Rethinking Grief

A Multidimensional Framework with Secular and Christian Perspectives

Bryan D. Stafford

Version: V3-Jun2026

Abstract

Contemporary grief theory remains anchored to bereavement as its paradigmatic case, and it leaves substantial portions of human grieving inadequately addressed. These include the losses of futures that never arrived, of selves never realized, and of relationships that ended without ending. This paper develops a multidimensional framework that defines grief as the embodied, cognitive, emotional, relational, and spiritual response to the rupture of what is held to be constitutive of one's life, whether a person, a future, a self, a relationship, a role, a community, or a sense of sacred. Drawing on attachment theory, family systems, existential and trauma psychology, suicide bereavement research, and the meaning-reconstruction tradition, the framework identifies ten distinct dimensions of grief organized into four arenas: grief in relation to time, self, others, and the transcendent. Two further patterns are introduced. *Stacking grief* names, the accumulation of multiple dimensions around a single visible loss, in which the most culturally legible dimension is publicly mourned while the others continue to generate grief indefinitely, often unrecognized. *Grief interplay* comprises two mechanisms by which un-mourned grief finds outlets: *grief projection*, the transmission of grief between persons, and *cross-grief*, the internal displacement of grief onto a more bearable substitute, including another grief. Five counseling modalities (Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Cognitive Processing Therapy, meaning reconstruction, and logotherapy) are surveyed for their compatibility with the dimensional architecture and matched to the dimensions each is best positioned to address. A Christian perspective is then offered as a complementary interpretive layer, drawing on the lament tradition, the theology of the cross, and a two-kingdoms framework that honors grief as real while holding it within a horizon of hope. The central argument is that matching counseling modality to dimension, rather than treating grief as a single

phenomenon, is the necessary clinical and pastoral implication of taking the structural variability of what is being grieved seriously.

Keywords: grief, multidimensional framework, stacking grief, grief projection, cross-grief, disenfranchised loss, ambiguous loss, suicide bereavement, meaning reconstruction, lament, theology of the cross, two-kingdoms, pastoral care

Introduction

When most people hear the word grief, they reach for a single image: the loss of a loved one. That image is not wrong. Bereavement is the paradigmatic case of grief, and the literature on mourning the dead remains the foundation on which every other discussion is built. But it is not the whole of grief, and treating it as the whole has consequences. People who carry losses that do not look like a funeral, such as losses of futures that never arrived, of selves they will never become, and of relationships that ended without ending, often conclude that what they feel is not really grief at all. They sit with something that walks like grief, talks like grief, and shapes their interior life like grief, and they have no name for it. Naming matters. Unnamed grief does not stop working; it only stops being recognized.

This paper has seven aims. First, it surveys how grief has been defined historically and how those definitions have been refined, contested, and expanded in contemporary thought. Second, it examines how grief is internalized differently across gender, age, life stage, family stage, family dynamics, trauma history, and worldview, not as exceptions to a single grief experience but as constitutive variations in what grief is for the person undergoing it. Third, it proposes a multidimensional framework of ten distinguishable dimensions of grief, organized around the recognition that grief is fundamentally a rupture in our network of right relationships, namely our relationships to time, to self, to others, and to the transcendent. Fourth, it names a pattern I call stacking grief: the accumulation of multiple dimensions of grief around a single visible loss, in which only the most visible dimension is publicly mourned while the others continue to generate grief indefinitely, often unrecognized. Fifth, it develops the dynamics of

grief interplay: how grief moves between people through projection, and within people through cross-grief, as two everyday mechanisms by which un-mourned grief finds outlets. Sixth, it surveys five counseling modalities (Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Cognitive Processing Therapy, meaning reconstruction, and logotherapy) and their compatibility with the dimensional architecture. Seventh, it offers a Christian perspective as a separate and complementary lens, drawing on the lament tradition, the theology of the cross, and a two-kingdoms framework that honors grief as real while holding it within a larger story of hope. Taken together, these seven aims constitute a single argument: that grief is the embodied, cognitive, emotional, relational, and spiritual response to the rupture of what is constitutive, that it operates simultaneously across ten distinguishable dimensions, stacks invisibly beneath visible losses, moves between people through projection and within people through cross-grief, and is best addressed by matching counseling modality to dimension rather than treating grief as a single phenomenon.

The secular and Christian sections are presented sequentially rather than fused. This is intentional. The framework developed here should be usable by counselors, educators, and conflict practitioners who do not share a Christian theological commitment, and it should also be readable by Christians who want to see how the framework can be brought into deeper conversation with their tradition. Holding the two together without collapsing one into the other is, I will argue, exactly what the subject matter requires.

Part I: Defining Grief

Historical Definitions

The earliest psychological treatment of grief in the modern Western canon is typically traced to Freud (1917/1957), whose essay Mourning and Melancholia distinguished healthy mourning from depressive melancholia and proposed that the work of mourning consisted in gradually withdrawing libidinal attachment from the lost object so that it could be reinvested elsewhere. Freud's framing carried two assumptions that would shape the field for decades: that grief is essentially a task of letting go, and that successful mourning ends in detachment. Both assumptions have since been challenged.

Lindemann's (1944) clinical study of the Cocoanut Grove fire survivors gave grief its first empirical typology, describing acute grief as a syndrome with somatic, cognitive, and behavioral components, and introducing the concept of anticipatory grief, the mourning that begins before the loss has occurred. Bowlby's attachment theory (1969, 1980) reframed grief as the natural response of an attachment system to the loss of its object, situating bereavement within the broader architecture of human bonding rather than within libidinal economics.

Kübler-Ross (1969) popularized the language of stages (denial, anger, bargaining, depression, and acceptance) derived from her work with terminally ill patients facing their own deaths. Her framework was never intended as a rigid sequence and was not originally a model of bereavement at all, yet it became the dominant lay understanding of how grief is supposed to

unfold. Subsequent empirical work has largely abandoned the stage model in favor of more flexible accounts (Bonanno, 2009; Stroebe et al., 2017), though it remains culturally entrenched.

Contemporary Definitions and Frameworks

Modern grief theory is best understood as a series of corrections to inherited assumptions. Worden (2009) replaced stages with tasks, arguing that mourning involves accepting the reality of the loss, processing the pain, adjusting to a world without the deceased, and finding an enduring connection with the lost person while embarking on a new life. The shift from stages to tasks reframes grief from something that happens to the bereaved to something the bereaved does.

Stroebe and Schut's Dual Process Model (1999, 2010) introduced the idea that healthy grieving requires oscillation between loss-orientation (confronting the loss directly) and restoration-orientation (attending to the practical demands of ongoing life). Grief, on this account, is not a continuous engagement with pain but a rhythm of approach and avoidance, both of which serve adaptation. Klass, Silverman, and Nickman (1996) introduced continuing bonds theory, demonstrating empirically that the bereaved often maintain rather than sever their internalized relationship with the deceased, and that this continued connection is associated with adaptive rather than pathological outcomes. This finding is a direct rebuttal of Freud's detachment thesis.

Neimeyer (2001, 2016) developed meaning reconstruction as a central organizing concept, arguing that grief is fundamentally a crisis of meaning: the loss disrupts the assumptive world of the bereaved, and recovery requires constructing a revised narrative that integrates the loss into a coherent life story. This framework converges in important ways with Frankl's (1946/2006) logotherapy, which holds that the human person is constituted by a search for meaning and that meaning can be realized even in unavoidable suffering through attitudinal choice.

Bonanno's (2009) longitudinal research challenged the assumption that prolonged distress is the normal response to loss. Across multiple studies, the most common trajectory following bereavement was resilience, a pattern of relatively stable functioning following an initial period of disruption. This finding does not deny that grief is real or that some grievers struggle profoundly; it does deny that prolonged suffering is the standard against which other responses should be measured.

A more recent line of work has moved explicitly toward integration, attempting to consolidate the partial insights of the models above into multidimensional frameworks. Guldin and colleagues' (2023) integrated process model (IPM) argues that dominant grief models fall short on three counts: they tie grief too closely to death, they draw too narrowly on psychology while neglecting other disciplines, and they underrecognize the existential suffering that loss generates. In response, it proposes five dimensions of grief: physical, emotional, cognitive, social, and spiritual. Kaplow and colleagues' (2013) multidimensional grief theory (MGT), developed initially for bereaved children and adolescents, organizes grief into three domains of

distress: separation distress, existential and identity distress, and circumstance-related distress. It has since been applied to populations as varied as bereaved siblings (D'Alton et al., 2022) and traumatically bereaved adults (Captari et al., 2020). Others have proposed combining the Two-Track Model of Bereavement with the Dual Process Model into a single bidimensional account of mourning and functional adaptation (Manevich et al., 2026). These integrative efforts share the present paper's conviction that grief is multidimensional and that no single-domain account is adequate; the framework developed in Part III extends them by naming a larger set of dimensions, by including non-death and future-oriented losses more explicitly, and by adding the structural patterns of stacking and interplay that the existing integrative models do not name.

Popular Metaphors of Grief

Alongside academic frameworks, a parallel literature of popular and clinical metaphors has emerged to help grievers and their helpers make sense of what is happening. The most widely circulated of these is the grief roller coaster (Therapist Aid, 2025), which depicts grief as an unpredictable ride through emotional states (denial, anger, anxiety, sadness, longing, loneliness, confusion, acceptance, and peace) that the griever neither chooses nor controls. Similar metaphors include the grief wave, which captures the rhythm of sudden surges and quiet intervals; Tonkin's (1996) growing around grief, which reframes adaptation not as the grief becoming smaller but as the life becoming larger around it; and Schwiebert's (2005) Tear Soup, which uses slow cooking as a metaphor for the idiosyncratic and communal labor of mourning. These metaphors are not in competition with the academic frameworks above; they are doing different work.

The roller coaster in particular captures three things that are clinically valuable: the non-linearity of grief (the same griever can pass through several emotional states in a single day), the futility of trying to manage grief through control, and the therapeutic value of what its authors call surrender, a posture that, in clinical terms, aligns with ACT's concept of acceptance (Hayes et al., 2012) and with the loss-orientation pole of Stroebe and Schut's oscillation. The metaphor has become a staple of psychoeducation precisely because it gives the griever permission to stop trying to grieve correctly and to recognize the disorientation itself as part of the process.

Popular metaphors are less helpful in addressing the structural question of what is being grieved. The roller coaster names the emotional states a griever may move through, but it presupposes that the underlying loss is roughly the same: a bereavement-shaped loss, with a beginning, an arc, and an eventual arrival at a better place. The metaphor cannot easily account for the chronic griever whose ride does not end, for the ambiguous loss whose ride keeps doubling back, or for the grief of futures that never arrived, which has no clear point of entry. The framework developed in Part III takes the phenomenological insight of these metaphors as given (grief is non-linear, oscillating, and resistant to control) and asks the further question that the metaphors do not: what, exactly, has been ruptured?

Most recently, the DSM-5-TR (American Psychiatric Association, 2022) introduced Prolonged Grief Disorder as a formal diagnostic category, defined by persistent, pervasive grief reactions lasting at least twelve months in adults that cause clinically significant impairment. The introduction of the diagnosis is contested. Critics argue it pathologizes a normal human

experience and risks medicalizing love (Bandini, 2015); proponents argue it identifies a subset of grievers whose suffering is qualitatively distinct and treatment-responsive (Prigerson et al., 2021). Both concerns are legitimate, and the framework proposed below does not require taking a side.

A Working Definition

For the purposes of this paper, grief is defined as the embodied, cognitive, emotional, relational, and spiritual response to the rupture of something held to be constitutive of one's life, whether that something is a person, a future, a self, a relationship, a role, a community, or a sense of the sacred.

This definition is constructed from what the foregoing frameworks got right and corrected for what they did not name. It inherits Lindemann's (1944) recognition that grief is multi-modal, while extending his somatic-cognitive-behavioral typology to include the relational and spiritual modalities that the early empirical work did not foreground. It inherits Bowlby's (1969, 1980) recognition that grief is fundamentally relational, while widening the relational architecture beyond the dyadic attachment figure to include the futures, selves, communities, and sacred frameworks in which the griever was also bonded. It inherits Klass and colleagues' (1996) continuing-bonds finding by treating the rupture as a transformation of the constitutive relationship rather than its severing, refusing, with them, the Freudian detachment thesis. It inherits Neimeyer's (2001) meaning-reconstruction insight by locating grief at the rupture of what was constitutive, that is, what was holding the meaning of the griever's life together, rather

than at the loss of what was merely valued. It is compatible with Stroebe and Schut's (1999) recognition that grief unfolds through oscillation rather than linear progression, and with Bonanno's (2009) finding that responses to loss are more varied than stage models assume. And it sits at a different level than Worden's (2009) tasks and the DSM-5-TR's (American Psychiatric Association, 2022) diagnostic category, naming what grief is before asking what should be done with it or whether its duration has become disordered.

This definition deliberately holds three things together that the surveyed traditions did not consistently combine. First, it refuses to reduce grief to a single content domain. Most of the surveyed traditions (Freud, Lindemann, Bowlby, Kübler-Ross, Worden, and even the popular metaphors of grief) treat grief as fundamentally about the loss of a person who died, with everything else as analogy or extension. The working definition treats bereavement as the paradigm case but not the exhaustive one, opening grief to the full structural range that the dimensions in Part III will develop. Second, it refuses to reduce grief to a single response modality. The somatic-cognitive-behavioral triad of Lindemann, the affect-centered Kübler-Ross account, and even Worden's more capacious task framework each tend to privilege one or two registers. The definition above insists on five, because grief that touches the constitutive self does not respect modal boundaries. Third, it locates grief in the rupture of what was constitutive rather than what was merely valued. The distinction is essential. Not every disappointment is grief. The frustration of an inconvenience, the disappointment of an unmet preference, and the irritation of an unkept appointment are losses, but they are losses of what was held, not of what was holding. Grief begins where loss touches something that was holding the self together.

This last move is what makes the definition operative for the framework that follows. If grief is the response to the rupture of the constitutive, then the question of what is being grieved becomes the question of what was constitutive, and that is a question with multiple, irreducible answers across the span of a life. The framework developed in Part III names ten of them, and the stacking concept developed in Part IV names how they cluster around the events the public mourning culture has already learned to see.

Part II: Grief Is Not Uniform

If grief is the response to a rupture in what is constitutive, and what is constitutive varies across persons and contexts, then grief will be internalized and processed differently across those same variations. The literature supports this claim across at least seven axes of variation, examined briefly below.

Gender

Martin and Doka (2000) proposed a useful distinction between intuitive and instrumental grievers. Intuitive grievers experience and express grief primarily through crying, sharing, and processing aloud. Instrumental grievers experience grief more cognitively and behaviorally, processing through activity, problem-solving, and task completion. The styles are not strictly sex-linked; men can be intuitive grievers, and women can be instrumental ones. But the cultural scripts overlay a gendered expectation onto each, with the result that instrumental grievers, often men, are routinely told they are not really grieving because their grief does not look like the

intuitive form. This misrecognition can compound the loss, producing a second grief: the grief of not being grieved with.

Age and Developmental Stage

Children grieve in developmentally specific ways that have historically been underestimated. Worden (1996) and others have shown that children's grief is shaped by their cognitive capacity to understand permanence, causality, and abstraction, and that grief in childhood can resurface at developmental transitions in forms that look like new losses but are in fact reactivated old ones. Adolescents grieve through identity construction; older adults often grieve cumulatively, with each new loss carrying the weight of those that preceded it. The grief of an eighty-year-old at the funeral of a sibling is not the same phenomenon as the grief of a twenty-year-old at the funeral of a grandparent, even when the underlying attachment was comparable.

Life Stage and Family Stage

Family life cycle theorists (McGoldrick et al., 2016) have long noted that grief lands differently depending on where in the family life cycle it occurs. The death of a parent reshapes adult sibling relationships; the death of a child reshapes a marriage; the death of a spouse in late life reshapes the survivor's relationship to time itself. Anticipatory grief in caregiving relationships (Rando, 2000) is shaped by the developmental tasks of the family stage in which

the caregiving occurs. The same diagnosis carried by a thirty-year-old parent and a seventy-year-old grandparent will produce different grief in the same family.

Family Dynamics

Bowen family systems theory (Bowen, 1978; Kerr & Bowen, 1988) helps explain why grief is not only an individual experience but a systemic one. A loss reshuffles the emotional triangles of a family, and the way the family system absorbs the loss depends on its baseline level of differentiation. Highly fused families may produce grief that is either suppressed or expressed in displaced symptoms (somatic complaints, conflict, addiction); more differentiated families allow each member to grieve in their own way without the family destabilizing. Disenfranchised grief (Doka, 1989, 2002) often runs along family fault lines: the grief of the in-law, the estranged child, the unmarried partner, or the family member whose relationship with the deceased was complicated is frequently unrecognized by the rest of the system.

Trauma

Grief and trauma are distinct but overlap substantially, particularly when the loss itself is traumatic (sudden, violent, witnessed) or when the relationship with the lost person was traumatic. Traumatic grief (Pearlman et al., 2014) requires attention to both the trauma response (intrusion, hyperarousal, avoidance, dissociation) and the grief response (yearning, sorrow, identity disruption), and treating only one often fails to resolve the other. Moral injury, which is grief over one's own action or inaction, or over the betrayal of what one held sacred (Litz et al.,

2009), adds a further layer in which the griever is also the wounded agent, complicating self-forgiveness and meaning-making.

Worldview and Culture

Cross-cultural grief research (Rosenblatt, 2008; Klass, 1999) has consistently demonstrated that the form and expression of grief are profoundly shaped by cultural and religious frameworks. Cultures that maintain robust continuing-bonds practices (ancestor veneration, regular ritual remembrance, communal lament) tend to produce grief expressions that look very different from cultures shaped by post-Enlightenment individualism, which tend to privatize grief and treat its persistence as evidence of disorder. Worldview functions both as a container that gives grief shape and as an interpretive frame that determines what the loss means. A loss that is meaningless in one frame may be redemptive, judicial, or instructive in another, and the grief that follows will be shaped by that interpretation.

Disenfranchised and Ambiguous Loss

Two concepts deserve special mention because they cut across the variables above and bear directly on the framework developed in Part III. Doka's (1989) concept of disenfranchised grief names grief that is not openly acknowledged, publicly mourned, or socially supported: grief over a miscarriage, a pet, an addicted family member, an estranged parent, or a relationship that society does not recognize. Boss's (1999, 2006) concept of ambiguous loss names grief that lacks closure because the loss is unclear: a missing person, a parent with dementia who is

physically present but cognitively absent, an estranged child still alive. Disenfranchised and ambiguous losses are not edge cases; they are extremely common, and they are precisely the losses that the standard grief literature has historically been least equipped to address. Doka (2019) has since extended the concept explicitly to non-death losses, and empirical work has added a further wrinkle: grievers do not only have their grief disenfranchised by others, they also self-disenfranchise, suppressing and refusing to license their own grief, with attachment style and perceived social support shaping how the process unfolds (Cesur-Soysal & Arı, 2022). Self-disenfranchisement matters for the framework developed below, because the dimensions that the culture provides no script for are precisely the ones a griever is most likely to refuse to count as grief at all.

Attachment, Meaning-Making, and the Prediction of Prolonged Grief

The variations surveyed above describe how grief differs across persons and contexts. A related and more pointed question is which of those differences predicts whether grief becomes prolonged and disabling rather than gradually integrated. Two variables recur across the empirical literature: the griever's attachment orientation and the griever's capacity to make meaning of the loss. The relationship between them is not additive but sequential, and getting the sequence right matters for the framework that follows.

Insecure attachment has long been theorized as a risk factor for severe and persistent grief, and cross-sectional studies consistently bear this out: both attachment anxiety and attachment avoidance correlate positively with prolonged grief symptoms (Eisma et al., 2023).

The picture becomes more complicated longitudinally. In a meta-analysis of thirty-one studies including more than eight thousand bereaved adults, Eisma and colleagues (2023) found robust concurrent associations between insecure attachment and prolonged grief but no consistent evidence that insecure attachment styles actually increase grief severity over time, leading them to suggest that the role of adult attachment in contemporary grief theory may need reconsideration. This is an important corrective: attachment is reliably present where prolonged grief is present, but it does not by itself appear to drive the trajectory. The framework proposed in this paper treats attachment accordingly: as one of the structures whose rupture is grieved (the relational architecture of Arena Two), and as a moderator of how grief is carried, rather than as a master variable that determines outcomes on its own.

What appears to do much of that driving is meaning-making. In a prospective study of 357 bereaved adults across North America and Europe, Milman and colleagues (2019) found that meaning made mediated the relationship between a range of prolonged-grief risk factors (insecure attachment, low social support, neuroticism, violent loss, and spousal loss) and the later emergence of prolonged grief symptoms. The risk factors exacerbated grief, in other words, largely by impeding the griever's ability to make sense of the loss. Earlier work converges: Neimeyer and colleagues (2006) found that the contribution of standard risk factors to complicated grief was generally moderated by meaning-making, often to the point of non-significance, and that benefit-finding and positive identity change predicted lower bereavement complication. In traumatic loss specifically, Captari and colleagues (2020) found that insecure attachment was associated with prolonged grief indirectly, through the mediators of identity

distress and shattered assumptions. This again locates the predictive action in the disruption of the griever's meaning system rather than in attachment alone.

This pattern, in which attachment serves as risk and meaning-making as the mediating mechanism through which risk becomes outcome, has a direct bearing on the dimensional framework developed in this paper. If meaning-making is the variable through which prolonged grief is most reliably predicted, then the clinical question is not merely whether a griever is securely or insecurely attached, but whether the griever has been able to make meaning across each of the dimensions that the loss has activated. The framework's claim that grief stacks across multiple dimensions (Part IV) implies that meaning-making is not a single accomplishment but a distributed one: a griever may have made sense of the visible loss (Dimension 3) while remaining unable to make meaning of the futures that will never arrive (Dimension 1) or the self that was lost (Dimension 5). On this reading, prolonged grief occurs when one or more activated dimensions remain meaning-resistant, and the predictive literature on attachment and meaning-making is best understood as describing, in aggregate terms, what the dimensional framework describes structurally.

Part III. A Multidimensional Framework: Ten Dimensions of Grief

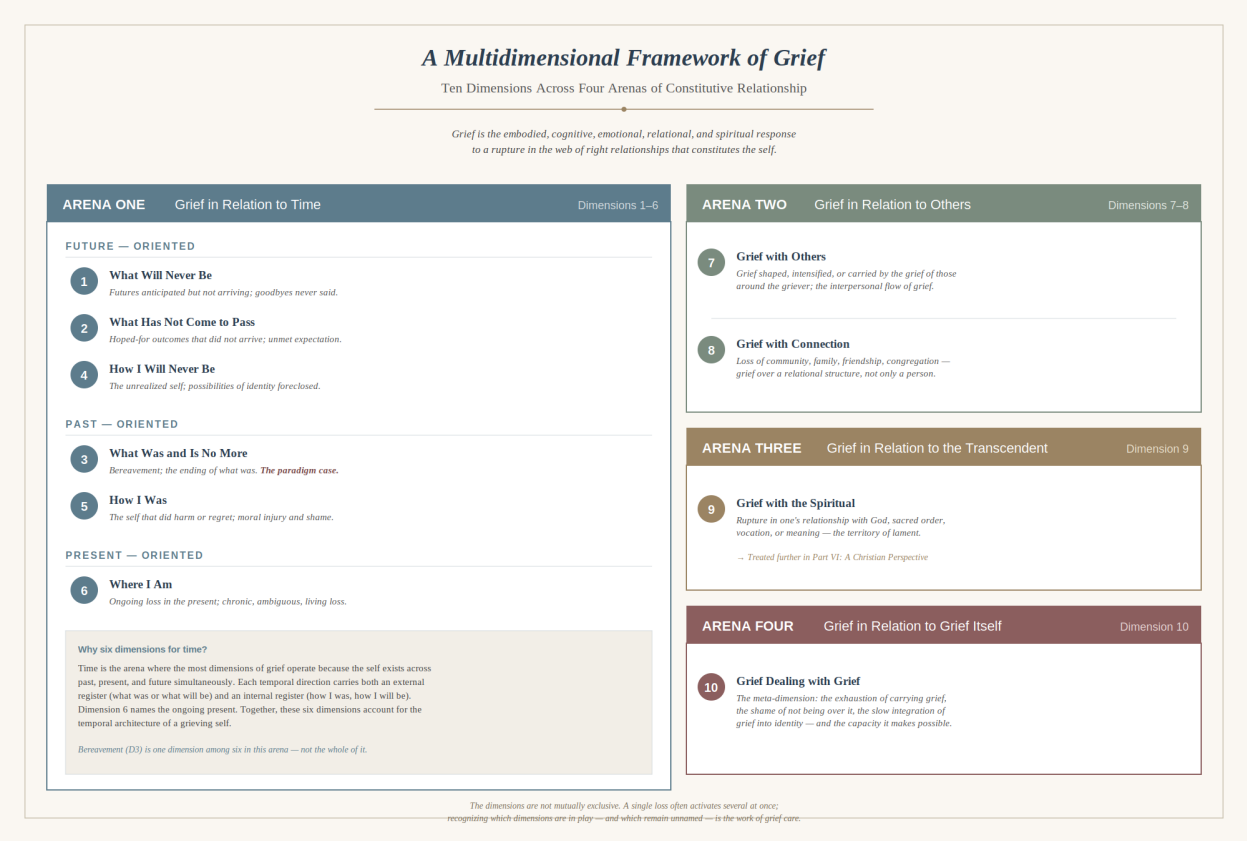


Figure 1. A multidimensional framework of grief: ten dimensions across four arenas of constitutive relationship.

The variability surveyed above suggests that a useful framework for grief should not be organized around a single prototype (the death of a loved one) with everything else treated as an analogy. It should instead be organized around the structures that loss can rupture. The framework proposed here identifies ten such structures, grouped into four arenas of relationship: the griever's relationship to time, to self, to others, and to the transcendent. These arenas correspond to the structure of what I have elsewhere called wholeness: the self conceived not as a vessel to be filled but as a web of right relationships across the full span of its existence. Grief, on this account, is what happens when one of those relationships is torn.

Grief is the embodied, cognitive, emotional, relational, and spiritual response to a rupture in the web of right relationships that constitutes the self: across time, within the self, with others, and with the transcendent.

It is worth distinguishing this framework from the popular metaphors discussed in Part I. The grief roller coaster, the wave, and Tear Soup describe the phenomenology of grief: what grief feels like in the moment. The framework offered here describes the structure of grief: what has been ruptured when grief occurs. These are complementary lenses rather than rival ones. A griever moving through anger and loneliness on the roller coaster may be grieving very different things, and the appropriate clinical, pastoral, or relational response will depend on which dimension is being activated. Two grievers can be in the same emotional state (loneliness, for instance) and need entirely different responses: one is grieving Dimension 8 (the loss of community) and needs help reconnecting; another is grieving Dimension 5 (how I was) and

needs work toward self-forgiveness. The dimensions do not replace the phenomenology; they tell the helper what the phenomenology is reporting on.

The ten dimensions below are not mutually exclusive. A single loss often activates several at once, and the dimensions interact in ways that the final section of this part will address. They are offered as a vocabulary for naming what is being grieved, not as a diagnostic taxonomy.

Arena One: Grief in Relation to Time

Dimension 1: Grief in What Will Never Be

This is grief over futures that were anticipated but will never arrive. It is also grief without closure, where the goodbye was not said and now cannot be. The parent who loses an adult child loses not only the person but every future birthday, every grandchild, every shared old age. The estranged sibling whose brother dies before reconciliation loses the conversation that was always going to happen. Bruce and Schultz (2001) called this non-finite loss; Boss (2006) would recognize much of it as ambiguous. The defining feature is that the loss continues to generate new losses as the future unfolds without the person, project, or possibility. Goodbye is not always promised, and grief over what will never be is the consequence of that fact.

Dimension 2: Grief in What Has Not Come to Pass

Closely related but distinct: grief over outcomes that were hoped for and did not arrive. The career that was supposed to take a particular shape but did not. The marriage that was supposed to produce children but did not. The recovery that was supposed to come and did not. This is the grief of unmet expectation. It is less acute than bereavement and often unrecognized as grief at all, and it is described instead as disappointment, frustration, or failure. But when the unrealized outcome was constitutive of one's sense of life direction, what follows is grief. The distinction from Dimension 1 is that here the future was never guaranteed; the griever is mourning a hope, not a promise.

Dimension 3: Grief in What Was and Is No More

This is the most familiar dimension: grief over what once was and has ended. Bereavement lives here, but so does grief over a marriage that ended, a job that no longer exists, a community that has dispersed, a home that was sold, and a self that was once vital and is no longer. Past trauma also lives here in part, particularly when the trauma involves the loss of a prior self or a prior sense of safety. This is the dimension on which the entire mainstream grief literature was originally built, and the resources for working with it are accordingly rich.

Dimension 4: Grief in How I Will Never Be

The future-oriented grief of unrealized selfhood. This is grief over the person one will not become: the version of oneself that would have been a parent, a scholar, an athlete, a healer, a

leader, a believer of a certain kind. It overlaps with what existential psychology calls thrown limits: the recognition that the range of possible selves is narrower than it once seemed (Yalom, 1980). It is also the grief that fuels much of midlife, not the grief of losing what one had, but the grief of accepting what one will not have, including the self one will not be.

Dimension 5: Grief in How I Was

Backward-looking grief over the self that did harm, made wrong decisions, or lived in a way one now regrets. This is the grief of moral injury (Litz et al., 2009), the grief of the reformed addict for the years lost, the grief of the parent for the parenting one did not do well. It is bound up with shame and self-forgiveness, and unlike grief over external losses, it is grief in which the griever is also the agent of the loss. This complicates the work substantially: the person grieving is also the person they cannot leave.

Dimension 6: Grief in Where I Am

Present-oriented grief over one's current situation: the chronic illness one is living with now, the financial precarity one is in now, the loneliness one is in now, and the season of caregiving one is in now. This is grief with no past tense because the loss is ongoing. It overlaps significantly with what Boss calls ambiguous loss and with what is sometimes called living loss. Anticipatory grief belongs here as well, when the anticipated loss is shaping present experience even before it has fully arrived.

Arena Two: Grief in Relation to Others

Dimension 7: Grief with Others

Grief that is shaped, intensified, or carried by the grief of those around the griever. Vicarious grief, secondary loss, and compassion fatigue all belong here, as does the more ordinary phenomenon of a griever's own loss being reawakened by someone else's: the funeral that brings back one's own mother's funeral, or the friend's diagnosis that brings back one's own. Grief in this dimension is fundamentally interpersonal: it flows through relationships, and it complicates both the helper's ability to help and the griever's ability to locate where their grief begins and another's ends. Part V develops two mechanisms (projection and cross-grief) by which these interpersonal and internal dynamics operate; Dimension 7 names the relational space in which they occur.

Dimension 8: Grief with Connection

Grief over the loss, change, or absence of community, family, or friendship. Distinct from grief over a particular person (Dimension 3), this is grief over a relational structure: the congregation that scattered, the friend group that dissolved, the family that no longer gathers, or the workplace that no longer exists as a community. Chronic loneliness is a manifestation of grief in this dimension. So is the grief of the immigrant for the community left behind, the grief of the retiree for the colleagues no longer encountered daily, and the grief of the survivor whose social world has thinned through repeated loss.

Arena Three: Grief in Relation to the Transcendent

Dimension 9: Grief with the Spiritual

Grief that touches one's relationship with God, with purpose, with the sacred, or with one's sense of how the universe is ordered. This is the grief of the believer who feels abandoned, the grief of the deconstructing faith, and the grief of theodicy, the question of how a loss can be reconciled with what one had believed about meaning. It overlaps with what Pargament (1997) calls spiritual struggle and with what counselors increasingly recognize as religious or spiritual problems (DSM-5-TR V-code 62.89). It can manifest as anger at God, withdrawal from prayer, loss of vocational sense, or the dull conviction that one's spiritual life is no longer what it was. Within the Christian tradition specifically, this dimension is the territory of the lament psalms, and a substantial treatment of it is reserved for Part IV.

Arena Four: Grief in Relation to Grief Itself

Dimension 10: Grief Dealing with Grief

The meta-dimension. This is the grief of being a person who grieves: the exhaustion of carrying it, the shame of not being over it, the fear of approaching it directly, and the grief of realizing that grief itself has now become part of one's identity. Stroebe and Schut's oscillation model (1999) implicitly recognizes this dimension by noting that grievers sometimes need to

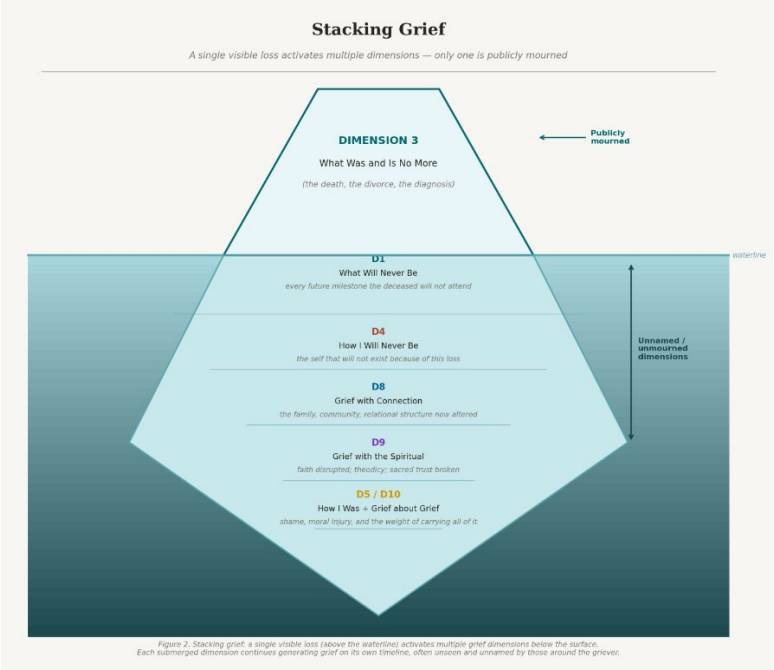
step away from grief to function. But there is also a positive form of this dimension: the development of grief literacy, the integration of the bereaved into a community of those who have also grieved, and the slow recognition that one's grief is itself becoming a source of capacity for meeting others in theirs.

How the Dimensions Interact

These ten dimensions are not isolated. A single loss almost always activates several, and one of the most important pastoral and clinical skills is recognizing which dimensions are currently in play and which are being avoided. The death of an adult child activates Dimension 3 (what was and is no more), Dimension 1 (the futures that will not be), Dimension 4 (the parent one will not get to be of that grown child), Dimension 8 (the family that no longer gathers the same way), Dimension 9 (the question of how this is reconciled with God), and Dimension 10 (the weight of carrying all of it). A divorce activates Dimensions 1, 2, 3, 4, 5, 6, 8, 9, and 10 in various proportions. A diagnosis of chronic illness activates Dimensions 2, 4, 6, and often 9, with 1 and 8 emerging over time.

The clinical implication is that asking what a griever is grieving is rarely a question with a single answer. The framework proposed here is meant to function as a vocabulary that makes it easier to ask the question more precisely. When a griever is stuck, it is often because one dimension has been named but another has not. The unnamed dimension does not stop generating grief; it simply stops being recognized, and the griever feels unable to move forward without knowing why.

Part IV: The Stacking of Grief



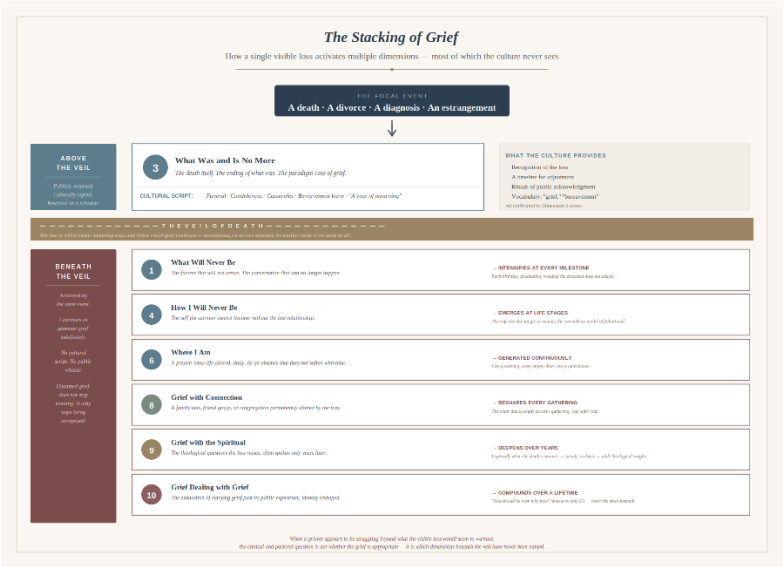


Figure 2. The stacking of grief: how a single visible loss activates multiple dimensions, only one of which is publicly mourned.

The framework developed in Part III gives vocabulary for the dimensions of grief. The remaining question is how those dimensions behave over time, particularly when they are organized around a single visible loss. This section names that pattern: stacking grief. By stacking grief I mean the accumulation of multiple dimensions of grief around one focal loss event, in which only the most visible dimension, typically the death itself, is publicly mourned, while the other dimensions continue to generate grief indefinitely, often unnamed, often unseen, and often hidden behind the veil of what was visibly mourned.

Stacking is distinct from what the literature calls bereavement overload (Kastenbaum, 1969) or cumulative grief, which refers to the experience of multiple losses occurring in close succession, such as a string of deaths in a single year. Stacking refers instead to the multiple dimensions of grief generated by a single event. One death, one divorce, one diagnosis, or one estrangement can produce grief across half of the ten dimensions developed in Part III. The public mourning culture has scripts and resources for the most visible dimension (typically Dimension 3, what was and is no more). It has very little vocabulary for the dimensions stacked beneath it, which continue to generate grief decades after the funeral, the divorce, or the diagnosis has been culturally absorbed.

The Veil of Death

Funerals, condolences, casseroles, and bereavement leave policies all assume a particular shape of grief: a loss has occurred, mourning is concentrated in the weeks and months that follow, and after a culturally specified period (often three months in workplace contexts, a year

in religious ones) the mourner is expected to be substantially through it. This script is calibrated almost entirely to Dimension 3, the grief of what was and is no more. It treats death as a loss and the period after death as mourning, with adjustment to a new normal as the endpoint.

What the script does not see is that death is also the activation point for grief in Dimensions 1, 4, 6, 8, 9, and 10, each with a different timeline. The grief of what will never be (Dimension 1) does not end when the new normal begins; it intensifies at each milestone the deceased does not attend. The grief of how I will never be (Dimension 4) emerges when the survivor encounters life stages the deceased's presence would have shaped. The grief of where I am (Dimension 6) is generated continuously, as the survivor lives a life altered by the absence. The grief with connection (Dimension 8) reshapes itself with every gathering at which the chair is empty. The grief with the spiritual (Dimension 9) does not necessarily peak at the funeral; for many survivors, it deepens years later, when the initial theological scaffolding has been tested and revised. And the grief of dealing with grief (Dimension 10) becomes part of the survivor's identity in ways that compound over time.

The veil of death, then, is the way in which the visible mourning of one dimension can cover the ongoing mourning of many others. Survivors who are told their grief should be over by now are typically being measured against Dimension 3 alone, while they are in fact still mourning across multiple dimensions that have no public script. The grief is real; the inability of those around them to recognize it is what makes the experience isolating. Stacked grief that goes unnamed does not stop operating. It simply stops being witnessed.

Suicide Loss as a Particular Kind of Stacking

Suicide bereavement intensifies stacking in ways that bereavement by natural causes does not. Jordan (2001) and others have argued that suicide loss is qualitatively different in three respects: the survivor faces an unanswerable question (why), an additional layer of social stigma, and a heightened risk of complicated grief and suicidal ideation among survivors themselves (Jordan & McIntosh, 2011). Cerel and colleagues (2019) estimate that each suicide death exposes an average of 135 people to the loss, with effects rippling across families, friend groups, congregations, and communities. The reach is wider than the mourner's circle, and the grief is denser at the center.

In dimensional terms, suicide loss adds layers that other deaths do not necessarily activate. The why question keeps Dimension 1 permanently open, including the grief of the conversation that would have answered the question and now never can. Stigma adds Dimension 5 (how I was, how we were) for surviving family members who carry shame about a death they did not choose. Religious traditions that have historically been ambivalent about suicide intensify Dimension 9 for survivors who must wrestle with theological questions about salvation, judgment, and divine love. The manner of death itself becomes part of the grief. For children who lose a parent to suicide, particularly in infancy or early childhood, an additional structural complication appears: they grieve a person they never knew while growing up in the absence, with no memory of the person whose absence has shaped their entire formation (Cain & Fast, 1966; Brent et al., 2009). Their grief is real and structurally distinct, and it does not fit the script of either childhood bereavement or adult bereavement neatly.

A Personal Example

What follows is autobiographical. I include it not because my story is uniquely instructive but because the public conversation about grief tends to thin out exactly where my family's experience continued. The framework developed above is, in part, an attempt to name what I have watched my family carry for a lifetime.

My father died by suicide when I was a little over three months old. The family grieved his death. There was a funeral. A new normal was eventually constructed. From the outside, this is the shape grief is supposed to take: a loss, a season of mourning, an adjustment, and life going on. What I have watched, for as long as I have been old enough to watch, is grief. Grief in the present tense, decades after the death. Grief that did not end when the new normal began. Grief that was hidden, for those around it, behind the veil of a death that had been publicly mourned and culturally absorbed long before I could form a memory.

My mother’s grief has had a different shape than the public mourning would suggest. The death itself (Dimension 3) was grieved, but her grief did not end there. Her grief at what will never be (Dimension 1) has continued across every milestone to which my father did not come: every graduation, every wedding, every grandchild. Her grief at what has not come to pass (Dimension 2) is the grief of a marriage that did not become what marriages become when they are given the years they were owed. Her grief at how she will never be (Dimension 4) is the grief

of the wife she did not get to remain. The cultural script accounted for the first year. It did not account for the next fifty.

My family's grief stacked across multiple dimensions in ways the funeral could not address. There is Dimension 3: the brother, the son, the husband, the friend who is no longer present. There is Dimension 5: the lingering question of what could have been done, the second-guessing of every conversation in the months before, the shame that attaches to suicide deaths in ways that do not attach to other losses. There is Dimension 9: the theological questions that suicide deaths in Christian families raise, sometimes spoken and more often not, about salvation, judgment, and the disposition of God toward those who die in despair. There is Dimension 8: the family gatherings whose shape has been permanently altered by an absence that does not soften with time. There is Dimension 10: the grief of not knowing how to speak about him, of not knowing whether to say his name aloud, of carrying the grief silently because the people around have already moved on from a death they grieved on schedule.

My own grief has been, structurally, the strangest of any I have observed in my family. I have no memory of my father. I cannot grieve what I had, because I had nothing to lose at the level of conscious experience. What I grieve instead are Dimensions 1, 4, 8, and 9, and I grieve each of them densely. Dimension 1: the father I never had, the relationship that was never going to happen for me because it ended before it had begun. Dimension 4: the son I never got to be of a living father, and, more acutely still, the father I have had to figure out how to be without a model. A man learns much of what fatherhood looks like from his own father; I have had to construct fatherhood from scratch: from books, from observation of other men, from prayer, and

from the deep ache of not knowing whether I was doing it right. Dimension 8: a family unit that was shattered before I could form a memory of it intact, leaving me grieving a wholeness I never directly experienced. And Dimension 9: a world that has been, for me, shaped from the beginning by an event of self-violence whose shadow has fallen across my faith, my view of human fragility, and my sense of what it means to be a man in a world that contains the possibility of what my father did. Violence and shame, in my own life, are not abstractions. They are constitutive coordinates of the world I was placed into.

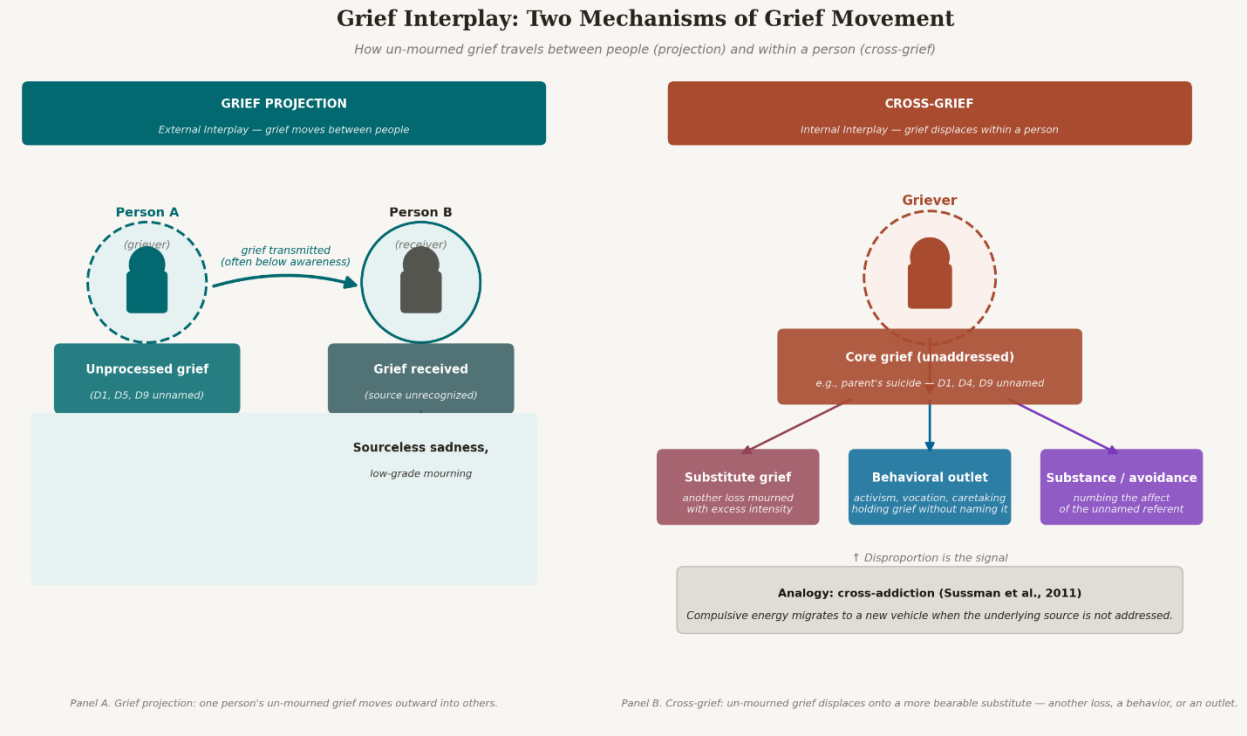
And then there is Dimension 10: the grief about the grief. The strangeness of mourning someone I never met. The years it took to recognize that what I was carrying was grief at all. The realization that the absence I had treated as the background of my life was, in fact, the grief that had organized it. To this day, when I encounter bereavement literature, the categories almost never name what I have actually lived. That gap is one of the reasons I am writing this paper.

Clinical and Pastoral Implications of Stacking

The clinical and pastoral implications of stacking are straightforward to state and difficult to practice. It is this: when a griever appears to be struggling beyond what the publicly mourned loss would seem to warrant, the helper should ask what else is being grieved. The question is not whether the grief is appropriate to the visible loss. The question is which dimensions have been activated by the visible loss, and which of them have never been named. Grief that should be over by some external timeline is often not over because the dimensions stacked beneath the visible loss have not been mourned and have continued to generate grief on their own schedule.

For suicide loss survivors specifically, this is essential. The grief of a suicide loss is rarely a single grief; it is a stack, and the stack often cannot be addressed within the cultural script of bereavement. The why that cannot be answered, the shame that cannot be confessed because it does not feel socially permissible, and the theological questions that cannot be raised because no one is sure what answer they want all continue to operate beneath the publicly mourned death. Helpers, whether clinical or pastoral, do well to name the dimensions explicitly. Naming alone does not resolve grief, but unnamed grief cannot even begin to be carried with help.

Part V: Grief Interplay



The framework developed in Part III names what is being grieved. The stacking concept developed in Part IV names how dimensions of grief cluster and persist around a single visible

loss. This Part takes up a third question: how grief moves. Grief is not static. It travels between people and within people. Both kinds of movement are everyday phenomena, but neither is well named in the standard grief literature, and helpers (clinical, pastoral, and relational) encounter the consequences of unrecognized grief movement more often than they recognize it. I distinguish two patterns. Grief projection is the external interplay in which one person's grief is transferred onto another. Cross-grief is the internal interplay in which a griever displaces their grief onto another behavior, activity, or even another grief that serves as a more bearable substitute.

Grief Projection: The External Interplay

The phenomenon I call grief projection is not entirely new in the literature. Emotional contagion research (Hatfield, Cacioppo, & Rapson, 1994) has established that affective states transfer between people through facial expression, vocal tone, and bodily posture, often below conscious awareness. Trauma literature has long discussed compassion fatigue and secondary traumatic stress as the cost helpers pay for sustained exposure to others' suffering (Figley, 1995). Therapy literature has developed a substantial vocabulary for transference and countertransference in grief work: the dynamics by which a grieving client projects feelings about the lost person onto the therapist, and the therapist's own losses are activated by the client's. And family systems theory has noted for decades that grief is rarely contained within the individual griever; it moves through the family system along the same emotional triangles that organize the family's ordinary functioning (Bowen, 1978; McGoldrick et al., 2016).

What is less developed in literature is a vocabulary for these dynamics outside formal therapeutic contexts. The transference-countertransference parallel is most often discussed as a clinical phenomenon, as if it were a quirk of the therapy room rather than a general feature of how grief moves. But the same dynamics operate, less examined, everywhere grief is carried in relationships: between spouses, between parents and children, between coworkers, in friendships, in congregations, and in entire communities after a public tragedy. The grieving widow may project her unresolved grief onto her adult children, who then carry her grief without recognizing it as hers and develop a low-grade affective tone of mourning whose source they cannot identify. The pastor's unprocessed grief becomes the congregation's atmosphere. A workplace's loss of a colleague is processed differently depending on how senior leaders carry it. None of this requires a therapist's chair.

The metaphor of contagion is useful here, but only with care. Grief is not a virus, and projection is not always harmful. Some grief projection is a legitimate request for solidarity: the griever shares what they carry, and the receiver carries some of it in return. This is what communal mourning is for, and it is one of the older functions of religious community, family life, and friendship. The problem arises when projection is unrecognized: when the griever does not know they are projecting, the receiver does not know they are receiving, and the second griever begins to mourn losses that are not, in any direct sense, their own. The receiver may then become a stand-in mourner, carrying someone else’s unresolved grief while making their own life harder to recognize. Children of bereaved parents are particularly vulnerable to this dynamic, especially when the parents’ grief was stacked across dimensions the family never named.

Clinically and pastorally, the implication is straightforward to state and difficult to practice. The helper needs to develop sensitivity to which grief is in the room. When a person presents with grief that does not seem to be about their own losses, or whose intensity is disproportionate to what they can name, projected grief is one possibility worth considering. The intervention is rarely to refuse the projection, since refusal can re-injure, but to help the receiver eventually distinguish what is theirs from what has been transmitted, so that both griefs can be named honestly. This is the everyday version of what therapists call working through countertransference. It is also, in a different idiom, what the older traditions called "bearing one another's burdens" (Galatians 6:2), without taking on burdens that belong to no one but the original carrier.

Cross-Grief: The Internal Interplay

Cross-grief is the internal counterpart to projection. The analogy I want to develop here comes from addiction recovery. Clinicians have long observed that recovering addicts who do not engage their underlying condition are vulnerable to cross-addiction: the migration of compulsive energy from one substance or behavior to another (Sussman, Lisha, & Griffiths, 2011). The recovering alcoholic begins to overeat. The recovering gambler develops a compulsive relationship with work, with exercise, or with a new romantic partner. The recovery is real with respect to the original target, but the underlying pattern has not been addressed; the displacement simply finds a new vehicle.

The concept of displacement itself is older than addiction theory and goes back at least to Freud (1917/1957), who identified it as a defense by which emotional energy is redirected from a threatening object onto a more bearable substitute. The contemporary grief literature recognizes various forms of avoidance (workaholism, substance use, compulsive busyness, and hyper-focus on the needs of others) as common patterns in bereavement. What I am calling cross-grief is an extension of this recognition with one additional feature, which is the most distinctive part of the concept: the substitute target can itself be another grief.

The griever who cannot yet face the death of a parent by suicide may pour themselves into a different and more bearable grief: a grandparent's natural death, a public tragedy, or a friend's recent diagnosis. The substitute grief is not invented. It is real, and its objects deserve to be mourned in their own right. But the intensity, persistence, or organizing weight of the substitute grief exceeds what the substitute loss alone would generate, because it is also serving as a vessel for the harder grief beneath. A parent grieving an adult child's death may find that they cannot stop grieving for a more distant relative whose death they had already absorbed years earlier; the older grief has been reactivated as a more workable surface for the unworkable loss beneath. A widower whose marriage was complicated may grieve a public figure's death with an intensity his friends find puzzling. The grief is genuine. The disproportion is the signal.

Cross-grief can also operate at the behavioral level rather than the affective one. The bereaved sometimes throw themselves into political activism, into the founding of a foundation in the deceased's name, into a new career, or into a renewed religious intensity. None of these is automatically a cross-grief in the problematic sense, and several can be entirely healthy

expressions of meaning reconstruction (Neimeyer, 2001). What makes a behavior cross-grief, in the sense developed here, is the same disproportion: the behavior is real and meaningful in itself, and it also serves as a vehicle for grief that is not being addressed directly. The behavior holds the grief without naming it. Sometimes that is the right protective strategy for a season. Chronically, it becomes a way of grieving without grieving, and the underlying dimensions remain un-mourned.

Whether projection and cross-grief are problematic depends on whether the displaced grief eventually gets named. Both patterns are normal early in mourning, when the direct loss is not yet bearable. Both become difficult when they harden into the only available mode.

Duration matters here in a way that the early grief literature did not adequately address. Both projection and cross-grief function as protective strategies, and in the early stages of loss, they are not pathological, since they are the ways the psyche manages what cannot yet be borne directly. Difficulty arises when protection hardens into avoidance, and avoidance becomes the only available posture. Boelen et al. (2010) identified cognitive avoidance as a key maintenance factor in prolonged grief, and the dynamics described here are its structural expression: not avoidance of grief's emotions, but avoidance of its correct referent. The displacement continues to generate grief without ever delivering mourning. The helper's task is to hold the referent in view, gently and persistently, so that when the griever is ready to approach it directly, someone still knows what it is.

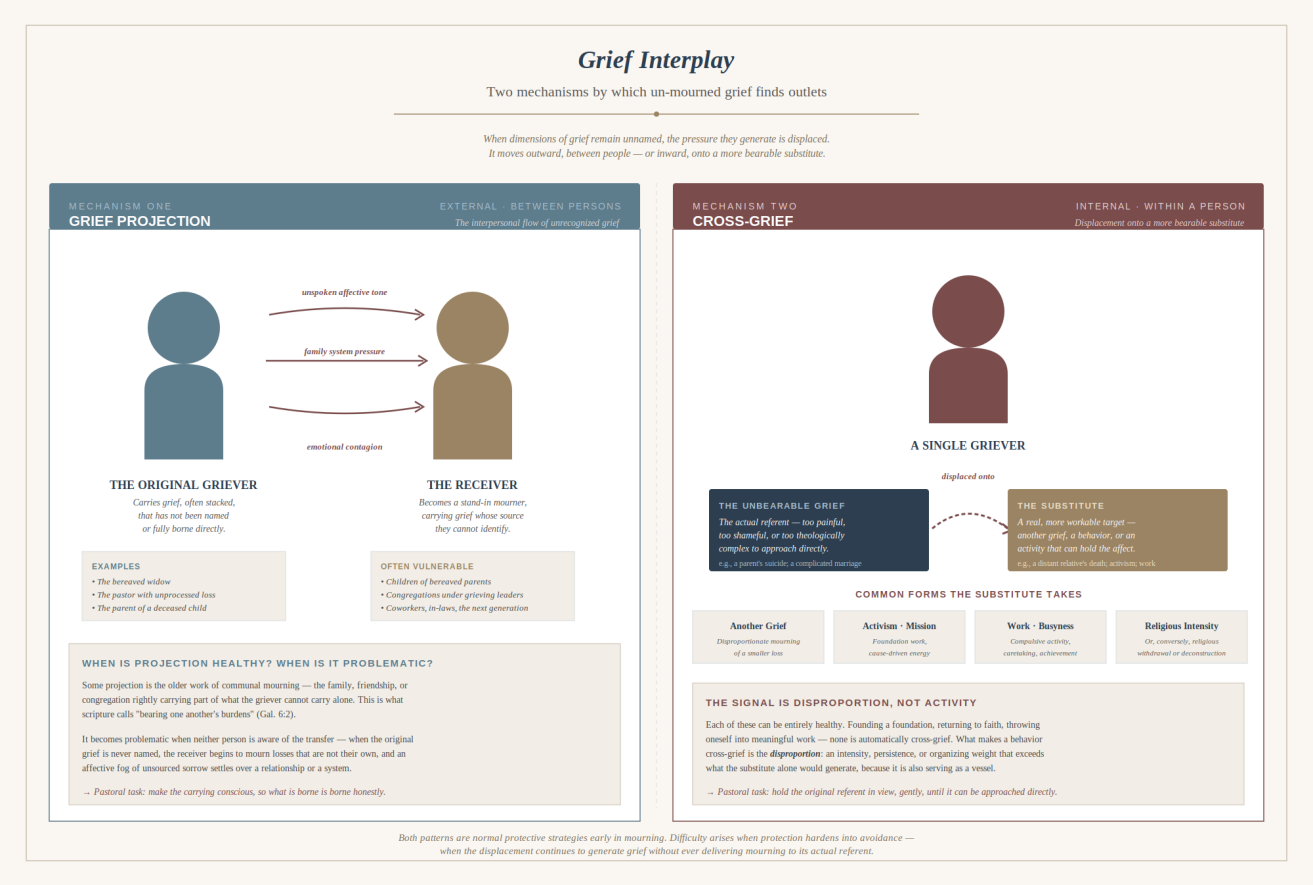


Figure 3. Two mechanisms of grief interplay: projection (the external flow between persons) and cross-grief (the internal displacement onto a more bearable substitute).

The helper's task is not to refuse displacement but to keep the original grief in view, so that when the griever is ready to approach it directly, the helper still knows what it is.

Interplay and the Stacking of Grief

Projection and cross-grief interact with the stacking concept developed in Part IV in ways worth naming explicitly. A stack of un-mourned dimensions creates pressure that has to go

somewhere, and projection and cross-grief are two of the most common destinations for that pressure. The dimensions that the public mourning culture never named (Dimensions 1, 2, 4, 5, 8, and 9 in particular) do not stop generating grief just because they have not been recognized. They find other outlets. The widow whose Dimension 1 grief (what will never be) has continued at every milestone for fifty years may project it onto an adult child who begins to feel a sourceless sadness around their own milestones. The adult survivor of a parent's suicide whose Dimension 9 grief (the world shattered by violence and shame) has never been articulated may pour the energy into a cross-grief of activism, vocation, or compulsive caretaking that absorbs the affective weight without naming what the affect is about.

The interplay dynamics are, in this sense, diagnostic. When projection is heavy in a family, or when cross-grief organizes a griever's life, the question worth asking is which dimensions have not been named. Naming them does not always resolve the displacement immediately. But it gives the griever and the helper something to mourn directly, which is the only thing that has ever, finally, been able to free what has been displaced.

Part VI: A Christian Perspective on Grief

The framework developed in Part III, the stacking pattern described in Part IV, and the interplay dynamics outlined in Part V have been articulated in a way that is useful without requiring Christian theological commitments. They draw on attachment theory, family systems theory, existential psychology, trauma research, suicide bereavement research, addiction studies, and the meaning-reconstruction tradition, and they could be employed by a clinician, educator, or

conflict practitioner of any worldview. This final section offers a Christian perspective on grief, not as a replacement for the secular framework but as a deeper interpretive layer that Christian readers may find clarifying.

The Christian tradition does not minimize grief. It also does not absolutize it. Both moves are essential and both must be held together. To minimize grief is to deny what the cross itself takes seriously: that loss is real, that death is an enemy, and that suffering deserves to be lamented rather than explained away. To absolutize grief is to deny the resurrection: to live as though loss has the final word when, in fact, it does not. The Christian witness to grief is shaped by holding these two claims together: what Paul names when he writes that believers grieve, but not as those who have no hope (1 Thessalonians 4:13). The qualifier matters in both directions. We grieve. And we grieve in a particular way.

Grief in the Biblical Witness

The Hebrew scriptures contain an extraordinary literature of lament. Roughly a third of the Psalter is composed of laments: speeches addressed to God in the language of complaint, grief, anger, and longing. Job's grief is given forty-two chapters of biblical real estate, the vast majority of which is not theological explanation but unresolved suffering articulated in the presence of God. Jeremiah is called the weeping prophet; his Lamentations sit canonically next to his prophecy as evidence that the prophet who speaks God's word also weeps God's tears. The witness of the Hebrew scriptures is that grief belongs in the conversation with God, not outside it.

In the New Testament, Jesus himself grieves. He weeps at the tomb of Lazarus even though he knows he is about to raise him (John 11:35). In Gethsemane, he is sorrowful unto death (Matthew 26:38). On the cross, he prays Psalm 22, the great lament of abandonment. The incarnation does not exempt Jesus from grief; it draws him into it. The Christian claim is not that grief is to be transcended but that God has entered it: whatever else can be said about loss, it can no longer be said that God is unfamiliar with it. Wolterstorff's (1987) Lament for a Son and Sittser's (2004) A Grace Disguised both inhabit this same biblical pattern, refusing to resolve grief prematurely while refusing to abandon hope; they remain among the most honest contemporary Christian witnesses to grief in print.

Contemporary biblical and pastoral scholarship has increasingly argued that this lament tradition is not merely devotional but therapeutic, and that its recovery matters for grief care. Lessing (2025) reads Lamentations as a resource precisely for trauma and grief, contending that its unflinching depictions of suffering give voice to those whom trauma has silenced, and that the verbalizing of pain is itself a step toward healing rather than a failure of faith. Dickie (2019) makes the pastoral case directly, arguing that lament is the means God has provided for those in a covenant relationship to maintain and deepen that relationship when experience does not match belief: lament is a movement toward God rather than away from God, even when God seems to be the source of the suffering. The claim is not only theological but, in some studies, empirical: working with trauma survivors who composed and performed their own laments on the biblical pattern, Dickie (2018) found that regaining one's voice, establishing a sense of justice, and rekindling hope (the structural features of biblical lament) aligned closely with the stages of

recognized trauma therapy. This convergence is significant for the present argument: the lament tradition is not a pious alternative to the clinical work surveyed in Part VII but a practice that does, in its own idiom, much of what that work aims at, namely naming the loss, restoring agency, and holding grief open before a witness rather than sealing it in silence.

Theology of the Cross: Grief That Tells the Truth

Luther's distinction between a theology of glory and a theology of the cross, articulated for contemporary readers in the Confessional Lutheran tradition by Deutschlander (2008), is directly relevant here. A theology of glory wants to interpret suffering as a step in a triumphant journey, to find the lesson, to redeem the loss prematurely. A theology of the cross is willing to call the thing what it is. It names death as death, loss as loss, and evil as evil, and it confesses that the God who is at work in suffering is not a God who explains it away but a God who entered it. The Lutheran witness to grief refuses both the bypass of cheap optimism and the despair of nihilism. It says that this is real, it is terrible, it is grievous, and it is not the end. Marrs (2019) develops precisely this theology of the cross for the practice of Christian counseling and pastoral care, and notes that Luther was among the first pastors to call explicitly for compassion toward those bereaved by suicide rather than for judgment.

This is not a piece of pastoral technique. It is the structural commitment that allows Christian grief work to honor the dimensions named in Part III without flinching. The grief of what will never be is not erased by the resurrection; it is held by it. The grief of how I was is not solved by forgiveness; it is integrated with it. The grief of where I am is not exited through faith;

it is inhabited by God. The cross is the guarantee that God does not deal with grief by making it smaller. He deals with it by entering it.

Surrender or Address? The Posture of Christian Grief

The popular grief literature, including the roller coaster metaphor discussed in Part I, often arrives at a single piece of practical wisdom: surrender. Stop trying to control the experience. Let the ride happen. There is something genuinely true in this counsel, and the Christian tradition does not reject it. Mary at the Annunciation, Christ in Gethsemane, and the long line of saints who have endured what they did not choose all bear witness to a form of holy surrender: what Christ models when he prays not my will, but yours be done (Luke 22:42). But Christian surrender is not the same as the surrender the roller coaster image evokes, and the difference is structurally important.

The Christian griever does not merely yield to an experience; the Christian griever speaks. The lament psalms are not records of passive endurance; they are records of active address. The psalmist does not ride; the psalmist cries out, naming the loss, accusing God of distance, demanding response, and refusing to be silent. How long, O Lord? (Psalm 13:1) It is not a posture of acceptance; it is a posture of complaint addressed to a Person. This is a distinctive contribution of the biblical tradition that the broader grief literature has not fully absorbed. Surrender becomes passive when its only addressee is the experience itself. The lament tradition relocates grief into a Thou-addressed posture, turning what might have been mute endurance into a conversation, even when the conversation is a complaint. Christian grief is

something one rides through, yes, but it is also something one says, and the One to whom it is said is the One who has already entered it.

This distinction has practical consequences for pastoral care. The counsel to surrender to the ride is good ACT-informed psychoeducation, and many Christian grievers will find genuine relief in it. But it is not the whole of what the Christian tradition has to offer. The fuller invitation is to bring the ride into conversation: to pray the laments rather than only endure the emotions, and to address the loss to God rather than only feel it as weather. The roller coaster says, “Stop trying to drive.” The lament tradition says: stop trying to drive and start talking to the One who is in the car with you.

Two Kingdoms: Honoring the Earthly While Holding the Eternal

The Lutheran two-kingdoms framework provides another structural resource. Grief operates in both kingdoms simultaneously. In the kingdom of the left hand (the kingdom of creation, vocation, family, work, and ordinary human life), grief is the legitimate response to genuine loss, and it does not require theological justification to be honored. The bereaved parent who weeps at a grave is not failing to trust God; the parent is grieving as a creature in a fallen world, which is exactly what creatures in a fallen world are right to do. The grief belongs to the first kingdom and is fully real there.

In the kingdom of the right hand (the kingdom of grace, gospel, and eternal life), the same loss is held within a larger story. Death is real but not final. Separation is real but not

ultimate. The grief is not contradicted by the gospel; it is held by it. The two-kingdoms framework allows the Christian griever to weep without apologizing, hope without pretending, and live in both registers at once. It refuses the false choice between honoring the loss and trusting the promise. Both are required and sustained.

A Christian Frame for Stacking and Interplay

The stacking concept developed in Part IV and the interplay dynamics named in Part V each have specifically Christian inflections worth naming. The Christian tradition is unusually well-equipped to receive both because both name patterns of grief that the secular grief literature has been slow to articulate, but that the church has been carrying for two thousand years.

Stacking is what the lament tradition has always known. The Psalter does not assume that grief is resolved on a cultural schedule. Psalm 88 ends in darkness; Psalm 13 returns to the same complaint after partial trust; the Book of Lamentations sits in its grief for five chapters without resolution and, in Hebrew, ends with a verse that asks whether God has utterly rejected his people. The Christian witness is that grief can be carried indefinitely without ceasing to be honored: the dimensions stacked beneath a visible loss can be brought to God across a lifetime, and the bringing is itself a form of faith. The communion of saints further refuses the cultural assumption that the dead are gone in any final sense; the relationship continues across the boundary of death, and the grief of what will never be is held within an eschatological horizon in which not-yet is a real category. Stacked grief, in a Christian frame, is not pathological. It is the

appropriate response of a creature whose constitutive relationships extend further than this life can finish.

Projection and cross-grief have Christian responses as well. Projection, the movement of grief between people, is at its best what the New Testament names as bearing one another's burdens (Galatians 6:2) and being members of one another (Romans 12:5). Communal lament, congregational prayer, and the koinonia of the church are the healthy forms of what grief projection becomes when it is named and shared rather than transmitted invisibly. The unhealthy form, namely the family system that carries what no one will name or the congregation absorbing the unprocessed grief of its leadership, is what happens when projection operates beneath consciousness. The pastoral response is not to refuse the carrying but to make it conscious, so that what is borne is born honestly. Cross-grief, the internal displacement of grief onto a more bearable target, has a different Christian response. The penitential tradition and the practice of confession invite the believer to bring actual grief to its proper referent, addressed directly to God, rather than displacing it onto a substitute. The cross itself is, in this sense, the antithesis of cross-grief: it is the moment in history where the displaced, the avoided, and the unbearable were all brought to their referent and met. The Christian invitation is to do, in the small economy of one's own grieving, what God did once in Christ: bring the grief to where it can be received.

A Christian Witness to the Ten Dimensions

The dimensions developed in Part III all have specifically Christian inflections that complement the secular treatment without contradicting it. A few examples will indicate the direction this could be developed at greater length:

Grief in what will never be is held by the Christian hope that what was lost is not finally lost; reconciliations not achieved here remain possible in the resurrection. This hope does not minimize the present grief; it gives it a horizon.

Grief in how I was is held by the doctrine of justification, which addresses the very wound that secular self-forgiveness work attempts to treat (Marrs, 2019). The sinner is grieved over and forgiven simultaneously, and the grief is allowed to remain real even as the verdict is final.

Grief with the spiritual is given a vocabulary by the lament tradition. The believer who feels abandoned need not step outside the faith to express that experience; the language is already in the Psalms.

Grief dealing with grief is held within the koinonia of the church, the community of those who carry one another's burdens (Galatians 6:2). The meta-grief of being a person who grieves is borne, in the Christian frame, by a body, not alone.

Hope Without Bypass

The Christian perspective does not resolve grief by exiting it. It enters it more deeply, holds it more honestly, and locates it within a story large enough to contain it. The phrase grief as those who have hope has often been misread as grief that is muted, polite, or quickly past. It is none of these. It is grief that tells the truth about the loss, sits in the lament tradition long enough to mean it, and trusts that the God who entered grief in the person of Christ has not abandoned the griever to it. That trust is what hope is. It is not the absence of grief. It is the framework within which grief becomes bearable without becoming dishonest.

Part VII: Counseling Interventions and Modalities for Multidimensional Grief

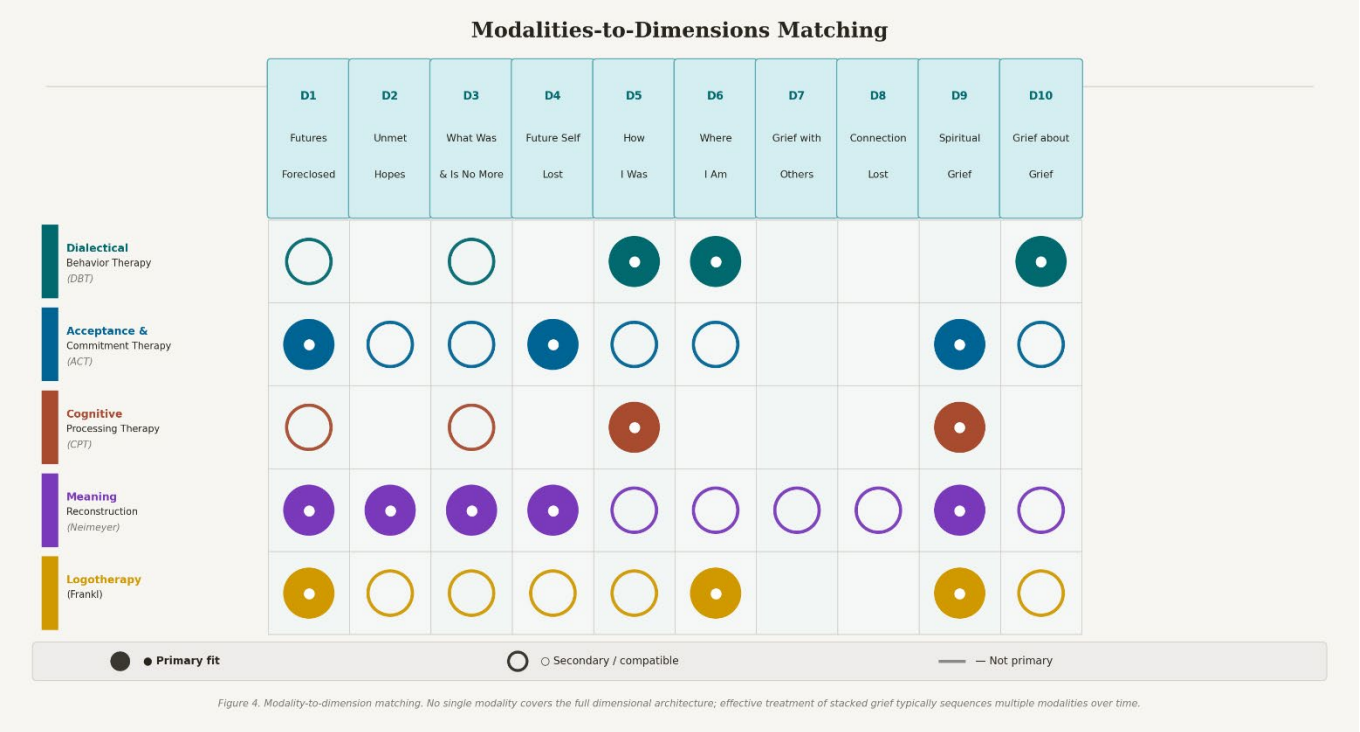


Figure 4. Modality-to-dimension matching. No single modality covers the full dimensional architecture; effective treatment of stacked grief typically sequences multiple modalities over time.

The framework developed in Parts III through V is not itself a treatment. It is a vocabulary for what is being grieved and how that grief moves. Vocabulary becomes clinically

useful when paired with modalities that can address what the framework names. Different dimensions invite different approaches, and stacking further complicates the picture: a single griever may benefit from multiple modalities, sequenced over time as different dimensions become accessible. The five modalities surveyed below were selected because each addresses a distinct register of the dimensional architecture. None covers it entirely, and no single modality should be expected to.

Dialectical Behavior Therapy (DBT)

Linehan's (1993) DBT was developed for borderline personality disorder, but its central skills (distress tolerance, emotion regulation, mindfulness, and interpersonal effectiveness) are directly applicable to grief work. The dialectical principle itself, the holding of acceptance and change in dynamic tension, captures what the grieving life requires: accept what cannot be changed, change what can. For multidimensional grief, DBT is particularly useful in the dimensions where the griever's relationship to their own experience is the locus of work: Dimension 5 (how I was), where distress tolerance and radical acceptance address self-blame and shame; Dimension 6 (where I am), where radical acceptance meets chronic and ambiguous loss; and Dimension 10 (grief about grief), where mindfulness of current emotion prevents the secondary amplification of grief into self-criticism. DBT is also well-supported for survivors of suicide loss, who carry elevated suicidal ideation and benefit from explicit safety planning and emotion regulation skills.

Acceptance and Commitment Therapy (ACT)

Hayes, Strosahl, and Wilson's (2012) ACT centers on psychological flexibility: the capacity to be open to internal experience and to commit to values-based action regardless of how one feels. As noted in Part I, ACT's concept of acceptance aligns with the roller coaster metaphor's counsel to surrender to the ride. But ACT extends beyond acceptance to values clarification and committed action, which makes it particularly suited to the dimensions where the griever must construct a forward-oriented life around an unresolvable loss: Dimension 1 (what will never be), where defusion from "should have been" thoughts reduces their grip; Dimension 4 (how I will never be), where values-based action toward a new identity proceeds without requiring the lost identity to be recovered; and Dimension 9 (spiritual), where values clarification offers traction for grievers whose theological framework has been disrupted. ACT pairs naturally with DBT, sharing acceptance work and CBT roots, and with logotherapy, sharing an emphasis on meaning and values.

Cognitive Processing Therapy (CPT)

Resick, Monson, and Chard's (2017) CPT was developed for posttraumatic stress disorder and has been adapted for traumatic bereavement, including suicide loss. CPT works by identifying and revising "stuck points" beliefs that prevent the integration of the loss into the survivor's larger life narrative. The modality is most useful when the loss itself was traumatic (sudden, violent, or witnessed), and within the multidimensional framework, it tends to engage Dimension 5 (how I was) where stuck points cluster around guilt and self-blame, and Dimension

9 (spiritual), where stuck points concern the assumptive world: “the world is fair,” “bad things don’t happen to good people,” “I should have seen it coming.” For non-traumatic loss, CPT may be too narrowly trauma-focused; for traumatic loss, particularly suicide loss, it can be an essential foundation before broader meaning-making work becomes accessible.

Meaning Reconstruction (Neimeyer's Constructivist Approach)

Neimeyer’s (2001, 2016) meaning reconstruction is the most explicitly grief-specific modality on this list. Its central premise, that grief disrupts the assumptive world and that recovery requires constructing a revised narrative that integrates the loss, engages multiple dimensions simultaneously. Specific techniques include life imprint (tracing the deceased’s continuing influence on the survivor), restorative retelling (re-narrating the story of the death and the relationship), and ongoing imaginal dialogue with the deceased that supports continuing bonds rather than detachment. Meaning reconstruction is particularly well-suited to Dimensions 1, 2, and 4 (futures and selves that will not be), where the work is precisely the construction of new meaning around what cannot be recovered; to Dimension 3 (what was and is no more), where continuing-bonds work supports an enduring connection without denial; and to Dimension 9 (spiritual), where the assumptive world disruption is engaged directly. Of the modalities surveyed here, this is the one most explicitly built for the multidimensional view.

Logotherapy

Frankl's (1946/2006) logotherapy addresses what no other modality on this list addresses as explicitly: the meaning of suffering itself. Logotherapy holds that meaning is realized through three pathways: creative values (work, service, contribution), experiential values (love, beauty, encounter), and attitudinal values (the stance one takes toward unavoidable suffering). It is this last pathway that makes logotherapy uniquely suited to the dimensions of grief that cannot be resolved: Dimension 1 (what will never be), where attitudinal meaning becomes available when reparative meaning is not; Dimension 6 (where I am), where the chronic situation must be borne rather than escaped; and Dimension 9 (spiritual), where the will to meaning offers a bridge from secular existential grief to faith-integrated meaning-making. Logotherapy also holds the totality of stacked grief without requiring its dimensions to be resolved individually, and it pairs naturally with the Christian perspective developed in Part VI, where the attitudinal stance Frankl describes finds a fuller theological frame in the theology of the cross.

Integration

No single modality covers the multidimensional architecture of grief, and no single modality should be expected to. The clinician working with stacked, projected, or cross-grief is usually working across modalities, often sequenced over time as the griever's capacity expands. A common pattern, drawn from my own integrative work, moves through distress tolerance and emotion regulation first (DBT), acceptance and values clarification next (ACT), reprocessing of traumatic content where present (CPT), meaning reconstruction across the dimensions (Neimeyer), and an attitudinal stance toward what cannot be changed (Logotherapy). The framework developed in this paper does not prescribe a sequence. It provides a vocabulary that

helps the clinician (or the pastor, the counselor, or the friend) decide what is being grieved, which modality meets it, and what comes next.

A Note on Complicated Grief Therapy

Complicated Grief Therapy (CGT; Shear et al., 2014) was considered for inclusion among the five modalities above and did not make the final list, though it deserves brief mention here. CGT is a structured psychotherapy designed for grievers who feel stuck in intense grief long after a loss, the population now identified in the DSM-5-TR as carrying Prolonged Grief Disorder. It draws on cognitive-behavioral, attachment, and motivational interviewing elements and has demonstrated efficacy where the bereaved have not adapted within the timeframes the diagnosis specifies. I excluded it from the primary five because its scope is narrower than the modalities above, since it is designed specifically for prolonged or complicated grief presentations rather than for grief work more broadly. But for the subset of grievers it targets, it is the modality with the strongest empirical support.

A Note on Integrated and Transdiagnostic Grief Therapies

The integrative posture this paper takes toward modalities, sequencing several rather than privileging one, mirrors a parallel movement in the recent treatment literature toward integrated and transdiagnostic grief therapies. Two developments are worth noting. First, recognizing that prolonged grief symptoms frequently co-occur with posttraumatic stress and depression, Komischke-Konnerup and colleagues (2023) developed CBTgrief, a twelve-session

transdiagnostic protocol combining exposure, cognitive restructuring, and behavioral activation to address complicated grief reactions as a cluster rather than as discrete diagnoses. A subsequent meta-analysis of twenty-two randomized trials confirmed that grief-focused cognitive-behavioral therapies produce medium-to-large reductions in prolonged grief symptoms, with the largest effects where exposure to the reality of the loss is included (Komischke-Konnerup et al., 2024). Second, Ungureanu and colleagues (2025) proposed "Griefworks," a practice model that integrates emotional processing and cognitive meaning-making as the two components they found most consequential for successful grief outcomes, an approach that maps closely onto the present framework's pairing of distress tolerance with meaning reconstruction across dimensions.

These integrated protocols differ from the present proposal in an instructive way. CBTgrief and Griefworks are transdiagnostic in the sense that they apply a common set of techniques across the symptom clusters grief generates; the framework here is dimensional in the sense that it asks which structure of the self has been ruptured before asking which technique to apply. The two are complementary rather than competing. A transdiagnostic protocol supplies the techniques; the dimensional framework supplies the map for deciding which dimension each technique is currently serving and which activated dimensions remain unaddressed. Where a transdiagnostic approach treats the co-occurrence of grief, trauma, and depression as a clinical fact to be managed, the dimensional view offers one account of why that co-occurrence is so common: a single loss stacks across dimensions, and the dimensions express themselves through different symptom registers.

Conclusion

Grief is wider than bereavement and deeper than emotion. It is what happens when something constitutive of the self is torn: a person, a future, a self, a relationship, a community, or a sacred trust. The ten dimensions proposed in Part III are an attempt to give grievers, counselors, and pastors a more adequate vocabulary for what is actually being grieved, and to make it easier to recognize the dimensions that are present but unnamed.

Beyond the dimensions themselves, the paper develops three further contributions that the standard grief literature has not consolidated. The pattern of stacking, developed in Part IV, names what happens when a single visible loss activates multiple dimensions that the cultural script for mourning was not built to see. The interplay dynamics named in Part V (projection and cross-grief) describe two of the most common destinations for the pressure generated by un-mourned dimensions. And Part VII surveys five complementary modalities (DBT, ACT, CPT, meaning reconstruction, and logotherapy) that can engage what the vocabulary names, sequenced and combined according to the dimensions at play.

The Christian perspective offered in Part VI is not an alternative framework but a deeper interpretive layer for those who share the tradition. The theology of the cross, the two-kingdoms framework, and the lament psalms each address what the secular framework can describe but cannot, by itself, hold. For Christian readers, the framework is no less useful for being seen through a theological lens; it is more useful, because the lens lets the grief be both fully honored and fully held.

The work that remains empirical, clinical, and pastoral. Empirically, the framework needs to be tested against the experience of grievers across the variables of gender, age, life stage, family stage, family dynamics, trauma, and worldview surveyed in Part II. The framework predicts that grievers vary not only in how they grieve but in what they grieve, and that prediction can be tested. Clinically, the modalities surveyed in Part VII can be evaluated against the dimensional architecture to see which modalities most reliably reach which dimensions, and how stacking and interplay change the sequencing. Pastorally, the framework needs to be put into the hands of counselors, conflict practitioners, ministers, and educators who can use it to listen more precisely to what the grievers in their care are actually grieving, and to recognize when grief is being projected, displaced, or carried silently.

The aim is not to add complexity for its own sake. The aim is to make grief speakable in places where it has been carried silently for lack of a name. Some silences are recent: the dimensions stacked beneath a visible loss that the culture has already finished mourning. Some are long, sustained across a lifetime by a death that happened before the griever had words for what had been taken. Naming alone does not resolve grief. But unnamed grief cannot begin to be carried with help, and the work of naming, whether by the griever, the helper, or the community, is where care begins.

Limitations and Future Directions

The framework proposed here is theoretical rather than empirically derived. The ten dimensions are proposed based on a synthesis of existing literature and the author's clinical and pastoral experience, not from systematic empirical testing against a population of grievers. The stacking, projection, and cross-grief concepts name patterns that clinical and pastoral workers encounter in practice, but they await empirical operationalization and validation. The autobiographical illustration in Part IV is one case and is not offered as representative data. Future work should test the framework against the experiences of grievers across the axes of variation surveyed in Part II, including validating the ten dimensions through qualitative and quantitative methods, and should evaluate the modality-to-dimension matching proposed in Part VII through controlled clinical investigation. The framework also does not yet address grief as it occurs across organizational, congregational, and community systems, which represent a significant area for development. These limitations are offered not to qualify the contribution but to clarify what it is: a conceptual foundation that is intended to generate testable hypotheses and to be refined by the research and practice it prompts.

References

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.).

Bandini, J. (2015). The medicalization of bereavement: (Ab)normal grief in the DSM-5. Death Studies, 39(6), 347-352.

Boelen, P. A., van den Hout, M., & van den Bout, J. (2010). Anxious and depressive avoidance and symptoms of prolonged grief, depression, and post-traumatic stress disorder. Psychologica Belgica, 50(1-2), 49-67.

Bonanno, G. A. (2009). The other side of sadness: What the new science of bereavement tells us about life after loss. Basic Books.

Boss, P. (1999). Ambiguous loss: Learning to live with unresolved grief. Harvard University Press.

Boss, P. (2006). Loss, trauma, and resilience: Therapeutic work with ambiguous loss. W. W. Norton.

Bowen, M. (1978). Family therapy in clinical practice. Jason Aronson.

Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. Basic Books.

Bowlby, J. (1980). Attachment and loss: Vol. 3. Loss: Sadness and depression. Basic Books.

Brent, D. A., Melhem, N. M., Donohoe, M. B., & Walker, M. (2009). The incidence and course of depression in bereaved youth 21 months after the loss of a parent to suicide, accident, or sudden natural death. American Journal of Psychiatry, 166(7), 786-794.

Bruce, E. J., & Schultz, C. L. (2001). Nonfinite loss and grief: A psychoeducational approach. Brookes.

Cain, A. C., & Fast, I. (1966). Children's disturbed reactions to parent suicide. American Journal of Orthopsychiatry, 36(5), 873-880. https://doi.org/10.1111/j.1939-0025.1966.tb02416.x

Captari, L. E., Hook, J. N., Mosher, D. K., Boan, D., Aten, J. D., Davis, E. B., Davis, D. E., & Van Tongeren, D. R. (2020). Attachment processes following traumatic loss: A mediation model examining identity distress, shattered assumptions, prolonged grief, and posttraumatic growth. Psychological Trauma: Theory, Research, Practice, and Policy, 13(1), 94-103. https://doi.org/10.1037/tra0000555

Cesur-Soysal, G., & Arı, E. (2022). How we disenfranchise grief for self and other: An empirical study. OMEGA: Journal of Death and Dying, 89(2), 530-549. https://doi.org/10.1177/00302228221075203

Cerel, J., Brown, M. M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2019). How many people are exposed to suicide? Suicide and Life-Threatening Behavior, 49(2), 529-534.

D'Alton, S. V., Ridgway, L., & Match, R. (2022). The bereavement experiences of children following sibling death: An integrative review. Journal of Pediatric Nursing, 66, 9-18. https://doi.org/10.1016/j.pedn.2022.05.006

Deutschlander, D. M. (2008). The theology of the cross: Reflections on its meaning for the Christian life. Northwestern Publishing House.

Dickie, J. F. (2018). Lament as a contributor to the healing of trauma: An application of poetry in the form of biblical lament. Pastoral Psychology, 67(2), 145-157. https://doi.org/10.1007/s11089-017-0795-8

Dickie, J. F. (2019). The importance of lament in pastoral ministry: Biblical basis and some applications. Verbum et Ecclesia, 40(1), Article a1949. https://doi.org/10.4102/ve.v40i1.1949

Doka, K. J. (1989). Disenfranchised grief: Recognizing hidden sorrow. Lexington Books.

Doka, K. J. (2002). Disenfranchised grief: New directions, challenges, and strategies for practice. Research Press.

Doka, K. J. (2019). Disenfranchised grief and non-death losses. In D. L. Harris (Ed.), Non-death loss and grief: Context and clinical implications (pp. 25-35). Routledge.

Eisma, M. C., Bernemann, K., Aehlig, L., Janshen, A., & Doering, B. K. (2023). Adult attachment and prolonged grief: A systematic review and meta-analysis. Personality and Individual Differences, 214, Article 112315. https://doi.org/10.1016/j.paid.2023.112315

Figley, C. R. (Ed.). (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. Brunner/Mazel.

Frankl, V. E. (2006). Man's search for meaning. Beacon Press. (Original work published 1946)

Freud, S. (1957). Mourning and melancholia. In Standard edition (Vol. 14). Hogarth. (Original work published 1917)

Guldin, M.-B., & Leget, C. (2023). The integrated process model of loss and grief: An interprofessional understanding. Death Studies, 48(7), 738-752. https://doi.org/10.1080/07481187.2023.2272960

Hatfield, E., Cacioppo, J. T., & Rapson, R. L. (1994). Emotional contagion. Cambridge University Press.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). Acceptance and commitment therapy: The process and practice of mindful change (2nd ed.). Guilford.

Jordan, J. R. (2001). Is suicide bereavement different? A reassessment of the literature. Suicide and Life-Threatening Behavior, 31(1), 91-102.

Jordan, J. R., & McIntosh, J. L. (Eds.). (2011). Grief after suicide: Understanding the consequences and caring for the survivors. Routledge.

Kaplow, J. B., Layne, C. M., Pynoos, R. S., Cohen, J. A., & Lieberman, A. (2013). Using multidimensional grief theory to explore effects of deployment, reintegration, and death on military youth and families. Clinical Child and Family Psychology Review, 16(3), 322-340. https://doi.org/10.1007/s10567-013-0143-1

Kastenbaum, R. (1969). Death and bereavement in later life. In A. H. Kutscher (Ed.), Death and bereavement (pp. 27-54). Charles C. Thomas.

Kerr, M. E., & Bowen, M. (1988). Family evaluation. W. W. Norton.

Klass, D. (1999). The spiritual lives of bereaved parents. Brunner/Mazel.

Klass, D., Silverman, P. R., & Nickman, S. L. (Eds.). (1996). Continuing bonds: New understandings of grief. Taylor & Francis.

Komischke-Konnerup, K. B., Zachariae, R., Boelen, P. A., Marello, M. M., & O'Connor, M. (2023). Cognitive-behavioral therapy for complicated grief reactions: Treatment protocol and preliminary findings from a naturalistic setting. Cognitive and Behavioral Practice, 30(4), 670-685. https://doi.org/10.1016/j.cbpra.2022.05.005

Komischke-Konnerup, K. B., Zachariae, R., Johannsen, M., Nielsen, L. D., & O'Connor, M. (2024). Grief-focused cognitive behavioral therapies for prolonged grief symptoms: A systematic review and meta-analysis. Journal of Consulting and Clinical Psychology, 92(3), 134-152. https://doi.org/10.1037/ccp0000865

Kübler-Ross, E. (1969). On death and dying. Macmillan.

Lessing, R. (2025). Lamentations for today: Part 2. Global South Theological Journal, 1(1), 41-58.

Lindemann, E. (1944). Symptomatology and management of acute grief. American Journal of Psychiatry, 101(2), 141-148.

Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder. Guilford Press.

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans. Clinical Psychology Review, 29(8), 695-706.

Manevich, A., Rubin, S. S., Katz, M., Ben-Hayun, R., & Aharon-Peretz, J. (2026). A combined approach to understanding grief: Integration of the Two-Track Model of Bereavement (TTMB) and the Dual Process Model of Coping with Bereavement (DPM). The American Journal of Geriatric Psychiatry, 34(1), 89-99. https://doi.org/10.1016/j.jagp.2025.07.006

Marrs, R. W. (2019). Making Christian counseling more Christ centered. WestBow Press.

Martin, T. L., & Doka, K. J. (2000). Men don't cry, women do: Transcending gender stereotypes of grief. Brunner/Mazel.

McGoldrick, M., Garcia Preto, N., & Carter, B. (2016). The expanding family life cycle (5th ed.). Pearson.

Milman, E., Neimeyer, R. A., Fitzpatrick, M., MacKinnon, C. J., Muis, K. R., & Cohen, S. R. (2019). Prolonged grief and the disruption of meaning: Establishing a mediation model. Journal of Counseling Psychology, 66(6), 714-725. https://doi.org/10.1037/cou0000370

Neimeyer, R. A. (2001). Meaning reconstruction and the experience of loss. American Psychological Association.

Neimeyer, R. A., Baldwin, S. A., & Gillies, J. (2006). Continuing bonds and reconstructing meaning: Mitigating complications in bereavement. Death Studies, 30(8), 715-738. https://doi.org/10.1080/07481180600848322

Neimeyer, R. A. (2016). Techniques of grief therapy: Assessment and intervention. Routledge.

Neimeyer, R. A. (2019). Meaning reconstruction in bereavement: Development of a research program. Death Studies, 43(2), 79-91. https://doi.org/10.1080/07481187.2018.1456620

Pargament, K. I. (1997). The psychology of religion and coping. Guilford.

Pearlman, L. A., Wortman, C. B., Feuer, C. A., Farber, C. H., & Rando, T. A. (2014). Treating traumatic bereavement. Guilford.

Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder. World Psychiatry, 20(1), 96-106.

Rando, T. A. (2000). Clinical dimensions of anticipatory mourning. Research Press.

Resick, P. A., Monson, C. M., & Chard, K. M. (2017). Cognitive processing therapy for PTSD: A comprehensive manual. Guilford Press.

Rosenblatt, P. C. (2008). Grief across cultures. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), Handbook of bereavement research and practice (pp. 207-222). American Psychological Association.

Schwiebert, P. (2005). Tear soup: A recipe for healing after loss. Grief Watch.

Shear, M. K., Wang, Y., Skritskaya, N., Duan, N., Mauro, C., & Ghesquiere, A. (2014). Treatment of complicated grief in elderly persons: A randomized clinical trial. JAMA Psychiatry, 71(11), 1287-1295.

Sittser, J. L. (2004). A grace disguised: How the soul grows through loss. Zondervan.

Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement. Death Studies, 23(3), 197-224.

Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. Omega, 61(4), 273-289.

Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. Omega, 74(4), 455-473.

Sussman, S., Lisha, N., & Griffiths, M. (2011). Prevalence of the addictions: A problem of the majority or the minority? Evaluation & the Health Professions, 34(1), 3-56.

Therapist Aid. (2025). Grief roller coaster: A metaphor for grief [Psychoeducational worksheet]. Therapist Aid LLC. https://www.therapistaid.com/therapy-worksheet/grief-roller-coaster

Tonkin, L. (1996). Growing around grief: Another way of looking at grief and recovery. Bereavement Care, 15(1), 10.

Ungureanu, I., & Sandberg, J. G. (2025). “Griefworks”: Integrating emotional processing and meaning-making into grief therapy. The Family Journal, 33(2), 245-253. https://doi.org/10.1177/10664807241237337

Wolterstorff, N. (1987). Lament for a son. Eerdmans.

Worden, J. W. (1996). Children and grief: When a parent dies. Guilford.

Worden, J. W. (2009). Grief counseling and grief therapy (4th ed.). Springer.

Yalom, I. D. (1980). Existential psychotherapy. Basic Books.