

Grieving the Living: A Qualitative Exploration of Ambiguous Loss and Emotional Unavailability

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Abstract- Grief is conventionally understood as a response to death or permanent physical loss. However, an underexplored yet psychologically profound form of grief occurs when individuals mourn people who are still alive but emotionally unavailable. This phenomenon, often referred to as ambiguous loss, challenges traditional grief models due to the absence of social recognition, ritual closure, and finality. The present qualitative study explores the lived experiences of individuals grieving emotionally unavailable significant others, including parents, partners, and caregivers. Using Interpretative Phenomenological Analysis (IPA), in-depth semi-structured interviews were conducted with 18 adults aged 21–45. Five superordinate themes emerged: (1) mourning without death, (2) chronic hope and repeated disappointment, (3) identity erosion and self-blame, (4) social invalidation and disenfranchised grief, and (5) meaning-making and psychological reorganization. Findings suggest that grieving the living constitutes a distinct, enduring form of loss with significant implications for mental health, attachment patterns, and identity development. Clinical implications highlight the need for grief-informed, attachment-sensitive, and transdiagnostic therapeutic approaches. The study calls for expanded grief frameworks that acknowledge emotional absence as a legitimate site of mourning.

Keywords: ambiguous loss, disenfranchised grief, emotional unavailability, attachment, qualitative research

I. INTRODUCTION

Grief has traditionally been conceptualized as a response to death or irreversible physical loss (Worden, 2018). Psychological models of bereavement assume a clear rupture between presence and absence, allowing individuals to engage in mourning rituals, meaning-making, and eventual integration of loss. However, many individuals experience a profound sense of grief toward people who are physically alive but emotionally inaccessible. These losses remain largely invisible within dominant

clinical and cultural narratives of grief.

Emotional unavailability refers to a persistent inability or unwillingness to engage in emotional attunement, responsiveness, or relational reciprocity (Greenberg & Johnson, 2019). When emotionally unavailable individuals occupy significant relational roles such as parents, romantic partners, or caregivers the resulting loss becomes psychologically complex. The person is “there but not there,” creating a state of relational limbo.

Boss (1999) conceptualized this phenomenon as ambiguous loss, describing losses that lack clarity, closure, or societal acknowledgment. Unlike death-related grief, ambiguous loss remains unresolved, cyclical, and often chronic. Individuals may grieve repeatedly, oscillating between hope and despair as emotional availability is intermittently promised but never sustained.

Despite its clinical relevance, grieving the living remains under-researched, particularly from a qualitative, phenomenological perspective. This study seeks to address this gap by exploring how individuals experience, interpret, and cope with grief toward emotionally unavailable loved ones.

II. THEORETICAL FRAMEWORK

The phenomenon of grieving emotionally unavailable yet physically present individuals occupies a conceptual space that traditional grief, trauma, and attachment theories only partially address. To adequately capture the psychological complexity of this experience, the present study is grounded in an integrative theoretical framework that synthesizes Ambiguous Loss Theory, Attachment Theory, and Disenfranchised Grief Theory, with supplemental insights from object relations and trauma-informed perspectives. This integrative framework allows for a multidimensional understanding of how emotional

absence is experienced, internalized, and mourned across the lifespan.

Ambiguous Loss Theory: Loss Without Resolution

Ambiguous Loss Theory, developed by Boss (1999, 2006), provides the primary conceptual foundation for this study. Ambiguous loss refers to losses that lack clarity, closure, or social recognition, thereby resisting traditional processes of grief resolution. Boss identified two forms of ambiguous loss: (a) physical absence with psychological presence (e.g., missing persons), and (b) physical presence with psychological absence. The present study focuses on the latter, wherein individuals are physically available but emotionally inaccessible.

This form of loss is particularly destabilizing because it disrupts fundamental relational boundaries. The mourner cannot clearly identify whether the relationship is intact or severed, leading to what Boss described as boundary ambiguity. Emotional unavailability creates a paradoxical relational state in which attachment bonds persist despite chronic non-responsiveness. As a result, individuals are unable to engage in conventional mourning tasks, such as accepting the loss or redefining the relationship, because the loss remains ongoing rather than final.

Ambiguous loss theory further posits that meaning-making, rather than closure, is the central adaptive task. This distinction is critical in the context of grieving the living, where closure may be neither possible nor desirable. Instead, individuals must learn to tolerate ambiguity, relinquish unattainable expectations, and reconstruct internal representations of the relationship. The present study uses this framework to interpret participants' descriptions of cyclical hope, emotional suspension, and prolonged grief without resolution.

Attachment Theory: Emotional Unavailability as Attachment Injury

Attachment theory (Bowlby, 1969/1982, 1988) offers a developmental and relational lens through which to understand why emotional unavailability is experienced as profound loss. Attachment bonds are formed through consistent emotional attunement, responsiveness, and availability from significant others. When these elements are absent—particularly in primary caregivers or intimate partners the attachment system remains chronically activated.

From an attachment perspective, grieving the living reflects an unresolved attachment injury. Individuals continue to seek proximity, validation, and emotional safety from figures who are unable or unwilling to provide them. This mismatch produces sustained attachment distress, characterized by longing, protest, despair, and emotional dysregulation. Unlike bereavement, however, the attachment figure remains physically accessible, preventing the deactivation of the attachment system.

Empirical research suggests that emotionally unavailable caregivers are associated with anxious, avoidant, or disorganized attachment patterns (Mikulincer & Shaver, 2016). Participants in the present study frequently described internalized self-blame, hypervigilance, emotional withdrawal, and difficulty trusting others patterns consistent with insecure attachment.

Theoretical integration of attachment theory allows this study to conceptualize grief not merely as loss, but as an ongoing relational injury that shapes identity, emotion regulation, and interpersonal functioning.

Disenfranchised Grief: The Social Invisibility of Mourning the Living

Disenfranchised Grief Theory (Doka, 1989, 2002) provides a crucial sociocultural dimension to the theoretical framework. Disenfranchised grief refers to losses that are not socially acknowledged, validated, or supported. Grieving someone who is alive but emotionally unavailable often elicits minimizing responses such as “At least they’re still alive” or “Every family has problems,” which invalidate the mourner’s emotional reality.

This lack of recognition deprives individuals of communal mourning rituals, social empathy, and legitimization of suffering. As a result, grief becomes privatized, internalized, and often pathologized. Participants in this study frequently reported suppressing their grief to avoid appearing ungrateful, dramatic, or disloyal. Disenfranchisement thus compounds emotional distress by isolating individuals and preventing adaptive emotional processing.

Within the present framework, disenfranchised grief explains why participants struggled to name their experience as grief at all. The absence of linguistic and cultural narratives for mourning emotional absence contributed to confusion, shame, and delayed meaning-making. Integrating this theory

underscores the need for expanding societal and clinical definitions of grief.

Object Relations and Internalized Loss

Object relations theory further enriches the framework by explaining how emotionally unavailable relationships are internalized. According to object relations theorists (Fairbairn, 1952; Winnicott, 1965), early relationships are internalized as mental representations that shape self-concept and expectations of others. When caregivers are emotionally inconsistent or unavailable, individuals may internalize rejecting or absent objects.

Grieving the living, from this perspective, involves mourning not only the external relationship but also the internal object that never fully formed. Participants' narratives often reflected attempts to preserve idealized internal representations despite repeated emotional injury. This internal conflict—between longing for the ideal object and confronting its absence contributes to chronic grief and identity diffusion.

Trauma-Informed Perspectives: Chronic Relational Trauma

Finally, trauma-informed frameworks conceptualize emotional unavailability as a form of chronic relational trauma. While not always meeting criteria for discrete traumatic events, persistent emotional neglect disrupts emotional safety, self-worth, and affect regulation (Herman, 1992; van der Kolk, 2014). The grief experienced in these contexts is therefore intertwined with trauma responses such as emotional numbing, hyperarousal, and dissociation.

Viewing grieving the living through a trauma-informed lens allows for understanding why grief responses are often intense, prolonged, and embodied. It also supports the need for therapeutic approaches that emphasize safety, validation, and emotional regulation alongside grief work.

Integrative Conceptual Model

Taken together, these theoretical perspectives conceptualize grieving emotionally unavailable individuals as a chronic, relational, and socially invisible form of loss. Ambiguous loss explains the absence of resolution, attachment theory explains the intensity of longing, disenfranchised grief explains social invalidation, object relations explain

internalized loss, and trauma theory explains the depth of emotional impact. This integrative framework guided both the research questions and the interpretative analysis of participants' narratives.

III. METHOD

Research Design

The present study adopted a qualitative research design grounded in Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of individuals grieving emotionally unavailable yet physically present significant others. IPA is a phenomenological approach concerned with examining how individuals make sense of significant life experiences, particularly those that are complex, emotionally laden, and insufficiently captured by existing theoretical frameworks (Smith et al., 2009).

IPA is underpinned by three core philosophical traditions: phenomenology, hermeneutics, and idiography. Phenomenology emphasizes the subjective experience of participants, privileging their personal meanings rather than objective categorizations. Hermeneutics acknowledges the interpretative role of the researcher, recognizing a double hermeneutic in which participants attempt to make sense of their experiences, while the researcher interprets these sense-making processes. Idiography prioritizes depth over breadth, focusing on detailed examination of individual cases before identifying patterns across participants.

This methodological orientation was particularly suited to the present research, as grieving the living is a psychologically nuanced, socially unrecognized, and deeply personal phenomenon. IPA allowed for the exploration of how participants understand and narrate their grief in the absence of culturally sanctioned scripts for mourning emotional absence.

Participants

A total of 18 participants (13 women and 5 men) aged 21 to 45 years were recruited using purposive sampling, consistent with IPA's emphasis on information-rich cases. Participants were selected based on their capacity to provide detailed, reflective accounts of prolonged grief related to emotional unavailability.

Inclusion Criteria

Participants were eligible for inclusion if they:

- Reported persistent emotional distress associated with a significant other who was emotionally unavailable
- Identified the significant other as physically alive
- Experienced this distress for a duration of at least one year, indicating a chronic and ongoing grief process
- Were able to articulate their experiences in depth during an interview setting

Participants experiencing acute psychosis, severe cognitive impairment, or current crisis requiring immediate intervention were excluded to ensure emotional safety and narrative coherence.

Relational Contexts

Participants identified the emotionally unavailable individual as:

- A parent (n = 9)
- A romantic partner (n = 6)
- A caregiver or sibling (n = 3)

This diversity allowed for examination of grief across multiple attachment contexts while maintaining a coherent experiential focus.

Recruitment Procedure

Participants were recruited through online mental health forums, university mailing lists, and referrals from counseling centers. Recruitment materials described the study as exploring experiences of “grief related to emotionally unavailable relationships,” intentionally avoiding clinical labels to minimize self-selection bias.

Interested individuals contacted the researcher directly and were provided with detailed study information. Informed consent was obtained prior to participation. Ethical approval was granted by the relevant institutional review board, and all procedures adhered to APA ethical standards for research involving human participants.

Data Collection

Data were collected through in-depth, semi-structured interviews lasting approximately 60–90 minutes. Semi-structured interviews were chosen to balance consistency across participants with flexibility to pursue emergent themes.

An interview guide was developed based on

ambiguous loss and attachment theory, while remaining open-ended to avoid imposing theoretical assumptions. Core interview prompts included:

- “Can you describe what you feel you have lost in this relationship?”
- “How do you grieve someone who is still alive?”
- “How does this grief affect your sense of self and relationships with others?”
- “How do people around you respond when you talk about this loss?”

Probing questions were used to clarify meanings, explore emotional responses, and deepen narrative detail. Interviews were conducted in a private, confidential setting, either in person or via secure video conferencing platforms.

All interviews were audio-recorded, transcribed verbatim, and anonymized. Identifying information was removed, and participants were assigned pseudonyms to protect confidentiality.

Researcher Reflexivity

Given the interpretative nature of IPA, reflexivity was treated as an integral component of the research process. The researcher maintained a reflexive journal throughout data collection and analysis to document personal assumptions, emotional reactions, and evolving interpretations.

This process facilitated awareness of potential biases and supported transparency in meaning-making.

IV. DATA ANALYSIS

Data analysis followed the systematic procedures outlined by Smith et al. (2009) for Interpretative Phenomenological Analysis.

1. Immersive Reading

Each transcript was read multiple times to achieve deep familiarization, with attention to language, emotional tone, and narrative structure.

2. Initial Noting

Detailed exploratory notes were made, including descriptive comments (content), linguistic comments (use of metaphors, repetition, pauses), and conceptual comments (preliminary interpretations).

3. Development of Emergent Themes

Exploratory notes were synthesized into concise emergent themes that captured the psychological essence of participants’ experiences while remaining

grounded in their language.

4. Clustering into Superordinate Themes

Emergent themes were examined for conceptual connections and clustered into higher-order superordinate themes, reflecting shared patterns of meaning across participants.

5. Cross-Case Analysis

Patterns were examined across all cases, while preserving idiographic nuance. Convergences and divergences were carefully noted to avoid overgeneralization.

Analytic rigor was maintained through iterative movement between data, themes, and theoretical frameworks.

Credibility and Trustworthiness

Several strategies were employed to enhance the trustworthiness of the findings:

- Reflexive journaling to monitor researcher influence
- Peer debriefing with qualitative research experts to review theme development
- Thick description through extensive use of verbatim quotations
- Audit trail documenting analytic decisions and theme evolution

These procedures align with qualitative criteria for credibility, dependability, and confirmability.

V. RESULTS

Interpretative Phenomenological Analysis revealed five superordinate themes, each reflecting a distinct yet interconnected dimension of grieving emotionally unavailable but physically present individuals. Themes are presented with subthemes and illustrative verbatim quotations to foreground participants' lived experiences.

Theme 1: Mourning Without Death

Participants described their grief as profoundly real yet structurally unrecognized because it lacked a concrete loss event. The absence of death, separation, or finality created a form of mourning that was continuous, ambiguous, and difficult to legitimize—both internally and socially. Rather than being triggered by a singular moment, grief emerged gradually through repeated experiences of emotional non-

responsiveness. Participants articulated this loss as ongoing, cumulative, and psychologically destabilizing.

Subtheme 1.1: Loss Without Ritual or Closure

Participants emphasized that their grief was uniquely painful because it occurred without culturally sanctioned markers such as funerals, condolences, or rituals. Without these external validations, participants were left to carry their grief privately, often questioning whether their pain was legitimate.

Many participants described an absence of “permission” to mourn. The lack of ritualized endings prevented emotional closure and left grief suspended in time.

“There was no funeral, no goodbye nothing to tell me it was okay to grieve.” (P4, Female, 26)

“You don’t get sympathy for this kind of loss because technically nothing ended.” (P11, Male, 34)

“It’s like a death no one acknowledges.” (P2, Female, 23)

“I grieved in silence because there was no place for my grief to go.” (P15, Female, 41)

Subtheme 1.2: Emotional Absence Experienced as Death-in-Life

Participants frequently used death-related metaphors to describe the psychological experience of emotional unavailability. Despite physical presence, the lack of emotional engagement was perceived as a form of relational death. This paradox—presence without connection—created deep confusion and emotional dissonance.

Participants described interacting with individuals who were biologically alive yet psychologically inaccessible, leading to grief that felt haunting and unresolved.

“They are alive, but emotionally they’re gone.” (P7, Female, 31)

“It feels like the relationship died, but the body stayed.” (P1, Male, 28)

“I’m mourning someone who never actually existed.” (P9, Female, 35)

“Living with them feels like living with a ghost.” (P18, Female, 44)

Subtheme 1.3: Uncertainty About the Right to Grieve

Participants expressed deep confusion about whether

they were allowed to grieve someone who was still alive. This uncertainty often resulted in self-censorship of emotions, delayed grief processing, and feelings of guilt or shame for experiencing sadness, anger, or longing.

Participants described constantly negotiating their emotional legitimacy, particularly when comparing their pain to socially recognized losses such as death or divorce.

“I kept asking myself if I was overreacting.” (P6, Female, 24)

“I felt guilty for feeling this broken when they were still alive.” (P13, Male, 39)

“I didn’t know what to call this pain, so I didn’t talk about it.” (P10, Female, 30)

“It felt wrong to grieve something that never officially ended.” (P5, Female, 27)

Theme 2: Chronic Hope and Repeated Disappointment

Participants described grief as being sustained not only by emotional absence but by persistent hope that the emotionally unavailable person would eventually change. Rather than a single loss, participants experienced grief as a repetitive cycle, in which hope was repeatedly activated and then shattered. This cyclical process intensified emotional exhaustion and prevented resolution, keeping participants psychologically tethered to an unattainable relationship.

Subtheme 2.1: Waiting for Emotional Arrival

Participants described living in a prolonged state of anticipation, continuously expecting emotional availability that never fully materialized. Emotional connection was perceived as something always about to happen but perpetually delayed. This waiting became central to participants’ emotional lives, shaping decisions, expectations, and self-regulation. Rather than disengaging, participants remained emotionally vigilant, scanning interactions for signs of warmth or responsiveness.

“I kept waiting for the moment they’d finally show up for me.” (P3, Female, 22)

“Every conversation felt like it could be the turning point.” (P8, Male, 33)

“I lived in a constant ‘maybe this time.’ (P12, Female, 36)

“I paused my life waiting for them to become different.” (P17, Female, 42)

Subtheme 2.2: Cycles of Brief Connection and Renewed Loss

Participants described intermittent moments of emotional availability small gestures, brief conversations, or temporary improvements that reignited hope. These moments were experienced as deeply meaningful, often disproportionate to their objective significance, because they appeared to confirm the possibility of change.

However, when emotional unavailability inevitably returned, participants experienced these ruptures as renewed losses, often more painful than the initial absence.

“One kind moment would undo months of distance.” (P14, Female, 29)

“They’d give me just enough to keep me invested.” (P1, Male, 28)

“It felt like emotional breadcrumbs.”

(P6, Female, 24)

“Every time they pulled away again, it hurt more.” (P9, Female, 35)

Subtheme 2.3: Emotional Exhaustion From Sustained Hope

Over time, hope itself became a source of distress. Participants described feeling emotionally depleted, resentful of their own longing, and ashamed of their inability to disengage. Hope was no longer experienced as adaptive or motivating but as something that drained emotional resources and delayed healing.

Letting go of hope was described not as giving up, but as an act of self-preservation. “Hope became heavier than the grief.”

(P4, Female, 26)

“I got tired of wanting something so basic.” (P11, Male, 34)

“I felt weak for still hoping.” (P18, Female, 44)

“Stopping the hope felt like choosing myself.” (P15, Female, 41)

Theme 3: Identity Erosion and Self-Blame

Participants described how prolonged exposure to emotional unavailability gradually shifted from being experienced as relational pain to being internalized as a defect within the self. Over time, the absence of emotional responsiveness was no longer understood as a limitation of the other person but as evidence of personal inadequacy. This process resulted in a

progressive erosion of identity, self-worth, and emotional confidence.

Subtheme 3.1: Internalization of Emotional Rejection
Participants consistently reported interpreting emotional unavailability as a form of rejection that reflected their own insufficiency. Rather than attributing distance to the emotional limitations of the significant other, participants turned inward, assuming responsibility for the lack of connection. This internalization shaped long-term beliefs about being unlovable, demanding, or inherently flawed. Participants described repeated attempts to modify their behavior, personality, or emotional expression in order to secure connection.

- “I started believing that if I were easier to love, they would stay.” (P7, Female, 31)
- “Their silence felt like proof that I wasn’t enough.” (P2, Female, 23)
- “I kept asking myself what I did wrong.” (P10, Female, 30)
- “It never crossed my mind that the problem might not be me.” (P13, Male, 39)

Subtheme 3.2: Gradual Erosion of Self-Worth
As emotional unavailability persisted, participants described a slow but pervasive decline in self-esteem. Emotional neglect was experienced as cumulative, with each unreciprocated bid for connection reinforcing feelings of insignificance. Participants described feeling smaller, quieter, and less visible within the relationship and beyond it. This erosion extended into other domains of life, affecting confidence in friendships, work, and future relationships.

- “I stopped expecting care from anyone.” (P4, Female, 26)
- “I learned not to take up emotional space.” (P11, Male, 34)
- “I felt invisible, even when I was physically present.” (P9, Female, 35)
- “I started believing that my needs were too much.” (P15, Female, 41)

Subtheme 3.3: Loss of a Coherent Sense of Self
Participants described how chronic emotional invalidation disrupted their sense of identity. Without emotional mirroring or affirmation, participants struggled to define who they were outside of the

relationship. Several participants reported feeling fragmented, confused, or emotionally hollow, as though their sense of self had been organized around waiting, adapting, or enduring. This loss of identity was often accompanied by emotional numbness and difficulty articulating personal desires or boundaries.

- “I don’t know who I am outside of trying to be accepted.” (P6, Female, 24)
- “My personality shrank to whatever kept the peace.” (P1, Male, 28)
- “I lost parts of myself just trying to survive the relationship.” (P18, Female, 44)
- “I became someone who existed only in reaction to them.” (P12, Female, 36)

Theme 4: Disenfranchised and Socially Invalidated Grief

Participants described their grief as not only emotionally painful but also socially unrecognized. Because the significant other was physically alive, participants’ grief was frequently minimized, dismissed, or misunderstood by family members, peers, and broader cultural narratives. This lack of recognition deprived participants of social validation, exacerbating isolation and complicating the grieving process.

Subtheme 4.1: Minimization and Dismissal by Others
Participants reported that when they attempted to articulate their grief, responses from others often minimized their pain. Common reactions included comparisons to death-related losses or reframing emotional unavailability as trivial or normal. Such responses invalidated participants’ experiences and communicated that their grief was not legitimate.

- Participants internalized these dismissals, leading to self-censorship and emotional withdrawal.
- “People would say, ‘At least they’re still alive.’” (P3, Female, 22)
- “I was told I was exaggerating.” (P8, Male, 33)
- “Everyone acted like I should just be grateful.” (P14, Female, 29)
- “They made it sound like I was creating drama.” (P11, Male, 34)

Subtheme 4.2: Pressure to Maintain Loyalty and Silence

Participants described feeling compelled to protect the

image of the emotionally unavailable person, particularly when the individual was a parent or family member. Cultural expectations around loyalty, respect, and family cohesion discouraged open expression of grief and anger. Speaking about emotional absence was often framed as betrayal or ingratitude.

As a result, participants learned to silence their pain to preserve relational and social stability. “I felt guilty talking about it because it was my parent.” (P7, Female, 31)
 “I was expected to be understanding, not hurt.” (P5, Female, 27)
 “Admitting the loss felt like disloyalty.” (P10, Female, 30)
 “I swallowed my grief to keep the family intact.” (P18, Female, 44)

Subtheme 4.3: Isolation and Emotional Self-Invalidation

Repeated social invalidation led participants to question the legitimacy of their own emotional responses. Over time, participants described distancing themselves from others, avoiding discussions about their grief, and emotionally minimizing their own experiences. This internalized invalidation intensified loneliness and delayed emotional processing.

Participants often described grieving in private, without language, witnesses, or support. “I learned to grieve alone.” (P4, Female, 26)
 “I stopped talking because no one understood.” (P12, Female, 36)
 “I convinced myself my pain wasn’t real enough.” (P9, Female, 35)
 “It felt safer to pretend I was fine.” (P15, Female, 41)

Theme 5: Meaning-Making and Psychological Reorganization

Despite prolonged distress, participants described a gradual shift toward redefining their relationship to the emotionally unavailable person and to their own grief. This process did not involve reconciliation or emotional repair with the other person but rather an internal reorganization of meaning, expectations, and identity. Meaning-making emerged as an adaptive response that allowed participants to move from emotional entanglement toward psychological

autonomy.

Subtheme 5.1: Grieving the Idealized or Hoped-For Relationship

Participants described a pivotal moment in which they began to grieve not the person as they were, but the relationship they had hoped for or imagined. This grief involved relinquishing fantasies of emotional change, repair, or mutual recognition. Letting go of these idealized expectations was described as painful yet necessary for emotional survival.

Participants emphasized that this process felt like mourning a future that would never occur. “I finally grieved the parent I never had.” (P6, Female, 24)
 “What hurt most was letting go of who I hoped they’d become.” (P14, Female, 29)
 “I stopped grieving them and started grieving the dream.” (P3, Female, 22)
 “Accepting that it would never be different broke me—and freed me.” (P18, Female, 44)

Subtheme 5.2: Redefining Boundaries and Emotional Distance

As participants released unrealistic expectations, they described developing clearer emotional and relational boundaries. Rather than pursuing closeness that repeatedly resulted in pain, participants learned to limit emotional exposure, adjust contact, or redefine the nature of the relationship. This distancing was framed not as punishment or withdrawal, but as self-protection.

Participants often described guilt accompanying this boundary-setting, particularly in familial relationships. “I stopped going to them for emotional support.” (P9, Female, 35)
 “I learned how close I could be without hurting myself.” (P11, Male, 34)
 “Distance became a form of care.” (P5, Female, 27)
 “I chose peace over proximity.” (P15, Female, 41)

Subtheme 5.3: Reclaiming Self and Relational Agency

Participants described a renewed sense of agency as they redirected emotional energy toward themselves and healthier relationships. This reorientation involved rebuilding self-trust, recognizing personal needs, and forming connections based on reciprocity

rather than longing. Participants framed this shift as reclaiming parts of themselves that had been organized around waiting and self-blame.

This process marked a transition from grief-centered identity to self-defined autonomy. “I stopped defining myself by their absence.”

(P1, Male, 28)

“I learned that my needs weren’t too much.” (P7, Female, 31)

“I started choosing relationships that chose me back.” (P12, Female, 36)

“I became the person I kept waiting for.” (P4, Female, 26)

Theme 6: Emotional Ambivalence and Coexisting Attachment

Participants described a persistent state of emotional ambivalence toward the emotionally unavailable person, characterized by the coexistence of longing and resentment, love and anger, attachment and withdrawal. Rather than resolving into a single emotional stance, participants experienced these opposing emotions simultaneously. This ambivalence was experienced as psychologically taxing yet unavoidable, reflecting the complexity of grieving someone who is neither fully present nor fully absent.

Subtheme 6.1: Loving and Resenting at the Same Time

Participants articulated difficulty reconciling continued affection with accumulated hurt. Emotional unavailability did not erase attachment bonds; instead, it created a conflicted emotional landscape in which love persisted alongside anger, disappointment, and grief. Participants often described feeling confused or ashamed of their ongoing emotional ties.

This ambivalence challenged binary narratives of “good” versus “bad” relationships. “I still love them, and I hate that I do.”

(P8, Male, 33)

“I’m angry at them, but I miss them at the same time.” (P3, Female, 22)

“Both feelings exist together, and that’s what hurts.” (P14, Female, 29)

“Loving them didn’t stop the damage.” (P11, Male, 34)

Subtheme 6.2: Attachment Without Emotional Safety

Participants described remaining emotionally attached

despite knowing that emotional safety was unlikely. This attachment was often described as automatic, ingrained, or embodied rather than consciously chosen. Particularly in parent–child relationships, participants emphasized that attachment persisted even when trust and safety were compromised.

This created a sense of being emotionally pulled toward someone who could not meet core relational needs.

“My body still reaches for them even when my mind knows better.” (P6, Female, 24)

“I stopped expecting comfort, but I still wanted connection.” (P9, Female, 35)

“I was attached without feeling safe.”

(P12, Female, 36)

“Detaching emotionally felt impossible.” (P18, Female, 44)

Subtheme 6.3: Guilt and Self-Judgment for Conflicting Emotions

Participants frequently reported guilt for experiencing anger, distance, or resentment toward someone they were “supposed” to love or respect. Cultural, familial, and moral expectations intensified this guilt, particularly when the emotionally unavailable person was a parent or caregiver. Participants judged themselves harshly for not being able to resolve their feelings neatly.

This internal conflict often prolonged grief and delayed emotional integration. “I felt like a bad person for feeling angry.”

(P5, Female, 27)

“I judged myself for not being more forgiving.” (P10, Female, 30)

“No matter what I felt, it seemed wrong.” (P15, Female, 41)

“I was grieving and blaming myself for grieving.” (P4, Female, 26)

Integrative Note on Theme 6

Theme 6 highlights that grieving the living does not move cleanly toward emotional resolution. Instead, participants inhabited a prolonged state of ambivalence, where attachment bonds persisted despite repeated emotional injury. This theme underscores the inadequacy of linear grief models and reinforces the need for frameworks that allow contradictory emotions to coexist without requiring premature emotional closure.

VI. DISCUSSION

The present study sought to explore the lived experiences of individuals grieving emotionally unavailable yet physically present significant others. Findings reveal that such grief constitutes a distinct, chronic, and relational form of loss that is insufficiently captured by traditional bereavement models. Across six interrelated themes, participants articulated a form of mourning characterized by ambiguity, repetition, identity disruption, social invalidation, emotional ambivalence, and eventual psychological reorganization. Collectively, these findings extend existing grief literature by demonstrating that emotional absence can function as a psychologically meaningful loss, even in the absence of death or physical separation.

Grieving Without Finality: Extending Ambiguous Loss Theory

Themes 1 and 2 (“Mourning Without Death” and “Chronic Hope and Repeated Disappointment”) strongly align with and extend Ambiguous Loss Theory (Boss, 1999, 2006). Participants’ experiences exemplify physical presence with psychological absence, a form of loss that lacks clear boundaries, temporal markers, and socially sanctioned closure. Unlike bereavement, where loss is anchored to a definitive event, participants’ grief unfolded gradually through repeated experiences of emotional non-responsiveness.

Importantly, the findings suggest that ambiguous loss in emotionally unavailable relationships is not static, but cyclical. Hope repeatedly reactivated attachment needs, only to result in renewed disappointment. This cyclical pattern differentiates grieving the living from other forms of ambiguous loss (e.g., dementia, missing persons), highlighting the role of intermittent emotional reinforcement in sustaining grief. The data suggest that hope itself becomes a mechanism of prolonged suffering, a finding that warrants further theoretical refinement of ambiguous loss processes.

Attachment Injury and the Internalization of Loss

Themes 3 and 6 (“Identity Erosion and Self-Blame” and “Emotional Ambivalence and Coexisting Attachment”) are best understood through attachment theory (Bowlby, 1988; Mikulincer & Shaver, 2016).

Participants’ narratives indicate that emotional unavailability from attachment figures was not experienced merely as relational disappointment, but as an attachment injury—a rupture that destabilized self-concept, emotional regulation, and relational expectations.

Consistent with attachment theory, participants internalized emotional neglect as personal deficiency, leading to self-blame, diminished self-worth, and identity confusion. Importantly, attachment bonds persisted despite ongoing emotional harm, producing ambivalence rather than detachment. Participants simultaneously longed for connection and resented the pain it caused, illustrating that attachment does not dissolve simply because emotional needs go unmet.

This coexistence of attachment and injury challenges linear models of relational healing that assume distancing or forgiveness as endpoints. Instead, the findings support a more nuanced understanding in which attachment and grief coexist, requiring therapeutic approaches that tolerate emotional contradiction rather than prematurely resolving it.

The Social Invisibility of Grief and Disenfranchisement

Theme 4 (“Disenfranchised and Socially Invalidated Grief”) underscores the critical role of social context in shaping grief experiences. Consistent with Disenfranchised Grief Theory (Doka, 2002), participants reported that their grief was frequently minimized or dismissed because the significant other was still alive. Common social responses—such as urging gratitude, normalization, or loyalty—invalidated participants’ emotional realities and reinforced silence.

This social invalidation compounded suffering by depriving participants of communal acknowledgment, language, and ritual. As a result, grief became privatized and internalized, often manifesting as shame, isolation, and self-doubt. The findings suggest that disenfranchisement is not merely an external social phenomenon but becomes psychologically internalized, shaping how individuals judge and suppress their own emotions.

These results highlight the need for expanded cultural and clinical definitions of grief that recognize emotional absence as a legitimate site of mourning.

Meaning-Making as Psychological Reorganization

Rather Than Closure

Theme 5 (“Meaning-Making and Psychological Reorganization”) illustrates how participants gradually moved toward adaptation not through reconciliation with the emotionally unavailable person, but through internal restructuring. In line with Boss’s (2006) emphasis on

meaning-making over closure, participants described grieving the idealized relationship, redefining boundaries, and reclaiming personal agency.

This process did not involve emotional resolution in the traditional sense, but rather a shift in relational orientation: from seeking emotional fulfillment externally to cultivating self-validation and reciprocal relationships. Importantly, participants framed this shift as an act of survival and self-respect rather than emotional withdrawal or failure.

These findings support contemporary grief perspectives that view adaptation as integration rather than resolution, particularly in losses that cannot be fully closed.

VII. CLINICAL IMPLICATIONS

The findings of the present study have significant implications for clinical assessment, formulation, and intervention. Grieving emotionally unavailable yet physically present individuals represents a form of loss that is frequently misrecognized, pathologized, or overlooked in clinical settings. Without appropriate conceptualization, such grief may be misdiagnosed as depression, attachment insecurity, personality pathology, or resistance to change. The following clinical implications outline how practitioners can more effectively recognize and address this form of grief.

1. Naming and Validating Ambiguous Grief

One of the most immediate clinical interventions involves naming the experience as grief. Participants repeatedly described confusion and self-doubt regarding the legitimacy of their pain, often internalizing social messages that minimized their suffering. Clinicians can counteract this invalidation by explicitly identifying emotional unavailability as a meaningful loss and framing the client’s distress as a normal response to prolonged emotional deprivation. Validation serves both a psychoeducational and reparative function. By situating the client’s

experience within established frameworks such as ambiguous loss and disenfranchised grief, therapists provide clients with language and legitimacy for emotions that were previously unnamed. This process reduces shame, facilitates emotional expression, and lays the groundwork for deeper therapeutic work.

2. Differentiating Grief From Psychopathology

Clinicians should exercise caution in prematurely pathologizing symptoms associated with grieving the living. Emotional exhaustion, rumination, sadness, ambivalence, and identity confusion may reflect adaptive responses to chronic relational loss rather than indicators of primary mood or personality disorders.

Comprehensive case formulation should therefore assess:

- The relational context of distress
- The presence of ongoing emotional unavailability
- The degree of social invalidation
- The role of attachment injury

Such differentiation enables clinicians to target the underlying grief process rather than focusing solely on symptom reduction.

3. Addressing Attachment Injuries and Self-Blame

Given the strong attachment-related findings, therapy should explicitly address attachment injuries arising from emotional neglect or inconsistency. Clients frequently internalized emotional absence as personal inadequacy, leading to pervasive self-blame and diminished self-worth.

Attachment-informed interventions may include:

- Exploring early attachment experiences and relational patterns
- Identifying internalized critical voices linked to emotional neglect
- Developing corrective emotional experiences within the therapeutic relationship
- Strengthening self-compassion and emotional self-soothing capacities

Approaches such as Emotionally Focused Therapy, Schema Therapy, and mentalization-based interventions are particularly well suited to this work.

4. Facilitating Grief for the Idealized Relationship

A central therapeutic task involves helping clients grieve not only the person, but the relationship that was hoped for but never realized. This includes mourning fantasies of emotional repair, recognition, or transformation.

Clinicians can support this process by:

- Encouraging explicit articulation of unmet needs and lost expectations
- Distinguishing between realistic and unrealistic hopes for change
- Allowing space for anger, sadness, and longing without judgment

This grief work is often nonlinear and emotionally charged but is essential for reducing chronic hope–disappointment cycles.

5. Working With Emotional Ambivalence

The coexistence of love, anger, attachment, and resentment should be normalized rather than resolved prematurely. Participants' experiences suggest that emotional ambivalence is not a failure of emotional processing but an inherent feature of grieving the living.

Therapeutic approaches should:

- Validate contradictory emotions
- Resist pressure to “forgive” or “detach” before the client is ready
- Help clients tolerate emotional complexity without self-judgment

Dialectical and acceptance-based frameworks, such as DBT and ACT, can be particularly effective in supporting emotional integration.

6. Boundary Formation as an Act of Care

Participants described boundary-setting as a turning point in psychological reorganization. Clinicians should frame boundaries not as withdrawal or punishment, but as protective and compassionate acts. Therapeutic boundary work may include:

- Clarifying emotional limits and capacities
- Redefining relational roles and expectations
- Supporting gradual shifts in contact or emotional investment
- Addressing guilt associated with distancing, particularly in family relationships

Boundary formation allows clients to preserve relational ties where necessary while reducing ongoing

emotional harm.

7. Addressing Disenfranchised Grief and Social Context

Clinicians should attend to the broader social and cultural forces that invalidate grief related to emotional absence. This includes exploring:

- Cultural norms around family loyalty and respect
- Gendered expectations around emotional endurance
- Social messages that equate grief exclusively with death

Where appropriate, therapy may involve helping clients build alternative sources of validation, such as support groups or chosen family relationships.

8. Transdiagnostic and Integrative Approaches

Given the overlap between grief, attachment injury, trauma, and identity disruption, a transdiagnostic therapeutic approach is often most effective. Rather than treating symptoms in isolation, clinicians should address shared underlying processes such as emotional dysregulation, unmet attachment needs, and maladaptive meaning-making.

Integrative treatment plans may combine:

- Grief-informed interventions
- Attachment-based relational work
- Trauma-sensitive emotion regulation strategies
- Identity reconstruction and values-based action

Such integration aligns with the complex, multifaceted nature of grieving the living.

9. Implications for Training and Practice

Finally, the findings suggest a need for greater inclusion of ambiguous and disenfranchised grief in clinical training programs. Many clinicians may be ill-equipped to recognize grief in the absence of death, increasing the risk of misdiagnosis and ineffective treatment.

Training curricula should incorporate:

- Expanded definitions of grief
- Case examples involving emotional unavailability
- Skills for working with relational ambiguity and ambivalence

VIII. LIMITATIONS AND FUTURE DIRECTIONS

While the present study offers rich phenomenological insight into the experience of grieving emotionally unavailable but physically present individuals, several limitations must be acknowledged. These limitations also point toward important directions for future research aimed at strengthening theoretical clarity, methodological robustness, and clinical applicability.

Methodological Limitations

First, the study employed a small, purposive sample, consistent with Interpretative Phenomenological Analysis (IPA). While this approach enabled in-depth exploration of lived experience, it necessarily limits generalizability. The findings should therefore be understood as theoretically transferable rather than statistically representative. Future studies employing larger and more diverse samples could examine whether the identified themes replicate across populations, relational contexts, and cultural settings. Second, the cross-sectional design captures participants' experiences at a single point in time. Grieving the living is inherently dynamic, evolving as relational patterns, insight, and emotional resources change. Longitudinal qualitative designs would allow researchers to trace how ambiguous grief unfolds, stabilizes, or transforms over time, particularly in response to boundary-setting, therapy, or life transitions.

Third, data were generated exclusively through self-report interviews, which may be influenced by recall bias, emotional state, and narrative coherence. While IPA prioritizes subjective meaning, future research could incorporate multi-method approaches, such as diary studies, ecological momentary assessments, or clinician-rated measures, to triangulate findings and deepen understanding of day-to-day emotional processes.

Sample Characteristics and Contextual Limitations

The sample was predominantly adult and self-selecting, which may have excluded individuals who are less reflective, less verbal, or less willing to conceptualize their distress as grief. Future research should explore grieving the living among adolescents, older adults, and individuals with limited psychological literacy, as these groups may experience and express emotional absence differently.

Additionally, although participants represented multiple relational contexts (parents, partners, caregivers), the study did not systematically compare these groups. Future studies could examine how grief processes differ depending on relational role, such as parent-child versus romantic relationships, where power dynamics, dependency, and cultural expectations vary significantly.

Cultural and Sociopolitical Considerations

Cultural context represents an important limitation. Norms surrounding emotional expression, family loyalty, and relational obligation differ widely across cultures and were not explicitly analyzed in the present study. In collectivistic cultures, for example, emotional unavailability within families may be more strongly normalized or morally sanctioned, intensifying disenfranchisement and guilt.

Future research should adopt cross-cultural and culturally grounded methodologies to examine how grieving the living is shaped by cultural narratives, gender norms, socioeconomic constraints, and intergenerational expectations. Such work is particularly important for extending the applicability of ambiguous loss and disenfranchised grief theories beyond Western contexts.

Theoretical Limitations and Opportunities

Although the study integrated ambiguous loss, attachment, and disenfranchised grief frameworks, it did not empirically test the relationships between these constructs. Future research could develop integrative theoretical models that examine how attachment insecurity, emotional neglect, and social invalidation interact to produce chronic grief responses.

Quantitative and mixed-methods studies could operationalize key constructs identified in this study—such as chronic hope, emotional ambivalence, and identity erosion—and examine their associations with mental health outcomes including depression, anxiety, trauma symptoms, and relational functioning.

Clinical and Intervention-Focused Directions

The present study did not evaluate therapeutic interventions, limiting conclusions about treatment efficacy. Future research should assess clinical outcomes of interventions specifically targeting ambiguous and disenfranchised grief, such as attachment-focused therapy, narrative grief work, or

transdiagnostic approaches.

Randomized controlled trials and qualitative process studies could explore:

- How clients respond to having their grief explicitly named and validated
- Which therapeutic components facilitate meaning-making and identity reconstruction
- How boundary-setting impacts long-term psychological well-being

Additionally, future work should investigate how clinicians conceptualize and respond to grief without death, as practitioner uncertainty may contribute to misdiagnosis or under-treatment.

Directions for Conceptual Expansion

Finally, future scholarship should continue to expand the definition of grief itself. The findings suggest that grief can emerge not only from loss of persons, but from loss of emotional attunement, relational safety, and unrealized futures. Further conceptual work is needed to integrate grieving the living into broader models of loss, trauma, and human attachment.

IX. CONCLUSION

The present study illuminates grieving the living as a profound yet frequently unrecognized psychological phenomenon. Through an Interpretative Phenomenological Analysis of individuals experiencing sustained emotional distress toward emotionally unavailable but physically present significant others, the findings reveal that grief can emerge in the absence of death when relational connection, emotional safety, and anticipated futures are persistently denied. This form of grief is characterized not by finality, but by ambiguity, ambivalence, and chronic emotional suspension.

Participants' narratives demonstrate that grieving the living is not a discrete emotional event, but an ongoing process shaped by attachment bonds, social invalidation, and repeated encounters with emotional absence. The themes identified in this study—ambiguous presence, frozen grief, identity erosion, disrupted meaning-making, boundary-driven reorganization, and emotional ambivalence collectively illustrate how emotional unavailability functions as a form of relational loss that resists conventional models of mourning. Unlike bereavement following death, this grief lacks social

recognition, temporal boundaries, and culturally sanctioned rituals, rendering it both invisible and psychologically taxing.

The findings extend existing theories of ambiguous loss and disenfranchised grief by demonstrating how emotional unavailability alone without physical absence—can generate sustained grief responses. Furthermore, the study underscores the central role of attachment processes in shaping how individuals interpret, internalize, and respond to emotional neglect. Participants' accounts reveal how prolonged hope for emotional repair, coupled with repeated disappointment, gradually transforms relational pain into identity-level distress, self-blame, and diminished self-worth.

Importantly, the study challenges linear and resolution-oriented models of grief. Rather than moving toward closure or detachment, participants' grief evolved through cycles of longing, anger, acceptance, and boundary formation. Emotional ambivalence emerged not as a pathological failure to “move on,” but as an adaptive response to relational realities that remain unresolved. This insight calls for a reconceptualization of grief as a meaning-making process that may coexist with ongoing relationships, rather than one that necessarily culminates in emotional severance.

From a clinical perspective, the study highlights the risks of misrecognition and misdiagnosis when grief is narrowly defined. When emotional absence is not acknowledged as loss, individuals may be treated for symptoms without addressing their underlying relational grief. By naming and validating grieving the living, clinicians can provide clients with conceptual clarity, reduce self-blame, and support psychological integration rather than premature closure. The findings advocate for transdiagnostic, attachment-informed, and grief-literate therapeutic approaches that honor ambiguity and emotional complexity.

Beyond clinical contexts, the study carries broader implications for how societies define loss, legitimacy, and emotional suffering. By centering experiences that are often minimized or morally constrained—particularly within families and intimate relationships—the research calls attention to the ethical and cultural dimensions of emotional availability. Recognizing emotional absence as consequential affirms that grief is not solely a response to death, but also to the persistent absence of emotional

presence, attunement, and care.

In conclusion, grieving the living represents a distinct and clinically significant form of grief that demands expanded theoretical frameworks, methodological attention, and therapeutic sensitivity. By giving voice to experiences that exist in the shadows of conventional grief discourse, this study contributes to a more inclusive understanding of human loss one that acknowledges that what is mourned is not only who has been lost, but also what was never fully received.

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