting to new routines (Task 3). The idea is not to “check off” tasks, but to use them as a framework for understanding what recovery might involve. One bereaved individual might struggle most with accepting the reality, while another finds that part easy but struggles to adjust to daily life.

A strength of Worden's model is its active approach: it encourages people to participate in their healing by acknowledging feelings, confronting the loss, and making necessary life changes. It also validates that continuing a connection (Task 4) is healthy, countering the old notion that one must sever ties with the deceased. However, like stage models, task models have been critiqued. Not everyone will neatly complete all tasks; some tasks may never fully end (for instance, one may feel pangs of grief and need to re-process the pain even years later – which is normal).

If taken rigidly, the idea of “tasks that need to be done” might imply a mourner must do certain things or else they are grieving incorrectly. This is not Worden's intent – he acknowledged people revisit tasks and that there is no one-size-fits-all order. Rather, the tasks are common areas of challenge many people face in bereavement. They provide a checklist of sorts for counselors to ensure they address each area with a client (e.g., “Has this person been able to express the pain, or are they bottling it up? Have they managed basic adjustments in daily life?”). In practice, Worden's tasks highlight that adapting to loss involves emotional, cognitive, and practical work over time.

Continuing Bonds Theory

For much of the 20th century, Western psychology viewed the goal of grief as “letting go” of the deceased and moving on with life. Early psychoanalytic thought (influenced by Freud) saw healthy grieving as withdrawing emotional energy from the dead and eventually investing it in new relationships. However, in the 1990s, a very different idea gained prominence:

Continuing Bonds. Proposed by Dennis Klass, Phyllis Silverman, and Steven Nickman (1996), the continuing bonds theory argues that maintaining an ongoing connection to the loved one who died is a normal and healthy part of grief, rather than a sign of pathology. The love and relationship do not end at death; instead, they change form and continue on in the survivor’s life.

Continuing bonds can take many shapes. People may feel the presence of the deceased in their lives, talk to them in their thoughts or prayers, keep possessions that remind them of the person, celebrate the person’s birthday each year, or strive to live in a way that honors the loved one’s memory. Rather than “saying goodbye forever,” the bereaved find a way to redefine the relationship. This perspective marked a significant shift from earlier views that encouraged detachment. It became clear that many bereaved individuals naturally remain connected to those they’ve lost and that this can be comforting, not maladaptive. For example, a widow might still talk to her husband when she’s facing challenges, feeling that his guidance is still with her, or parents might set up a scholarship fund in their late child’s name, thus creating a continued sense of the child’s influence in the world.

Many non-Western cultures have long recognized continuing bonds. In Japan, for instance, it is common for families to maintain a household altar for ancestors and to communicate with deceased loved ones through rituals; maintaining an ongoing tie is accepted and culturally reinforced. In Mexico, the annual Día de los Muertos (Day of the Dead)

celebration is a vibrant example of continuing bonds: families welcome the spirits of deceased relatives back for a day of remembrance, indicating that the relationship is ongoing and honored year after year. These practices underscore that from a cross-cultural perspective, an ongoing connection with the deceased is often seen as normal.

Continuing bonds theory has important implications for mental health professionals and the bereaved. It suggests that encouraging someone to “forget and move on” may be neither realistic nor beneficial. Instead, counselors often help individuals find healthy ways to maintain a bond with the deceased. For example, a grief counselor might explore how a client can keep their loved one’s memory alive – perhaps by keeping a journal of letters to the deceased, engaging in the loved one’s favorite hobby, or establishing new rituals on anniversaries. The key is that the bond should evolve in a way that doesn’t hinder the survivor’s ability to live their life. If someone’s continuing bond is very painful (for instance, keeping a room shrine and feeling the person is going to walk in any moment, to the point of denying reality), therapy might gently assist in balancing that bond with acceptance of the loss. But generally, finding solace in an ongoing connection is seen as a healthy adaptation, not a denial.

Continuing bonds theory has been supported by research showing that many bereaved people derive comfort from the sense of connection, and it does not necessarily impede their adjustment. In fact, sensing the deceased’s presence or talking to them can be a normal part of grief. This theory has helped normalize experiences that earlier might have been seen as “holding on too much.” It emphasizes that love doesn’t end with death – a notion that resonates deeply with many grieving hearts.

Dual Process Model of Grief

Another influential modern framework is the Dual Process Model, developed by Margaret Stroebe and Henk Schut (1999). This model arose from the recognition that grieving people seem to oscillate between focusing on the loss and engaging with the demands of everyday life. Stroebe and Schut suggested that coping with bereavement involves two alternating orientations: loss-oriented and restoration-oriented processes. Rather than being in one “stage” at a time, bereaved individuals move back and forth between these two modes, which is actually adaptive.

Loss-Oriented coping means focusing on the loss itself and experiencing all the emotions tied to it. This includes crying, yearning for the deceased, looking at old photos, talking about the person, and generally grieving the person who died. It is an immersion in the pain of the loss – confronting the fact that the person is gone and experiencing the associated sadness, anger, etc.. It can also involve processes like reminiscing or reliving memories (both positive and negative). Loss-oriented activities are what we traditionally think of as “grief work,” where one is processing emotions about the deceased.

Restoration-Oriented coping, on the other hand, involves focusing on secondary consequences of the loss and figuring out how to rebuild or restore one’s life without the loved one. This includes dealing with practical matters (arranging a funeral, handling finances, taking on new responsibilities), as well as adjusting to new roles and routines (“How do I do the things my spouse used to do around the house?”). It also encompasses finding distractions or new activities, forming new relationships, and in general, engaging with the world again. Restoration-oriented activity might look like the person is “moving

on” – for instance, going back to work, socializing, trying out new hobbies – basically focusing on life apart from the loss.

The core idea of the Dual Process Model is that healthy grieving requires a balance between these two modes. If someone were to focus only on their loss all the time (loss-orientation 24/7), they would likely be overwhelmed by sorrow and unable to function in daily life. Conversely, if someone avoids the pain entirely and only concentrates on practical adjustments (pure restoration-orientation), they might seem very productive but could be suppressing their emotions, which can lead to problems later. So, the model posits an oscillation: the bereaved person naturally swings between moments of confronting the grief and moments of taking a break from it.

For example, imagine a grieving son who spends one morning going through his late mother’s belongings, shedding tears as he remembers her (loss-oriented work), and then by afternoon, he feels drained and decides to go out to see a movie with a friend to take his mind off things (restoration, a respite from grief). The next day, he might tackle thank-you notes for funeral attendees (restoration task), then unexpectedly be hit by a wave of sadness while cooking a recipe his mother taught him (loss emotion). This oscillation is normal and healthy, allowing the person to dose their grief – experiencing it in portions that can be tolerated, then retreating to safer waters for a while. Worden (2009) used the term “dosing” to describe how mourners naturally regulate their exposure to grief: they engage with the pain until it becomes too much, then shift attention to mundane or restorative activities.

The Dual Process Model also accounts for individual and cultural differences in grieving. People differ in how much time they spend in each mode. One person might be very loss-oriented (e.g., openly crying, talking about the deceased often) whereas another is more

restoration-oriented (e.g., keeping busy, avoiding emotional displays). The model doesn't judge either style as right or wrong; instead, it recognizes both as parts of coping and suggests that over time a blend of both is beneficial. It also reminds us that gender or cultural norms might influence behavior – for instance, some cultures encourage expressive grieving (loss orientation), while others favor stoicism and focusing on duties (restoration). The Dual Process Model would say ultimately both aspects need attention, though not necessarily in equal measure or on a strict schedule.

Research has supported aspects of this model, observing that oscillation is indeed common. It has clinical usefulness too: a counselor might ensure a very stoic client takes time to confront feelings (if they are stuck in restoration mode), or conversely, encourage a client who is drowning in sorrow to take breaks and attend to life tasks (if stuck in loss mode). The model validates the need for breaks from grief: doing something enjoyable or distracting after a period of mourning is not “forgetting” the loved one, but a healthy way to recuperate. Such oscillation ultimately aids long-term adjustment, as it helps prevent burnout from grief's intensity while still allowing the necessary processing of the loss. Stroebe and Schut emphasized that adapting to loss involves this dynamic process and that the proportions of loss vs. restoration focus can change over time (early grief might be more loss-heavy, later grief might involve more restoration as one rebuilds life, though pangs of loss still recur).

In summary, the Dual Process Model paints a picture of grieving as a dual attention process – turning toward pain, then away from it, in an ongoing rhythm. It reassures those who are mourning that It is okay to laugh at a joke or engage in regular activities even while grieving (restoration), and It is also okay to have periods when the sadness hits hard (loss). Both are integral parts of the journey.

Other Perspectives and Evolving Ideas

Beyond the above major theories, It is worth noting that grief research continues to evolve. Meaning-making is one prominent concept: psychologists like Robert Neimeyer have argued that a central process in grief is rebuilding one's personal worldview and finding meaning after loss. Significant losses can shake our fundamental assumptions about life (for example, that the world is just, or that we have control over what happens). Grieving, from this perspective, involves making sense of what happened and reconstructing a narrative of one's life that incorporates the loss. Some people find meaning through things like making charitable contributions in the loved one's name, adopting some of the loved one's values or traits in their own life, or simply finding a lesson or increased perspective (e.g., "I have a deeper empathy for others now"). Studies suggest that the ability to find some sense of meaning or purpose after a loss can facilitate adjustment, though It is a deeply personal process and not everyone finds a clear "silver lining" – nor should they be pressured to.

Another contemporary approach is narrative reconstruction, which overlaps with meaning-making. This approach, championed by Neimeyer and others, encourages the bereaved to express and explore their grief story – through talking, writing, art, or other forms. The idea is that by "re-membering" (reassembling the membership of people in one's life in a way that the deceased is still included, albeit in a different form) and by telling the story of the loss, the bereaved person can gradually process what the loss means to them and who they are becoming in its wake. We will touch more on narrative techniques in the section on therapeutic interventions.

Finally, It is important to note that no single theory can capture every aspect of grief. Real human grieving is often messy, unpredictable, and doesn't always conform to neat models. The

value of these theories is in providing frameworks and language – they are tools to aid understanding, not strict formulas to be applied. Many people will recognize bits of their experience in each theory. For instance, you might resonate with the oscillation of the Dual Process Model, and find comfort in maintaining continuing bonds, and recall passing through something like Kübler-Ross’s stages, all at different points in your journey. These models are complementary rather than mutually exclusive. They collectively remind us that grief has emotional, cognitive, and social dimensions, that it involves both holding on and letting go, and that ultimately, grief is a journey of adaptation – learning to live with a profound loss and finding a way to continue a meaningful life.

The Impact of Grief on Mind and Body

Grief is often thought of as a purely emotional experience, but anyone who has been through it knows that it affects the whole person – mind, body, and spirit. The stress of bereavement can manifest in a wide range of psychological and physical symptoms. In this section, we examine the psychological and emotional effects of grief, as well as the physical effects that mourning can have on the body. Recognizing these effects as normal responses to loss can help individuals and their supporters understand what to expect and when to seek help. It also reinforces an important point: grief is not “just in your head.” It is a comprehensive challenge to one’s well-being, and thus caring for oneself in grief means attending to mental and physical health alike.

Emotional and Psychological Effects

Emotionally, grief is characterized by intense and often fluctuating feelings. Profound sadness is, of course, a hallmark – feelings of deep sorrow, loneliness, and longing for the lost loved one. Many grieving people experience episodes of crying or what’s sometimes called

“pangs of grief,” sudden upsurges of emotion that can be triggered by reminders of the loss (a familiar song, seeing the loved one’s favorite food, etc.). Alongside sadness, other common emotions include anger (which can be directed at others, oneself, the situation, or even the deceased for leaving), guilt (second-guessing oneself with “if only” questions, or survivor guilt at being alive when the other is not), anxiety (worries about the future or one’s own mortality), helplessness, yearning, and occasionally relief (for example, relief that a loved one’s suffering from a long illness is over – which can then itself cause guilt in a mourner for feeling relieved). It is normal for these emotions to come in waves. Grief often feels like being on an emotional rollercoaster, especially in the early period. One moment you might feel okay, the next you are overwhelmed by a surge of sadness or anger. Over time these waves typically become less intense and less frequent, but even years later, a wave can be triggered unexpectedly, and that is a natural aspect of enduring love and loss.

Psychologically, grief can affect cognition, concentration, and memory. Many bereaved individuals report difficulty focusing or forgetfulness – sometimes called “grief brain” or cognitive fog. It is not unusual to read a page and immediately forget it, or to find yourself disoriented about what you were doing. Simple tasks might take more effort. This happens because the mind is processing a lot in the background; grief is an all-consuming process, especially in the early months. Confusion and an inability to concentrate are common mental symptoms of grief. Short-term memory can also be affected – for instance, one might repeatedly lose track of items or feel in a haze. People in acute grief often describe feeling detached or like they are in a dream or a fog, as their mind grapples with the reality of the loss.

Grief can also bring existential or identity-related psychological effects. A person may question the meaning of life, their faith, or their purpose after a significant loss (“What does

anything matter now?”). They may feel a loss of identity, such as feeling unanchored now that they are not someone’s spouse/parent/child in the same way. This can lead to a sense of emptiness or aimlessness for a time. Sleep disturbances are extremely common – some cannot sleep (insomnia due to anxiety or an empty bed), while others may sleep excessively as an escape. Vivid dreams of the deceased are frequently reported; some find them comforting, others upsetting, depending on the content.

Some psychological effects can be surprising or even unsettling. For example, “searching” behaviors or sensory experiences of the deceased are not unusual. A widow might momentarily think she saw her husband’s face in a crowd, or hear his voice call her name, in the weeks or months after his death. These brief hallucinatory experiences are considered a normal part of acute grief – the mind is so attuned to the person’s absence that it sometimes fills in their presence for a split second. Grieving individuals might also find themselves instinctively picking up the phone to call the person who died, before remembering. Such experiences are a reflection of how tightly woven the loved one was into the mourner’s mental world. The grief literature notes that auditory or visual hallucinations of the deceased (e.g., thinking you see or hear them) can be a common, benign experience in early grief. Additionally, some people experience intense dreams about the deceased or about the circumstances of the death. These can be part of the mind’s attempt to grapple with the loss.

Emotionally, grief can sometimes mirror clinical depression, but there are distinctions. In normal grief, the dominant affect is typically emptiness and loss, and painful feelings tend to come in waves (often triggered by reminders of the deceased) interspersed with periods of respite. Self-esteem is usually preserved; the person still values themselves, even if they feel lost. In major depression, by contrast, mood and negativity are more persistent, and there are often

feelings of worthlessness or self-loathing. That said, grief can trigger depressive episodes in vulnerable individuals, and the line between grief and depression is not always clear-cut. Studies have found that a significant proportion of bereaved people show symptoms of clinical depression in the first months after a loss. For instance, up to 50% of widows and widowers exhibit depressive symptoms in the first few months after a spouse's death (with around 10% still experiencing major depression at the one-year mark) (Harvard Health Publishing, 2019). These symptoms include profound hopelessness, persistent low mood, loss of pleasure, difficulty sleeping, appetite changes, and possibly thoughts of not wanting to live or suicidal ideation. It is crucial to monitor such symptoms, because while grief by itself is not a mental illness, it can lead to depression or exacerbate underlying mental health conditions.

Another emotional aspect is social withdrawal or irritability. A grieving person might pull away from friends and family, either because they lack energy to socialize, they feel others don't understand their pain, or they're afraid of breaking down in public. They may also become irritable or easily upset; grief can shorten one's fuse, as the person is under a lot of emotional strain. Loved ones might notice the bereaved person seems "not themselves" – perhaps more short-tempered or alternately apathetic. This is part of the adjustment; patience and gentle support from the social network are key. Conversely, some individuals might become more clingy, needing constant reassurance or company because the loss has made them fear further abandonment. Changes in interpersonal behavior are normal in grief.

In summary, the emotional and psychological toll of grief is profound. Feelings of sadness, anger, guilt, anxiety, and loneliness are to be expected. Cognitive effects like confusion and difficulty concentrating are common, as are sleep problems and changes in appetite (which can be psychological or physical, as we will see). There may be existential questioning and

moments of sensory “presence” of the loved one. Importantly, these reactions – while painful – are the mind’s natural way of adjusting to a life-changing loss. Knowing that these responses are common can reassure the bereaved that they are not “going crazy” – they are mourning.

However, if certain symptoms become overwhelming (for example, persistent thoughts of wanting to die, or inability to function in basic daily tasks months after the loss), it may indicate complicated grief or depression that could benefit from professional help. We will discuss later the concept of prolonged or complicated grief and available interventions. First, let’s consider how grief also leaves its mark on the body.

Physical Effects

Grief doesn’t only break your heart emotionally – it can affect your physical heart and body as well. The stress of bereavement triggers biological responses similar to other stressors, releasing stress hormones like cortisol and adrenaline that can impact various organ systems. Many people are surprised at how physically exhausting and painful grief can be. It is not “all in your head.” Here are some of the common physical effects and health implications of grief:

Fatigue and low energy: It is extremely common for grieving individuals to feel drained, exhausted, or physically weak. Simply getting through the day can feel like walking through quicksand. This fatigue has emotional roots (the weight of sadness) but also physiological ones – stress hormones and poor sleep contribute to a pervasive tiredness. Grief often disrupts sleep patterns; insomnia or restless sleep leaves one tired, or conversely some people oversleep yet still feel fatigued because it is a depression-like fatigue.

Sleep disturbances: As noted, insomnia is frequent. Mourners may have trouble falling asleep or wake in the night thinking of the loss. Others sleep more than usual, using sleep

as a refuge. Nightmares or vivid dreams (sometimes about the loved one or about themes of loss) can interrupt restful sleep. Lack of sleep then exacerbates other symptoms, creating a vicious cycle.

Appetite and weight change: Grief can suppress appetite – many people find food has no taste or forget to eat, leading to weight loss and nutritional issues. On the other hand, some may eat more in search of comfort (comfort foods) or because of nervous energy, potentially leading to weight gain. Changes in metabolism under stress are noted; stress hormones can alter appetite and how our body stores fat. It is not unusual for doctors to observe weight fluctuations in bereaved patients.

Aches, pains, and somatic symptoms: Emotional pain often manifests in bodily pains.

Headaches, muscle tension (especially neck or back pain), and generalized aches are common. Some people experience a tightness in the chest or throat – literally feeling heartache or a “lump” in the throat. These sensations can be distressing, as they mimic signs of illness. Chest tightness in a grieving person is usually a stress response, but any concerning chest pain should be medically evaluated to rule out cardiovascular issues.

Gastrointestinal symptoms can also occur: nausea, upset stomach, or loss of appetite can stem from the nervous system’s response to stress.

Weakened immune system: Bereavement stress can impair immune function. Studies have shown that in the early months of grief, people may be more susceptible to infections like colds or the flu. Wounds might heal more slowly. There is even evidence that significant grief can increase inflammation in the body. All of this may contribute to why grieving spouses, for instance, have a higher mortality rate in the months following a

partner's death – sometimes called the “widowhood effect.” Part of that effect is due to shared environment and lifestyle, but part is the toll of grief on the body's defenses.

Cardiovascular strain: Perhaps one of the most dramatic physical impacts of grief is on the heart. In rare cases, extreme stress from loss can trigger what's known as stress-induced cardiomyopathy or “broken-heart syndrome.” This is a temporary condition where the heart's left ventricle weakens or changes shape due to a surge of stress hormones, leading to chest pain and shortness of breath that mimic a heart attack. It is not a true heart attack (no blockage), and people usually recover, but It is a striking illustration that intense grief can physically affect the heart muscle. More commonly, grief-related stress can elevate blood pressure and heart rate. For someone with underlying heart disease, the added stress may increase the risk of cardiac events. As one article notes, the flood of stress hormones in grief can worsen existing conditions like heart failure or hypertension. Indeed, stress from bereavement can exacerbate any pre-existing medical conditions – be it diabetes, autoimmune diseases, or mental health disorders.

Hormonal and bodily stress responses: When we are under the emotional stress of grief, the body releases cortisol and adrenaline as part of the “fight or flight” response. This can lead to symptoms like sweating, dizziness, feeling on edge or jittery, and difficulty relaxing. Some bereaved individuals experience episodes of panic or anxiety that manifest physically (racing heart, trembling, shortness of breath) – essentially panic attacks prompted by the trauma of the loss or fear of facing life alone. Chronic elevation of stress hormones can also interfere with sleep (as noted) and contribute to that immune suppression and cardiovascular strain.

Restlessness or slowed movement: Interestingly, grief can make some people feel physically agitated – they may pace, fidget, or feel unable to sit still (psychomotor agitation), which is a way the body is trying to discharge anxiety and emotional energy. Others have the opposite: a kind of physical slowing or heaviness where it is hard to get out of bed or they move as if carrying a weight. Both patterns are observed and can even alternate in the same person.

Psychosomatic or “anniversary” reactions: On anniversaries of the loss or other significant dates, some people find their body relives aspects of the trauma. For example, around the time of year a loved one died, the bereaved might experience a slump in energy or unexplained aches – the body “remembers” even if the mind is not consciously focused on the date. Stress can also cause hormonal changes and disruptions (for example, grief can sometimes affect menstrual cycles, etc., due to its impact on the endocrine system).

Given these wide-ranging physical effects, grief is truly a mind-body experience. The old saying “grief struck me like a physical blow” is not just metaphorical – many bereaved describe feeling literally punched in the gut or heart when they first learned of the loss. It is important for mourners and those supporting them to be aware of these effects. Medical professionals note that “most of these side effects are the result of emotional distress responses”. In practical terms, this means while one is grieving, extra care should be taken to attend to one’s health: getting adequate (if not perfect) sleep, trying to eat regularly even if without appetite, drinking water, and not neglecting medical checkups. Simple things like taking short walks or doing breathing exercises can help counter some stress effects. Of course, grief saps motivation, so self-care can

feel like an overwhelming task in itself. Often, friends and family can help by providing meals, encouraging rest, or accompanying the bereaved to doctor's visits if needed in the early period.

It is also worth noting that some physical manifestations of grief carry emotional symbolism. The term "heartache" or "broken heart" is more than a poetic concept – the chest pain and tightness some feel is a direct representation of emotional pain in bodily form. Crying itself is a physical act that can be relieving; it activates the parasympathetic nervous system which can help calm the body after a crying spell. On the other hand, holding back tears and emotions might contribute to muscle tension and elevated blood pressure. This is not to say one must always cry – people have different styles – but it underscores that emotional expression and physical health are connected.

In severe cases, as mentioned, grief can contribute to or precipitate serious health issues. For example, research cited by Harvard Medical School indicates that within the first 24 hours of losing a loved one, the risk of a heart attack rises significantly for the bereaved, likely due to the acute stress reaction. Over the longer term, bereaved individuals have higher rates of cardiovascular events in the first year. Recognizing this, some healthcare providers pay special attention to recently widowed patients (especially older adults) to monitor their health more closely during the stressful mourning period.

To illustrate, consider John, a 70-year-old man who lost his wife of 45 years. In the months after her death, John often complained of chest tightness and had trouble sleeping. He caught two colds in a row and lost 15 pounds because he had no appetite to cook for himself. John's experience shows how grief can literally make one sick. With support from his doctor – who advised him to join a bereavement walking group for light exercise and social contact – John slowly started taking better care of his health while he grieved. This helped mitigate some

physical symptoms. John's case highlights that understanding the mind-body link in grief can guide us to interventions: gentle exercise, nutrition, and medical check-ins are part of caring for someone in mourning.

In summary, grief can produce a constellation of physical symptoms: fatigue, sleep problems, appetite changes, aches, weakened immunity, and cardiovascular stress, among others. These reactions are common and largely stress-induced. While they often improve gradually as acute grief subsides, the bereaved should not hesitate to reach out to healthcare providers if symptoms feel unmanageable. Treating physical symptoms (for example, short-term sleep aids, or therapy for anxiety) can in turn help a person better cope emotionally. The interplay of emotional and physical health in grief is a reminder that mourning should be approached with compassion for the whole self. Just as we would care for someone recovering from surgery or illness, someone in deep grief deserves care, rest, and support to recover their strength. Our bodies bear the burden of loss just as our hearts do, and healing in grief is about tending to both.

Cultural and Spiritual Dimensions of Mourning

Grief is a human experience shared across all cultures, but how people mourn – the rituals, expressions, and beliefs surrounding loss – varies widely around the world. Culture and religion provide the framework that helps people make sense of death and channel their grief in socially accepted ways. In this section, we explore how cultural traditions influence mourning and how spiritual beliefs can shape the grieving process. Understanding these dimensions is important because there is no single “right” way to mourn; what might be considered appropriate or healing in one culture could be viewed differently in another. Moreover, for many individuals, faith and spirituality are key sources of comfort in times of grief, lending a broader meaning to

their loss. We will look at examples of mourning practices from different cultures and discuss the role of religious/spiritual beliefs in coping with bereavement.

Culture and Mourning Practices

Every society has developed its own rituals and customs to honor the dead and support the bereaved. These practices serve multiple purposes: they pay respect to the person who died, provide a structured way for the living to express grief, and often rally community support around the mourners. Rituals around dying, death, and funerals can differ dramatically across cultures (and even within cultures). Yet, there are also cross-cultural commonalities: almost universally, people gather after a death, share stories or a meal, and mark the transition of the loved one in some ceremonial way. This suggests that as humans we have an innate need for ritual in grief.

One common thread is the importance of food and communal gatherings. Many cultures include feeding the mourners or holding a feast as part of funeral rites. This practice serves a symbolic function – it shows that life continues and the community sustains the bereaved (the phrase “bring food to the grieving family” appears in numerous cultures). For example, in Ireland’s wake tradition, family and friends gather with food and drink to celebrate the deceased’s life, sharing stories late into the night. In some Southern African cultures, mourners brew and share beer or meals as part of multi-day funeral ceremonies. Even in more subdued Western funerals, it is common to have a reception with food after the service. Providing nourishment is a tangible way of caring for those in grief and signifies the continuity of life and solidarity.

Another nearly universal element is the use of symbolism, such as colors or clothing, to denote mourning. Different cultures assign different colors to grief. In many Western cultures

(Europe, North America), black is the traditional mourning color, symbolizing sorrow and death. Mourners at funerals wear black attire as a sign of respect and to visibly mark their bereaved status. In contrast, some Eastern cultures use white as the color of mourning – for instance, in many parts of China and India, white is worn by family members of the deceased, symbolizing purity and the return of the soul to a pure state. Other cultures have their own colors: in Thailand, widows may wear purple; in parts of South Africa, red is sometimes associated with mourning.

The key is that the color serves as a social signal and a ritual expression of grief. It tells the community that this person is in mourning and invites support and gentle treatment. Cultures also differ in how overtly emotions are expressed during mourning. In some societies, public displays of wailing, crying, or even ritualized screaming are expected and accepted. For example, in parts of the Middle East and Africa, loud wailing or hiring professional mourners to vocally lament at funerals has been a tradition, underlining the communal sharing of sorrow. In Japan or many Western European contexts, by contrast, funerals might be more quiet and solemn, with restrained emotion – excessive display might even be seen as undignified in those settings.

As one source notes, in some white Western European communities, it is often expected that people will remain composed and “low-key” in their reaction, whereas in others, such as traditional Irish Catholic communities, more overt expressions of grief are common and accepted. Neither is right or wrong; these are cultural norms shaping how grief is outwardly manifested. For an individual, this means their personal way of showing grief is influenced by what they’ve been taught is appropriate. If someone comes from a culture of stoicism, they might feel uncomfortable crying in front of others; someone from a culture of expressive mourning might feel lonely if people don’t openly acknowledge the loss.

Let's consider a few cultural mourning practices to appreciate the diversity:

Irish Wake and “Keening”: In the Irish Catholic tradition, a wake is often held where the body of the deceased is kept at home or in a community space for a day or two.

Friends and family visit, prayers may be said (like the Rosary), but there's also storytelling, toasting the deceased, and sometimes music. In older times, “keening” (a vocal lament) by women was common. The atmosphere can be a mix of sorrow and humor, reflecting on the person's life. After burial, It is common to continue gathering (often at a pub) to share memories. This blending of mourning and celebration provides emotional release and a sense of community support.

British Caribbean “Nine Nights”: In Jamaican and some other Caribbean cultures, a tradition called Nine Nights (or “Dead Yard”) is observed. For nine nights after a death, family and friends gather each evening (often at the deceased's home) to celebrate the person's life, with singing, hymns, prayers, and sharing food and rum. The ninth night is particularly significant – It is believed that on that night the spirit makes its final journey. There is typically music (including drumming), and it can be quite lively, almost like a party. This stems from African traditions and is a celebratory approach to mourning, emphasizing that death is a transition and the community must send the spirit off with joy and solidarity. As described, mourning is approached through celebration of the deceased's life, often attended by hundreds of people in the community. This helps the bereaved feel supported and frames the loss in a hopeful, spiritual context (e.g., the belief in a “good death” where loved ones gather and no conflicts remain, as cited in some African communities).

Muslim Funeral and Mourning: In Islamic practice, burials happen very quickly, often within 24-48 hours of death, according to religious requirements. The body is washed and shrouded (often by family), prayers (Janazah) are recited, and the person is buried facing Mecca. Extravagant displays of grief (wailing or hysterical behavior) are traditionally discouraged in Islam, as it is thought to reflect doubt in Allah's will. That said, crying and sadness are natural and allowed, but mourners are encouraged to show patience (sabr). After the funeral, it is common for the community to gather to comfort the family, sometimes with meals (up to three days of receiving visitors, though it can vary). There are also mourning periods specified (for instance, widows observe a 4-month-and-10-day period of reflection called *iddah*). This structured approach provides clear expectations and communal support, grounded in the belief of afterlife and submission to God's will.

Jewish Mourning (Shiva and beyond): In Jewish tradition, after a burial, immediate family members enter a seven-day intense mourning period called Shiva (meaning "seven"). During Shiva, they often stay at home, sit on low stools, cover mirrors, and are visited by friends and relatives who bring food and condolences. It is a time to openly grieve – crying and emotive expression are expected and accepted; mourners might even tear a garment (a ritual called *kriah*) to symbolize their torn heart. Following Shiva, there are further stages: the next 30 days (*Shloshim*) where mourning continues but the mourners slowly return to normal activities, and for a lost parent, a child will mourn a full year in certain respects (saying prayers like the *Kaddish*). This gradation of ritual shows a deep understanding in that culture of the trajectory of grief over time – it doesn't end with the funeral; the community support continues, and remembrance rituals (like lighting *yahrzeit* candles on the death anniversary) ensure the deceased is not forgotten. The

structured mourning practices help channel grief and give permission for the bereaved to step back from daily life initially and then gradually re-enter it.

Eastern Traditions: In many Hindu communities, the deceased is cremated relatively quickly, and ashes may be scattered in a holy river (like the Ganges). Family members observe specific rituals for 13 days post-death (the Shraddha rituals) and often there's an expectation that the family will abstain from festivities for a year. Public displays of grief can vary by region in India – some are quite expressive, others more restrained. In East Asia, such as China or Korea, incorporating ancestral veneration is common – after the funeral, families may have home altars and perform rites on death anniversaries or holidays (like the Obon festival in Japan or Qingming in China, where graves are visited and cleaned). These practices underscore the belief that ancestors remain spiritually present and part of the family.

These examples only scratch the surface, but they illustrate how culture shapes the outward face of mourning. Yet, despite the differences, all cultures acknowledge the need to mark the loss and to transition the deceased and the living into their new states (the deceased to the ancestral or spiritual realm, the living to a life without the deceased's physical presence). Rituals provide a means to respond to the rupture caused by death – as anthropologist Sarah Wagner notes, they allow people to come together, say goodbye, and support each other, effectively helping to bridge “the chasm of grief”. When rituals are disrupted or unavailable (as happened during the COVID-19 pandemic when many could not gather for funerals), people often feel a lack of closure and support – highlighting just how crucial these cultural practices are for emotional processing.

It is also important to recognize that within any culture, individuals may have personal or family variations, and modern life has led to blending of traditions. Many people today participate in both secular and religious mourning practices (e.g., a church memorial service and an online photo tribute), or adapt rituals to what feels meaningful to them. Additionally, in multicultural societies, people may observe multiple sets of expectations. For instance, a young person from a minority culture might feel torn between their family's traditional mourning customs and the customs of the dominant culture they live in. Navigating cultural expectations can be an additional layer of complexity in grief. Ultimately, It is important that mourners find expression that feels authentic and supportive to them, even if that means blending customs.

Spiritual Beliefs and Grief

For many, grief is not only an emotional and cultural journey but also a spiritual journey. Death and loss inevitably raise profound spiritual questions: Why did this happen? Where is my loved one now? Will I see them again? One's religious or spiritual framework often provides answers (or at least rituals and community support) for these questions. Spiritual beliefs can significantly influence how someone copes with loss, offering either comfort and meaning or, in some cases, additional struggle if one feels their faith is challenged.

Religious rituals themselves are a huge part of mourning. We touched on some above (funeral Mass in Catholicism, Janazah prayers in Islam, etc.). Participating in these can give structure and a sense of fulfillment of duties toward the deceased. Beyond formal rites, people often lean into personal spiritual practices during grief: prayer, meditation, reading holy texts, or speaking with clergy. Such activities can provide solace. In fact, engaging in prayer or spiritual community can alleviate the loneliness of grief by reinforcing the feeling that the person is not alone – that God or a higher presence is with them, and that the deceased's soul is cared for.

Many find hope in the belief of an afterlife or reunion. For example, a Christian might take comfort that their loved one is “in heaven with God,” free of worldly suffering. A Hindu may find peace in the idea that the soul has moved on to another life or to moksha (liberation), according to their karmic journey. These beliefs can lend a larger meaning to a loved one’s life and death, framing it in the context of a divine plan or cosmic cycle.

There’s also the aspect of continued spiritual connection. Some bereaved individuals strongly feel that their loved one’s spirit is still around or can hear them. This might manifest as sensing the deceased during prayer or feeling they receive signs (like a particular bird appearing at significant moments, which they interpret as a message). Many religions implicitly encourage continuing bonds through spiritual means – for instance, in Catholicism, praying for the deceased’s soul or asking the saints (which may include the loved one if they are in heaven) to intercede; in Folk traditions, setting out offerings for ancestors; in New Age spirituality, believing the deceased can send signs or act as a guardian spirit. Believing that a loved one helps guide you in this world or that you will be reunited after death can help the bereaved feel connected and less alone in the present. This aligns with the earlier continuing bonds theory, showing how spiritual belief and psychological coping intertwine.

Religious congregations also provide practical and emotional support. Most faith communities rally around those who have lost someone – offering condolences, visits, and help with funeral arrangements. Attending religious services can link the bereaved to a caring community “primed to offer help of all sorts,” as one source put it. For example, a synagogue’s members might ensure a minyan (quorum) is present each day so the mourner can say Kaddish for their parent, or a church group might organize meals for weeks for a widow and her family.

This communal support is a huge asset to mental health during grief. It combats isolation and provides a sense of being held in the arms of a tradition and community that spans generations – reminding the mourner that many have walked this road before and found solace in faith.

On the other hand, grief can sometimes lead to spiritual distress or crisis. Some people may question their beliefs when faced with tragedy (“How could God allow this to happen?” or “Why did my prayers not save them?”). Anger at God or loss of faith is not uncommon, especially in situations of sudden, unjust loss (like the death of a child or a young person). This is a normal part of grappling with the meaning of loss. In many religious contexts, doubting or wrestling with God is itself an acknowledged process (just think of the biblical story of Job, who questioned and lamented extensively). Spiritual struggle can either lead to a re-affirmation of faith or a transformation of one’s beliefs. Some emerge with a stronger or more mature faith, feeling they’ve experienced grace or support in unexpected ways; others may drift from formal religion but maintain a personal sense of spirituality.

It is interesting to note that psychological research has found correlations between spirituality and coping outcomes. Generally, those who report being comforted by their faith or spiritual practices tend to have lower levels of complicated grief and less loneliness in bereavement, as their faith community and beliefs provide a buffer (Angell et al., 1998; Cadell et al., 2003, as cited in various studies). Of course, correlation is not causation – it may be that people who are more resilient also tend to draw on faith. But qualitatively, many individuals attribute their survival through grief to their faith. For instance, believing that their loved one is in a better place or that the separation is temporary (in an eternal sense) can alleviate some of the despair.

Additionally, beyond formal religion, general spirituality or connecting with nature can play a role. Some find spiritual comfort outside organized religion – through meditation, spending time in nature, or exploring existential philosophies. For example, tending a garden and observing the cycles of growth and decay can give a sense of the continuity of life, which some find spiritually soothing. Mindfulness practices or yoga can also help a grieving person feel more centered and connected to something larger than themselves, even if not defined in traditional religious terms.

It is worth highlighting some specific spiritual practices for coping that people use: setting up a home altar with the loved one's photo and perhaps a candle or meaningful objects (common in many traditions, from Mexican ofrendas during Day of the Dead to personal shrines); talking to a pastor, priest, rabbi, imam, or spiritual mentor about one's grief and seeking counsel or rituals for comfort; reading sacred texts or literature on the afterlife; engaging in ceremonies like lighting a candle on each anniversary or visiting the gravesite to say a prayer. These actions can provide a sense of doing something for the loved one and keeping their memory alive in a spiritually fulfilling way.

Case Example – Spiritual Comfort in Grief

David lost his father to a sudden heart attack. Initially, David was angry at God, feeling the loss was unfair. But as the weeks went on, he found himself drawn back to the evening prayer routine his father had taught him. Each night, David lit a small candle by his father's photo and recited a simple prayer for his father's soul. This act gave him a feeling of connection, as if he was still doing something for his dad. David also started attending church again and discovered the community there provided a space to share his memories and tears. One Sunday, the sermon happened to be about hope beyond death, which he felt was “a message meant for me.”

Gradually, David's spiritual practices became a pillar of strength: he felt his father's spirit near when he prayed, and it comforted him to believe they would meet again. His grief did not vanish, but it was cushioned by a renewed faith that life has a larger plan.

In summary, cultural and spiritual contexts deeply influence the mourning process. Culturally prescribed rituals give mourners a roadmap and communal support, whether it is sitting shiva, holding a wake, or performing ancestral rites. These practices validate the mourner's feelings and ensure they are not alone in their grief. Spiritual beliefs, meanwhile, can provide answers to the "why" and "what now" questions of loss, offer hope of continued existence or reunion, and surround the mourner with community and tradition. Not everyone subscribes to a formal religion, but almost everyone facing grief will, in their own way, confront the big spiritual questions of life and death. Finding comfort – whether in God, in nature, in community, or in cherished rituals – is a crucial component of healing. And being sensitive to cultural and spiritual diversity is important: what heals one person might not resonate with another. Ultimately, the goal across cultures is similar: to honor the one who died, to express grief in ways that are meaningful, and to help the bereaved person find a path forward with the support of their community and beliefs.

Anticipatory and Disenfranchised Grief

Not all grief occurs in the neat narrative of "someone has died, and now I grieve." There are situations where grief begins before a death occurs, and others where a loss isn't fully recognized or supported by society. Two important concepts that shed light on these scenarios are anticipatory grief and disenfranchised grief. Both of these can deeply affect one's mourning process and mental health, often in different ways than a typical bereavement.

Anticipatory Grief

Anticipatory grief refers to the grief that occurs before an impending loss, often in the context of terminal illness or other foreseen losses. It is the emotional pain and preparation that family members (and sometimes patients themselves) experience when death is expected but hasn't occurred yet. In other words, one begins mourning in advance. This concept was identified as early as the 1940s by psychiatrists treating families of dying patients, but it gained more attention in hospice and caregiving contexts in later decades.

When someone we love is diagnosed with a terminal illness or is in a prolonged dying process, we don't wait until the moment of death to feel grief. We may start to grieve the loss of the person little by little – grieving each decline in their health, grieving the loss of the life we imagined we'd still have with them, and fearing the coming final loss. Anticipatory grief is essentially a collection of reactions – cognitive, behavioral, and emotional – that occur in anticipation of the loss. Common symptoms mirror those of conventional grief: bouts of sadness, anger, loneliness, anxiety, and even guilt. For example, a caregiver might feel overwhelming sadness each time they see their loved one growing weaker. They might feel anger at the situation or a sense of injustice (“Why do we have to lose her to this disease?”). Loneliness can set in as the loved one becomes less present or communicative. There can also be guilt – some people feel guilty for “already grieving” someone who is still alive, as if that were a betrayal, or they may feel guilt if they catch themselves wishing for the suffering to end (which could also mean an end to the loved one's life).

Anticipatory grief can involve a lot of anxiety about the future: How will I cope when they are gone? What will life look like without them? This forward-looking aspect distinguishes it from conventional grief which reacts to a loss that has already happened. People may mentally

“rehearse” the death or imagine how they will feel, which can be distressing. Some caregivers start grieving not just the person’s eventual death but also the gradual losses along the way – for instance, the loss of the person’s abilities or personality if cognitive decline is involved. A common scenario is with Alzheimer’s disease: family members often mourn the “long goodbye” as they watch a loved one’s memory and personality fade, in some sense grieving the person before their physical death.

It is worth noting that anticipatory grief is a natural, protective process to some extent. It allows individuals to begin processing difficult emotions in installments rather than all at once when the death occurs. As psychologist Regina Josell explains, anticipatory grief can give people a chance to prepare and even plan, whether that’s having important conversations, saying goodbye, or arranging practical matters. It is an opportunity to resolve unfinished business: perhaps to offer or seek forgiveness, to express love and gratitude, and to make the most of the remaining time. For example, a son whose father is dying of cancer might use the time to ask his father to share family stories or wisdom, creating precious memories that will later comfort him. In this way, anticipatory grief can facilitate a better post-loss adjustment, because some needs for closure were addressed beforehand. Research suggests that when families acknowledge and talk about the coming loss, it can ease the pain later, since they do not feel as many “if only I had said/done...” regrets.

However, anticipatory grief does not replace or eliminate post-death grief. A common misconception is that if we grieve beforehand, we might grieve less afterward. In reality, when the death actually happens, survivors often still experience a fresh wave of grief. The anticipatory phase might soften it for some – having mentally prepared, the shock may be less – but the finality of death tends to bring new emotions. In some cases, people who have grieved in

anticipation might feel a degree of relief when the death occurs (especially if the loved one was suffering greatly), and then feel guilty about that relief. It is important to understand relief in this context is normal and usually means relief that the loved one's suffering is over, not joy that they died.

The benefits of anticipatory grief, as noted by clinicians, include the ability to face fears rather than avoid them. By acknowledging that loss is coming, families can mobilize coping resources, lean on support (like joining a caregiver support group), and clarify plans (funeral wishes, financial arrangements, etc.). It is essentially a period of “emotional rehearsal” and taking care of unfinished matters. One study even identified stages of anticipatory grief (somewhat analogous to Kübler-Ross's stages): acceptance (recognizing the loss is unavoidable), remaining time reflection (working through feelings like regret or guilt), rehearsal (imagining life after the loss, or how the death will be), and imagining the future (visualizing life beyond the loss). These are not universal experiences for everyone, but they capture common mental processes.

Emotionally, anticipatory grief can be very exhausting because it is a prolonged strain. Caregivers might oscillate between moments of sorrow and moments of pragmatic focus (similar to the dual process model – oscillating between grieving and taking care of tasks). There might also be a feeling of ambivalence: one part of you is in deep pre-mourning, another part holds onto hope or denial. In families, different members may cope differently – one might want to talk openly about the coming death, another might avoid the topic, leading to potential conflict or isolation if not handled with understanding.

From a mental health perspective, anticipatory grief can sometimes morph into or contribute to complicated grief or depression if the person becomes overwhelmed. Signs of

trouble would be if the anticipatory grief is so intense that the person cannot function (e.g., they stop eating or cannot sleep at all due to constant dread) or if it leads to extreme anxiety or hopelessness. In some cases, anticipatory grief might lead a person to emotionally distance themselves from the loved one too early as a protective mechanism, which can then cause guilt (“I withdrew too soon”). It is a delicate balance: caring and staying present in the moment versus bracing for the future.

Case Example – Anticipatory Grief

A 45-year-old woman, Sarah, is caring for her mother who is in the final stages of ALS (Lou Gehrig’s disease). Sarah has been grieving for months as she watched her mother lose the ability to walk, then speak. She finds herself crying on the drive home after each visit, mourning a little more of her mother that the disease has taken. At the same time, she treasures these visits – she holds her mother’s hand and says “I love you” every time, knowing their chances are dwindling. Sarah sometimes imagines the phone call informing her that her mom has passed; she’s rehearsed how she might react. She’s even planned the basics of the memorial service in her head. One day, Sarah confides to a friend, “In a way, I feel like I’m already in mourning, even though Mom’s still here. It is like I’m half living in the world after her death already.”

When her mother does pass away, Sarah indeed feels a deep sorrow, but she also feels a strange sense of familiarity with the feelings – as if she’d “been there” already. This doesn’t remove the pain, but Sarah believes that having grieved gradually along the way allowed her to be more prepared and gave her fewer regrets, because she had expressed everything she needed to.)*

In caring for someone experiencing anticipatory grief (like Sarah), validation is important: letting them know It is normal to grieve ahead of time. Encouraging them to find support – perhaps a caregiver support group or counseling – can be beneficial. It is also healthy for them to still find

moments of joy or normalcy even as they anticipate loss (for instance, taking breaks from caregiving to recharge, or finding small positives in the present, like enjoying a quiet afternoon with their loved one).

Disenfranchised Grief

Disenfranchised grief is a term coined by grief expert Kenneth Doka (1989) to describe losses that are not openly acknowledged, socially sanctioned, or publicly mourned (Doka, 1989). In other words, It is grief that society, at large, does not recognize as valid or deserving of the same support as other types of grief. When a person's loss is disenfranchised, they often feel they have to grieve in silence or secrecy, without the empathy or rituals that typically accompany bereavement.

There are several reasons why a loss might be disenfranchised:

1. **The relationship is not recognized.** If the person who died (or was lost) had a relationship to the mourner that society doesn't see as "legitimate," the mourner's grief may be downplayed or ignored. For example, consider the death of a mistress or extramarital lover – the surviving lover is grieving, but they may not be acknowledged at the funeral and might even have to hide their grief to avoid public shame. Similarly, LGBTQ+ partners in places or times where their relationships aren't accepted might experience this when a partner dies. Another example: the death of an ex-spouse. Even though one might grieve an ex-husband or ex-wife deeply, others might think "Why are you so upset? You were divorced." In all these cases, the survivor is not seen as a "legitimate" griever, so their grief is disenfranchised. (Yet their pain is real – love and attachment often extend beyond societal labels.)

2. **The loss itself is not seen as significant.** Society has a sort of unspoken hierarchy of losses. The death of a spouse, child, or parent is widely recognized as a devastating loss. But what about other losses? For instance, miscarriage or stillbirth – historically, these losses were often brushed aside (“You can try again,” people might say, failing to honor the very real grief of losing an unborn child with whom the parents had bonded hopes and dreams). Or the loss of a pet – many pet owners experience profound grief when a beloved pet dies, but they may encounter responses like “Come on, it was just a dog, you can get another,” trivializing their grief. Estrangement or divorce can also cause grief for lost relationships or futures, but since no one died, people might expect one to just move on, not recognizing it as a grief-worthy loss. Job loss, loss of a home, loss of health or mobility – these can all spur grief responses, but if they don’t fit the mold of death, others might not fully appreciate the mourner’s pain. Disenfranchised grief in these cases means the person might feel invalidated or foolish for grieving “too much” over something society deems minor.
3. **The mechanism of loss is stigmatized.** Deaths by suicide, overdose, or HIV/AIDS (especially in the early years of AIDS) have often led to disenfranchised grief for the survivors. Stigma may cause families to hide the cause of death, which complicates the grieving process – survivors might feel shame on top of sorrow, and find it hard to talk openly about their loss. Similarly, a death that involves criminal circumstances (like the deceased was committing a crime, or was a perpetrator of harm) can disenfranchise the grief of their loved ones, who may fear judgment or have conflicted feelings.

4. **The griever is not recognized.** Sometimes the issue is not the loss or relationship, but who the griever is. Children and teenagers, for example, often experience disenfranchised grief because adults might assume “they’re too young to understand” or might exclude them from mourning rituals (like not letting a child attend a funeral). People with intellectual disabilities might also be sidelined in mourning, as if they don’t mourn simply because they can’t express it in typical ways. Another case: coworkers grieving a colleague. In a professional environment, there might be little space given to mourn a colleague’s death beyond a brief acknowledgment, yet for someone who saw that coworker daily for years, the loss is significant. If that grief isn’t acknowledged, It is disenfranchised.
5. **The hallmark of disenfranchised grief** is that the mourner feels unsupported and unseen in their loss. They may even feel they don’t have the “right” to grieve or that they must keep it private. This can intensify feelings of isolation. Grief is hard enough; disenfranchised grief adds layers of loneliness, shame, or confusion on top. A grieving person might think, “What’s wrong with me? I’m so upset about this, but no one else seems to care or they think I shouldn’t be.” That internal conflict can hinder the healing process.

For example, imagine someone grieving the death of their estranged father. They hadn’t spoken in years due to a rift. Now the father dies – the adult child feels grief for what was lost and what never will be (a chance to reconcile), but also may feel they don’t deserve to grieve because they were estranged, or others might say “But you weren’t even close, why are you

upset?” This person’s grief might be complicated by regret and lack of social sympathy, making it disenfranchised and likely more difficult to process.

Another scenario: a woman suffers a miscarriage at 10 weeks. Some people might not even have known she was pregnant. She’s heartbroken, but when she tries to talk about it, she gets comments like “At least it was early” or “You’ll have another baby.” These well-intentioned but minimizing responses send the message that her grief isn’t warranted. Thus, she might withdraw and mourn alone, perhaps naming the baby in her heart or keeping it secret, which can be very painful.

The impact on mental health of disenfranchised grief can be significant. Studies have found that disenfranchised grievers may have higher risks of depression or complicated grief symptoms, likely because they have to bottle up their feelings or lack outlets for support. They might feel anger or frustration that others don’t understand. They may also experience intense guilt or self-doubt – for instance, someone grieving a friend’s death by overdose might blame themselves or feel societal stigma (“people must think less of me for caring so much about an addict”). This additional burden can delay the natural healing process. Grief needs expression; when it is continually stifled, it can fester or manifest in other ways (like anxiety, irritability, or physical symptoms).

Kenneth Doka outlined several categories where disenfranchised grief often occurs, many of which we’ve covered: relationships not seen as legitimate (e.g., ex-partners, secret relationships, colleagues, caregivers with no legal tie, etc.), losses not acknowledged (pets, miscarriage, etc.), deaths stigmatized (suicide, crimes, etc.), and grievers unacknowledged (children, etc.). Understanding these categories can help society and professionals be more inclusive in their support. For instance, workplaces are increasingly recognizing pet loss and

sometimes even offering a day off if an employee's long-time pet dies, acknowledging the grief as real. Hospitals now often have protocols for miscarriage and stillbirth – providing memory boxes, naming ceremonies, and counseling referrals – which is a response to formerly disenfranchised grief.

What can someone do if they are experiencing disenfranchised grief? First, self-acknowledgment is key: recognize that your loss is real and you have permission to grieve it, even if others don't give that validation. Seeking out people who do understand can be enormously helpful. This might mean finding a support group specific to your type of loss (for instance, online forums for pet loss, or groups for people who lost someone to suicide, etc.). With the internet, many have found "their tribe" of others who get it, which can be life-saving when immediate circles don't. Mental health counseling is also a space where all grief is enfranchised – a counselor will validate and help process whatever loss you bring to the table, no matter how society views it.

Another strategy is to create your own rituals or memorials for the loss. If, say, there is no funeral for the loss you experienced (maybe in a miscarriage, there's no public event), you can hold a private ritual: light a candle, write a letter and bury or burn it as a symbolic goodbye, plant a tree in their memory, etc. These personal rituals help externalize the grief and honor the loss, even without public acknowledgment. Journaling feelings or writing a narrative of the loss can also validate it for oneself ("this happened and it mattered to me"). Some people craft or create art as an outlet (collages, scrapbooks, memory boxes).

Education of others can slowly change societal attitudes. Talking openly (when one is able) about these less acknowledged losses can raise awareness. For example, celebrities who

have spoken about miscarriages have helped bring that kind of disenfranchised grief into the public conversation recently, leading to more compassion for pregnancy loss.

Case Example – Disenfranchised Grief

Mark's best friend from childhood, Tony, drifts apart over the years and struggles with opioid addiction. They haven't spoken much recently, but Mark still cares. Tony overdoses and dies. At the funeral, Mark realizes he's not mentioned in the obituary as a surviving friend, and at the service, Tony's family (who didn't know Mark well) barely acknowledges him. Mark feels profound grief mixed with regret that he hadn't stayed closer. When he tells a coworker why he's down, the coworker says, "I'm sorry, but I know he had a lot of issues," in a tone that Mark interprets as judgmental. Mark starts to feel he has no right to be so upset – after all, he hadn't been in Tony's daily life recently. Yet he's hurting a lot. This is disenfranchised grief: Mark's relationship (an old friend turned distant) and the death's stigma (overdose) combine to deny him the validation and support one might otherwise get. Mark eventually finds a subreddit (online forum) for people who lost friends to addiction. Sharing his story there and reading others' experiences comforts him – he realizes his grief is valid and he's not alone. He decides to quietly commemorate Tony by editing together a video of their old skateboarding footage and watching it on Tony's birthday, a personal ritual that brings him some peace.

Disenfranchised grief teaches us that societal recognition is an important factor in healing. When losses are publicly mourned (like a community-wide tragedy), people come together and share the burden. But when grief is hidden, the mourner carries it largely alone. As a society, becoming more aware of disenfranchised grief can help us extend empathy to those grieving less obvious losses. Simple acts, like telling someone "I'm sorry, and I'm here to listen" even if their loss doesn't fit the usual mold, can make a tremendous difference.

Contemporary Issues in Grief and Mourning

Grief is timeless, but the context in which we grieve continually evolves. In recent years, several contemporary issues have emerged or become more prominent in shaping the grieving process. This section examines three such areas: grieving in the digital age, the impact of the COVID-19 pandemic on grief, and the intersection of grief and trauma (particularly in cases of sudden, violent loss or collective tragedy). These topics highlight how modern life and events can alter traditional mourning and pose new challenges – as well as new coping mechanisms – for those in bereavement.

Grieving in the Digital Age

Twenty or thirty years ago, grief was largely an offline experience. People found out about losses through phone calls or in person, they signed physical guest books at funerals, and mourning was something done in living rooms, churches, cemeteries, and support groups. Today, much of our lives – including our losses – play out on social media and other digital platforms. The rise of the internet and social media has significantly changed how we mourn and memorialize.

One of the biggest changes is the emergence of online communities and forums for grief. Social media allows people to announce losses to a wide network almost instantly and to receive condolences in the form of comments, messages, or posts. Platforms like Facebook often turn a deceased person's profile into a memorial page where friends and family continue to post tributes, share memories, and even address the deceased in posts ("I miss you every day"). This means that mourning is no longer confined to physical spaces; it has a virtual space that can be accessed anytime, anywhere. Such online memorials effectively keep the person's memory alive in an ongoing, interactive way – acting as a digital shrine or cenotaph. In fact, researchers Rachel

King and Pelham Carter (2022) found that creating or posting on social media memorial pages provides a “safe and comfortable place to mourn and maintain a bond with the deceased,” according to users. The deceased’s online presence (photos, old posts) remains visible and can be revisited, giving mourners a sense that the person is still present in some form – virtually “alive” in their digital footprint.

Social media has also enabled the formation of grief support networks that might not have been possible locally. For example, someone grieving a rare type of loss (say, loss of a sibling to suicide) can find an online group of others who’ve experienced similar pain, even if they don’t know anyone in that situation in their offline life. These communities can be profoundly validating, as people share stories, coping tips, and simply listen. The connectivity of the internet helps people overcome geographical and social isolation in grief, providing a sense of community and support at any hour. This is especially valuable for those who might not have strong local support or who feel misunderstood by those around them. An example could be forums like Reddit’s r/Grief, or specialized groups for widows, bereaved parents, etc., where members across the world convene to talk about their experiences.

Another digital-age phenomenon is the public sharing of grief experiences through blogs, videos, and podcasts. Many individuals blog about their grief journey or create YouTube videos discussing loss, reaching thousands of viewers who might be going through something similar. The act of sharing helps the content creator process their feelings (almost like narrative therapy) and educates others about grief, while viewers often find comfort in hearing someone articulate what they feel. It also normalizes grief by bringing it into public discourse rather than keeping it behind closed doors.

Social media has introduced the concept of grieving together in real time after public tragedies as well. When a disaster, accident, or death of a public figure occurs, people flock to platforms to share shock and sadness, turning sites like Twitter or Facebook into collective mourning spaces. This can democratize mourning in a sense; for instance, fans worldwide can publicly mourn a celebrity's passing and find camaraderie in that shared loss, whereas in the past such mourning might have been private or limited to local gatherings.

There is even a term, "thanatechnology," coined by Carla Sofka in the 1990s, to describe technology used for death, grief, and loss. Thanatechnology encompasses everything from simple online memorial pages to more futuristic ideas like AI chatbots designed to emulate a deceased person's conversations (a concept explored in some tech projects and fiction). While the latter is experimental and raises ethical questions, it shows how far the integration of tech and mourning might go.

The digital age has also changed expectations around communication and remembrance. Friends who might not have visited a gravesite might readily post a Facebook comment on a death anniversary – thus, rituals of remembrance are extending to the digital sphere. Younger generations, in particular, may find expressing grief online more natural. As one counselor noted, younger people feel safer being transparent online about their grief because much of their life is lived online anyway. Posting about a loss on Instagram, making a TikTok video with memories of a loved one, or creating a hashtag in someone's honor (e.g., #RememberingJohn) are new forms of mourning that didn't exist before.

There are clear benefits to grieving online. It can decrease the taboo and silence around grief by making it more visible. Seeing someone talk openly about missing their spouse, for example, can encourage others that It is okay to share that too. Online expression allows for

creative outlets – people share photo montages, art, music playlists that remind them of the deceased – and these can resonate widely. Also, online, one can find specific resources (articles, experts, webinars on grief) with a quick search, empowering people with knowledge about the grief process.

During the COVID-19 pandemic, digital grieving became not just an option but a necessity for many, as lockdowns prevented traditional gatherings. Virtual funerals via Zoom became common, enabling attendance from afar but also presenting challenges in lacking the physical comfort of presence. Nonetheless, technology softened the blow of isolation by allowing people to attend memorials and support each other safely. This accelerated an acceptance of digital mourning practices.

However, the digital realm of mourning has challenges and drawbacks as well. One is the issue of privacy and pressure: when grief is shared publicly, some people might feel obliged to perform their grief in a certain way for the audience. Younger generations may feel they have to post something about a friend's death to prove they care, even if they're not ready to share or prefer to grieve privately. There can be a phenomenon of others judging how one grieves online – for instance, someone might be criticized for not posting enough tributes (interpreted as not caring), or for posting too many happy photos soon after a loss (seen as “moving on too fast”). This kind of scrutiny can push people into isolation or inauthentic expression, neither of which is healthy.

Another concern is that online interaction might not fully substitute for in-person support. Scrolling through condolences on a screen, while comforting, may not fulfill the need for a hug or a shared quiet moment with a friend. There's a risk of grieving becoming too passive or voyeuristic. For example, someone might spend hours reading others' posts about grief or

looking at memorial pages (a passive scrolling behavior) and feel some validation, but it might also lead to feeling more isolated if they don't actively engage or reach out. Jeremy Bergen, a grief counselor, warned that relying solely on "thanatechnology" can make grieving more passive, as one might just absorb content without the real connection that helps with healing. It can give the feeling of connection without the full benefits.

There's also the risk of negative or insensitive comments, known as trolling. Online spaces can unfortunately attract cruelty as well as kindness. A grieving person might post a tribute only to get a random insensitive remark or spam, which can be hurtful or even traumatizing. Public figures who lose someone sometimes face this, where internet trolls leave nasty comments. Even well-meaning comments can sometimes be off-putting because tone is hard to gauge online and advice can feel unsolicited.

Another challenge: misinformation or unmoderated advice. On the internet, not all advice is good advice. A person searching for coping strategies might stumble on forums or content that, for example, encourage unhealthy coping or pseudoscience. One counselor noted a client's mental health worsened after consuming incorrect information online about grief. Without the filter of a professional or trusted source, people may be led astray by some content (e.g., extreme views like "you should purge all belongings immediately" or "you must contact a medium to have closure" – not inherently bad for all, but could be ill-advised if taken as the only way). Lastly, digital life means constant reminders. Social media algorithms might surface "memories" (like a photo of you and your deceased friend from years ago) unexpectedly, which can be triggering when you're not prepared. Also, the deceased person's profile might continue to appear in suggestions (e.g., LinkedIn telling you to congratulate them on a work anniversary) – tech companies are still refining how to handle digital legacies sensitively.

In summary, the digital age has expanded the arena of mourning into a 24/7 global space. It offers community, continuity, and creativity in grief expression that can be deeply beneficial. People can keep bonds alive online and find solidarity worldwide. At the same time, it introduces new stressors and etiquette dilemmas, and It is crucial to find a healthy balance. Ideally, one uses online support to supplement, not replace, real-world support where possible. The connectivity should empower the grieving person, not pressure them. As society adapts, we see more resources for navigating digital grief (even etiquette guides for what to do with a loved one's social media after death, etc.). The key takeaway is that digital mourning is now a normal part of the grief landscape, especially for younger people, and when used mindfully it can reduce isolation and help maintain enduring connections to those we've lost.

The COVID-19 Pandemic: A Collective Grief

The COVID-19 pandemic, which began in 2020, has been a mass global trauma with an immense wave of deaths and associated losses. By 2025, millions of people worldwide have died from COVID-19, and many more millions have lost loved ones or acquaintances. Beyond the sheer number of deaths, the pandemic disrupted social rituals and support systems, creating conditions for what some have termed “a long tail of grief” that will persist for years. Understanding pandemic-related grief is important not only for those who directly lost someone to the virus, but for society reckoning with collective loss and change.

One of the stark features of pandemic grief is the way it was often interrupted and silenced by circumstances. In normal times, when someone dies, family and friends gather, hold funerals or memorials, hug, share stories, and support one another closely. During peaks of COVID, especially in 2020 and 2021, many of those rituals were impossible due to lockdowns, travel restrictions, and fears of contagion. People died in hospitals without family at their bedside

due to quarantine rules. Final goodbyes happened over phone or video, if at all. After death, many families could not hold funerals or had to delay them or do them via video stream. This means many survivors were left without the traditional opportunities for closure. Sarah Wagner, a social anthropologist, pointed out that ritual acts like gathering for a wake or funeral are not only about honoring the deceased, they are crucial for “supporting the surviving family members, helping them out of the chasm of grief”. When those rituals were broken, mourners often felt adrift and unsupported.

Moreover, the scale of the pandemic meant that sometimes multiple losses occurred in a short time. There are families where several members died within weeks, or communities that lost many individuals. This cumulative grief can overwhelm the normal capacity to mourn. A person might barely begin to process one death when another occurs. The collective nature also meant that everyone was under stress simultaneously – unlike a personal loss where others around you might not be affected, here everyone was facing fear, uncertainty, and change. This reduced the bandwidth people had to support each other. Many bereaved during COVID felt that after a brief acknowledgment, others moved on or were too consumed with their own challenges to offer sustained help.

Another painful aspect was the politicization and stigma around COVID-19 deaths. In some regions, there were societal divisions and debates about the pandemic’s seriousness, about vaccines, etc. Some families reported that when their loved one died of COVID, they encountered hurtful comments or reduced sympathy, for example, if the loved one was unvaccinated (some might imply blame), or if someone downplayed the virus (“Well, he was old, or had preexisting conditions, it was just their time” or even “COVID is a hoax” type denial). This added a layer of disenfranchisement and anger to the grief. Alison Smith-Greenaway, a

demographer, noted that some bereaved people struggled for recognition of their loss in the face of dismissive attitudes – it felt like the significance of their loved one’s death was being denied or minimized in broader discourse. Imagine losing a parent to COVID and then hearing others say “It is just like a cold” – that could be deeply invalidating and infuriating.

The pandemic also created many secondary losses contributing to grief. Even those who didn’t lose a person might have lost a job, financial security, their own health, or a sense of normalcy and safety in the world. Psychologists talk about collective grief for the way of life that was irrevocably changed by COVID-19 (grieving things like missed experiences, canceled rituals like graduations or weddings, etc.). While not the same as bereavement, these widespread losses set a backdrop of grief-like feelings (sadness, anger, confusion) that can compound personal bereavements.

For those who did lose loved ones, some factors particularly complicate pandemic grief:

- **Suddenness and trauma:** Many COVID deaths were relatively quick (someone might be fine one week, hospitalized the next, then gone). The sudden nature, often without a chance to say goodbye normally, can cause trauma reactions. Some have intrusive images of their loved one isolated on a ventilator, or guilt that they weren’t there.
- **Lack of Body and Funeral Rituals:** In early pandemic waves, some places handled bodies under strict protocols, sometimes cremating or burying quickly without family input, to prevent virus spread. Families in some cases never saw the body or had to wait a long time to get ashes. Not seeing the body or having the funeral can lead to a sense of unreality or lack of closure.

- **Isolation:** People grieving in 2020 often had to do so in isolation due to stay-at-home orders. No visits from friends bringing casseroles, no group hugs. Maybe a few Zoom calls. This isolation in grief is a risk factor for developing prolonged grief disorder because support is a key protective factor in mourning.
- **Concurrent stress:** It wasn't just grief; people were also dealing with pandemic anxiety, perhaps financial trouble, kids out of school, etc. Grief may not have gotten the attention it needed from the mourner themselves, because they were juggling crises.

Mental health professionals have indeed observed that prolonged grief and trauma symptoms increased during the pandemic. There's emerging research (some cited in [49]) that grief from COVID losses can be more intense than some other types, possibly because of these complicating factors. One study found people bereaved by COVID had higher grief scores and more dysfunction than those bereaved by natural causes pre-pandemic, likely due to factors like lack of social support and the traumatic context (Lee & Neimeyer, 2022, etc.).

However, the pandemic also sparked creative resilience. We developed new ways to connect (like drive-by condolence parades, or virtual memorial slideshows). And there's been a push for public acknowledgment of the losses. For example, in the U.S., artist Suzanne Brennan Firstenberg planted a flag for every COVID death on the National Mall in 2021 – an installation of 700,000+ flags – which served as a collective memorial. People could dedicate a flag to a loved one. Wagner noted that for some families, that exhibition felt “like the funeral they never had”. It was a nation saying: we see your loss. Moves like proposals to establish a COVID-19 memorial day or permanent memorials are attempts to give collective grief its due recognition.

The pandemic has essentially been a lesson in the need for societal grief rituals. Without them, mourners were left to handle things on their own. Now, mental health practitioners anticipate a long period of addressing unresolved or delayed grief. People who “pushed aside” grief due to the crisis may find it surfacing later. Children who lost parents might show effects years later if not supported properly (e.g., a spike in orphaned children worldwide).

On a broader level, COVID-19 has reminded us of our mortality in a very stark way. That collective confrontation with death can cause existential grief – grief for the world’s suffering, grief as empathy for strangers. There’s a term “disaster grief” sometimes used for the emotional turmoil after events like pandemics. It overlaps with anxiety and depression.

In dealing with pandemic grief, some strategies have included:

- **Belated rituals:** As things opened up, families have held memorials even a year or two after the death, which still can be healing.
- **Therapy and support groups:** Some grief groups formed specifically for COVID loss survivors, to share and validate those unique aspects (like “my mom died alone in ICU, I feel so guilty,” and others say “I understand, mine too”).
- **Commemorative events:** Candlelight vigils, virtual or physical, on milestones like one year since the pandemic started, etc., to publicly acknowledge what’s been lost.
- **Narratives and art:** People writing articles, books, making documentaries about their pandemic loss experiences, contributing to public healing.

One positive outcome could be a greater general awareness of grief in society. Having gone through this, people might become more attuned to issues of grief and support – for instance, workplaces might become more flexible about bereavement (during COVID some had to adapt policies to allow leave for multiple family deaths or for mental health). There’s also new

research attention on grief (e.g., prolonged grief disorder was officially added to DSM-5-TR in 2021, partly reflecting recognition of serious grief as a condition requiring attention – timing that coincided with the pandemic context).

In conclusion, the COVID-19 pandemic has created a shadow pandemic of grief. It highlighted how critical human connection and ritual are in mourning, by depriving us of them. It presented a scenario of collective loss not seen on such a scale in generations, forcing us to rethink grief support at the community and national levels. As we move forward, addressing pandemic-related grief will be an ongoing challenge: many will continue to need support, remembrance, and meaning-making for what they endured. Society's task is to integrate these losses into our collective narrative (through memorials, stories, and compassionate policy) so that those who grieve feel seen and so that future generations remember what was lost and learned.

Trauma and Grief: When Loss is Traumatic

While all losses are painful, some deaths occur in ways that are particularly shocking or horrific, potentially leading to what is often called traumatic grief (or complicated grief when it impedes functioning significantly). Traumatic grief refers to a situation where grief and trauma reactions intertwine – typically following a sudden, violent, or otherwise disturbing death. Examples include deaths by accident, homicide, suicide, natural disasters, or combat. In such cases, survivors are not only grieving the loss of the person, but also coping with the traumatic nature of how they died or the harrowing circumstances around it.

In traumatic loss, the mourner may have symptoms of post-traumatic stress alongside traditional grief emotions. For instance, a person who witnessed a loved one's fatal car accident might experience intrusive flashbacks of the crash scene, nightmares, hyperarousal (being jumpy,

on-edge), and avoidance of reminders of the trauma (like avoiding driving). These are classic PTSD symptoms. At the same time, they are grieving – feeling the sadness, anger, longing associated with loss. The combination can be overwhelming. As one expert described, “the shock and unexpected nature of the loss can be traumatizing and trigger intrusive, preoccupying thoughts or bodily responses... in addition to the mourning”. Essentially, the mind is trying to process a massive emotional loss and a threat to one’s sense of safety at the same time.

Some key features that differentiate traumatic grief from more “expected” grief:

- **Suddenness:** There was no chance to mentally prepare or say goodbye. The death often comes out of the blue, shattering one’s assumptions about life’s predictability. This can leave people feeling anxious and unsafe in the world in general. For example, after a loved one’s sudden death, one might constantly fear that other loved ones will abruptly die too.
- **Violence or horror:** If the death was violent (murder, fatal injury, etc.), the survivor may be haunted by images of what happened to the person. Even if they didn’t witness it, the imagination can conjure very distressing scenarios. Or they may have seen the person’s body in a traumatic state (e.g., identifying a body after an accident), which can be a source of recurring traumatic imagery.
- **Human intent or negligence:** In cases of homicide, drunk driving fatalities, military combat, etc., there is an element of human agency that can add intense anger and complicate grief. The survivor may struggle with rage or desires for justice/revenge on top of their sorrow. This can prolong the emotional turmoil, as legal processes or feelings of injustice persist.

- **Self-blame and guilt:** While guilt can occur in any grief (“I wish I’d done X before they died”), in traumatic losses it is often magnified. Survivors often play the “what if” game relentlessly. If someone dies by suicide, their loved ones may feel guilty for not seeing signs or preventing it. If it was an accident, a survivor might think “If only I had stopped them from going out that day” or even feel guilt for surviving if they were also involved (survivor guilt is common in events like natural disasters, crashes, or combat – “Why them and not me?”).
- **Complicated grief reactions:** Traumatic grief is more likely to derail the normal grieving process into what clinicians call prolonged grief disorder (formerly complicated grief). This means the acute symptoms of grief (intense yearning, preoccupation with the deceased, inability to accept the death) persist for a very long time and significantly impair life. Research suggests that sudden, violent losses have a higher risk of leading to this condition, because the trauma aspect can make it harder for the brain to integrate what happened and adapt to it.

For example, a mother whose child was murdered may find herself “stuck” in time, unable to pack up the child’s room even years later, consumed daily by thoughts of the tragedy, avoiding anything that reminds her of it, or conversely unable to think of anything else. She might also have PTSD symptoms like panic attacks when hearing about violence on the news or when seeing the place it happened. This entanglement of trauma and grief can severely hinder the healing process – typical comforting memories might be contaminated by images of the traumatic way the person died, making reminiscing painful rather than soothing.

Children are particularly vulnerable to traumatic grief if they experience or witness a traumatic death (like a school shooting or losing a parent in a violent event). They might not only

grieve but also develop fear, regression in behavior, or other trauma signs. The National Child Traumatic Stress Network uses the term “childhood traumatic grief” to describe when a bereaved child remains so focused on the traumatic way the person died that they can’t process the fact of the death and the normal grief emotions (NCTSN, 2005). For instance, a child who lost a sibling in a tornado might have nightmares of the tornado and become very anxious whenever it storms, and because of that fear response, they haven’t been able to really cry or talk about missing their sibling – they’re stuck in fear and denial.

How can traumatic grief be addressed? It often requires a two-pronged approach in therapy: addressing the trauma and the grief. Techniques like Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) or EMDR (Eye Movement Desensitization and Reprocessing) can help with processing the traumatic memories and reducing PTSD symptoms. Alongside, grief therapy helps the person mourn and find ways to remember the loved one without being constantly terrorized by how they died. Sometimes therapists use imaginal exposure techniques – for example, having the person gradually recount the story of what happened (if they were present) to desensitize the raw terror of it. Only after trauma symptoms are somewhat managed can the deeper grieving happen.

Support groups specifically for certain types of loss (parents of murdered children, survivors of suicide loss, etc.) can be immensely helpful. They provide a safe environment to express feelings that outsiders might not fully understand (like the intense anger in homicide loss, or the unique guilt in suicide loss). These groups also show survivors they’re not alone and that others have found a way to survive this.

One concept often arising in traumatic grief is the need for meaning-making. When something senseless happens, survivors can struggle with existential questions more than ever.

They may seek meaning in the loss to cope (e.g., starting a foundation in the person's name, advocacy to prevent future tragedies like it, or finding spiritual meaning). This aligns with psychiatrist Victor Frankl's notion that humans can endure almost any "how" if they have a "why." While not everyone finds a concrete meaning, many traumatic loss survivors find that channeling their grief into action (fighting for a cause, helping others, creating art) is healing and gives some sense of purpose to their pain.

Additionally, public acknowledgment or justice can be a factor. For those grieving someone killed by another, the outcome of legal proceedings can affect their grief trajectory – some feel relief or a sense of justice if the perpetrator is punished, while others find it doesn't bring the closure they expected. Similarly, collective tragedies (like terrorist attacks) often lead to public memorials or anniversaries that can aid personal grief by showing that society remembers and honors the loss (much as pandemic memorials help in that context).

It is also important to emphasize that not all sudden losses lead to long-term traumatic grief. Many people are resilient and, while deeply scarred, manage to eventually integrate even horrific losses. Factors that can help include strong social support, personal coping skills, faith or philosophical belief that provides comfort, and sometimes post-traumatic growth (finding new strength or perspective through surviving the tragedy).

Case Example – Traumatic Grief

James's 19-year-old daughter, Ella, was killed in a mass shooting at her university. James is devastated; one day he's texting with his bright, lively daughter, the next day she's gone in an act of violence on the news. In the aftermath, James experiences classic grief – overwhelming sadness, longing for Ella, intense anger that she's gone. But he also has trauma-specific issues: he is tormented by thoughts of her last moments, imagining the fear she must have felt. He has

nightmares of gunshots and wakes up in panic. He avoids watching any TV coverage of the event, yet he compulsively reads every article about it online, reliving it over and over. Months later, he finds he hasn't been able to return to work; he is jumpy at loud sounds and has lost interest in life. In therapy, James reveals that beyond missing Ella, he is stuck on how she died – he feels rage at the perpetrator and crushing guilt that he couldn't protect her. He also fears for his remaining family's safety constantly. James's story exemplifies traumatic grief.

With professional help, including a support group for families of violence victims, EMDR therapy for his intrusive images, and gradually creating a scrapbook of Ella's life (which at first he couldn't do because all he saw was her death), James slowly learns to carry both the pain of loss and the trauma. He channels some of his anger into advocacy for campus safety. Two years later, he still has bad days, especially around the anniversary, but he no longer has constant flashbacks, and he can remember Ella's laugh and personality more often without immediately picturing the tragedy. That marks progress in untangling the trauma from the grief so he can truly mourn and also heal.

In sum, when grief is combined with trauma, it often takes longer and requires more conscious effort to heal. It is perfectly normal for these losses to leave one feeling shattered and unsafe for a time. Compassion from others and trauma-informed care are vital. People supporting someone through a traumatic loss should recognize triggers (for instance, avoid graphic details or media that could retraumatize), be patient with the person's emotional volatility, and encourage them to seek specialized help if needed. Hope is important too: many people do, in time, find a way to live with the traumatic loss, and even find ways to honor their loved one's memory that bring a measure of peace or purpose.

Ultimately, whether grief comes in the form of an expected passing after illness, a disenfranchised private sorrow, a worldwide pandemic loss, or a sudden traumatic shock – the journey is about learning to live with absence and finding a path forward. Contemporary issues like those discussed highlight that grief is not static; it interacts with the social and historical context. By addressing these unique challenges, we can better support those who mourn in today's world.

Coping and Intervention Strategies for Grief

While grief is a natural process, it can be incredibly painful and, at times, overwhelming. People often wonder: what can help someone get through this? The truth is that no intervention can “cure” grief or erase the loss – and indeed, the goal of grief work isn't to stop missing the person, but to find ways to live with the loss with a bit more ease over time. However, there are many strategies, supports, and therapeutic interventions that can facilitate healing and prevent someone from getting stuck in an unhealthy place. This section highlights several approaches to coping with grief, including grief counseling and support groups, techniques from narrative therapy and meaning-making, and the use of rituals and memorials as therapeutic tools. We will also weave in general advice for self-care and when to seek professional help.

Grief Counseling and Support Groups

Grief counseling (or bereavement counseling) is a form of therapy specifically aimed at helping individuals work through the tasks of mourning and the intense emotions that come with loss. It provides a safe, confidential space to express feelings that the person might be hesitant to share elsewhere – such as anger at the deceased (“Why did you leave me?”), guilt (“It is my fault”), or even positive feelings like relief (which can cause guilt if not unpacked). A grief counselor or therapist can help normalize the person's experience (reinforcing that their emotions

are valid and common in grief), educate them about what to expect, and teach coping skills for managing stress and difficult moments.

One of the crucial roles of a counselor is simply to listen and bear witness to the client's story of loss. Telling that story, sometimes repeatedly, is a way the bereaved processes it. Counselors might encourage reminiscing about the deceased – not just focusing on the death, but on the life that was lived. This can help shift the focus from the pain of how someone died to the richness of their relationship and memories. Counselors trained in grief will also watch for signs of complications, like major depression or suicidal ideation, and address those clinically if they arise.

Grief counseling is typically not about giving advice or quick fixes, but about companioning the person through their unique journey (a term promoted by Dr. Alan Wolfelt, who advocates for a “companioning” approach – walking alongside the mourner rather than leading or pushing them). As Wolfelt notes, It is not about “fixing” grief – grief isn't something broken to fix, but something to be experienced and supported. A good grief counselor provides empathy, patience, and gentle guidance, helping the person find their own ways to cope.

Therapeutic techniques in grief counseling can vary. Some common ones:

- **Cognitive-behavioral strategies:** These can help with ruminative or guilt-ridden thoughts. For example, a widow who keeps thinking “It is my fault he died because I didn't catch the illness in time” might work with the counselor to challenge that thought and see evidence against that self-blame. CBT techniques can also help if the person has developed phobias or anxiety after the loss (like fear of driving after a spouse died in a car crash, etc.).

- **Expressive therapies:** Art therapy, music therapy, or writing exercises are often used. A counselor might have a client write a letter to the deceased to say things left unsaid, or make a memory collage. These creative outlets can bypass the analytical mind and allow emotional expression.
- **Continuing bonds work:** Modern grief counselors often help clients find ways to maintain an enduring connection (as Worden's Task 4 and continuing bonds theory advocate). They may ask, "How can you feel connected to your loved one now? What rituals or activities help you feel that?" This could result in clients deciding to, say, keep up a hobby the loved one enjoyed or have a symbolic object to hold when they miss them.
- **Use of imagery or visualization:** Some therapists guide clients through visualizations, like imagining a safe place to talk to their loved one or envisioning a future where they carry the loved one's memory forward.

Importantly, grief counseling is not just for after a death. It can be used in anticipatory grief situations (to prepare and cope beforehand), and also for non-death losses (divorce, chronic illness diagnosis, etc.) which also produce grief. The principles are similar: validate the loss and the feelings, help the person adapt to the changes it brings.

Beyond one-on-one counseling, support groups play a vital role for many. Grief support groups are typically peer-led or facilitated by a counselor, where people who have experienced similar losses come together to share. The big advantage of groups is realizing you're not alone.

Especially in early grief, many feel like they're going crazy or no one can possibly understand the depth of their pain. Sitting in a room (or a virtual meeting) with others who nod and say "I've felt that too" is immensely reassuring. It breaks the isolation and allows for the

mutual exchange of support. For example, in a group for bereaved spouses, one might share how hard nights are, and another might say, “Yes, I keep reaching over in bed and he’s not there – It is awful.” They may then discuss what helps a little (a participant might say, “I hug a pillow and that at least helps me fall asleep;” another might mention leaving a light on, etc.). These practical tips from those “in the same boat” can be valuable in a way professional advice might not be, because it comes from lived experience.

There are general grief groups and also very specific groups (for parents who lost children, survivors of suicide loss, etc.), as those with a particular kind of loss often gravitate to others who truly get that unique aspect. Groups not only provide emotional catharsis through sharing and crying together, but also can foster friendships that continue outside the group – essentially rebuilding social support.

For anyone who feels stuck in their grief or simply overwhelmed, reaching out for counseling or a group is a wise step. It isn’t a sign of weakness, but rather an active coping step. Short-term counseling can sometimes be enough – a few sessions to get reassurance and coping ideas. Others might benefit from longer therapy, especially if the grief is tangled with other issues (long-standing depression, family conflict, trauma, etc.).

It is also worth mentioning medication, though It is not a primary treatment for grief itself (grief is not a disorder). However, sometimes doctors may prescribe short-term sleep aids if insomnia is severe, or even antidepressants or anti-anxiety medication if the grief has triggered a depressive episode or debilitating anxiety. These can provide a cushion to help someone function (for example, being able to sleep better so they have energy to cope by day). But medications don’t “remove” grief – they might just relieve some symptomatic pressure. The work of mourning still has to be done, ideally with support and healthy coping techniques.

Narrative Techniques and Meaning-Making

Human beings are storytellers. We make sense of our lives by creating narratives – this is no different in grief. In fact, grief often forces a person to rewrite their life story: the plot has dramatically changed with the loss of a key character. Narrative therapy leverages this by encouraging individuals to tell and retell their stories of loss, thereby finding meaning, constructing memory, and envisioning a future.

One approach in narrative work is to help the bereaved “re-member” the deceased in their life story (Neimeyer, 2001). This involves reintegrating the relationship in a new form – recognizing that though the person is physically absent, they are still part of the survivor’s story and identity. Therapists might ask open-ended questions like: “What did your loved one value? How do those values live on in you?” or “If your loved one could see you now, what do you think they’d be proud of?” These prompts help individuals realize the continuing impact of their loved one’s legacy on their own narrative moving forward.

Writing is a powerful narrative tool. Many grieving people find solace in journaling. They might write unsent letters to the deceased to express feelings (a technique often used in grief counseling). This allows conversation and emotional release. Some keep a diary of memories – each day writing a remembered moment with the loved one, which can be a positive way to honor them. Over time, re-reading these can shift focus from the pain of the death to appreciation of the life shared.

Another narrative exercise is retelling the story of the death with support, which helps process it. Early on, a person might tell the story in a very chaotic way, full of pain and perhaps stuck points (“It was the worst day, I can’t get past seeing him in the hospital...” etc.). A therapist can gently work with them over time to revisit the story, perhaps adding context or meaning

(e.g., “And then I called my brother, and he came to the hospital too – that was the first time I saw him cry, which strangely brought us closer”). Eventually, the narrative might evolve to include not just the moment of death but the significance of the person’s life and what the mourner has learned or how they’ve grown. This aligns with the idea of meaning reconstruction – finding meaning in the loss and in one’s changed life.

Some bereaved people undertake larger narrative projects: writing a memoir about their loved one or their grief journey, creating a blog or social media page to share memories, compiling a memory book with photos and captions, or even engaging in storytelling in community (like speaking at memorial events or with groups about their experience). These narrative acts not only help the storyteller but can inspire and comfort others.

Therapists might also use guided imagery narrative techniques, such as the “empty chair” method from Gestalt therapy: the client imagines the loved one sitting across and speaks to them. This can bring out heartfelt messages and sometimes helps resolve unfinished business (e.g., saying “I forgive you” or “I’m sorry” or just “thank you” and “I love you”). It is a form of narrative completion when real-life completion wasn’t possible.

Meaning-making goes hand-in-hand with narrative. The question “Why did this happen? What does it mean?” often plagues the bereaved, especially in senseless losses. While no answer fully satisfies, people often find meaning through:

- **Making something good come out of the loss:** For example, after losing a child to a drunk driver, parents may start a campaign or scholarship to educate others, preventing future tragedies. This activism gives a sense that the death wasn’t entirely in vain.

- **Personal growth:** Some, upon reflection, find that enduring the loss has deepened them in certain ways – maybe they have a greater appreciation for life, or more empathy for others’ suffering, or a spiritual renewal. Identifying these glimmers of growth can be a way to construct a narrative of resilience and meaning (“I would never have chosen this, but it has taught me X”).
- **Spiritual or philosophical meaning:** Here, one’s belief system plays a role. A religious person might frame the meaning in terms of faith (believing their loved one’s mission on Earth was complete per God’s plan, or that they are continuing their work in another realm). Others might find meaning in the concept of the interconnectedness of life and death (like seeing death as a natural part of life’s cycle, finding solace in nature’s continuity).
- **Keeping the person’s memory alive:** Simply dedicating oneself to remembering and honoring the loved one can be a form of meaning. For instance, a family might celebrate the person’s birthday every year with acts of kindness in their name. The meaning they take is that the person’s influence lives on through these acts and through them.

Meaning-making doesn’t mean one “likes” or is “okay” with the loss. It is more about creating a narrative where the loss fits into one’s understanding of life in a way that one can live with. Research (e.g., by Neimeyer and colleagues) has shown that those who are able to find some sense of meaning – whether It is an answer to “why,” a sense of the deceased’s continuing presence, or a valuable lesson learned – tend to cope better. On the flip side, “meaninglessness” – feeling the world is purposeless and chaotic after loss – is associated with more intense, prolonged grief.

It is important to note that meaning-making is a personal journey. No one can impose meaning from outside (“everything happens for a reason” can be a hurtful cliché if the bereaved hasn’t come to that belief themselves). Counselors facilitate the person’s own meaning discovery rather than providing pat answers.

Healing Rituals and Memorials

Rituals have been mentioned throughout this essay in cultural and individual contexts. Here, we focus on how intentional rituals and memorial practices – whether rooted in one’s tradition or personally devised – can be therapeutic.

Funerals and memorial services themselves are key rituals that, when possible to hold, offer a starting point for healing. Research has found that meaningful participation in these rituals often helps survivors accept the reality of the loss and feel supported by a community (Gamino et al., 2000s). They serve multiple “tasks” of mourning: acknowledging the loss (seeing the casket or urn, hearing eulogies makes it real), expressing emotions (tears shed among others, stories told), and receiving social support (people offering condolences, physical presence). During COVID, we saw the pain caused when these rituals were absent; conversely, when present they can be a powerful salve.

Beyond the immediate post-death ceremonies, many find solace in continuing rituals:

- **Lighting a candle** at certain times (like on the anniversary of the death or each evening during a period of mourning). Watching the flame can be meditative and symbolize that the memory lives on.
- **Visiting the gravesite** or another special place regularly to “talk” to the loved one, leave flowers, etc. This ongoing act provides a structured way to maintain connection.

- **Holding a gathering** on significant dates. Some families hold an annual remembrance dinner on the loved one's birthday where they cook their favorite foods and everyone shares a memory.
- **Engaging in rituals** of letting go or transition. For example, writing a message and attaching it to a balloon to release into the sky, or floating a flower down a river, symbolically "sending" something to the loved one. Some find ritual in scattering ashes in a meaningful location.
- **Personal creative rituals:** The Center for Loss and Life Transition suggests things like keeping a journal of "letters" to the deceased, or empty chair conversations at family events where someone speaks as if the person were there to include them. Another creative idea some like is memory objects – e.g., turning a piece of the loved one's clothing into a teddy bear or quilt, which itself becomes part of a ritual of comfort (hugging the bear when sad, etc.).
- Even small daily rituals can help. For instance, a grieving spouse might have a ritual of saying "Good morning" to their partner's photo each day and "Goodnight" at bedtime. It provides consistency and an outlet for feelings. Or wearing a piece of their jewelry daily as a ritual of carrying them with you.

In therapy or support groups, people sometimes develop rituals together. A group might end each session by lighting a candle and saying the names of those they lost – a simple ritual of acknowledgment. Or a therapist might guide a client through a ritual in session like saying a formal goodbye or reading a prepared statement to an empty chair.

Rituals also tie into cultural and religious frameworks. For someone religious, engaging in faith-based rituals is often crucial – attending services, praying for the deceased, doing charity in their

honor (like giving alms if that's a tradition). These can bring comfort by reinforcing beliefs about the afterlife or divine care for the soul.

Memorials can be physical or digital. Building a small shrine or memory corner at home – with photos, candles, mementos – gives a designated space to focus one's grief and love. Some may spend a few moments there each day in contemplation. Planting a tree or garden in memory is another living memorial that people find healing; as they nurture the plant's growth, it symbolizes life continuing.

Online memorial pages (as discussed) have become a modern ritual space. People often post on a loved one's Facebook page on their birthday or anniversary of death as a ritual of public remembrance.

One should do what feels meaningful to them. If a ritual starts to feel empty or too painful, it can be adapted. For instance, some might find celebrating a birthday of someone who died too painful at first and skip it, but maybe on the second year they want to do something. There's no right or wrong way – only what helps the individual integrate the loss.

Community remembrance events can also be therapeutic. Many cities hold events like an annual hospice memorial service, candlelight vigils for certain causes (like a vigil for those lost to addiction or suicide on specific awareness days). Attending these reminds people they're part of a larger community of griever, which can reduce feelings of isolation and validate their continuing grief even years later.

Finally, sometimes rituals of self-care become part of grief coping. For example, going for a morning walk can be a ritual where the person mentally checks in with their feelings and “with” their loved one (some talk to them in their head while walking). Or making a cup of the

loved one's favorite tea and sitting quietly with it. These small acts can provide moments of peace and reflection daily.

In summary, rituals and memorials externalize the internal love and longing in tangible actions. They bridge the past (memories) with the present (current action) and often with a hint of the future (symbolic continuity). They give structure to the chaos of emotions. Especially when grief can feel like one has no control, being able to intentionally do something – even as simple as lighting a candle – is a bit empowering and soothing.

Building Resilience and Seeking Support

In addition to formal interventions and rituals, It is worth mentioning general coping strategies and resilience factors that help people through grief:

- **Social support:** Time and again, research shows that having supportive people – whether family, friends, faith community, or a support group – is the most important factor in coping. Talking about the loss (or even just having companionship in silence) helps reduce distress. It is crucial for mourners to let others help them (which can be hard if one is used to being independent). Accepting a friend's offer to cook dinner, or asking someone to come sit with you when you're down, can make a big difference. Conversely, people who isolate completely often suffer more.
- **Self-care basics:** Grief is physically taxing (as we discussed in the effects on body). Therefore, focusing on basic needs is fundamental: trying to get sufficient sleep (perhaps with relaxation techniques or doctor's help), eating regular nutritious meals (even if small – the Harvard blog advised eating three healthy meals even if not hungry, just to fuel the body), and exercising gently. These can easily fall by the wayside in grief, but they also are the foundation for mental stability. As Dr. Maureen

Malin said, maintaining routine health behaviors (“fake it until you make it” approach – doing it even if you don’t feel like it) can lay groundwork for eventual recovery.

- **Allowing and expressing feelings:** Bottling up grief tends to prolong it. Encouraging healthy expression (cry when you need to, talk about your loved one, write out your anger, etc.) is important. If someone finds it hard to cry but feels like they want to, sometimes listening to a meaningful song or looking at photos can help release emotions.
- **Setting small goals:** Early on, just getting through the next hour or day is enough. Later, setting tiny goals (e.g., “I will take a walk this week” or “I will meet a friend for coffee even if I feel low”) can reintroduce sense of accomplishment and normalcy.
- **Patience with oneself:** Grief often takes longer than the world expects. Being patient and not berating oneself for “still being sad” after X months is key. Each person’s timeline is different. It is okay to have setbacks; healing is not linear.
- **Finding moments** of respite or joy without guilt: It is common to feel guilty for laughing or enjoying anything after a loss (“How can I laugh when they’re gone?”). But finding moments of lightness is actually a sign of resilience, not of forgetting. Mourners should remind themselves It is okay to take breaks from grieving – It is even necessary. Those moments refuel you for the hard times.
- **Staying connected** to the deceased in healthy ways: As we’ve covered, doing things that honor or recall the loved one (listening to their favorite music, wearing something of theirs, cooking their recipes) can bring comfort and keep the bond in a positive frame, rather than only focusing on the death.

- **Professional help** if needed: If grief becomes too overwhelming – for example, if after many months someone is unable to function in basic ways, or has persistent suicidal thoughts, intense loneliness that doesn’t ease, etc. – seeking a therapist or counselor is important. The formal diagnosis “Prolonged Grief Disorder” (PGD) in DSM-5-TR provides criteria (such as intense yearning daily, marked functional impairment, at least 12 months after loss for adults) that signal when professional intervention is warranted. There are now evidence-based treatments specifically for PGD (like Complicated Grief Therapy by Dr. Katherine Shear, which is a structured therapy combining techniques from interpersonal therapy and CBT tailored to grief). These therapies have shown good results in helping people stuck in severe grief to progress.
- **Medication** for coexisting issues: If grief has triggered clinical depression or severe anxiety, treating those with medication can sometimes be necessary to give the person enough stability to work on grief (as noted earlier).
- **Education** about grief: Sometimes reading books or articles about grief can normalize the experience. When someone reads that others had trouble concentrating or had waves of anger, they might think, “Okay, I’m not abnormal for feeling this.”
- **Spiritual or philosophical** practices: We touched on religion, but even outside organized faith, practices like mindfulness meditation or spending quiet time in nature can help people feel more grounded and find perspective. Some people find comfort in existential philosophy or poetry that addresses loss.

Case Example – Integrating Coping Strategies

Lisa, who lost her husband to cancer, found the following routine helped: Each morning she would go for a short walk (even if she cried through it, the movement helped her body). She then wrote in a journal whatever thoughts or dreams she had of her husband the night before. In the afternoons, she allowed herself a “grief break” – she watched a funny show or met a friend for lunch to take her mind off things for an hour, guilt-free. She attended a weekly spousal loss support group where she learned some members were further along and had begun volunteering; this inspired her that she could survive too. On hard nights, she would play her husband’s favorite guitar music softly – it made her feel he was there in spirit, and she could sleep. Over time, Lisa realized she was having more good days between the bad ones. She still missed her husband terribly, but with the help of counseling and the strategies above, she found a new rhythm of life that carried his memory and also allowed new experiences. She even joined a local hiking club, something her husband had encouraged her to do but she never had when he was sick. Now on the trails she feels a mix of sadness he isn’t physically there and gratitude for the strength to keep living – a sign of her healing.

Conclusion

Grief is often called a journey, and rightly so – it is not a single moment or feeling, but an unfolding process that takes us through a landscape of emotions, challenges, and changes. In this comprehensive exploration of “The Journey of Grief & Mourning,” we have seen that grief touches every aspect of a person’s being: emotional, physical, psychological, social, and spiritual. It is deeply personal, yet it is also profoundly universal. Everyone who loves will someday mourn, and thus understanding grief is not only academically important, it is a fundamentally human endeavor.

We began by defining grief as the internal experience of loss and mourning as its outward expression. These definitions anchor an important insight: that while grief happens inside us – an emotional and cognitive storm – mourning is how we share that storm with others through words, rituals, tears, and remembrance. Both are essential. Without grieving, we cannot heal; without mourning, we cannot receive the empathy and community support that humans need when wounded by loss.

Major theories of grief provide frameworks that, while not one-size-fits-all, shed light on common pathways. Kübler-Ross’s five stages offer language for some of the emotions many encounter, but we also clarified misconceptions – the stages are not linear mandates, and not everyone experiences all of them. Worden’s tasks reframed grief as active work, guiding mourners to accept reality, feel their pain, adjust to a changed world, and find an enduring connection. The emphasis on continuing bonds and the Dual Process Model moved the field forward, teaching us that It is healthy to maintain ties to our loved ones in new ways, and that oscillating between grief and restoration is normal and necessary. These theories collectively remind us that grief is not a simple state with a timeline, but a dynamic, oscillating, and highly individual process.

We examined how grief affects the mind and body. Psychologically, grief can be as intense as any major mental health crisis – producing deep sadness, anger, guilt, anxiety, and even transient hallucinations of the deceased. Physically, the stress can weaken the immune system, disrupt sleep and appetite, and even lead to heart problems like stress-induced “broken-heart syndrome”. These effects underscore that grief is not purely emotional; it is a whole-body experience. Therefore, taking care of one’s physical health and seeking medical support if needed is part of navigating grief.

Cultural and spiritual contexts shape how people mourn and find solace. We saw that rituals – whether somber or celebratory – help channel grief and provide support. Spiritual beliefs can lend a framework that comforts the mourner with ideas of an afterlife or a larger meaning. And yet, cultural norms can also sometimes conflict with personal needs (for instance, an individual in a “stoic” culture might feel a need to break that norm and express more openly). The key insight is that there’s much we can learn from cross-cultural perspectives – for example, the acceptance of continuing bonds in many cultures has enriched Western grief practice by normalizing ongoing connections. At the same time, being sensitive to each person’s cultural and faith background is vital in supporting them appropriately.

We delved into special types of grief like anticipatory grief, which highlighted that mourning can start before death and can even be beneficial in preparing for the inevitable. And we explored disenfranchised grief – those cases where society does not validate someone’s loss (be it a miscarriage, a pet, an ex-partner, etc.). Recognizing disenfranchised grief is crucial because every loss that deeply affects someone deserves acknowledgement and compassion. By bringing disenfranchised grief out of the shadows (for example, openly talking about pregnancy loss or the grief of caregivers for dementia patients whose loved one is “gone” in personality but alive in body), we can provide better support and reduce the loneliness that often accompanies those situations.

Contemporary issues have added new layers to the grief experience. The digital age has transformed mourning, offering global support communities and continuous bonds via social media, but also posing challenges in the form of public pressure and potential isolation behind screens. The COVID-19 pandemic stands as a poignant recent example of collective grief – it interrupted mourning rituals and left millions to grieve in isolation, yet it also showed human

resilience in finding new ways to honor and remember (like virtual gatherings and public memorials). And when loss intersects with trauma, as in sudden or violent deaths, grief can become more complicated and often requires specialized support to heal. We see in those instances how vital it is to address both the trauma and the grief, and how communities can rally (through justice, activism, or memorials) to help survivors find meaning amid senseless loss. Throughout the essay, one theme emerges strongly: the importance of support – both informal (family, friends, community) and formal (counseling, groups, rituals, interventions). Grief is not meant to be carried alone. As much as it is an individual’s internal journey, it is also a communal event. When someone dies, it is not only an individual who is affected, but a whole network of people. Conversely, it often takes a network to help mend the heart of one bereaved person. Therapeutic interventions, whether in a professional office or around a kitchen table with friends, help the mourner gradually move from the acute pain toward a life where they can experience hope and meaning again. Grief counseling and support groups provide empathy and tools to cope, narrative and meaning-oriented techniques help make sense of the loss, and personal or shared rituals offer a path to honor the deceased and mark progress in healing. We emphasized that none of these take grief away – rather, they help the bereaved carry it more sustainably, integrate it into their life story, and even grow around it.

Importantly, the goal is not “closure” in the simplistic sense (as if one could ever close the chapter on love for someone who died). Instead, many grief experts prefer terms like “integration” or “reconciliation” – meaning the bereaved person learns to reconcile the reality of the loss with the ongoing reality of their own life. The deceased is no longer physically present, but they become an integrated part of the survivor’s identity and narrative. The acute agony

softens into a bittersweetness: yes, there is sadness, but there is also gratitude for having loved; there is missing, but also a sense of presence in memory.

As we conclude, It is fitting to recall that grief is born of love. We grieve deeply because we loved deeply. The journey of grief, harrowing as it is, is in a sense a continuation of that love. It is the process of re-learning how to live in the absence of the loved one's physical presence, while never losing the bond shared. It is about transforming the connection rather than ending it.

For readers interested in mental health, understanding grief is crucial not just for supporting others, but for self-compassion when one inevitably faces personal losses. Key takeaways for coping include: be patient and kind to yourself, lean on others, express rather than repress feelings, find ways to honor your loved one, and know that there is no timetable – grief tends to soften gradually, but it may ebb and flow for years, and that is normal. There will be days when the sun shines again and you can laugh with a genuine lightness – and there will be days, even years on, when a wave of sorrow comes out of nowhere. Neither means you're regressing or failing; it means you're human and you've lost someone precious.

In the words of author Vicki Harrison: "Grief is like the ocean; it comes on waves ebbing and flowing. Sometimes the water is calm, and sometimes It is overwhelming. All we can do is learn to swim." This essay has tried to offer knowledge and strategies as a kind of swimming lesson in those rough waters. With understanding, support, and hope, the bereaved can eventually find their way to a shore – a new place of normalcy and meaning – carrying with them the love and memory of those they have lost, like treasured cargo that will accompany them for the rest of their days.

While grief is a journey no one chooses, it can lead to profound human experiences of compassion, connection, and even growth. By engaging with our grief – rather than running from

it – we honor the significance of what we have lost. And in doing so, we often discover strength and depths of love within ourselves that we never knew existed. The journey of grief and mourning is arduous, but it is one we need not walk alone. Each step, however small, is a testament to the enduring bond of love and the resilience of the human spirit.

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