

PSYCHOLOGY WORKS Fact Sheet: Grief in Adults

Bereavement is the state of loss when a loved one such as a parent, child, spouse, life partner, or close friend has died. Grief refers to the psychological reaction to the bereavement. Grief can occur due to various losses:

- **Death of life partner and spouse:** Under the age of 55, about 1% of adults are widows, but by age 85, widowhood is the most common Canadian marital demographic. Death after decades of a close daily relationship can be an enormous adjustment.
- **Anticipatory grief:** When a life partner or spouse is experiencing a debilitating illness like Alzheimer's or is admitted to a personal care home, grief may occur prior to the physical death. This is sometimes referred to as "anticipatory grief" but is in many ways a full grief. While one is experiencing "caregiver stress" for taking care of a debilitated partner, one is also grieving the loss of the companionship of the partner they once knew.
- **Death of a child:** Death of a young child is an emotionally painful experience for parents. We all find the death of a child disturbing. About 10% of older adults over the age of 65 will experience the death of one of their adult-aged children, a loss that can significantly deplete the family support network as they age. Health care workers such as physicians and nurses working in pediatrics can experience significant grief distress when witnessing the deaths of their young patients and is a cause of professional burn-out.
- **Cumulative bereavement:** This term and set of events refers to the reality that older adults often experience several losses of family and friends, sometimes very close together. As we age, our social network can grow smaller and smaller as friends die, and we need to be able to re-build it, sometimes repeatedly. Maintaining and rebuilding social networks is one of the essential tasks required for successful aging.
- **Pets:** Research shows that the death of a family pet can result in significant grief.
- **Losses:** Our reaction to many of life losses might create a sense of grief. This can include the loss of a meaningful role and identity as we retire, as our children grow-up and leave the nest, experience a divorce, or lose our health. Too often a diagnosis of depression is given when the reaction is better understood as grief.

While many aspects of this discussion of grief can apply to younger adults and children, much of our understanding of grief comes from the psychological study of middle aged and older adult bereavement experiences with the death of a life partner.

What Is Grief?

Grief is normal. Grief, especially for the death of a child, has been observed in many intelligent social animals such as dolphins and elephants. Creating close social bonds and attachments are necessary for the survival and well-being of many species. When that attachment is severed, grief is a normal reaction.



When death occurs for a person who has been a constant companion and with whom we have had a close emotional attachment, many changes in our life must be assimilated. Over many years of a close relationship, our self-concept and identity can become defined by the relationship, and this identity now must be reshaped. C. S. Lewis, the author of the well-known *Chronicles of Narnia* novels, wrote of his own experience with the death of his wife: "I think I am beginning to understand why grief feels like suspense. It comes from the frustration of so many impulses that had become habitual. Thought after thought feeling after feeling, action after action, had H. [my wife] for their object. Now their target is gone."

The Experience of Grief

One of the first scientific descriptions of grief was by Charles Darwin, the 19th century evolutionary theorist. In his 1872 book entitled *The Expression of Emotions in Man and Animals*, he gave this description of the grief experience: "After the mind has suffered from an acute paroxysm of grief, and the cause still continues, we fall into a state of low spirits; or we may be utterly cast down and dejected." The word "paroxysm" is used in medicine to convey a sudden convulsive attack, and its use here conveys a sudden wave of an intense shaking grief. Darwin is also implying that the initial grief reaction is followed by a second dejection phase or stage of a longer grieving process.

While we commonly think of grief as a form of sadness, the experience of the immediate loss of a loved one might more closely resemble fear or panic. To again quote the famous writer C. S. Lewis: "No one ever told me that grief felt so much like fear." The emotional theory of Jaak Panksepp proposes the existence of seven primary emotional systems in mammals, rooted in the brain and essential for survival. One of these basic emotions, which Panksepp labels in caps, is GRIEF/PANIC, which is activated by social separation and loss. Our innate reaction to separation or loss is an activating separation distress, activating us to seek the missing loved one.

In an intense wave of emotional grief, immediately following the loss, we can experience tearfulness, anxiety, poor sleep, fatigue, poor concentration, loss of appetite, shortness of breath, and other arousal symptoms.

Is There a Difference Between Grief and Grieving?

Mary-Francis O'Connor, a grief researcher whose 2022 book is listed below as a recommended reading, distinguishes between grief and grieving. Grief is the intense wave of emotional separation distress, what Darwin called a paroxysm. Grieving refers to a process, over time, of adjusting to the loss and learning to live in the world without the loved one.

Conceptually distinguishing grief from grieving is useful, even if the two are not entirely separable. Not everyone experiences an intense shakingly tearful grief emotion, possibly just a brief sense of shock or numbness. For some, grief's tears come readily and can be relieving. For others, due to different cultural upbringing and various personality factors, their emotional self-regulation results in a less tearful style of emotional coping. With or without lots of tears, the death a close relationship will necessitate a grieving adjustment to accommodate the change to one's identity and behaviours.



Moments of grief, such as occasional waves of tearfulness, may last throughout our remaining lifetime, such as at anniversaries or poignant family events. This is normal, an expression of our continuing bond with that person, and can occur even though the grieving process has led to a good internal and external adjustment.

What Is Involved in the Grieving Process?

This leads us to consider what is involved in the grieving process. What does this adjustment require of us? Grieving adjustment includes learning both internal changes in our sense of self, our expectations, and external changes in our routines and social behaviours. William Worden, a psychologist at Harvard Medical School and author of *Grief Counseling and Grief Therapy*, suggests that healthy grieving requires the completion of four tasks: (1) accepting the reality of the loss, (2) processing the pain of grief, (3) adjusting to a world without the deceased, and (4) finding an enduring connection with the deceased while building a new life. It is noteworthy that the fourth task is not to forget or “get over” the deceased, but to construct a useful understanding of the deceased and their role in your life, and a useful continuing bond. The task of a continuing relationship can be complicated if the relationship with the deceased was difficult or abusive, and this is a task for which professional help can sometimes be useful.

Patterns of Grieving

What is the normal length of grieving? Are there stages or phases to this experience? There are many different reactions to grief and no one single pattern that fits most people.

As discussed, it can be useful to think of stages of grieving, such as an immediate stage of intense distress and shock followed by a depressive or dejected phase, followed by eventual resolution. Other writers suggest 5 stage theories. But stage theories can be questioned, as not everyone goes through a set of 3 or 5 stages. Many people do experience a phase of increased sadness, anxiety, or anger about 4 to 6 months after the bereavement; but not everybody. Increased emotionality at 4 to 6 months post-bereavement can be seen as evidence of the grieving adjustment process and usually resolves with time. However, about half of people show a resilient grief pattern in which there is no depressive phase.

Grieving That is Too Long

Socially we are expected to eventually control the expression of grief and resolve our grieving. As mentioned previously, one might still have painfully tearful moments during anniversaries and reminders, but we are expected to accept the reality of the change and make progress towards building a new life. There are many different cultural expectations regarding the expected length of grieving, and this should always be evaluated within cultural norms.

Both the World Health Organization (ICD-11) and the American Psychiatric Association (DSM-5-TR) have recently developed a mental disorder category of Prolonged Grief Disorder, characterized by a complex grief that is not resolving. In a prolonged or “complicated” grief, the individual remains overly focused on memories for many months and years. The individual continues to yearn for the deceased and remains



withdrawn from resuming normal social activities. Everyday thoughts and memories of the deceased continue to be accompanied by severe emotional spells. There may be a continuing avoidance of places that are reminders of the deceased person including family gatherings, social groups, medical facilities, and other funerals.

Both ICD-11 and DSM-5-TR require a minimum time interval post-bereavement in to consider a diagnosis of Prolonged Grief Disorder; however, ICD-11 requires a minimum of 6 months to have passed, whereas DSM-5-TR requires 12 months for adults (6 months for children). These different recommended minimums for a Prolonged Grief Disorder need to be viewed as arbitrary. Expecting at least a 12-to-14-month grief adjustment, moving past the bereavement anniversary, more closely matches the normal course of grief found in research studies.

A prolonged grief may depend on many factors. Grief may be complicated by the circumstances of the death, such as being unexpected, accidental, by suicide, or after a difficult and painful illness. Death of one's child at any age is difficult to accept. Life factors may contribute to the development of a complicated grief, such as a lack of support from family and friends. The personality or attachment style of the grieving person can also lead to complicated grief. For example, if the individual has been overly dependent on the now-deceased spouse or parent, the grief process may be more difficult or prolonged.

Is it Grief or Depression? Both the intense wave of grief emotions and the subsequent periods of dejection later in the grieving process can be hard to distinguish diagnostically from depression. But grief and clinical depression are not the same, though both can be present. The distinction is important, as psychotherapies and medications for depression tend to be ineffective for grief or prolonged grieving. Emotional grief can often be distinguished from depressive affect as grief comes in waves, whereas in depression, a low affect is more continuously present most of the day and week. Similarly, the dejection of grieving is characterized by a yearning specific to the loss, whereas in clinical depression there is a more pervasive negative view of the self and the world.

How is Prolonged Complicated Grief Treated?

Grief is a normal response. Grief is not an illness and usually does not require medication or psychological treatment unless safety issues emerge or in the context of a Prolonged Grief Disorder. Treatment of grief should be approached with caution. It is not necessarily desirable to eliminate grief, which is part of a normal emotional adjustment to the death of a lifelong partner or loved one.

Preventative approaches immediately following the death have not received evidence of a lasting effectiveness. Early grief interventions such as bereavement groups can provide useful social support and reassurance if conducted carefully, but appear to have only a temporary positive effect and little evidence of long-lasting benefit. Bereavement groups may potentially be harmful if they convey to the individual that their grief is unhealthy or undermine the person's normal emotional coping style by forcing onto them an intense emotional grief focusing.

Psychological interventions are best reserved for a prolonged complicated grief. Psychological intervention for a Prolonged Grief Disorder has evidence of moderate but lasting benefits.



Cognitive behavioural therapy (CBT) targeted at grief avoidance behaviours, complicated grief treatment (CGT), interpersonal psychotherapy (IPT), brief psychodynamic or other effective psychotherapies can be used to help the person engage in restorative activities and think about and understand the impact of the loss. In psychotherapy for prolonged grief, it is useful to consider in which of William Worden's four tasks of grief that the individual has gotten stuck. If processing the pain of grief is the barrier, then a CBT approach may be required to help the individual to return to situations they are avoiding because of the distressing memories. If the barrier is a complicated relationship that creates a barrier to forming a useful continuing relationship with the deceased, then this may require some form of an interpersonal approach. Regret resolution can be important. For example, it may be useful to revisit past relationship hurts and faults, regrets, anger, and guilt.

Where Can I Go for More Information?

Mary-Frances O'Connor is a neuroscientist and psychologist who directs the Grief, Loss, and Social Stress Laboratory at the University of Arizona. Her book, published in 2022, entitled "*The Grieving Brain: The Surprising Science of How We Learn from Love and Loss*," is a good source of information about the process of grieving and how we adjust to it.

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial, and some municipal associations of psychology may make available a referral list of practicing psychologists that can be searched for appropriate services. For the names and coordinates of provincial and territorial associations of psychology, go to <https://cpa.ca/public/whatisapyschologist/PTassociations/>.

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