

Understanding Grief in Practice

A Non-Pathologising Perspective from Bereavement Professionals

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Background:

Debate continues over whether grief is a natural human experience or a condition requiring medical treatment. In 2022, Prolonged Grief Disorder (PGD) was added to the DSM-5-TR (American Psychiatric Association, 2022), prompting concern that this may pathologise a normal process (Cacciatore & Frances, 2022). Others argue that recognising PGD supports timely identification and treatment of debilitating grief (Prigerson et al., 2021).

Aim:

Despite numerous theoretical models, little is known about how bereavement professionals themselves conceptualise grief or apply theory in practice (Breen, 2011). This study addressed these gaps by exploring how professionals conceptualised grief and how these conceptualisations informed their practice.

Methods:

Qualitative study with six UK-based bereavement professionals who have direct one-to-one contact with bereaved individuals. Semi-structured interviews explored three main topics:

- Understanding of grief in their professional context
- Learning about grief professionally
- Applying this knowledge in practice

Reflexive thematic analysis (Braun & Clarke, 2022) was conducted to generate themes and capture patterns of meaning across participants’ accounts.

Themes	Results	Theme description
Grief as a Natural and Ongoing Human Experience: A Non-Pathologising Perspective.	Participants conceptualised grief as an ongoing, non-linear process that evolves over time, actively resisting medicalised or time-bound definitions.	
Models as Tools Not Truths: Integrating Theory and Practice.	Participants treated grief models as flexible frameworks to be drawn on critically and contextually, gaining meaning through integration with experiential knowledge.	
Validation and Influence: The Professional’s Dual Role in Shaping and Supporting Grief Experiences.	Participants, through a process of normalisation, validated individual grief experiences while subtly shaping expectations through their own conceptual understandings of grief.	

Conclusions:

- **Grief is not time-bound:** Participants did not view grief as having a fixed timeline or duration; some emphasised functional impact as a more meaningful indicator.
- **Understanding the bereaved perspective:** Participants highlighted the importance of exploring each individual’s personal ‘normal’ in grief and their grief expectations, then working in a person-centred way, incorporating psychoeducation to support the processing of grief.
- **Use of theoretical models:** Models provided guidance but were inherently limited; participants reported integrating elements from multiple models rather than relying on a single framework.
- **Defining grief and disorder:** Participants questioned who has the authority to define when grief becomes a disorder and the criteria used.

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