THE FIVE STAGES OF GRIEF

Understanding the Kübler-Ross Model

A fuller guide to what the model means, where it came from, what each stage can feel like, and why grief should never be forced into five neat steps.

The most important thing to know

The five stages are **not a timetable, test or set of compulsory steps**. You may experience some, all or none of them. They may overlap, return, disappear and change shape. Grief is personal.

Where the model came from

Psychiatrist Elisabeth Kübler-Ross introduced the best-known five-stage formulation in her 1969 book *On Death and Dying*. Her work grew from listening to people who were seriously ill and approaching death. The familiar responses were denial and isolation, anger, bargaining, depression and acceptance. The model later became widely applied to bereavement and other significant losses.

That history matters. The model was not originally designed as a universal map showing exactly how every bereaved person will grieve. Kübler-Ross's work was richer and less rigid than the popular 'stage one to stage five' version suggests.

The Elisabeth Kübler-Ross Foundation now explicitly describes the stages as descriptive rather than prescriptive and notes that they were never intended as a fixed order. The American Psychological Association likewise describes the model as nonlinear: experiences may recur, overlap or appear in a different sequence.

A better way to use the five stages

Think of the stages as **possible emotional languages**. They can give words to experiences that are difficult to explain. Instead of asking, 'Which stage should I be in?', try asking, 'What am I experiencing today, and what might I need?'

Permission

You do not have to reach acceptance by a certain date. You do not have to stop feeling angry. You do not have to 'move on'. Understanding grief is about making room for your experience, not judging it.

1. Denial - when reality is difficult to absorb

Denial does not always mean literally believing the loss has not happened. It can look like numbness, disbelief, functioning on autopilot, repeatedly expecting the person to walk through the door, or knowing something intellectually while not yet feeling that it is real.

In the early period after a loss, this sense of unreality can create psychological breathing space. A person's mind and body may only be able to take in the reality in small pieces.

You might notice

Thoughts such as: 'This cannot be happening.' 'I keep thinking I need to tell them something.' 'I know they have died, but part of me still expects them to come home.'

2. Anger - when grief has heat

Anger can be directed almost anywhere: at the illness, doctors, family, friends, yourself, the person who died, faith, unfairness, or people whose lives appear to be continuing normally. It can also sit underneath irritability, resentment, restlessness or a very short fuse.

Anger is not evidence that you loved someone incorrectly. It can sit beside love, sadness and longing. Sometimes anger gives energy to feelings that otherwise seem unbearable.

Gentle reflection

If my anger could speak without being judged, what would it say? What feels unfair? What do I wish had been different?

3. Bargaining - the world of 'if only'

Bargaining often appears as mental negotiation: 'If only I had noticed sooner.' 'What if we had chosen another treatment?' 'If I could have one more day...' It may include guilt, searching for alternative endings, replaying events or imagining ways the outcome might somehow have changed.

These thoughts can be painful because the mind is trying to create control around something that may have been uncontrollable. It can help to separate **responsibility** from **regret**. Wishing something had been different does not automatically mean you caused what happened.

Try writing two columns

What I wish had been different and **What was actually within my control**. Notice where grief may be asking you to carry more responsibility than belongs to you.

4. Depression - when the weight of the loss settles in

Kübler-Ross used the word depression as one of the emotional responses associated with dying. In bereavement, people may also experience profound sadness, emptiness, withdrawal, low motivation, exhaustion, sleep disruption, loss of interest and a sense that the future has changed.

Grief-related sadness is not automatically the same as a clinical depressive disorder. However, grief and depression can coexist. If you are struggling to function, feel persistently hopeless, or are worried about your safety, professional support is appropriate.

What may help in a heavy period

Reduce unnecessary demands. Accept practical help. Keep contact with at least one safe person. Eat and drink as regularly as you can. Allow rest without expecting rest to 'fix' grief. Seek professional or medical support when the weight becomes difficult to carry.

5. Acceptance - living with the reality, not approving of it

Acceptance is often misunderstood as being 'over it', feeling peaceful, or no longer missing the person. It can be much quieter than that. Acceptance may mean recognising that the loss is real and gradually learning how life can be lived around that reality.

You can accept that something happened and still wish desperately that it had not. You can have a meaningful day and still cry that evening. You can build a future without abandoning the past.

Acceptance can sound like

'I still miss them, and I am learning how to carry this.' 'This is not the life I expected, but it is the life I am learning to live.' 'I can remember them without forcing myself to let them go.'

Grief is not linear

Modern grief guidance cautions against expecting bereaved people to pass progressively through stages. The APA notes that people respond differently and should not be expected to move through grief in a fixed sequence. You might feel acceptance in the morning and anger by evening. An anniversary, smell, song, place or ordinary moment can bring an earlier feeling back with force.

That does not mean you have gone backwards. It means grief is responsive to memory, relationship, meaning and circumstance.

What the five stages can - and cannot - do

They can: give language to difficult emotions; reassure someone that conflicting responses can occur; open conversations; help families recognise that anger or numbness may be part of grief; provide a starting point for reflection.

They cannot: predict exactly how you will grieve; tell you how long grief should last; prove whether you are grieving 'properly'; account for every culture, relationship or type of loss; replace individual support when someone is struggling.

A more helpful question

Instead of 'What stage am I in?', ask: **What is grief asking of me today?** Do I need company, quiet, information, movement, food, sleep, tears, distraction, ritual, practical help, remembrance, professional support - or simply permission not to know?

Anonymous perspective

> *"I thought I was doing grief wrong because I kept moving between feelings. Some days I could talk about the person I lost and smile. The next day I was furious. Then I would feel numb. Learning that the stages were not meant to be a staircase changed something for me. I stopped trying to graduate from grief and started listening to what I was actually feeling."*

Reflection page

Today I notice...	What might I need?
Denial / numbness / unreality	Grounding, time, gentle reminders, company
Anger / irritability	Safe expression, movement, boundaries, being heard
Bargaining / 'if only'	Reality-checking, self-kindness, talking through guilt
Sadness / heaviness	Rest, connection, practical support, professional help if needed
Acceptance / adjustment	Permission to live, remember, reconnect and continue bonds

Remember

Your answer can change hour by hour. The aim is not to label yourself. It is to notice yourself.

Working gently with your grief

Use these prompts slowly. You do not need to complete them all, and there is no right answer.

1. What feels hardest to believe about what has happened?

_____
_____

2. Is there anger I have been trying to hide, minimise or make acceptable for other people?

_____
_____

3. What 'if only' or 'what if' thought keeps returning? What evidence tells me what really was - and was not - within my control?

_____
_____

4. What has this loss changed in my everyday life, identity, relationships or future?

_____
_____

5. What would acceptance mean to me if it did *not* mean forgetting, approving or moving on?

_____
_____

6. What helps me feel connected to the person, relationship or part of life I have lost?

_____
_____

A small plan for a difficult wave

One person I can contact: _____ **One place I feel safer: _____**

One grounding action: _____ **One thing I can postpone: _____**

A message from Maggie

There is no tidy way to grieve a person, relationship, future, role or life that mattered to you. Models can be useful when they help us find language, but they become unhelpful when we start using them to measure ourselves.

If you recognise yourself in denial, anger, bargaining, depression or acceptance, let that recognition create understanding rather than pressure. If you do not recognise yourself in the five stages at all, that is also okay. Your grief does not need to resemble somebody else's to be real.

You are allowed to have moments of laughter without betraying your loss. You are allowed to feel angry. You are allowed to be tired of talking about it, and you are allowed to need to talk about it again. You can carry love, pain, relief, guilt, gratitude and longing at the same time.

> *The aim is not to finish grief. It is to find ways of living alongside what has changed, at your own pace.*

Books and further reading

Elisabeth Kübler-Ross - *On Death and Dying*. The landmark 1969 work from which the best-known five-stage formulation emerged.

Elisabeth Kübler-Ross & David Kessler - *On Grief and Grieving*. Applies the five-stage language more directly to bereavement while emphasising the individuality of grief.

Robert A. Neimeyer (ed.) - *Meaning Reconstruction and the Experience of Loss*. Explores highly individual meaning-making and challenges the idea of an invariant sequence of grief stages.

Sources and clinical context

• Elisabeth Kübler-Ross Foundation: *On Death and Dying* and its account of the origins, complexity and non-linear nature of the stages.
• Elisabeth Kübler-Ross Foundation: *What Elisabeth Kübler-Ross Actually Wrote*, noting that the familiar five were never the whole picture and were descriptive rather than prescriptive.
• American Psychological Association Dictionary of Psychology: stages of grief - describes the model as hypothetical and nonlinear, with stages able to recur and overlap.
• American Psychological Association: grief guidance - emphasises individual responses and cautions against expecting progressive stages.

Support

This guide is educational and is not a diagnosis or a replacement for individual medical or psychological care. If grief is making everyday life feel unmanageable, or you are concerned about your safety, contact an appropriate health professional or urgent support service.

Space to Breathe Therapy
Grief Library - Support · Understand · Heal