MARTYN KYLE COUNSELLING

The Shape of Grief

A companion guide for grieving in your own way, in your own time

A NATURAL OSCILLATION, NOT A STRAIGHT LINE
Loss-oriented
Facing the loss directly — remembering, yearning, feeling the full weight of it.
Moving between both
Restoration-oriented
Attending to life as it continues — practical demands, new roles, moments of relief.
Healthy grieving moves between both. Neither one, on its own, is the whole picture.

A word about the title

Grief doesn't move in a straight line, and it isn't the same shape for everyone. This guide doesn't offer a fixed sequence to complete. It's about understanding the real shape grief tends to take, and finding what helps within it.

Martyn Kyle MBACP
Normanhurst, 9 Bank Crescent, Ledbury HR8 1AA · 07712 155802 ·
martyn@martynkylecounselling.co.uk
BACP Registered Member 419468

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MBACP

Welcome

This is a companion to *From Feeling to Need*, *Untangling Shame*, and *Coming Back to Safe*. Grief touches all of these — big, unfamiliar feelings; a nervous system knocked off balance; and, often, a private sense that you're somehow grieving "wrong."

Grief is what love looks like once someone or something significant is gone. It can follow a death, but also a relationship ending, a diagnosis, a role you've lost, or a future that isn't going to happen the way you'd expected. Whatever brought you here, this guide treats your grief as valid, without needing to fit a particular shape.

This guide won't tell you how long grief should take, or what it should look like. It will help you understand the real, well-researched shape grief tends to take, and offer ways of moving through it that don't require getting it "right."

This is not a straight line
Grief doesn't move through neat, ordered stages. Moving back and forth is normal, not a setback.

This is not something to rush
There is no correct timeline. Grief can soften and still return, long after others expect it to.

This is not proof you're doing it wrong
If your grief doesn't look like what you expected, that doesn't mean it isn't real or valid.

This is not something to carry alone
Grief shared, even briefly, tends to be more bearable than grief kept entirely private.

> **How it links with the other guides**
>
> Grief can bring waves of feeling that are hard to name, moments of shame about "still" grieving, and a nervous system that swings between overwhelm and numbness. *From Feeling to Need* and *Coming Back to Safe* may help alongside this one.

The Pattern — Oscillation, Not Stages

Many people learned about grief through a five-stage model — denial, anger, bargaining, depression, acceptance. That model wasn't originally developed from bereavement research at all, and grief researchers have since moved toward a different, better-supported picture: grief as a natural oscillation between two orientations, rather than a fixed sequence to complete.

Loss-oriented	Restoration-oriented
Grieving directly — crying, remembering, yearning, looking at photos.	Attending to life — work, meals, new routines, practical tasks.
Facing the pain of the loss itself.	Facing the secondary changes the loss has brought.
Necessary, but not sustainable without rest.	Necessary, but not sustainable without also facing the loss.

> **The distinction matters**
>
> Healthy grieving moves between both — confronting the loss at times, and taking necessary breaks from it at others. Neither one alone is the whole of healthy grieving, and moving into "restoration" mode isn't a sign you've stopped grieving.

A useful reframe

"Having an ordinary afternoon, or even a laugh, doesn't mean I've stopped grieving. It's part of how grieving actually works."

STEP 1

Notice Which Orientation You're In

Naming where you are right now makes it easier to meet yourself with the right kind of support.

Orientation	Common signs
Loss-oriented	Yearning, intrusive memories, crying, wanting to talk about the person or the loss, feeling the absence acutely
Restoration-oriented	Focus on tasks and routines, moments of distraction or relief, engagement with new roles or responsibilities
Overload	Neither orientation feels available — everything feels like too much at once

Notice without accusation

Try: "I'm in loss-oriented mode right now" or "I'm in restoration mode right now." Both are part of grieving — neither needs defending or apologising for.

Let the Bond Continue

Grief research no longer treats "letting go" as the goal of healthy mourning.

For much of the twentieth century, healthy grieving was defined as severing the bond with whoever or whatever was lost, in order to "move on." More recent research has overturned that view — maintaining a continuing bond, in a new form, is now understood as a normal and often healthy part of grieving, not a sign of being stuck.

Old idea	Better-supported view
Grief ends in detachment	Grief often settles into an ongoing, evolving bond, not a severed one
Holding on is pathological	Continuing to feel connected can be a genuine source of comfort and stability
"Moving on" means letting go	Moving forward can happen alongside an enduring connection, not instead of it

Questions for gentle exploration

- "What are the ways I still feel connected — a memory, an object, a habit, a sense of their presence?"
- "Is there a way I'd like to keep this connection alive, in a form that fits my life now?"

STEP 3

Do the Active Work of Mourning

Mourning is something you actively do, not simply something that happens to you over time.

ACCEPT

Facing the reality of the loss, at your own pace.

→

FEEL

Letting the pain of it be felt, rather than pushed away.

→

ADJUST

Adapting to a world that has genuinely changed shape.

→

CARRY FORWARD

Finding a lasting place for the connection, while building a life that continues.

A short practice

"These aren't stages to complete in order, or a checklist to finish. I may return to any of these again — and that isn't failure. It's how active mourning tends to work."

There is no fixed timeline

These tasks don't happen on any set schedule, and completing one doesn't mean you're finished with it forever. Revisiting a task, sometimes years later, is a normal part of the process.

STEP 4

Notice If Your Grief Has Been Disenfranchised

Some losses don't get the open acknowledgement or support that others do — and that absence adds a real weight of its own.

Disenfranchised grief describes a loss that isn't openly acknowledged, publicly mourned, or socially supported — leaving the person grieving it feeling isolated on top of the grief itself.

WHERE DISENFRANCHISEMENT COMES FROM

The relationship

An ex-partner, a friend, a colleague, a pet — relationships that aren't always socially recognised as grief-worthy.

The loss itself

Miscarriage, estrangement, job loss, a diagnosis — losses society is quicker to minimise or move past.

Unrecognised grief

The griever

Being told, directly or subtly, that you don't have the "right" to grieve this much, or this way.

No single origin is required

If your grief has felt unwelcome, minimised, or invisible to others, that doesn't make it less real. It makes it disenfranchised — a recognised pattern, not a personal failing.

STEP 5

Practise Oscillation on Purpose

You can deliberately move between facing the loss and taking rest from it — both are legitimate.

NOTICE
Which orientation you're currently in.

→

CHOOSE
Whether this moment calls for facing it, or for rest.

→

ENGAGE
Give the chosen orientation your full attention, without guilt.

→

RETURN
Let yourself come back to ordinary life when ready.

→

REFLECT
What did this dose of grief, or this dose of rest, actually give you?

Experiments to choose from

- Set aside a deliberate, time-limited space to feel the loss directly — a photo, a memory, a letter you don't send.
- Give yourself permission for genuine rest from grief — without treating relief as betrayal.
- Notice one way you still feel connected, and let yourself simply be with it.

Consent and safety matter

If grief is tangled with a relationship that was unsafe, abusive, or deeply complicated, these practices may need adapting with support. Bring that complexity to counselling rather than working through it alone.

STEP 6

Know When to Reach for More Support

Most grief, however painful, doesn't need a diagnosis. Sometimes, though, more structured support genuinely helps.

1. **Intense grief, even for a long time, is not automatically a disorder.** Grief has no fixed timeline, and continuing to feel it deeply doesn't mean something has gone wrong.
2. **Watch for a stuck, unchanging intensity.** Clinical guidance describes prolonged grief as persistent, pervasive yearning or preoccupation that continues, with significant impairment, well beyond what's typical.
3. **Notice if daily functioning is consistently affected** — work, relationships, or basic self-care — rather than grief simply being present alongside a continuing life.
4. **Trust your own sense of "stuck."** If it feels like you haven't moved at all in either direction for a long time, that's worth bringing to a conversation.
5. **Seeking support is not a sign grief has "won."** Additional, structured help alongside this guide can make a genuine difference.

> **A distinction to carry**
>
> "Grief that stays intense isn't automatically a problem to fix. But grief that stays completely unmoving, for a very long time, deserves extra support — not just more time."

Practice Page — A Moment With Your Grief

Use this whenever feels right — there's no correct moment to reach for it.

What am I noticing right now — loss-oriented, restoration-oriented, or overloaded?

What did I feel in my body?

Is there a way I still feel connected right now?

Has this grief felt fully welcome, or has part of it felt unrecognised?

What is one small thing I need right now — to face it, or to rest from it?

What would I bring to counselling?

A Week of Practice — Small Repetitions, Not a Test

Choose one practice only. There's no pace to keep to — this is simply here when it's useful.

Day	A small experiment	What to notice
Day 1	Notice which orientation you're in today, without judging it.	Whether naming it changes how it feels to be there.
Day 2	Set aside ten minutes of deliberate loss-oriented time.	What arrives when you give it space, on purpose.
Day 3	Notice one moment of relief or distraction without guilt.	Whether it's possible to let rest be part of grieving, not a betrayal of it.
Day 4	Notice one way you still feel connected.	What that connection feels like, held gently.
Day 5	Notice if any part of this loss has felt unrecognised by others.	Whether naming it changes how alone it feels.
Day 6	Share one small piece of your grief with someone safe.	What it's like to have it met, rather than carried alone.
Day 7	Review with compassion — what moved, even slightly.	Progress may look like a shorter wave, not the absence of one.

Quick Reference — Five Questions for a Grief Moment

Keep this close for the moment grief arrives unexpectedly.

1. WHAT'S HERE?	What am I feeling, and where in my body?
2. WHICH ORIENTATION?	Loss-oriented, restoration-oriented, or overloaded?
3. WHAT'S NEEDED?	To face it, or to rest from it — right now?
4. IS IT RECOGNISED?	Does this grief feel welcome, or unseen by others?
5. WHAT'S ONE STEP?	A memory honoured, a rest taken, or bringing it to session.

> **Remember**
>
> Grief isn't a problem to solve or a sequence to complete. It's love, still finding somewhere to go.

Evidence & Notes — What Informed This Companion Guide

The language here is deliberately practical and non-diagnostic. It supports counselling; it does not replace individual formulation or clinical judgement.

Key learning from the research

Contemporary grief research favours a model of oscillation between loss-oriented and restoration-oriented coping over the popular but less empirically supported idea of fixed, sequential stages.

Maintaining a continuing bond with someone who has died is understood as a normal, often adaptive part of healthy grieving, replacing an earlier model that treated full detachment as the goal.

Mourning is usefully understood as active work across several tasks — accepting the loss, processing its pain, adjusting to a changed world, and finding a lasting way to carry the connection forward — rather than something that simply happens with time.

Grief that isn't openly acknowledged or socially supported, whether due to the relationship, the nature of the loss, or the griever themselves, carries an additional burden recognised in the bereavement literature as disenfranchised grief.

Important limits

Most grief, however intense or long-lasting, is not a disorder. Clinical criteria for prolonged grief disorder require persistent, significantly impairing symptoms well beyond what's typical, evaluated by a qualified professional.

This guide doesn't diagnose or predict any individual's grief timeline. Explore your own experience tentatively and collaboratively.

If grief is accompanied by thoughts of self-harm, or feels completely unmoving over a long period, please bring this to a full clinical conversation rather than relying on self-management alone.

Sources — Further Reading

Selected research and professional sources used to shape this guide.

- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*(3), 197–224.
- Klass, D., Silverman, P. R., & Nickman, S. L. (Eds.). (1996). *Continuing Bonds: New Understandings of Grief.* Washington, DC: Taylor & Francis.
- Worden, J. W. (2009). *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (4th ed.). New York: Springer.
- Doka, K. J. (Ed.). (1989). *Disenfranchised Grief: Recognizing Hidden Sorrow.* Lexington, MA: Lexington Books.
- Prigerson, H. G., et al. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. *World Psychiatry, 20*(1), 96–106.

> **Using this alongside the other companion guides**
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> When grief arrives as a wave of feeling, or brings shame about how you're grieving, let this guide sit alongside the others rather than replacing them. Bring what you notice, including the uncertain parts, to counselling.