Grief and Bereavement Support

THE TALKING THERAPIES UK SELF-HELP SERIES



Grief and Bereavement Support

An eight-module programme for adults working through bereavement, with a foundation in the established clinical models of grief and a practical framework for living with loss

A self-help workbook · 8 modules · about 10 weeks

TALKING THERAPIES UK

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First edition, 2026.

This workbook accompanies the Grief and Bereavement Support programme on the Talking Therapies UK self-help platform. Its text is drawn from the programme and is kept current with it: whenever the programme changes, the workbook is set again.

Revision 6. This printing was set on 8 November 2026 from the programme as it stood that day.

A note on using this workbook. It offers self-help based on established psychological approaches for difficulties of mild to moderate severity. It is not a substitute for assessment or treatment by a qualified professional and is not designed for use in a crisis. The examples in it are fictional; no real person appears in them. If you are worried about your safety, or your difficulties are getting worse, the page headed “When self-help is not enough” says where to turn.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

Contents

How to use this workbook 1

Part 1 Understanding Grief 5

1. Welcome to the programme 6
2. What grief is, in psychological terms 7

How to use this workbook

Grief is one of the most universal human experiences, and one of the least well-supported. Most people who have lost someone close to them describe receiving a brief flurry of attention in the days after the death, a more sustained but still time-limited circle of support across the first few weeks, and then a long quiet stretch when life around them appears to have returned to normal while inside themselves the loss is still doing its work. The cultural script around grief in the United Kingdom is short and unhelpful: there is an expectation, rarely stated openly but pervasive in practice, that within three to six months the bereaved person should be back to functioning much as they did before, and that anything beyond this is either a failure of resilience or the early sign of something pathological. The research on grief tells a different story. The current consensus among clinicians who work with bereaved people is that grief is not a time-limited illness that should resolve on a fixed schedule. It is the process through which a person reorganises their life, their identity, and their relationship with the person who has died, around an absence that will not be filled. This reorganisation takes the time it takes. For some bereaved people the most acute distress eases within the first year; for others it takes considerably longer; for a smaller group it never fully resolves into something workable, and that group is the group for whom specialist support is genuinely important. This eight-module programme works with grief as it actually appears in adult life. The framework draws on three principal clinical traditions. William Worden's four tasks of mourning, published in the 1980s and refined across subsequent editions, provides the most influential active-task model of grief work, replacing the older and less helpful idea of fixed stages with a set of psychological tasks the bereaved person works through, often not in a straight line. Margaret Stroebe and Henk Schut's dual process model, published in the late 1990s, describes how healthy mourning involves oscillation between loss-oriented activity (sitting with the grief, remembering, feeling the sadness) and restoration-oriented activity (re-engaging with the practical demands of life, building new routines, doing the things that need doing). The third tradition, the continuing bonds research developed by Dennis Klass, Phyllis Silverman, Steven Nickman and others, established that the goal of grief is not detachment from the person who has died but a reorganised, ongoing inner relationship with them that allows the bereaved person to carry the loss forward. What this programme is. It is a self-directed step-2 programme, similar in scope to the bereavement components of NHS Talking Therapies provision, designed for adults whose grief is interfering with daily life but has not yet crossed into territory that requires specialist support. The programme is suitable for grief following the death of a parent, partner, sibling, adult child, close friend, or other significant person. It can also be used for grief following other major losses, including loss of a much-loved pet, loss of an unborn child, loss of a relationship that has ended, or loss of a role or identity that has been central, although the specific cultural framing of bereavement assumes a death. What this programme is not. It is not a substitute for individual therapy in the situations that genuinely warrant it. Bereavement after a death involving suicide, homicide, or other traumatic circumstances; grief that has become entangled with depression, suicidal thoughts, or substance use; grief that has remained at the acute level for more than twelve months and is meeting the ICD-11 criteria for prolonged grief disorder; bereavement in the context of a complex prior relationship with the person who has died, including an abusive, estranged, or deeply ambivalent relationship: all of these are situations in

which the work benefits from being therapist-led rather than self-paced. Module eight covers when stepping up to individual therapy is the right move and how to access it through the practice or through specialist bereavement services such as Cruse Bereavement Support. If at any point during the programme you experience thoughts of harming yourself or feel you cannot go on, please contact Samaritans on 116 123, text SHOUT to 85258, or your GP without delay. The practice's therapists are also available to talk through whether self-paced work is the right approach for your particular bereavement, and to support you if at any point the work becomes harder than it should reasonably be.

This workbook is the written form of the Grief and Bereavement Support programme on the Talking Therapies UK self-help platform. It follows the programme module by module: each part of the book is one module, and each chapter is one piece of the module's teaching, set in the order the programme presents it.

Read the chapters of a part in order, then turn to the worksheets that follow them. The worksheets are the part of the work that changes things, so give them the time they ask for and come back to them as the weeks go on. You may copy or print the worksheets for your own use, as often as you need.

Most people work through one module a week, which takes the whole programme about 10 weeks. Go at the pace that suits you: a module done properly is worth more than two done quickly.

The check-in questionnaires let you see how things are changing. Complete each one when you reach it, note the date and your total, and compare it with the last.

When self-help is not enough

- If you are in danger now, or have seriously harmed yourself, call 999 or go to your nearest accident and emergency department.
- If you need help urgently but it is not an emergency, call NHS 111 or contact your GP surgery.
- Samaritans are there day and night, every day of the year: call 116 123 free from any phone.
- If you would rather not talk, text SHOUT to 85258 for free, confidential support at any hour.
- If your difficulties are getting worse as you work through this book, or you find yourself thinking about ending your life, stop and speak to your GP or a mental health professional. A workbook can be a good start, and some difficulties need more help than a book can give.

What this workbook will help you to do

- By the end of this module you will:
- Understand grief as the natural reorganisation of life around a significant loss, rather than as a problem to be solved
- Know why the popular stages model of grief is largely unsupported by research and why an active-task model fits the evidence better
- Understand the dual process model and why healthy grief involves oscillation rather than steady progress
- Have set out the loss you are working with and an initial sense of what you want from this programme

- Have a clear sense of who the person you have lost was to you and what they meant
- Have identified the secondary losses that come with their death and that often go unrecognised
- Understand how the nature of the relationship shapes the grief that follows
- Have begun the first of Worden's tasks, accepting the reality of the loss
- Understand how the attachment system and the stress response together produce the physical effects of bereavement, including the effects on sleep, immunity and the heart

PART 1

Understanding Grief

What grief actually is, what the research says about how it unfolds, and what is normal even when it does not feel that way

CHAPTER 1

Welcome to the programme

You are reading this because someone or something significant has been lost. The death of a parent, a partner, a sibling, an adult child, a close friend, a long-loved pet, or another person whose presence had shaped the contours of your life. Whatever the specific loss is, what you are now living through is grief, and what this programme is for is to help you live through it in a way that does not require you to handle it alone, that does not impose a timetable on it, and that gives you a set of practical tools for the work of carrying the loss forward.

A first thing to say plainly. There is nothing to fix about you. Grief is not a disorder, not a malfunction, not a failure of resilience. It is what humans do when someone they love has died, and the intensity of what you are feeling is a reasonable response to a real and important event. The aim of the work in this programme is not to remove your grief or to shorten it artificially. It is to help you understand what is happening, to give you the words and concepts that help you make sense of your experience, and to teach you some practical approaches that the research suggests will help you move through this period in a way that is gentler on you and on the people around you.

The programme is eight modules. The first two build a foundation of understanding: what grief is, what the established models say about how it unfolds, and how to map the specific shape of your own loss. The next two cover the body in grief and the difficult emotions that arrive in unpredictable order: sadness, yes, but also anger, guilt, relief, numbness, and the unsettling moments where everything feels strangely normal. Modules five and six work with memory and the question of how a relationship with someone who is no longer present continues to evolve, and with the practical work of rebuilding the structure of a life that has had a hole punched through it. Module seven is for those whose grief has remained stuck for longer than it should and looks at when self-paced work is no longer enough. Module eight is a personal plan for carrying the loss forward, including the anniversaries and milestones that will arrive over the years to come.

A practical note before going further. There is no right pace for this work. Some people find it useful to move through one module per week. Others need to sit with a single module for longer, especially in the early modules where the foundational ideas can take time to settle. Some people find they need to pause the programme entirely for a stretch and return to it when the acute waves have eased a little. All of these are reasonable. The access window is generous because the work itself does not respect a schedule.

CHAPTER 2

What grief is, in psychological terms

Grief is the response of a whole person, mind and body and behaviour and sense of self, to the loss of someone or something significant. It is not a single emotion. It is a state that contains many emotions, often arriving in unpredictable order and in waves that can come and go many times across the same day. The classical image of grief as a single great sadness that gradually fades is misleading. What most bereaved people experience is closer to a set of tides: a wave that arrives without warning, lifts everything onto its surface for some hours or days, then recedes again into something that feels almost ordinary, before the next wave arrives a few days or weeks later, sometimes triggered by something obvious like a photograph or an anniversary, sometimes by nothing at all that can be identified.

The reason grief works this way relates to how the human brain handles attachment. Across the years of a significant relationship, the brain builds up an extensive map of the other person: their voice, their habits, their characteristic responses, the places they were associated with, the rhythms of contact you had with them. When they die, the map is not erased. It is still there, fully formed, and it continues to fire in response to the cues it has been trained to respond to. The doorway they used to walk through still fires the expectation that they will walk through it. The phone you used to call them on still fires the impulse to call. The afternoon light at the time you used to see them still fires the readiness to see them. Each of these firings, in the absence of the person they were expecting, produces a small sharp pulse of pain. Across time, as the brain gradually updates the map, the firings become less frequent and less intense, but they do not stop entirely, and they should not be expected to.

This is one reason the popular notion of getting over a loss is unhelpful. The brain does not get over an attachment by erasing it. It gets through bereavement by gradually integrating the new reality, that the person is no longer there, into its existing map of who they were and what they meant. The integration is not the same as forgetting; the person remains present in the brain's representation of the world, but the painful gap between expectation and reality narrows over time as the expectations themselves shift.

A NOTE

Grief is not a problem to be solved. It is the process through which a life reorganises itself around a significant loss. The work of this programme is to help that reorganisation happen with less unnecessary suffering and more deliberate care for yourself, not to make the grief itself disappear on a schedule.