Everyone Grieves Differently

A full Support Hub article about understanding grief with warmth, depth and practical guidance.

There is no single correct way to grieve

When somebody important dies, people often discover that grief looks very different from what they expected. A person may cry constantly, cry only in private, or not cry at all. They may need to speak about the person every day, or find that talking is exhausting. They may want company and reassurance one hour and need complete solitude the next. None of these reactions, by themselves, tells us how deeply somebody loved or how significant the relationship was.

The idea that grief should follow a predictable sequence can create unnecessary pressure. Familiar descriptions of stages can sometimes give language to experiences, but they are not a timetable that everybody must complete. A person can feel sadness, anger, numbness, relief, disbelief, guilt, tenderness and even moments of pleasure in the same week. Feelings can return after apparently quieter periods. Cruse emphasises that there are no set stages or time limits and that grief is individual.

This matters because grieving people are often surrounded by expectations. They may hear that they are being 'strong' because they have returned to work, or that they should be 'moving on' because months have passed. Someone who is functioning outwardly may still be carrying enormous pain internally. Conversely, somebody who is openly distressed is not necessarily coping less successfully. Grief is not an examination with a visible score.

What shapes an individual grief experience

The relationship itself matters. Losing a spouse is different from losing a parent, sibling, child, friend, colleague or former partner, but even those categories do not tell the whole story. A close friendship may have been the most emotionally important relationship in somebody's life. An estranged relationship may leave grief filled with unresolved questions. A difficult parent may be mourned alongside the childhood that never happened. The death of someone a person cared for may also remove routines, responsibilities and a role that structured daily life.

The circumstances surrounding the death can change the texture of grief. An expected death after a long illness may involve anticipatory grief, exhaustion and relief that suffering has ended. A sudden death can leave the mind struggling to understand how an ordinary day became a life-changing one. A traumatic death may bring intrusive images or a persistent sense of danger alongside bereavement. None of these responses is a measure of love; they reflect what the person and nervous system have had to absorb.

Culture, faith, family traditions, age, previous experiences of loss, financial circumstances, disability, neurodivergence and the amount of practical support available can all influence grief. Some people have rituals and communities that openly hold bereavement. Others feel isolated or encounter expectations to keep emotion private. Some have time away from work; others must return quickly because of money or caring responsibilities. We should be careful not to compare outcomes without considering the very different circumstances in which people are grieving.

Grief can be quiet, practical or delayed

In the first days after a death, a person may become intensely practical. There can be calls to make, paperwork to complete, a funeral to organise, people to inform and decisions that feel impossible. Focusing on tasks can be a way the mind gets through an overwhelming period. Numbness is also common. It can be unsettling to feel almost nothing when you expected to be devastated, but shock can temporarily create distance from the full emotional reality.

For some people, the emotional impact arrives later. The funeral ends, visitors return home and other people's lives begin moving at their usual pace. That can be the point at which the absence becomes more visible. There is no failure in feeling worse weeks or months later. Cruse notes that support often fades after the funeral even though grief may only be beginning to unfold.

Other people experience powerful emotion immediately. They may struggle to eat, sleep, concentrate or tolerate being alone. Again, this is not evidence that they are grieving 'better' or 'worse'. Human beings regulate distress in different ways, and the same person may change style over time.

Mixed feelings and complicated relationships

Grief is not always pure sadness. When a relationship contained conflict, abuse, estrangement, addiction, dependency or long periods of disappointment, death can close the possibility of repair. A person may grieve what happened, what never happened and what can now never happen. Anger and longing can coexist. Relief may appear alongside guilt. Someone can miss a person and also feel safer without them.

This can be particularly isolating when other people idealise the person who died or expect a conventional story of loss. The grieving person may feel unable to speak honestly because their feelings seem socially unacceptable. A supportive response makes room for complexity rather than forcing somebody to choose one emotion.

Relief is also common after prolonged caring or witnessing severe illness. Relief that suffering has ended, or that relentless caring responsibilities have stopped, does not cancel love. The nervous system can recognise the end of strain while the heart is still grieving.

Neurodivergence and individual needs

Autistic and ADHD people may experience bereavement in ways that are shaped by sensory processing, interoception, executive functioning, communication and the disruption of routines. A person may need concrete information and repeated explanations. They may become intensely focused on details surrounding the death, or find social rituals confusing and exhausting. A funeral can involve crowds, unfamiliar expectations, touch, noise, clothing and prolonged social demand at exactly the time regulation is already difficult.

Changes in routine can make absence particularly visible. The missing phone call at a particular time, an empty chair, a changed journey or a household task now done by somebody else can become repeated reminders. Executive-function difficulties may also make bereavement administration especially overwhelming.

Support should therefore be individual rather than based on assumptions about how emotion ought to look. Reduced eye contact, factual language, needing solitude or returning quickly to a familiar interest does not mean a person is unaffected. The most useful question is often not 'Why aren't they grieving normally?' but 'What does grief look like for this person, and what would make it more manageable?'

When people in the same family grieve differently

Families can become strained when coping styles collide. One person wants to talk about the person who died every evening; another cannot bear the conversation after work. One wants belongings kept exactly where they were; another needs to sort them. One wants a large anniversary gathering; another wants the day to pass quietly. These differences can easily be interpreted as lack of care.

It helps to separate the need from the judgement. 'I need to talk about Mum tonight' is different from 'You never want to talk about Mum, so you obviously do not care.' 'I cannot look through the clothes today' is different from 'You are trying to erase Dad.' Grief makes people vulnerable, and language can become sharper when both people are hurting.

There may not be one family solution. Separate rituals can be entirely appropriate. People can remember the same person in different ways while respecting each other's boundaries. Couples or family therapy can

help where these differences have become entrenched or are creating repeated conflict.

Supporting somebody without telling them how to grieve

Support is often most useful when it is specific and low-pressure. Instead of saying 'Let me know if you need anything', offer something concrete: a meal, a lift, help with paperwork, childcare, walking the dog or sitting together for half an hour. Continue to check in after the initial weeks. A short message that does not require a reply can be easier to receive than a demand for an update.

Avoid comparisons such as 'I know exactly how you feel'. Even when you have experienced a similar death, you have not had the same relationship or circumstances. It is usually safer to say that you are willing to listen. Use the person's name if the bereaved person does. Many people appreciate knowing that the person who died has not disappeared from everybody else's conversation.

Above all, resist imposing a deadline. The aim is not to return somebody to the person they were before the loss. Bereavement changes lives. Support is about helping a person live with that change in a way that remains connected to their own values, relationships and identity.

Therapy, support and when to ask for more help

Grief does not have to reach crisis point before support is appropriate. Some people want to talk soon after a loss; others prefer to rely on family, friends, faith, community or their own routines and only seek professional support later. Not everyone needs counselling. What matters is having choices.

Person-centred counselling can provide a private, non-judgemental space where you are not expected to perform grief in a particular way. Bereavement counselling may be helpful when you want to explore the relationship, the circumstances of the death, guilt, anger, identity, family changes or the practical reality of living after loss. Where a death was frightening, sudden or traumatic, a suitably qualified trauma-informed practitioner may be appropriate, particularly if intrusive memories, nightmares, avoidance or a persistent sense of threat are dominating everyday life.

Couples or family therapy can be useful when grief is exposing very different coping styles. One person may need to talk repeatedly while another becomes quiet; one may want photographs and rituals around them while another finds reminders unbearable. Therapy can help people understand that difference without automatically interpreting it as rejection or lack of love.

Speak with your GP when grief is having a substantial effect on sleep, appetite, physical symptoms, anxiety, depression or your ability to manage daily life. NHS guidance also describes prolonged grief disorder, where severe grief remains persistently disabling and a person may struggle to accept the death or return to ordinary activities. Suicidal thoughts require prompt support. If you feel unable to keep yourself safe, seek urgent help; Samaritans can be contacted free on 116 123, day or night.

A Message From Me

Please do not measure your grief against somebody else's. You are grieving your relationship, your memories and the future you thought you would have. Your way of carrying that deserves space.

I want you to give yourself permission to be where you are rather than where you think you should be. There is no prize for grieving quickly, quietly or neatly. Some days may contain tears; others may contain ordinary life, laughter or even joy. Both can belong to the same grief.

On difficult days, make life smaller. Drink something. Eat what is manageable. Sit somewhere you feel safe. Let something non-urgent wait. Tell somebody if you need company. You do not have to carry every part of the future today.

And when life begins to feel lighter in places, let it. Living does not mean forgetting. New memories do not erase old ones, and moments of happiness do not reduce the love that came before them.

With warmth,
Maggie
Space to Breathe Therapy

Books that may help

Grief Works - Julia Samuel. A broad, compassionate exploration of bereavement and the many forms grief can take.

The Plain Guide to Grief - John Wilson. Clear, accessible explanations of grief and practical ways of understanding what may be happening.

It's OK That You're Not OK - Megan Devine. Particularly helpful for challenging the pressure to make grief tidy, positive or quickly resolved.

The Grieving Brain - Mary-Frances O'Connor. Explores grief through the lens of learning, attachment, memory and the brain.

A Grief Observed - C. S. Lewis. A personal account of bereavement that captures contradiction, pain, questioning and the changing experience of loss.

Places to find support

Cruse Bereavement Support - bereavement information and support. Helpline: 0808 808 1677. cruse.org.uk

NHS - grief, bereavement and loss information, GP support and NHS Talking Therapies. nhs.uk

Samaritans - free emotional support, day or night. Call 116 123. samaritans.org

The Good Grief Trust - bereavement information and signposting. thegoodgrieftrust.org

Space to Breathe Therapy Support Hub - further mental health and wellbeing resources. spacetobreathetherapy.co.uk