
Everyone Grieves Differently

Understanding the many ways grief can show up

There is no single correct way to grieve

Two people can experience the same death or life-changing loss and respond in completely different ways. One may cry openly while another becomes quiet. One may want to talk repeatedly; another may need activity, solitude or practical tasks. Someone may feel devastated immediately, while someone else feels numb for weeks or months.

Difference does not tell us who loved more. Grief is shaped by the relationship, the circumstances of the loss, previous experiences, personality, culture, family expectations, neurodivergence, health, responsibilities, available support and the meaning the loss holds for that person.

Grief can look like...

Emotion	Sadness, anger, relief, guilt, yearning, anxiety, irritability, jealousy, love, numbness or emotions that change quickly.
Body	Exhaustion, disrupted sleep, appetite changes, tension, heaviness, restlessness, headaches or feeling physically 'on alert'.
Thinking	Poor concentration, forgetfulness, replaying events, disbelief, searching for explanations or difficulty making decisions.
Behaviour	Talking, withdrawing, keeping busy, revisiting places, avoiding reminders, changing routines or needing more structure.
Connection	Wanting company constantly, wanting to be alone, feeling misunderstood, or finding that different relationships become easier or harder.

Grief is not a performance. You do not have to look devastated every moment for your loss to matter.

There may be moments of laughter, concentration, pleasure or normality in the middle of grief. These moments are not betrayal. The nervous system cannot remain at maximum emotional intensity continuously, and moments of respite can coexist with deep loss.

Numbness, delayed grief and private grief

Numbness can be one of the most misunderstood responses. A person may know intellectually what has happened while feeling strangely detached from it. This can be frightening, particularly when they expected to collapse. Shock, practical responsibilities and the nervous system's protective responses can temporarily reduce access to emotion.

Delayed grief

Sometimes grief becomes more noticeable after the funeral, after paperwork is completed, after other people return to ordinary life, or when a period of crisis ends. It may also reappear around an anniversary, illness, another bereavement, retirement, becoming a parent, moving home or reaching an age associated with the person who died.

Private and practical grieving

Not everyone processes emotion through talking. Some people organise photographs, repair things, work, walk, cook, create, research, exercise or take care of others. Practical action can be a genuine form of coping. It becomes a concern when activity is the only permitted state and stopping feels intolerable.

Intense and visible grief

Other people need to speak, cry, revisit memories and tell the story repeatedly. This does not mean they are 'stuck'. Repetition can help the mind gradually integrate what has happened. Support becomes more useful when it listens for what the person needs rather than deciding how much grief is acceptable.

Neurodivergence and grief

Autistic and ADHD people may experience grief in ways that are easily misread. An autistic person may need precise information, repeat questions, rely heavily on routines, struggle with the sensory and social demands surrounding funerals, or appear outwardly composed while processing intensely internally. An ADHD person may experience strong emotional waves, difficulty with executive functioning, disrupted routines, forgetfulness or impulsive attempts to escape distress.

Alexithymia can make it difficult to identify or describe feelings. A person may notice headaches, agitation, shutdown, stomach discomfort or exhaustion before recognising grief emotionally. Some people need direct questions such as 'What is happening in your body?' rather than 'How do you feel?'

Support should adapt to the person. The person should not have to perform grief in a recognisable way to qualify for support.

When families, partners and cultures grieve differently

Shared loss does not create identical grief. Within one family, each person has lost a different relationship. A parent, partner, sibling, child, friend or colleague may all be grieving the same person but not the same bond.

When one person talks and another goes quiet

This difference can easily become personalised: 'You never talk about them, so you must not care' or 'You keep talking about it, so you are not coping.' A more useful question is: 'What does grieving look like for you, and what helps you feel connected to me while we are doing this differently?'

Culture, faith and family rules

Communities differ in how grief is expressed, who participates in rituals, expectations around clothing and mourning periods, beliefs about death and the afterlife, and whether emotion is expressed publicly. Family rules can be equally powerful: 'we stay strong', 'we don't cry', 'we keep busy', or 'we talk about everything'. None of these patterns automatically tells us what an individual needs.

Comparison can make grief lonelier

People may compare themselves with siblings, partners or other bereaved people: 'She is coping better than me', 'He went back to work quickly', 'They have already cleared the house'. These comparisons usually ignore different responsibilities, relationships, histories and coping styles.

Supporting someone whose grief is different from yours

Ask rather than assume. 'Would talking help, or would you rather I just sit with you?'

Do not rank reactions. Quiet grief is not weaker and visible grief is not excessive simply because it is visible.

Allow practical needs. Food, lifts, childcare, paperwork and company can be as important as conversation.

Respect boundaries. Someone may not want photographs, anniversaries, social gatherings or detailed discussion at the same time you do.

Keep invitations open. 'You don't have to talk, but I am here if that changes.'

When relationships become strained

Bereavement can expose existing communication difficulties. Couples or family therapy may help when grief differences are repeatedly interpreted as rejection, lack of love or blame. The goal is not to make everyone grieve alike; it is to help people understand each other's language of grief.

Different does not mean disconnected. Two people can walk through the same loss at different speeds and still keep reaching towards one another.

Your grief pattern: reflection pages

These prompts are not a test and there is no 'healthy score'. They are designed to help you notice your own grief rather than compare it with somebody else's.

When grief is strongest, I tend to...

I notice grief in my body as...

Things other people may misunderstand about the way I grieve

What helps - even a little

People: _____ Places: _____

Routines: _____ Sensory comforts: _____

Activities: _____ Words/actions that help: _____

What does NOT help

A sentence I can use when I need something different

'Right now I need _____.'

'I know you mean well, but _____.'

Someone I grieve differently from

What I need: _____

What they may need: _____

One thing we could do without expecting the same reaction: _____

Permission slips

I give myself permission to laugh without feeling disloyal.

I give myself permission to say no to a grief ritual that does not help me.

I give myself permission to remember privately.

I give myself permission to need people.

I give myself permission to need space.

I give myself permission for today's grief to look different from yesterday's.

Grief can change shape. A coping strategy that helped last month may not help this month. That is adjustment, not failure.

Support, reading and a message from me

When additional support may help

There is no timetable that determines when grief becomes a problem. Consider additional professional support if distress feels persistently unmanageable, trauma symptoms are dominating daily life, you are increasingly isolated, basic functioning is becoming very difficult, substance use or other harmful coping is escalating, or you are frightened by thoughts about your own safety.

In the UK, a GP can discuss mental-health support and local services. Cruse Bereavement Support provides bereavement information and support. For immediate danger call 999 or attend A&E; NHS 111 can advise on urgent health needs.

Books

Megan Devine - *It's OK That You're Not OK*. Challenges pressure to tidy grief into a recovery narrative.

Julia Samuel - *Grief Works*. Explores different bereavement experiences through clinical stories and reflection.

Lois Tonkin - *writing on 'growing around grief'*. A useful way of understanding how life can expand around grief rather than grief simply shrinking away.

Therapeutic ideas behind this guide

Continuing bonds recognises that a relationship can continue psychologically through memory, values, rituals and identity after death. **Dual Process thinking** describes movement between attending to loss and attending to the practical work of living.

Person-centred therapy emphasises the individual's own meaning and pace rather than imposing a fixed sequence of stages.

A message from me

One of the hardest things about grief can be the feeling that you are doing it wrong. Perhaps you have not cried. Perhaps you cannot stop crying. Perhaps you went back to work quickly, need to talk about the person constantly, cannot look at photographs, laugh unexpectedly, feel angry, feel numb, or find yourself functioning perfectly until something tiny brings everything back.

None of those reactions can tell me, on their own, how deeply you loved or what the loss means to you.

I would rather we become curious about your grief than judge it. What does your body do? What happens to your routines? What do you need from people? What makes things harder? What gives you five minutes of relief? What do you miss? What are you carrying that nobody else can see?

And when somebody close to you grieves differently, try not to use your own grief as the measuring stick for theirs. Sometimes love looks like talking. Sometimes it looks like making tea, sorting paperwork, sitting silently, going for a walk, keeping a routine going or simply staying nearby.

There is no prize for grieving in the most recognisable way. Your grief is allowed to be yours.

Maggie

Space to Breathe Therapy

This guide is for education and emotional support and is not a substitute for individual medical or psychological advice. Grief models are frameworks, not rules, and should never be used to prescribe how a person ought to grieve.