

Most people first encounter grief through the five stages: denial, anger, bargaining, depression, acceptance. Those stages were developed for terminally ill patients confronting their own dying, not for bereaved people after a loss. If your grief after a suicide loss does not fit that framework, there is a documented, well-researched reason. Six decades of grief research have produced frameworks that are far more honest about what survivors actually experience. This handout walks through that evolution and what the current science says about the grief you are carrying. Use it alongside the full post at [Sunflowers After Suicide](#).

Where the Five Stages Came From

- Elisabeth Kubler-Ross introduced the five stages of grief in 1969 based on interviews with terminally ill patients. They described what people experience when they are dying, not what bereaved people experience after someone else's death.
- As the stages spread through popular culture, they became prescriptive rather than descriptive. Bereaved people who did not cycle through them in order were told, implicitly, that they were grieving incorrectly.
- Researcher John R. Jordan has described the dominant cultural expectation as the "flu model" of grief: unpleasant but short, after which a person returns to normal life. That model fails most bereaved people and fails suicide loss survivors almost completely.
- The stage model has a second problem specific to suicide loss: it was never designed to hold the guilt, trauma, stigma, and consuming search for why that are woven through this grief from the beginning. Those are not extra stages. They are present throughout.

Worden's Four Tasks and Continuing Bonds

- J. William Worden replaced "stages" with "tasks," making grief active rather than passive. His four tasks are: accepting the reality of the loss at a deep level; working through the pain rather than bypassing it; adjusting to a world and an identity that now includes this loss; and finding an enduring connection with the person who died while continuing to build life forward.
- Worden's fourth task is one of the most important shifts in grief theory. It explicitly rejects the idea that healing requires "letting go." A survivor does not need to sever their connection to the person who died. More at [Physics = Love: Continuing Bonds After Suicide Loss](#).
- Continuing Bonds Theory, established in 1996, formally confirmed that maintaining an ongoing internal relationship with the person who died is normal and often healing. The Dual Process Model, developed in 1999, explains why grief oscillates between sitting with loss and rebuilding life. A good day followed by a devastating one is not regression. It is adaptive grief working as it should.

Why Suicide Loss Grief Is Different

- Grief after suicide loss is almost always unanticipated and carries features documented across decades of research as qualitatively different from other bereavement: heavier guilt, a more intense search for why, greater stigma and shame, and the wound of perceived intentionality. See also: [Two Different Roads: Anticipated and Unanticipated Loss](#).
- The perceived intentionality of the death is what Jordan identifies as the element that most distinguishes suicide loss from every other form of grief. Most survivors experience the death as a voluntary choice, which activates feelings of abandonment and rejection that no other loss produces. This is why the guilt in this grief cuts so much deeper.
- Jordan also describes the if-onyms as nearly universal: the relentless replaying of what could have been said or done differently. This is not evidence of actual responsibility. It is the mind attempting to construct a version of events where the death was preventable, because that is less unbearable than the alternative.

Jordan's Seven Tasks of Psychological Integration

- In his 2020 paper *Lessons Learned: Forty Years of Clinical Work With Suicide Loss Survivors*, Jordan identifies seven tasks of psychological integration that most survivors need to work through. These are not stages and have no required sequence.
- The first three tasks are: containing the trauma and restoring a sense of psychological safety; repairing the assumptive world that was shattered by the death (the belief that life is predictable and that loved ones can be kept safe); and self-dosing the grief, learning to regulate its intensity rather than be controlled by it.
- The remaining four tasks are: developing social management skills for navigating changed relationships; repairing the continuing bond with the person who died; building a durable biography that reclaims the whole of their life rather than reducing them to the manner of their death; and reinvesting in living.

The Assumptive World and Post-Traumatic Growth

- The assumptive world is the set of beliefs most people carry without examining them: that life is somewhat predictable, that someone in pain would reach for help, that paying close attention can keep loved ones safe. A suicide death removes those beliefs without warning or preparation. Rebuilding them is a specific and necessary task of healing.
- The durable biography task addresses something particular to suicide loss: the way a death by suicide can reduce a person's entire life to the manner of their death. Stigma can silence the shared storytelling that normally follows a loss. Deliberately reclaiming who the person was, not just how they died, is an act of healing.
- Jordan's 2020 paper closes with post-traumatic growth: a changed outlook on life, greater resilience, and a deepened capacity for compassion documented among many suicide loss survivors. Not because the grief ended, but because it was carried, and because survivors found they were capable of more than they knew.

Finding the Right Support

- Peer support with other suicide loss survivors is among the most consistently researched effective interventions for this grief. The [AFSP support group finder](#) lists groups whose facilitators have completed training grounded in Jordan's research. The [Alliance of Hope for Suicide Loss Survivors](#) offers online community for those who cannot access in-person groups.
- Individual therapy is a valuable companion to peer support, not a replacement for it. If you are not sure whether you need a counselor, [Suicide Loss and Therapy](#) helps survivors think through whether professional support is the right next step and what to expect if it is.
- When you are ready to look for a counselor, [Finding a Grief Counselor After Suicide Loss: A Practical Guide](#) walks through what to look for in a therapist, what questions to ask, and how to find someone with specific experience in suicide bereavement rather than general grief therapy.
- If your grief after a suicide loss does not match what you were told to expect, you are not doing it wrong. The models have evolved because the earlier ones did not fit. You are carrying a specific, well-documented grief, and there is support that was built specifically for it.

Source

<https://sunflowersaftersuicide.com/stages-of-grief-after-suicide-loss/>