WHEN SOMEONE DIES

A workbook for grief
that has a name but no map.

For anyone who has lost someone —
and is finding that grief looks
nothing like they expected.

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A note from Shelagh

When someone we love dies

If you have picked up this workbook, someone you love has died.

And you may be finding that grief looks nothing like you expected it to.

I want to begin with something I find myself saying often to people in the early weeks and months after a significant loss — something I wish someone had said to me earlier in my own life:

Grief is not a problem to be solved.

It is not a process to be managed correctly. It is not something you can do well or badly, quickly or slowly, in the right way or the wrong way.

It is simply the price of love.

And it asks of you not efficiency or fortitude, but patience, honesty, and a quality of attention toward yourself that most of us were never taught.

You may have picked up this workbook in the acute rawness of a recent loss.

Or you may have picked it up months or years later, sensing that something has not moved in the way you hoped — that grief is still present in ways you did not expect, that there are things you have not yet found words for.

Both are entirely appropriate moments to be here.

In more than twenty years of working with clients through grief, I have been struck, over and over, by the same thing: how alone they feel in it.

Not for lack of people around them — many of us who are grieving are surrounded by those who love us — but because grief is a profoundly interior experience, and its landscape is often very difficult to put into words.

The people around you want to help, and often do not know how.

And you, perhaps, do not yet know how to explain what you need — partly because you may not yet fully know yourself.

I have also been struck by how poorly served most of us are by what we were taught about grief.

The five stages. The expectation of linear progress. The idea that a year is roughly how long it should take. The pressure to be grateful for the time you had.

All of it can make the actual, non-linear, ambushing, physically felt experience of grief seem like a personal failure — rather than what it actually is: a completely human response to an enormous loss.

This workbook is not going to tell you how to grieve.

It is going to offer a more accurate map of what grief tends to be — what it does to the body and mind, what it often needs, and what you might find helpful along the way. Not as rules, but as possibilities.

It will ask questions that may be difficult to sit with. It will create space for things that may not yet have been said.

I have lived alongside grief in my own life.

I have also experienced the loss of people I love — my grandparents at an early age, my father in my twenties, and, most profoundly, my mother. Ours was a loving relationship, and at times a difficult one, as close relationships often are. Part of what bound us so closely was that we were also each other's only family — she was an only child, and so am I. Even though she lived in Canada and I lived in Malaysia, we made a point of spending time together during the summer, and in the last seven months of her life, she came to live with me in Malaysia. Of all my losses, hers is the one that taught me the most about what grief actually is.

When she died, I felt a loss so large that at first I could not fully take it in.

There was a period of numbness. I wanted to cry, but the tears did not come. It was not that I did not feel anything — it was more that part of me could not yet allow the full reality of what had happened to land. The finality of it was too vast to grasp all at once.

There was regret and guilt — all the ways I imagined I could have been a better daughter along with the frightening sense of being completely alone in the world. There were moments that felt almost unreal, as though my mind could not fully reconcile that she had existed and was now gone, as though the truth arrived in fragments, rather than all at once.

Looking back, I have come to understand that this was not a failure of acceptance, it was grief doing what grief often does — pacing the truth so it could be metabolised slowly.

At times I wanted to push through it, to get to the other side of it. But over time I began to understand something I have since seen again and again in my work with others.

Grief has a wisdom of its own.

Sometimes it protects us when what has happened is simply too much to hold at once.

It does not ask us to be strong. It does not demand that we move on. It unfolds in its own time.

And slowly — often far more slowly than we would like — it begins to shift us toward a different relationship with what has been lost. Not forgetting, not letting go, but an eventual, painful recognition of what is.

I do not believe we heal by leaving our loved ones behind.

I believe we heal by finding a way to carry them with us, while continuing to live.

I have also learned that grief is rarely simple.

It holds love and anger, gratitude and regret, closeness and distance, sometimes all at once. It holds what was said, and what was never said. It holds the relationships that were full and clear, and those that were unfinished or complicated.

This workbook is a place for all of it.

Whatever form your loss has taken, and whatever form your grief is taking, it is real.

It is valid.

And it deserves care.

With warmth,

Shelagh MacFarlane, MSc Counselling Psychology
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How to use this workbook

This is a structured workbook with writing space throughout. You can print it and complete it by hand, or use it as a framework for journalling. Work through the sections in order if you are able to — they are designed to build on each other — but trust your own instincts if you are drawn immediately to a particular section.

A note before you begin: grief does not always arrive in a form that feels safe to look at directly.

If certain sections feel like too much for now, set them aside and return when you are ready. There is no right pace for this work, and no section you are required to complete before you are ready.

And if at any point what comes up feels too large to hold alone, please go directly to the final section, which maps the support available to you — and consider reaching out, rather than sitting with it in isolation.

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Grief is the price of love. It does not need to be efficient. It needs to be felt.

SECTION 1

What grief after death actually involves

And why it bears so little resemblance to what we expected

Grief after death is the most recognised form of loss — the one our culture has the most language for, the most rituals around, and in some ways the least accurate understanding of.

The five stages — denial, anger, bargaining, depression, acceptance — have become so embedded that many people arrive in grief already measuring themselves against a model the research does not actually support.

The stages were never meant as a universal map.

Elisabeth Kübler-Ross developed them from her observations of people facing their own dying — not from a study of bereaved people — and she herself was clear that they did not describe a fixed sequence.

What the decades of research since have shown is something both more complex and, in its way, more reassuring.

Grief is not linear.

It is not uniform.

It does not have a fixed duration.

And it does not end with a stage called acceptance that closes like a door.

Grief is a reorganisation

What grief actually involves is a reorganisation — a profound adjustment to a changed reality.

When someone who has been central to your life is gone, the world does not simply contain an absence. It is reorganised around that absence in ways that touch everything: the structure of your days, the future you had imagined, the person you were in relation to them, the things you will now never be able to say or do or repair.

Grief is the process of adjusting to all of this — not once, but repeatedly, as new dimensions of the loss emerge over time.

And this adjustment is not a straight line.

It circles back. It surfaces unexpectedly. It is not always proportionate to the time that has passed.

A person who seems to be doing well in the weeks after a death may find themselves undone a year later, when the anaesthetic of shock and activity has worn off. A person who felt acute grief early may move through it more quickly than they expected — and then feel guilty about that.

Neither of these is wrong. Both are within the range of normal grief.

Grief is physical

Grief lives in the body as well as the mind.

The disrupted sleep, the exhaustion, the chest heaviness, the way everything seems to require more effort — these are not side effects of grief.

They are grief.

The brain processes loss through some of the same neural pathways it uses for physical pain, which is why the language of heartbreak is not metaphor.

Grief is social — and often inadequately so

The rituals around death exist because communities have long understood that grief needs to be witnessed.

But those rituals are time-limited. What they cannot provide is the sustained witness that grief actually requires over months and years.

Many bereaved people find that the support present in the immediate aftermath quietly withdraws after a few weeks — just as the shock begins to lift, and the real work of grief begins.

Exercise 1 What has surprised you about your grief

Looking back

Over the days, weeks, or months since your loss, what has surprised you most about your own grief?

What has it looked like that you did not expect? What has been harder than you anticipated, or simply different from how you imagined it would be?

A gentle reminder

There are no right answers here, and nothing to finish in one sitting. Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love.

Exercise 2 The loss within the loss

More than one loss

When someone dies, we grieve not only the person but everything their presence contained: the future that is now changed, the relationship that cannot develop further, the things that will now go unsaid, the role they played that is now vacant.

What specifically have you lost, alongside the person themselves?

Try to name as many dimensions of the loss as you can — the concrete and the less tangible.

A gentle reminder

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SECTION 2

The body in grief

Why physical symptoms are not a sign that something is wrong

One of the least-prepared-for aspects of grief, for many people, is how profoundly physical it is.

The mind may know, intellectually, that a person has died. But the body — which has been organised around that person's presence, their sounds, the rhythm of their movements through shared space — takes much longer to absorb the reality of their absence.

This gap between intellectual knowing and bodily knowing is part of why early grief can feel so disorienting.

What grief does in the body

The physical symptoms of grief are well-documented, and genuinely wide-ranging.

Sleep is often disrupted — difficulty falling asleep, waking in the night, or sleeping far more than usual.

There is fatigue that is not resolved by rest. A heaviness in the chest that can, at its most acute, genuinely resemble a weight pressing down.

There is difficulty concentrating — the phenomenon sometimes called grief fog. A heightened sensitivity to everything. A feeling of physical cold, of heaviness in the limbs, of not quite inhabiting the body fully.

These symptoms are not signs that you are doing grief wrong, or that something is clinically wrong with you.

They are signs that you have loved someone, and that your nervous system is doing the work of adjusting to a world reorganised around their absence.

Caring for the body in grief

It is worth knowing that stress hormones are elevated during grief, and that chronic stress has real physical effects. Bereaved people have higher rates of physical illness, particularly in the first year.

This is not cause for alarm. It is cause for the same quality of physical care you would offer someone who had sustained any other significant impact.

Rest, however imperfect. Nourishment, however minimal. Movement, however gentle. And medical attention for anything that concerns you.

The body needs to be part of grief

Grief that is processed only intellectually — thought about, but not felt in the body — tends to get stuck.

The sensations of grief, uncomfortable as they are, are part of how the nervous system processes loss.

Crying, when it comes, is not a breakdown. It is the body doing the work it is designed to do.

Walking helps metabolise stress hormones and gives feelings that can otherwise feel boundless a gentle container. Time in nature, in particular, has a documented regulating effect on the grieving nervous system.

Exercise 3 Where does your grief live in your body?

Turning toward the body

Bring your awareness to your body as it is right now. Where do you feel the grief physically — and what is the quality of that feeling?

Tight, heavy, hollow, hot, numb? Is there a part of your body where you feel it most consistently?

A gentle reminder

There are no right answers here, and nothing to finish in one sitting. Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love.

Exercise 4 How have you been treating your body in grief?

Without judgement

Since your loss, how have you been attending to your physical needs — rest, food, movement, medical care?

What has been getting attention, and what has been neglected?

One small thing

Is there one small, concrete thing you could do differently this week that would represent a slightly kinder relationship with your body in grief?

A gentle reminder

There are no right answers here, and nothing to finish in one sitting. Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love.

SECTION 3

The particular shapes grief takes

Understanding the different forms grief can assume

Grief is not a single experience.

Even within the grief that follows death, it takes profoundly different shapes depending on who died, how they died, what the relationship was, and what was unresolved within it.

Understanding the particular shape of your own grief is more useful than measuring it against a generalised model.

Acute grief

In the weeks immediately after a death, grief often has an acute quality — overwhelming, unpredictable, physically consuming.

It may arrive in waves of great intensity, interspersed with periods of relative calm that can themselves feel disorienting — as though the calm is somehow a betrayal of the loss.

This oscillation is not a sign that the grief is superficial. It is how the nervous system protects itself from being continuously overwhelmed.

The dual process model, developed by Stroebe and Schut, describes this as a healthy oscillation between turning toward the loss and turning toward the ongoing demands of life — and understanding it can ease the guilt many people feel during the periods when they are not actively consumed by grief.

Delayed grief

Some people find that the acute phase does not arrive when expected.

They function with apparent competence in the weeks and months after a death — practical, present, capable — and then find themselves ambushed much later, sometimes a year or two on, when the activity and adrenaline have subsided.

Delayed grief can be confusing and frightening, precisely because it arrives when others expect you to be moving forward.

Understanding it as delayed, rather than disproportionate, can be an enormous relief.

Complicated grief

A proportion of bereaved people — research suggests somewhere between ten and fifteen percent — experience what is now described as prolonged grief: a grief that remains intensely acute well beyond the expected period, that significantly impairs daily functioning, and that is marked by persistent yearning and an inability to re-engage with life.

Complicated grief is not a failure of character or will. It is a recognisable clinical presentation that responds well to specific therapeutic approaches — and it is worth knowing that support for it exists.

Grief after a sudden or traumatic death

When death is sudden — through accident, suicide, or acute illness — grief is often complicated by the absence of preparation, and by the intrusive nature of traumatic material.

The mind keeps returning to the circumstances of the death, trying to process what the nervous system could not integrate at the time.

This is a trauma response as well as a grief response, and it often benefits from approaches that address the traumatic dimension directly, alongside the grief.

Grief after a difficult relationship

Not all grief follows the loss of a straightforward, loving relationship.

When someone dies with whom you had a complicated, painful, or ambivalent relationship — a difficult parent, an estranged child, a partner with whom things were hard — the grief can be the most isolating of all, because it does not fit the expected shape.

There may be relief alongside the sorrow, and then guilt about the relief. There may be anger that now has nowhere to go. There may be grief for the relationship you needed and never had, alongside grief for the person.

All of this is legitimate grief. None of it needs to be explained or justified.

Exercise 5 What shape is your grief taking?

Recognising your own

Reading the descriptions above, which feels most resonant with your own experience?

Is your grief acute or delayed? Straightforward, or complicated by the circumstances of the death, or the nature of the relationship?

Write about the particular shape your grief has taken — what has been expected, and what has surprised you.

A gentle reminder

There are no right answers here, and nothing to finish in one sitting. Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love.

Exercise 6 What is complicated about your grief

The part that doesn't fit

Most grief contains something complicated — something that doesn't fit the simple narrative of love and loss.

What is complicated about yours? What have you found difficult to say to others, or to yourself?

A gentle reminder

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SECTION 4

What grief asks of us

And what it does not

If grief cannot be managed, shortened, or thought through — and it cannot — then the question becomes: what does it actually need, in order to move?

What are the conditions under which grief is processed, rather than accumulated?

The first thing grief asks of us is permission to be felt.

This sounds obvious, but it is the thing most often withheld — either because the environment communicates that the we should be coping better, or because we are holding the grief at arm's length through activity, work, or sheer force of will.

Grief that is consistently not permitted to be felt does not dissolve. It goes underground, where it continues to shape behaviour and wellbeing in ways increasingly hard to connect to their source.

The second thing grief asks of us is time — not efficiency.

Grief has its own rhythm, and does not respond well to being rushed. The pressure to return to productivity quickly, to be back to normal within weeks, to demonstrate resilience by functioning — all of it works against the time that genuine grieving requires.

Grief needs space in the schedule. Protected time in which it is allowed to surface, rather than being perpetually deferred.

The third thing grief asks of us is witness.

The rituals around death serve a real function: they communicate that the loss is real, that it matters, that the person who died was known and valued by others as well as by you.

When those rituals are limited, or when support withdraws too quickly, grief can become profoundly lonely.

Seeking witness — from trusted people, from a therapist, or through the act of writing honestly — is not self-indulgence. It is what grief needs in order to move.

And the fourth thing grief asks is the willingness to let it be non-linear.

The repeated circling back. The grief that surfaces on an ordinary Tuesday morning without warning. The waves that arrive even when you thought you were through the worst.

None of this is a sign that something has gone wrong. It is how grief actually works — and meeting it with that understanding, rather than alarm, reduces the additional layer of suffering that comes from fighting the process itself.

Grief does not move toward closure — a word that implies a door that can be firmly shut. It moves toward integration: the loss becoming part of the story of your life in a way you can carry, rather than something that carries you.

What grief does not require

It does not require you to find a lesson in it, or be grateful for the growth it produced, or transform it into something meaningful on any particular timetable.

These things may come, eventually, for some people. But imposed prematurely, they become a way of bypassing the grief rather than moving through it.

And a continuing relationship with the person you have lost — in memory, in the values they shaped in you, in the ways they are still present — is entirely compatible with healthy grieving.

The person does not have to disappear from your inner world for you to grieve them well.

Exercise 7 What is your grief asking of you?

Listening to it

What do you sense your grief most needs right now — more permission, more time, more witness, more patience with its non-linearity?

What have you been withholding from it? And what might it mean to offer that?

A gentle reminder

There are no right answers here, and nothing to finish in one sitting. Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love.

Exercise 8 Your continuing relationship

What remains

Is there a way in which the person you have lost remains present for you — in memory, in the values they gave you, in the ways you find yourself thinking of them in daily life?

Write about the continuing relationship you have with them.

What do you want to carry forward — from who they were, and what they meant to you?

A gentle reminder

There are no right answers here, and nothing to finish in one sitting. Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love.

SECTION 5

The grief we don’t talk about

The things that complicate grief and go unsaid

Every grief contains things that are difficult to speak — not because they are shameful, but because they do not fit the narrative grief is supposed to follow.

Those of us who feel relief when someone dies after a long illness, and then cannot tell anyone, because relief seems like a betrayal.

Those of us who are angry — genuinely, persistently angry — at the person who died.

Those of us who realise we did not love the person who died in the way we were supposed to, or that the relationship was more complicated than anyone knew.

Those of us who are not as sad as we are expected to be, and maybe frightened by what that might mean.

These experiences are not rare. They are extremely common.

They are simply not talked about — because the social script around grief is narrow, and what falls outside it tends to be carried in silence. Which deepens the isolation, and the suffering, considerably.

Relief

Relief after the death of someone who was suffering is perhaps the most common of the complicated feelings, and the most reliably guilt-producing.

Relief that suffering has ended — theirs, and yours — is a natural, humane response.

It does not mean you did not love them. It does not mean you wanted them to die. It means you witnessed suffering, and you are glad it is over.

Relief and grief coexist in many bereaved people, and both are legitimate.

Anger

Anger is a normal part of grief, and yet it is the feeling most often suppressed — because directing anger at someone who has died can feel irrational, or disrespectful.

Anger at the person for dying, for leaving you, for not taking better care of themselves, for the things they said or did not say, for the relationship that is now permanently unfinished — all of it is grief.

Anger that has nowhere to go tends to turn inward, where it produces depression and a harsh relationship with the self. Finding a way to acknowledge the anger is one of the most important things some bereaved people can do.

Guilt

Guilt is almost universal in grief — the things said and unsaid, done and left undone, the last conversation, the moment of impatience you cannot now take back.

Most of this guilt is not warranted in the way it feels.

What tends to be true is that we hold ourselves to a standard in retrospect that we could not have met in advance — because we did not know, then, that it was the last time.

The things that were never resolved

Perhaps the most isolating grief of all is the grief that follows a death in a relationship that was incomplete — where something important was never said, never repaired, never given the chance to become what it might have been.

The loss of a parent with whom you had a difficult relationship. The estranged sibling. The friend with whom things ended badly, and then they died before there was a chance to go back.

This grief contains not only the loss of the person, but the loss of the possibility.

And possibility is an unusually painful thing to grieve — because it asks you to mourn something you never actually had.

Exercise 9 What you have not been able to say

The unspoken

What is the thing — or things — about your grief that you have found most difficult to say to anyone?

Not because it is wrong, but because it does not fit the expected script, or because you were not sure it was allowed.

A gentle reminder

There are no right answers here, and nothing to finish in one sitting. Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love.

Exercise 10 What you would still like to say to them

One more thing

If you could say one more thing to the person you have lost — anything at all — what would it be?

Write it without editing, without performing for an audience. This is entirely private.

A gentle reminder

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SECTION 6

Holding ourselves through grief

Compassionate inquiry and IFS

There is a particular kind of harshness many of us turn on ourselves while grieving. We judge how we are grieving — too much, too little, too messily, too publicly, not enough. We judge what we feel — the relief alongside the sorrow, the anger alongside the love, the moments we forget and the moments we cannot stop remembering. We rarely receive ourselves with the same gentleness we would offer a friend in the same place.

I have found two ways of working with this that I want to offer you here — not as techniques to master, but as postures you can return to.

The first comes from compassionate inquiry. It asks you, when a difficult feeling rises, not to push past it or analyse it, but to turn toward it with genuine curiosity. Not "why am I like this," which is a judgement dressed as a question, but "what is here right now, and what does it need." Compassionate inquiry trusts that whatever you are feeling — guilt, relief, numbness, fury — made sense at some point, even if it no longer serves you. It does not ask you to fix the feeling. It asks you to get close enough to understand it.

The second is a way of understanding the mind drawn from Internal Family Systems, or IFS. IFS suggests that we are not one unified self but a system of parts — and that grief tends to bring many of these parts forward at once. There may be a part of you that wants to collapse. A part that wants to keep functioning, no matter what. A part that is angry at the person who died, or at the people around you, or at the unfairness of it. A part that feels responsible, that runs back through everything that was said and unsaid. None of these parts is the whole of you, and none of them needs to be silenced. IFS suggests that underneath all of these parts is a steadier centre — sometimes called the Self — that is capable of meeting each one with curiosity rather than alarm.

Held together, compassionate inquiry and IFS offer a way of being with grief that is neither indulgent nor avoidant. You are not trying to feel better quickly. You are trying to be in honest relationship with whatever is actually here.

The aim of what follows is not insight for its own sake, but a slightly different relationship with whatever has arrived — one with a little more room in it.

Exercise 11 A practice you can return to

The next time a wave of grief arrives — whether as sadness, anger, guilt, numbness, or something you don't have a word for — try pausing and asking, silently or on paper:

What part of me is present right now?

What is it afraid would happen if I didn't feel this way?

What does it need from me, right now — not forever, just right now?

Can I stay with it for a moment, without trying to change it?

A gentle reminder

There are no right answers here, and nothing to finish in one sitting. Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love.

SECTION 7

The sixth stage

Finding meaning

Many people come to this workbook already familiar with the five stages of grief — denial, anger, bargaining, depression, and acceptance — first described by Elisabeth Kübler-Ross. It's worth saying clearly that this framework was never meant to be a strict sequence, and the theory itself is empirically unsupported; in fact, inaccurate portrayals of the model can lead bereaved people to feel they are grieving incorrectly, which is the opposite of what was intended.

Years later, the psychologist David Kessler — who had worked alongside Kübler-Ross for years — proposed a sixth stage: meaning. Meaning, as Kessler describes it, is not a way around the pain, and it does not arrive on any fixed schedule. It is something closer to a second, parallel thread — a slowly forming understanding of what this loss has shown you, asked of you, or changed in you. It might mean recognising the fragility of life, or being moved to make some change so that others don't suffer in the same way. For some, it might be a renewed closeness with family. For others, a recommitment to something the person they lost cared about.

I want to be careful here, because "finding meaning" can easily curdle into another way of judging yourself — another stage to fail at, another box to tick. It isn't that. It is not required, and it does not arrive for everyone in the same way, or on the same timeline, or sometimes at all. It is simply something many people eventually notice forming, often without having gone looking for it.

Exercise 12 Questions to sit with

A few questions to sit with, whenever you're ready — not now, necessarily, and not on any deadline:

Has anything shifted in how you see your own life, since this loss?

Is there anything you find yourself wanting to do differently, or more of, because of what happened?

Is there a way you can imagine carrying this person with you, rather than leaving them behind, as you continue living?

A gentle reminder

There are no right answers here, and nothing to finish in one sitting. Stay with what feels useful, leave what doesn't, and be as gentle with yourself as you would be with someone you love.

SECTION 8

Finding the right level of support

Understanding your options

Grief after death is one of the most universal of human experiences — and also one in which the right level of support varies enormously from person to person.

Some of us move through grief with the support of those around us, and find that time does most of the work.

You may find that grief gets complicated — by the nature of the loss, by the history of the relationship, by earlier unprocessed losses the current one has reactivated — and that something more is needed.

Neither of these reflects on the quality of the love, or the significance of the loss.

What you can do on your own

Allowing yourself to grieve — to feel what you feel, without requiring it to be tidy or proportionate or finished by a particular point — is the most fundamental thing you can do for yourself.

In a culture that consistently pushes bereaved people toward faster recovery and visible resilience, choosing to give grief the time and space it actually needs is an active and meaningful decision.

Writing about your loss — whether in a structured workbook like this one, or in private journalling — has documented benefits for grief processing. Putting words to what is felt moves it from an undifferentiated internal weight to something that can be observed, reflected on, and gradually integrated.

Creating or maintaining rituals of remembrance — marking anniversaries, visiting meaningful places, keeping some form of connection with the person who has died — is not a sign of unhealthy attachment. Continuing bonds are a normal feature of healthy grief, and honouring them is a way of integrating the loss rather than denying it.

And seeking the company of people who knew the person who died — sharing memories, acknowledging the loss together — provides a quality of witness that cannot be replicated any other way. You do not have to carry it entirely alone.

When therapy can help

Therapy for grief is not only for people who are falling apart.

It is appropriate whenever the grief is complicated — by the nature of the death, by a difficult relationship history, by earlier losses that have been reactivated, or simply by the need for a sustained, consistent space in which to do the work of grieving properly.

A skilled therapist provides what grief most needs: a consistent, non-judgemental witness who can hold what is brought without being overwhelmed by it, and who can help give words to what has not yet found them.

The experience of being truly seen in grief — with all its complicated feelings, its anger and relief and guilt alongside the sorrow — and finding that the response is steady, compassionate presence rather than judgement, is itself a healing experience for many bereaved people.

Compassionate Inquiry is particularly relevant when grief connects to earlier attachment wounds — when the death of a parent, for example, has reactivated grief for the parent one needed and never quite had. IFS is valuable when parts of the self have developed specifically to manage grief — to stay strong, to keep functioning, to not fall apart — and those protective strategies are now working against the integration the grief needs.

Specific approaches for complicated and prolonged grief, including the work developed by Katherine Shear, have strong evidence behind them, and are worth seeking out if grief has remained intensely acute well beyond the expected period.

When more support may be needed

If grief has produced significant depression — a persistent inability to function, the loss of the capacity to experience anything positive, thoughts of harming yourself or a wish not to be alive — psychiatric assessment is appropriate and important.

The loss of a loved one is one of the most common triggers for a depressive episode, and depression that develops in the context of grief responds to treatment just as it does in any other context. Your GP is the right starting point.

If you are having thoughts of suicide, or of not wanting to be here, please do not manage this alone. Grief can produce these thoughts in people who have never experienced them before. Please speak to someone you trust, contact a crisis line, or go to your nearest emergency department.

A simple way to think about it

Begin with self-directed work — allowing yourself to feel, writing, seeking the witness of trusted people, maintaining rituals of remembrance — if your grief, while painful, is not significantly impairing your ability to function.

Consider therapy if grief has become complicated by the circumstances of the death, the history of the relationship, or earlier losses; if there are things in it that have been impossible to speak; if you are finding it hard to function well beyond the first few weeks; if it has remained intensely acute for more than a year; or if the isolation of grieving alone has become its own source of suffering.

Seek psychiatric assessment if significant depression has developed alongside the grief, if you are struggling to function in basic daily activities, or if you are having thoughts of not wanting to be alive.

> *Whatever level of support you seek, the most important thing this workbook asks of you is to take your grief seriously.*
>
> *To give it the time, attention, and care it deserves.*
>
> *To stop measuring it against a model of how long it should take, or how it should look.*

Grief is the price of love. It does not need to be efficient. It needs to be felt.

About Shelagh MacFarlane, MSc

Shelagh MacFarlane is a Canadian-British counselling psychologist with more than 20 years in private practice. She has lived in Southeast Asia for 26 years and works with clients across the world via Zoom.

Before retraining as a psychologist, Shelagh had a career as a professional orchestral violinist — an experience that shaped her understanding of performance, perfectionism, and the psychological cost of maintaining a composed exterior when the interior is anything but.

Her approach

Shelagh works integratively, drawing on Internal Family Systems (IFS), Acceptance and Commitment Therapy (ACT), Compassionate Inquiry (developed by Dr Gabor Maté), inner-child work, Gestalt techniques, and mindfulness-based approaches. She does not apply a single model to every person. The work is shaped by who you are, where you are, and what you need.

She works with individuals, couples, and families. Her particular areas of focus include grief and loss, anxiety, burnout, life transitions, relationship difficulties, identity questions, expat mental health, and the long-term psychological effects of growing up or living between cultures.

Qualifications and background

— MSc Counselling Psychology — United Kingdom

— Counselling Diploma — Canada

— Registered member, British Columbia Psychological Association (BCPA)

— Certified Executive Coach

— Member, International Practitioners of Holistic Medicine (IPHM)

— Trained in Compassionate Inquiry (Dr Gabor Maté)

— Former crisis line counsellor, Befrienders Malaysia

— Volunteer counselling: Malaysian Cancer Society, All Women's Action Society, UNHCR (supporting Afghan and Myanmar refugees)

— Communications and life-skills training across Asia, Africa and the United States

Get in touch

Shelagh offers a free 15-minute initial consultation by WhatsApp or video call — no obligation, no pressure. Sessions are conducted by video call at times that work across time zones. All enquiries are handled personally and treated with complete discretion.

Free discovery call 15 min · No obligation · shelagh-psychologist.com

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Online sessions Asia · Worldwide · All time zones welcome

Specialties Grief · Anxiety · Burnout · Life transitions · Relationships · Expat mental health

Credentials MSc Counselling Psychology (UK) · BCPA Registered · Certified Executive Coach · IPHM Member

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04 **Grief That Doesn't Have a Name**
For the losses that come without a funeral, and are grieved alone.

05 **Navigating a Life Transition**
For the uncertain middle — when one chapter has ended and the next has not begun.

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If this workbook has been helpful, you may find others in the series speak to something you are carrying too.

Explore the full collection at shelagh-psychologist.com

Grief is the price of love.
It does not need to be efficient.
It needs to be felt.

Grief after death is the loss our culture has the most language for, and in some ways the least accurate understanding of. This workbook offers a more honest map — what grief actually involves, what it does to the body and mind, the particular shapes it takes, and what it quietly needs — with space for all of it: the love, the complicated history, the relief and the guilt, the grief that makes sense and the grief that doesn't.

INSIDE YOU'LL FIND:

- What grief after death actually involves
- The body in grief — why physical symptoms are not a sign something is wrong
- The particular shapes grief takes
- What grief asks of us — and what it does not
- The grief we don't talk about
- How to find the right level of support

Grief does not move toward closure —
a door that can be firmly shut.
It moves toward integration: the loss
becoming part of the story of your life.

— Shelagh MacFarlane

Shelagh MacFarlane
MSc Counselling Psychology (UK)
BCPA Registered (Canada)
20+ years in private practice

Shelagh is a counselling psychologist with over 20 years of experience helping adults navigate grief, loss, and life's challenges with compassion, curiosity, and clarity.

www.shelagh-psychologist.com

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