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THE PSYCHOLOGY OF GRIEF AND LOSS

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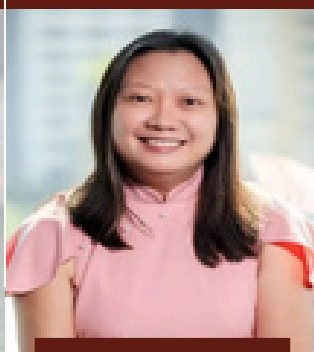
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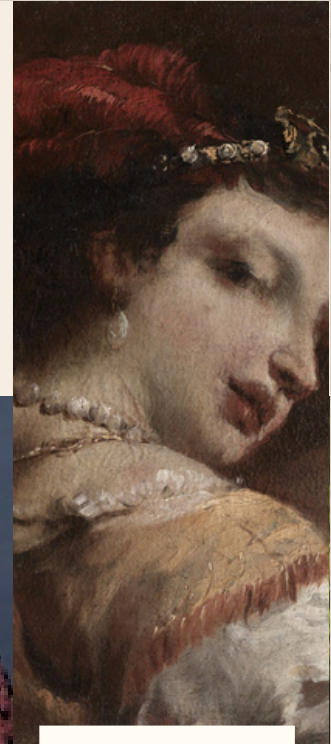
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VICE PRESIDENT'S ADDRESS

Grief is often perceived as something tied to a singular event, yet in reality, it is woven into many aspects of our everyday lives. It can surface quietly through change, through the loss of familiarity, or through moments that reshape how we see ourselves and the world around us.

Grief is often spoken about in the context of bereavement, yet as this issue thoughtfully highlights, it reaches far beyond the loss of a loved one. In our work as psychologists, and in our own lives, we encounter grief in many forms. It emerges in moments of transition, in the loss of roles and identities, in changes to health and relationships, and even in the quiet disruptions that alter our sense of stability and belonging.

What stands out across the contributions in this issue is a shared recognition that grief is not something to be resolved neatly. It is something to be understood, held, and integrated over time. This perspective is particularly important in today's world, where individuals and communities are navigating layers of uncertainty, from rapid societal change to shifting family dynamics and evolving technological landscapes. As a professional community, we are called not only to deepen our understanding of grief, but also to shape how it is supported across different contexts. This includes recognising less visible forms of loss, strengthening support systems for families and caregivers, and ensuring that our approaches remain compassionate, culturally attuned, and grounded in evidence.



VICE PRESIDENT'S ADDRESS

There is also an important role for psychology in helping society move towards greater openness in how we speak about grief. When grief is acknowledged as a natural response to change, rather than something to be hidden or hurried through, it creates space for healing, connection, and resilience.

This issue reminds us that grief is closely tied to what we value. It reflects our attachments, our hopes, and the meaning we ascribe to our experiences. In that sense, grief is not only about loss, it is also about what it means to be human.

I invite you to read this issue with both professional curiosity and personal reflection. May it offer new perspectives, deepen understanding, and shape how we respond to grief in our professional and personal spaces

A handwritten signature in black ink, appearing to read 'pearlene ng' in a cursive, lowercase style.

Dr Pearlene Ng
Vice President (Outreach)



EDITOR'S NOTE

Grief and loss are universal human experiences, yet they take many forms beyond bereavement. From the loss of roles, relationships, health, identity, or certainty, to the quieter griefs associated with life transitions, displacement, climate change, or societal upheaval, experiences of loss are often intertwined with change.

In our current issue, our writers offer thoughtful, compassionate, and accessible psychology writing on this timely theme. Together, these contributions expand our understanding of grief beyond traditional notions of bereavement, inviting readers to consider how grief and loss are experienced, expressed, and supported across diverse contexts.

Several pieces broaden the lens on what it means to grieve, exploring losses that are not always visible or easily named—such as ambiguous loss, changes in health, and the quiet disruptions that accompany caregiving. These perspectives highlight the emotional complexity of living with ongoing or unresolved forms of loss, where closure may be uncertain and adaptation is an evolving process.

Some contributions focus on grief within family life, particularly in the context of parenting and early childhood. These include sensitive explorations of parental grief following a child's diagnosis of special needs, as well as reflections on how young children experience and make sense of loss. Collectively, they underscore the relational nature of grief and the ways in which identity, attachment, and expectation are intertwined.



EDITOR'S NOTE

Several articles examine the emotional processes that accompany grief, including themes of forgiveness, compassion, and healing. Some take a more embodied or everyday perspective, considering how practices such as eating, caregiving, and self-reflection can shape how grief is experienced and integrated over time.

The issue also extends beyond personal and family contexts to consider grief in contemporary and societal settings. Contributors reflect on the sense of loss associated with workplace change and disrupted plans, as well as the emerging and sometimes confronting role of technology in shaping how we remember and relate to those who have died.

Across these diverse perspectives, a common thread emerges: Grief is not a singular experience, nor is it confined to specific events. It is a deeply human response to change – one that reflects our relationships, our identities, and the meanings we make in the face of uncertainty.

Read on to explore.

A handwritten signature in black ink, appearing to read 'Denise Dillon', with a long, sweeping underline.

Dr Denise Dillon
Editor-in-Chief



Grief Beyond Bereavement: Loss, Meaning, and Care Across the Life Course

By Dr Selvakumar Simon; Founder, Dark Glasses (Social Initiative - Mental Health)

Grief is often spoken about in narrow terms, tethered almost exclusively to death and bereavement. Yet in practice—particularly within health and social care—loss is far more pervasive, diffuse, and embedded in everyday life. People grieve not only for those who have died, but for roles that have changed, bodies that no longer function as they once did, relationships that have fractured, and futures that quietly dissolved without ceremony. In my work as a community builder and educator I have come to understand grief as a social and relational process that unfolds across the life course, shaped by context, inequality, and care systems as much as by individual emotion.

Loss frequently enters people's lives without recognition or validation. A caregiver mourns the gradual disappearance of a parent who is still physically present. A mid-career worker grieves the loss of professional identity following illness. Adult learners return to education carrying cumulative disappointments, interrupted aspirations, and responsibilities that leave little space for reflection. These experiences rarely meet formal criteria for support, yet they exert a profound influence on wellbeing, motivation, and meaning-making. When grief is rendered invisible, individuals are often left to carry it alone, interpreting their struggle as personal failure rather than a reasonable response to change.

My engagement with grief is not purely academic. It is inseparable from lived experience. I witnessed my sister's death when I was five years old—an event that shaped my earliest understanding of fragility and permanence. Years later, I lost my father, and more recently, my aunt passed away suddenly after speaking with me just six hours earlier. These moments did not simply occur and resolve; they settled into my life, resurfacing at different stages, intersecting with new roles and responsibilities. They taught me that grief does not follow a linear trajectory, nor does it remain confined to the past. Instead, it evolves, re-emerging as circumstances change and new meanings are constructed.



These experiences have sharpened my sensitivity to how vulnerability is managed—or avoided—within professional settings.



In health and social care education, grief is often framed as something to be assessed, treated, or resolved. While clinical frameworks are important, they can unintentionally position grief as pathology rather than as a normal, if painful, response to loss. These risks overlook the social dimensions of grief: how it is shaped by cultural expectations, economic precarity, caregiving burdens, and institutional constraints. For many individuals, especially those already navigating structural disadvantage, grief accumulates alongside stress rather than being neatly “processed.”

This perspective has become particularly salient in my outlook and engagement with people from all walks of life. Many people balance full-time work, family responsibilities, and study, often while caring for ageing parents or managing their own health challenges.

Their learning journeys are frequently interrupted by events that do not pause personal timelines—hospitalisations, deaths, divorces, or sudden financial strain. In these contexts, disengagement or missed deadlines are easily interpreted as lack of commitment. Yet more often, they reflect the invisible labour of coping with loss while attempting to remain functional.

In my capacity as an educator, this has required me to rethink what care-centred practice looks like in learning environments. Compassion, in this sense, is not about lowering standards or removing challenges. It is about recognising that grief affects cognition, concentration, and confidence, and that flexibility can coexist with rigour. It is also about modelling reflexivity—acknowledging that educators, too, are shaped by loss, and that professional authority does not confer immunity from vulnerability.

Understanding grief as relational has also altered how I think about support systems. Grief is not experienced in isolation; it is mediated by relationships, workplace cultures, and social narratives about resilience and productivity. In many settings, there is an implicit expectation to “move on,” to contain emotion, and to maintain performance. Such expectations can silence grief, pushing it underground where it manifests as burnout, disengagement, or ill health. A care-centred approach instead asks: What spaces exist for people to make sense of loss together? How do institutions acknowledge disruption without demanding premature recovery?

Crucially, grief is also unequally distributed. Social disruption, health inequities, and economic insecurity intensify both the frequency and impact of loss.



Those with fewer resources often experience layered losses—of stability, safety, and opportunity—while having less access to support. To attend to grief responsibly, health and social care practitioners must therefore remain attentive to power, context, and structural conditions, rather than locating distress solely within the individual.

I approach grief, then, not as something to be fixed, but as something to be held. It is an ongoing process of meaning-making that unfolds over time, shaped by relationships and care practices. Whether in classrooms, care settings, or everyday interactions, the task is not to eliminate grief but to respond to it with attentiveness, humility, and ethical responsibility. When we recognise grief as part of ordinary life rather than an exceptional rupture, we open possibilities for more humane forms of support—ones that honour both loss and the continuing capacity for connection.



Transitioning to Akhira (The Afterlife):

The Ethics of Grief and the Custodian's Gift

By Daniela Iman E. Schreier PsyD ABPP, Clinical Director @Ihsan Living Pte Ltd Singapore

"The pain of grief is just as much part of life as the joy of love: it is perhaps the price we pay for love, the cost of commitment." — Dr. Colin Murray Parkes, Psychiatrist, St. Christopher's Hospice

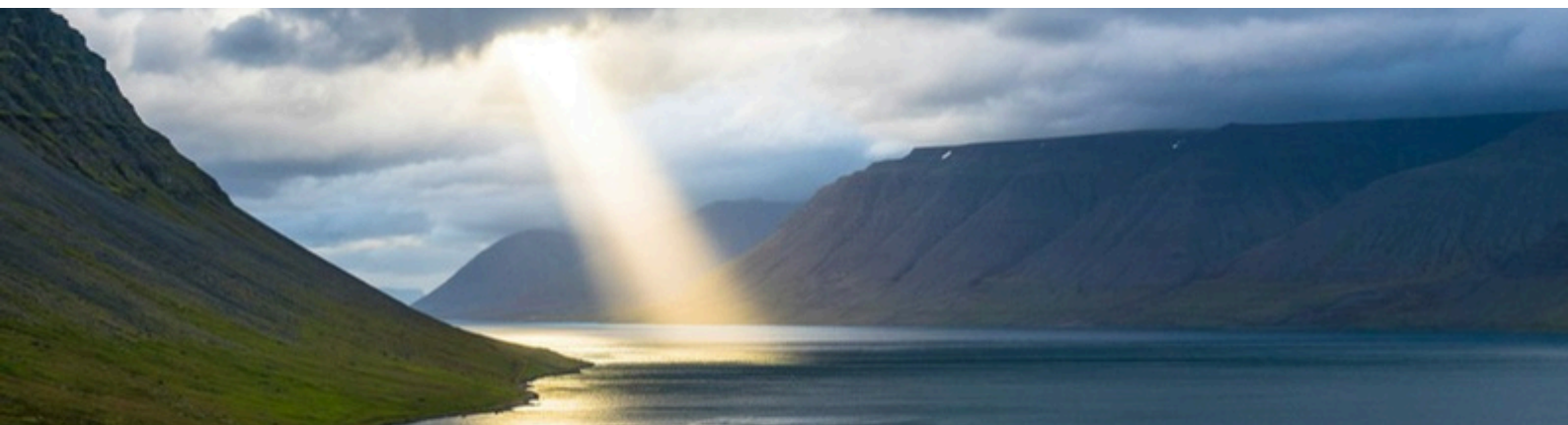
Author's Note:

The clinical narrative presented in this article is based on the therapeutic journey of a single individual. To ensure total anonymity and uphold the absolute sanctity of the patient-provider privilege—which persists even after life—all biographical data and identifying markers have been fundamentally altered. The focus remains strictly on the internal psychological process of the therapist and the professional navigation of bereavement within the therapeutic alliance.

The First Encounter

I entered the field of psychology because—like philosophy and debating—it allows for the radical acknowledgment that everything ends. This world, this dunia, is not built to last. Yet, therapy is meant to last in the hearts of the giver and the receiver. I view therapy as a journey, not just a four-visit intervention, but a companionship across decades—the road less travelled, visited consistently across a lifetime.

I will never forget the first encounter. While a clinician may not always register a name immediately, we always register the energy of the first entry. Adira walked in like a breath of fresh air at 28, an MBA student rising from "zero to riches" through sheer intellect and will. For fifteen years, I served as a "copy editor" to her unfolding life. I witnessed her edit out unbecoming choices and select the suitable, loving partner she deserved. Her husband would later rightfully describe her as an "open book"—it was that raw, unguarded transparency that made her irresistible. I watched her become a mother to three beautiful children, discovering an unforeseen passion and a depth of maternal love she never knew she had. She retired unbelievably early with full pockets, ready to dedicate herself to this new-found life. Then, the undeliverable message found its receiver: cancer had spread to every thinkable organ.



From Smarts to Essentialism

Adira fought for two and a half years, navigating aggressive chemotherapy and experimental trials to remain present for her children. When her body finally reached its limit, our "Thursdays with Therapy" underwent a profound shift. We transitioned from the serene, protected sanctuary of my clinic to the intimate, domestic reality of her home hospice. The Murshid —Spiritual Guide— was now accompanying the Murid —Dedicated Seeker— through the raw essentialism of mid-life death. While graduate training often focuses on dramatic, traumatic loss—such as the patient suicide portrayed in the thriller *Color of Night* (Rush & Williams, 1994)—we are far less equipped for the long, "orderly" journey toward a client's death. In those final days, smarts mattered less than the breath; relationships became the only priority. I was no longer editing a life of ambition; I was witnessing the finality of a soul attempting to find peace in the transition to the Akhira.

The Custodian of Memory

When Adira passed at 43, she left me with a unique gift: the role of "custodian of memory." Per her final instructions, I hold the stories she wished to share with her husband and children as they grow. I am the bridge between the mother they lost and the woman she was—the "open book" whose final chapters are entrusted to me. Her final gift also entails a lifelong bond and responsibility to her children.

The Clinician's Compass: Navigating the Grief of Therapeutic Loss

To deal with the loss of a long-term patient, the therapist must engage in a deliberate process of internal re-alignment. Below are five strategic points for processing this grief while maintaining professional integrity.



1. The Shift in Role: Moving from "Editor" to "Witness"

As the cancer metastasized, the "edit" ended and the witnessing began. To process this transition, the therapist must consciously relinquish the desire to "fix" or "save" and accept the quiet honor of accompanying the client on her final journey. Dealing with this grief requires acknowledging that our presence, not our intervention, is the final therapeutic gift. Our dialogue evolved around her impending loss and became more spiritual. Adira became interested in my view of the Akhira that she might be facing but had never seriously pondered. As such, even at the end, we were a wonderful match.



2. Clinical Legacy: Honoring the Survivors

The therapeutic alliance does not end at death; it evolves. Per Adira's final instructions, I became the custodian of her "therapeutic treasure box" and a temporary pillar for her surviving spouse. We find meaning in our loss by ensuring the patient's "unspoken" wisdom continues through their family. While we maintain professional boundaries, we offer a structured, compassionate transition that allows the client's inner work to continue flowering in those she loved most.



3. The Custodian's Gift: The Ethics of "Entrusted Memories"

Managing the "unspoken secrets" within the treasure box requires a living clinical vault. The therapist must document these entrusted memories with the same rigor as clinical notes, ensuring they remain protected until the children are developmentally ready. We process the loss by acting as a professional bridge across generations, ensuring Adira's voice is heard exactly when it is needed most.



4. Home Hospice and Digital Boundaries: Professional Presence

Transitioning to home hospice—or navigating online therapy—is a new, sacred space for both Murshid and Murid. The clinician becomes a professional guest in a home and bears witness to a private ending. This role requires being a calm, observant presence—holding the space as a steady anchor without intruding on the family's final private moments. The clinician protects the professional emotional core by remaining a calm resource that holds the space without being consumed by it.



5. Re-establishing the Clinician's Mizan (Balance): Processing the Loss of the Murid

The Murshid must acknowledge that the "price of love" is more than a professional bereavement that can be bypassed. To remain an anchor, the clinician must engage in their own ritual of release. Whether through personal spiritual alignment—reconnecting with our own belief system or "inner compass"; peer consultation—moving from isolation to a clinical safety net to ensure balanced boundaries; or the profound act of cultivating our own souls through self-reflection and healing, we must acknowledge that our own hearts were, and always will be, a fundamental part of the journey. We do not just "move on"; we integrate the loss into our own clinical wisdom, recognizing that every transition from Dunia to Akhira makes us more capable witnesses for those still walking the path.



MS FALGUNI KOTAK

PRESENT BUT CHANGED

AMBIGUOUS LOSS IN DEMENTIA AND CAREGIVING

THE FIRST TIME

I noticed something wrong was when my mother stood in front of Marina Bay Sands and asked me for the twentieth time, “Where are we?” At first, I brushed it off. Everyone forgets things occasionally. But when the question kept repeating — sometimes minutes apart — I began to feel a quiet unease. What followed was a rapid decline.



Watching someone you love fade while still being physically present is a unique kind of grief. The vibrant, dynamic personality I knew slowly became frail, bewildered, and unfamiliar. Conversations shortened.

Eventually, she began to look around with polite confusion. Each of these moments carries a quiet grief.

She is physically present, yet the mother I know seems to be slipping away.

The concept of ambiguous loss was introduced by marriage and family therapist Boss (2011).

She identifies two types of ambiguous loss: one in which a person is physically absent but psychologically present, and another in which a person is physically present but psychologically absent, as seen in conditions such as dementia.

Absence and presence are not always absolute. Families affected by the September 11 attacks endured agonising uncertainty while waiting for news of loved ones who never returned. A similar pain continues for families of the Malaysia Airlines Flight 370 disappearance, the aircraft that vanished in 2014 with no resolution to this day (Boss, 2011).

In this article, I focus on how families cope with ambiguous loss in the context of dementia. Unlike many other forms of grief, the losses in dementia do not happen all at once. They cascade gradually over time — coping and grieving become ongoing processes rather than a single event.



CAREGIVING IS EXPERIENCED DIFFERENTLY

depending on religion, socioeconomic status, geography, gender, race, and age — all of which shape how people understand and approach the responsibility.

In many Asian societies, caregiving for elderly parents is deeply shaped by cultural expectations of filial duty and family responsibility.

Adult children often feel a strong moral obligation to care for aging parents at home, rather than rely on institutional care.

Research examining caregiving narratives in Singapore suggests that the country has one of the highest frequencies of caregiver-related media narratives, reflecting growing public attention to caregiving challenges (Chan et al., 2021).





AT THE SAME TIME, studies of dementia caregivers in Singapore highlight the emotional strain, role transitions, and daily uncertainties families face while supporting loved ones with cognitive decline (Basnyat & Chang, 2021; Ang & Yuen, 2023). In many families, especially in Asian societies, women still predominate as caregivers. Although the number of male caregivers is increasing, women often take on the most demanding and isolating tasks, such as feeding, bathing, toileting, and dressing loved ones. Caregiver stress does not affect only the caregiver — it also impacts the well-being of the person receiving care.



What caregivers often need most from family and community is affection, reassurance, coping support, and tangible assistance. Small acts — listening without judgment, offering to sit with a loved one for a few hours, helping with errands, or simply acknowledging the caregiver’s effort — can make a meaningful difference. In contrast, criticism, judgment, or social isolation can deepen their emotional burden.

Because dementia gradually changes family roles, caregivers may also need to redefine where support comes from. When a loved one can no longer fulfill certain emotional or practical roles, it becomes important to seek others who can help fill those gaps.

The idea of a “psychological family” as explained by Pauline Boss, reminds us that family is not limited to those related by blood. It can be actual, virtual, or spiritual; friends, support groups, neighbors, faith communities, or online networks that provide emotional connection and understanding.

These relationships are essential for the health and well-being of caregivers facing the long uncertainty of dementia, offering both practical help and the reassurance that they are not alone.



Resilience in situations of ambiguous loss often comes from learning to tolerate uncertainty rather than trying to resolve it (Boss, 2011). Choosing to embrace ambiguity rather than resist it can feel paradoxical, yet it can open pathways to meaning and connection. Caregivers may continue to speak to their loved ones even when responses fade, hold their hand, or offer a hug even if the gesture is not returned. These small acts sustain emotional bonds despite cognitive changes. At the same time, it is important to acknowledge that not every caregiver finds meaning in the ambiguity, and that is also a valid experience. Dementia reminds us that grief in such situations rarely reaches a clear ending.

In this complex emotional landscape, therapists can play an important role in supporting caregivers navigating ambiguous loss. Therapy provides a space where caregivers can name and process the mixture of emotions that often accompany dementia caregiving — love, sadness, guilt, frustration, and exhaustion.

Drawing on approaches such as cognitive behavioural strategies, mindfulness practices, and supportive counselling, therapists can help caregivers develop coping skills, regulate stress, and build emotional resilience. Therapy can also help caregivers reframe expectations of the relationship, recognise moments of connection that still exist, and maintain a sense of identity beyond the caregiving role. While therapy cannot remove the ambiguity of dementia, it can help caregivers find ways to live with uncertainty while sustaining compassion for both their loved one and themselves.

I FOUND MEANING IN THE SMALL MOMENTS

visiting her every month, taking strolls, or playing a game of Sequence. Supporting my brothers and father through daily caregiving challenges also shaped this journey. Writing this article gave me a sense of closure, and though grief still comes in waves, these acts of presence and connection allowed me to hold onto love and find meaning despite the loss.





Self-Forgiveness & Grief - A State of Mind Entangled with Emotions

By Dr. Liliana Ferreira da Costa

Self-forgiveness is the process where the person releases their negative feelings, behaviours and emotions, in order to balance them with positive responses (Woodyatt & Wenzel, 2013; Worthington, 2006), leading to better psychological well-being (Costa et al., 2021; Massengale et al., 2017; Woodyatt et al., 2017). Thus, it can lead to positive attitudes towards the self, regaining the sense of value and the moral reintegration of the self (i.e., resolve unfinished business related to grief) (Peterson et al., 2017; Thompson et al., 2005).

Self-forgiveness is also related to better psychological well-being (Cornish & Wade, 2015; Costa et al., 2021; Davis et al., 2015; Liao & Wei, 2015; Wohl et al., 2010).



Self-forgiveness in the Clinical Context

Self-forgiveness is considered a deep process that requires the preparation and predisposition of the client as well as the therapist, and involves the dyad between them (Woodyatt et al., 2017).

Concerning the clinical context, Greenberg and colleagues (Greenberg et al., 2008; Meneses & Greenberg, 2019) described the positive benefits of Emotion-Focused Therapy (EFT) concerning the processes of forgiveness and letting go after an emotional injury. Despite being indirect effects (Greenberg et al., 2008), these are significant positive indicators regarding the change process of the client.

Several researchers (e.g., Worthington, 2006; Woodyatt et al., 2017) suggest that self-forgiveness tends to be associated with motivation and consciousness of the change process. Therefore, it concerns a person's feelings about letting go of negative emotions, giving space for new meanings and positive affect. These are important signs for therapists, concerning the opportunity for a client to experience a deep process of change, regarding self-forgiveness (Woodyatt et al., 2017).



Woodyatt et al., as well as Enright and Fitzgibbons (2000), state that in the perspective of the offender, these can be reparative processes of the self, involving the acceptance of the moral social values. Thus, it can benefit the therapeutic process if the therapist is aware of and verbalizes/pin points to the client these inner conflicts, in order to promote a higher consciousness for the client, and to work towards establishing a reconciliation between the two parts of the self.



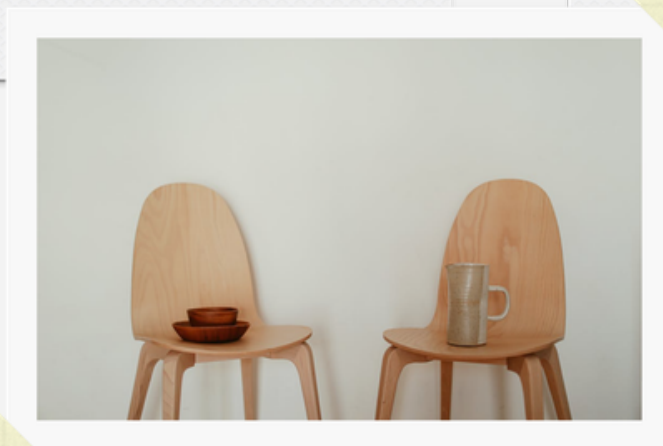
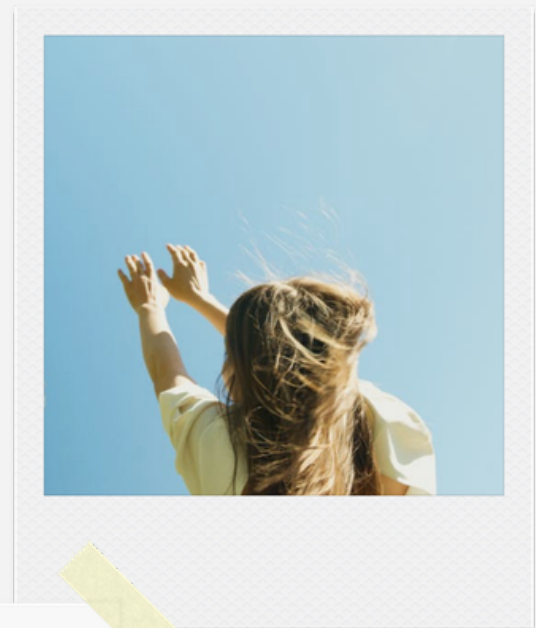
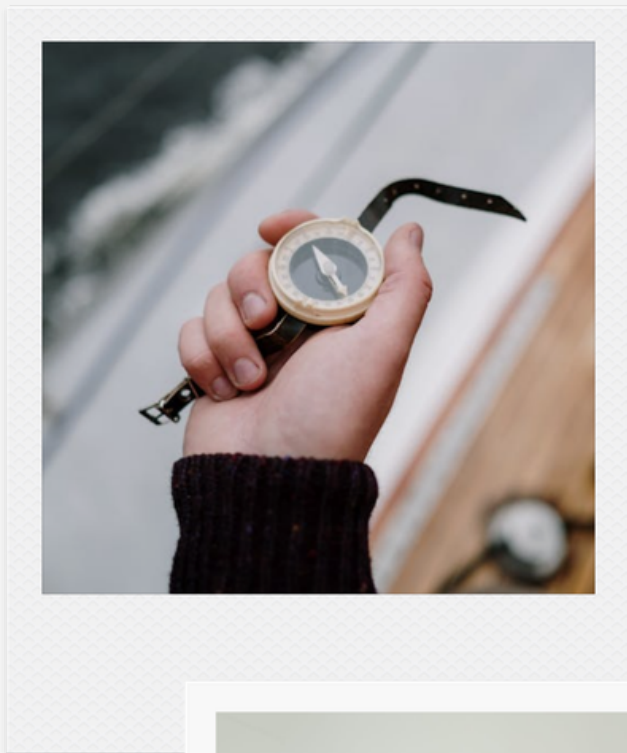
Therapy, Grief, Self-Forgiveness & Psychological Well-Being

Several therapies can promote self-forgiveness processes indirectly such as through Emotion-Focused Therapy (Pos & Greenberg, 2007), or directly through application of the REACH Forgiveness model (Worthington, 2006).

“Genuine forgiveness and self-forgiveness are always morally appropriate and desirable goals of psychotherapy for those patients who are willing and able to achieve them.” (Holmgren, 2002, p. 116)

According to the theory of Holmgren (2002), indeed self-forgiveness turns to be a deep and challenging process, where the client, therapist, and the goals of therapy need to be in

congruence. In this sense, in the process of self-forgiveness as approached from the perspective of Emotion-Focused Therapy, the focus on (and expression of) emotions is considered one of the main features of the therapeutic process.



Literature shows evidence of the benefits of this process through the resolution of emotional injury resulting from an interpersonal offense, through the process of self-forgiveness, using for example the Empty-Chair Task for unfinished business, and/or Two-Chair Dialogue for inner conflict splits (Elliott et al., 2021; Greenberg et al., 2008; Meneses & Greenberg, 2019).

Elliott and colleagues (2004), Pos and Greenberg (2007), and Greenberg and Goldman (2018) theorise Emotion-Focused Therapy as one of the main therapies that focuses on explicitly (and purposefully) working with emotions, while they are activated/aroused. Based on these views, I propose that an emotion can be analogised as the GPS of the client that guides them to their needs.



In this sense, EFT theory combines client-centered empathy (Pos & Greenberg, 2007; Elliott et al., 2021) with the dialectics between emotion (as activated and bodily-felt) and symbolization of the emotion (conceptual understanding), which become the focus of the therapy and promotes the active work with grief.

Regarding the therapist stance, EFT combines empathic exploration (following) with directive techniques to facilitate the enactment and exploration of emotions and experiences (guiding). The main goal is to

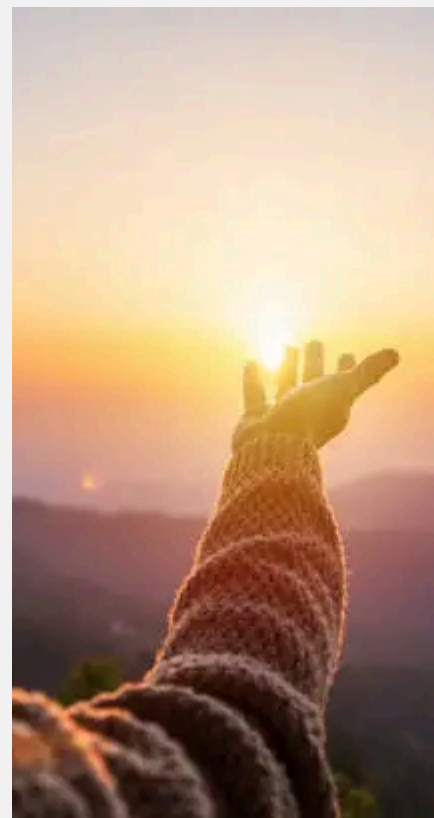
promote emotional self-regulation and emotional transformation, which are associated with the core issue of the client, as well as the elaboration of new meanings (Elliott et al., 2004; Greenberg & Goldman, 2018). Lazarus and Shahar (2018) stated that traumatic events can lead to the experience of maladaptive emotions.

Therefore, the person tends to develop negative memories (affective and cognitive). At a certain moment in the person's life, when those



negative memories are activated, they tend to be experienced in a maladaptive way (Lazarus & Shaha, 2018; Shaha, 2013, 2015). These processes of self-regulation (i.e., experiential processes) guide the client to the enactment of the experience and lead to self-awareness. In this sense, becoming aware of and understanding emotions (and emotional reactions) becomes a foundational step in EFT (Elliott et al., 2021; Greenberg & Goldman, 2018), leading to a deep comprehension of the experience, to the recognition of the core issue/vulnerability and the accompanying core needs, and to decrease emotional suffering.

These processes allow the client to change maladaptive emotions into adaptive emotions (Pos & Greenberg, 2007; Elliott et al., 2021), providing to the client peace, acceptance, and psychological well-being, culminated by the combined states of grief and the work with emotions and self-forgiveness.



An Evolutionary Perspective and Compassionate Approach to Grief

By Mr Lerh Jian Wei, Clinical Psychologist



Grief is often misunderstood as a problem or experience to be resolved or “gotten over.” However, grief is a normal, human, and non-pathological response to losing someone or something significant.



Grief can arise from both death and non-death losses (Harris, 2019). These may include the death or loss of a loved one or pet, a significant relationship, health, bodily function, meaningful role or identity, treasured object or place, and connections to social, political, or spiritual causes. Because humans have imaginations and hopes, grief may also arise from yearning for what we did not have and what could have been (Gilbert, 2023).



From an evolutionary psychological perspective, grief can be understood as evolved motivational and emotional responses that seek to restore the

relationships and the associated sense of physical safety and social safeness following the loss of an important bond (Gilbert, 2023). This is because human survival historically depended on close social relationships and cooperative groups, leading to the evolution of attachment systems that motivate us to seek proximity to caregivers and significant others or adapt to their absence (Harris, 2019).

This evolutionary understanding helps explain common grief reactions. Harris (2021) noted that bereaved individuals may search for the deceased in familiar places, hold onto personal objects

associated with them, or yearn for reminders of the relationship, such as cultural food. These behaviours reflect innate proximity-seeking responses of the attachment system (Harris, 2021). Grief therefore encompasses a range of responses, including sadness, crying, anxiety, numbness, shock, anger, disgust, denial, withdrawal, bodily discomfort, and sleep disturbance. These reactions reflect the activation of the threat and attachment systems responding to the loss of a source of safety, connection, and meaning.



This understanding aligns with two leading theories of grief. The Continuing Bonds perspective proposes that grief involves transforming the relationship with the deceased. Rather than



severing ties, individuals gradually develop ways of maintaining symbolic or internal connections through memories, rituals, values, and ongoing dialogue with the deceased (Klass et al., 1996). In this sense, grief is a meaning-making process and aligns with cultural practices across societies that maintain connection through rituals, anniversaries, storytelling, and memorial practices.

Similarly, the Dual Process Model of Coping with Bereavement (Stroebe & Schut, 1999; 2010) proposes that adaptive grieving



involves oscillation between two coping processes. Loss-oriented coping involves confronting and processing the emotional pain of the loss, such as yearning, remembering, or expressing sadness. Restoration-oriented coping involves adjusting to life changes following the loss, including managing practical tasks, developing roles, and gradually re-engaging with life. Adaptation involves moving flexibly between these processes rather than remaining stuck in either.



How individuals grieve varies widely and is shaped by attachment patterns, beliefs about the world, and sociocultural context (Harris, 2019). Attachment patterns—internal models of relationships formed through early caregiving experiences—can influence grieving responses.

Individuals with more anxious attachment patterns may experience intense yearning and emotional distress while focusing on the loss, whereas those with more avoidant patterns may focus more on practical adjustment while reporting grief through physical or somatic symptoms (Harris, 2019).



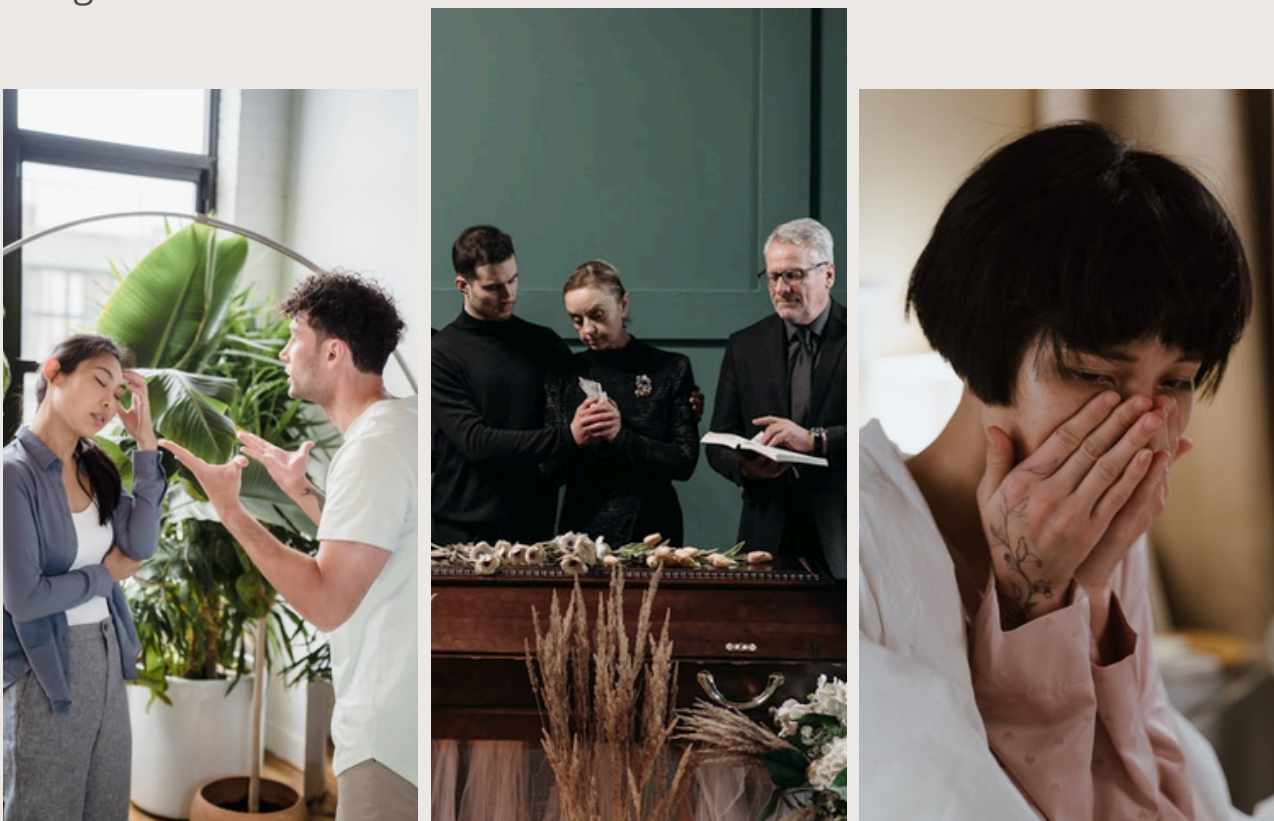
Loss can also challenge our assumptive world—the basic beliefs that life is meaningful, predictable, and relatively safe (Harris, 2019). When loss disrupts beliefs that loved ones will remain present, others are benevolent, or the world

is fair, individuals may struggle to reconstruct meaning and safety, while others might attach more tightly to the deceased and become withdrawn or fearful of the world and the future.



Grief may also be complicated by social and cultural factors. Individuals may experience disenfranchised grief, where their loss is not fully recognised or supported by others (Harris, 2019). Cultural expectations influence how grief is expressed, how long mourning lasts, and which rituals are considered appropriate. In many Asian contexts, mourning is often viewed as a private practice and an expression of filial piety (Le et al., 2025). These expectations can create difficulties when individuals seek connection and support but feel shamed for expressing grief openly. Individuals may also experience shame or guilt if they cannot perform expected mourning rituals due to differences in cultural practices, lack of knowledge, or complicated family histories.

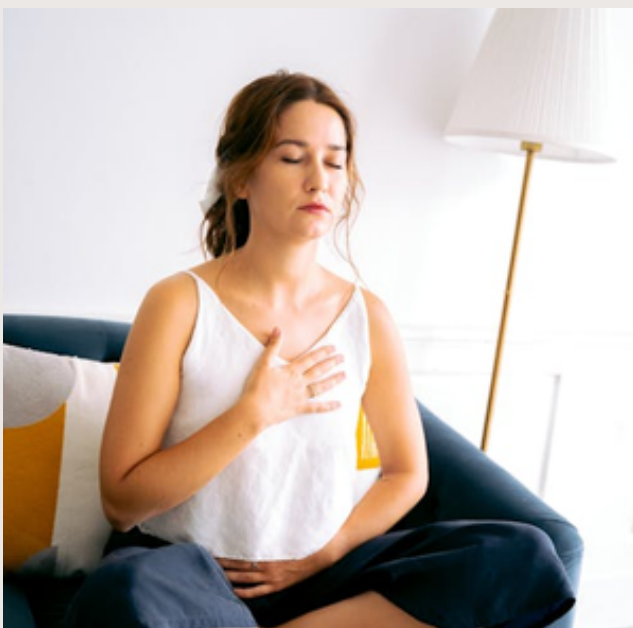
Given that grief is a normal human response to loss, compassion offers an important response for grievers, witnesses, and supporters. Compassion is defined as the sensitivity to suffering in oneself and others together with the commitment to alleviate and prevent it (Gilbert, 2023). Witnesses and supporters may also experience distress in response to perceived loss or to feeling unable to support the griever.



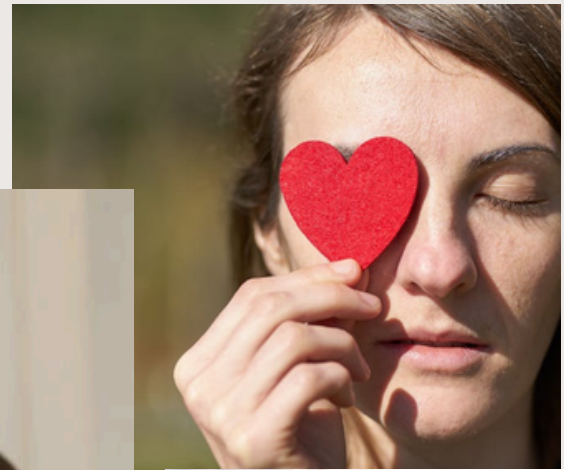
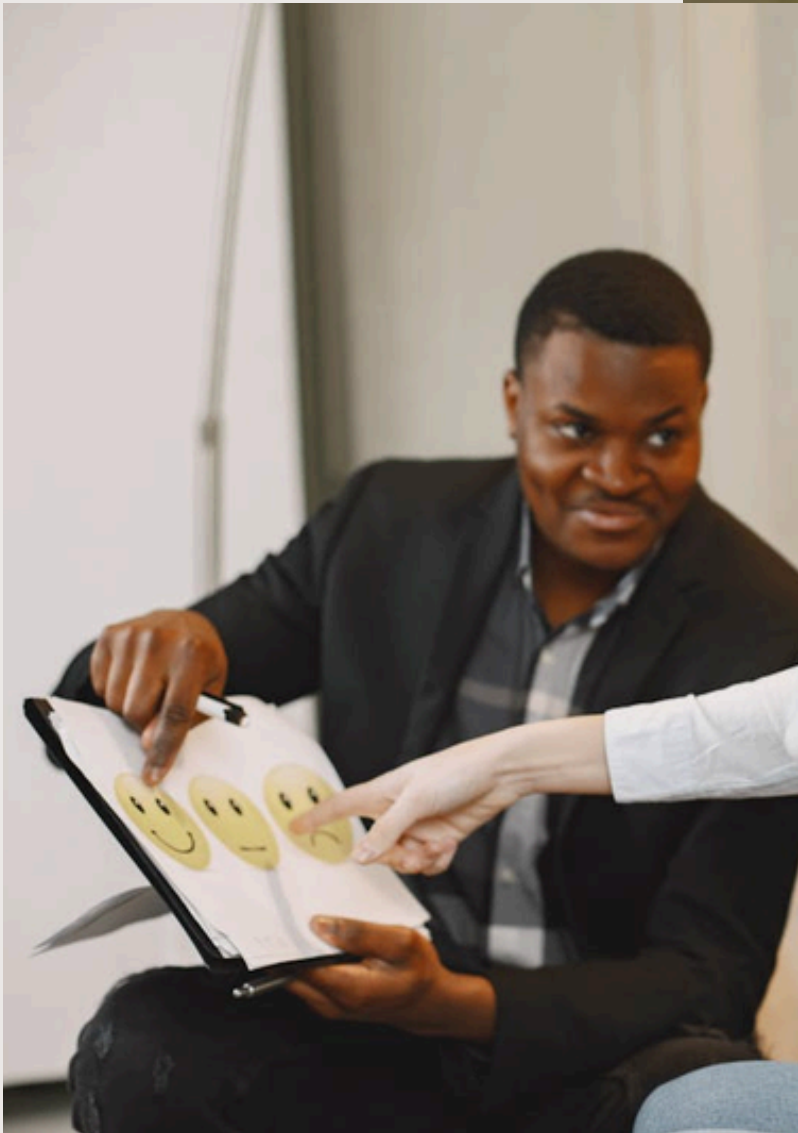


Compassion begins with recognising that loss is part of the human condition. It also involves understanding that our actions and grief responses are shaped by evolved patterns, attachment systems, assumptive worldviews, and early experiences (Harris, 2021). Feelings such as guilt or shame may reflect attempts by our “tricky mind” to make us attend to the pain and bond we deeply care about and restore a sense of safety and belonging. These responses are therefore not personal faults or flaws.

One simple practice is compassionate grounding through supportive touch. This involves slowing the breath, gently placing one or both hands over the heart or chest, and offering



compassionate phrases internally or aloud to self or others—for example, “This is painful,” “May I find strength to face this,” or “I am here with this pain.” Sometimes individuals may rub their hands together briefly before placing them over the heart, allowing the warmth to deepen the sense of care and grounding (Harris, 2024, October 10).



Such practices can help individuals stay present with pain and grief while cultivating the emotional resources needed to process the loss and gradually reconstructing meaning and an alternative bond with the deceased.

Ultimately, grief is not a problem to be fixed but a human process of adapting to loss, maintaining connection, and making meaning. Compassion—towards ourselves and others—can provide the emotional foundation that allows this process to unfold with care and dignity. Additional professional support may be considered if the bereavement significantly interferes with daily living.

Savouring Memories: Grief, Food Voices, and Continuing Bonds

By Paul Victor Patinadan



In 'The Table to Console', a novel Culinary Grief Intervention and flagship project of my research team, we heard many heart (and stomach) warming stories from our participants; individuals who had joined us to learn more about and facilitate their grief at losing someone they loved. Through the medium of food and cooking, within a safe, professionally facilitated and supportive environment, our participants explored and expressed their continuing bonds with their lost loved ones, working with sacred memories, legacy, and deep healing. One instance springs to mind, of a

*genial participant (Ms Tan *name changed for confidentiality) who had decided to cook her mother's celebrated Lion's Head meatballs. She stood by the sink at the cooking studio where we held our sessions, meticulously cutting dried cuttlefish into thin strips, a soft, sad smile playing across her face. "I could remember the interactions that I had with her in the kitchen," she had recounted to us later, "It came back so naturally as well. I could remember her instructions...That scene in the kitchen with her is very clear (in my mind). I would be with her near the sink. (The memory is very, very vivid." Chef Priscill (@taitaichef), our resident culinarian, had checked up on her. "Do you think this thinness is okay? My mother had always used scissors..." Ms. Tan had asked. With mischievous tenderness, Chef had gently retorted, "Would your mother feel it's okay?". Ms Tan's laughter rang through the small kitchen, her mirth paralleling the bubbling pots, chopping knives, and other domestic noises around us. "No," she grinned in a moment of levity, "Absolutely not!"*

Food represents far more than mere sustenance for many of us. Lupton (1996) had rightly pointed out that our appetites are an "emotionally-flavoured hunger", and that our human relationship with



food and eating are subject to the most powerful emotions experienced in any context. Food also contributes to the formation of family identity and domestic life, with familial food experiences socializing moral values, duties and valued experiences.





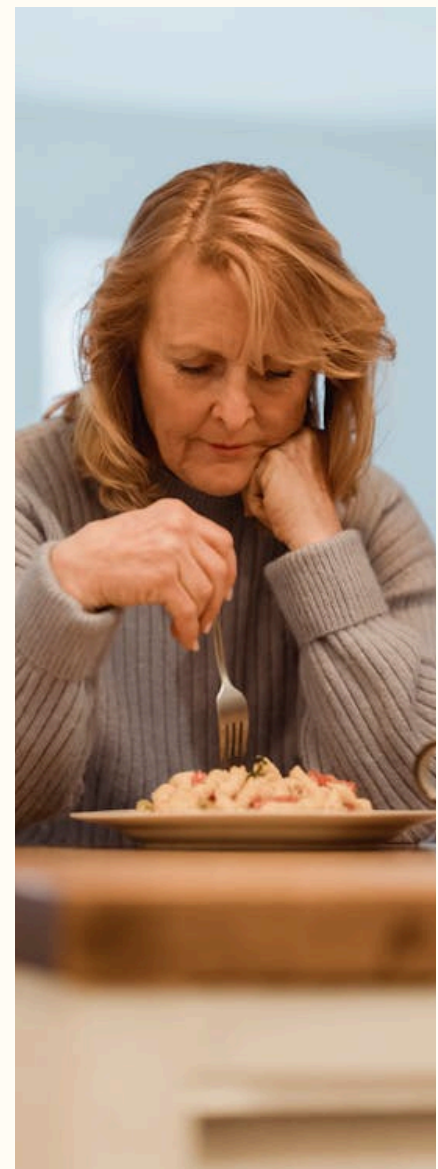
Homemade foods and shared consumption practices construct “the home” and even connect families to duties of care (DeVault, 1994). Within the broader sociological lens of symbolic interactionism, food is



understood as a significant social product through which meaning is constructed and interpreted, as we as individuals exercise agency in the selection, sourcing, and consumption of what we eat. Food and eating operate as a nexus of social interaction, shaping processes of identification and value formation at both individual and collective levels. Beyond this,

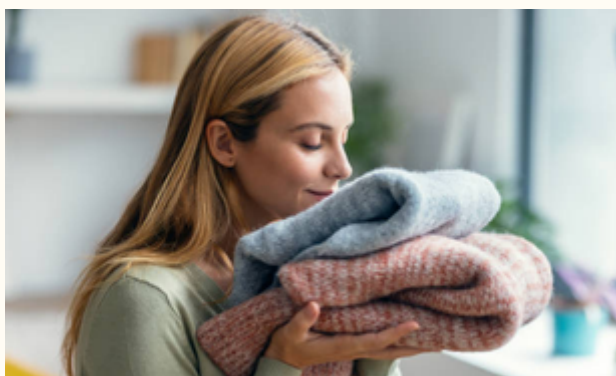
they permeate everyday cultural and psychological life, influencing the development of eating preferences, meal patterns, and ritualized practices. These food-related rituals often serve as conduits that connect participants to wider cultural norms and values. Building on this, Hauck-Lawson (1998) introduced the concept of “food voice” to capture food’s role as a powerful medium for expressing subjective, cultural, and personal meanings, highlighting how choices surrounding what one procures, prepares, or consumes function as

deliberate statements of identity and cultural belonging. With such deep and intimate gastronomic roots, our



deliberate statements of identity and cultural belonging. With such deep and intimate gastronomic roots, our food voices develop and grow alongside us throughout all stages of our lives, interacting also with those of our loved ones...and they seem to echo long after we’re gone.

Grief is a strange, multifaceted emotion. For those of us who have lost a loved one, we know the sudden deluge of painful feelings that can overwhelm us at the slightest of triggers; a sound, a smell, even a taste of something “so familiar, but so far away” (as another of our participants had eloquently phrased). Esteemed Thanatological researcher Therese Rando named this phenomenon S.T.U.G. – the Subsequent Temporary Upsurge of Grief. Mealtime, unsurprisingly, is a common trigger point. I recall an older woman sharing that she could never sit at the kitchen dining table after her husband passed.



That area became a void, her meals, what she could fit on a single plate to bring to the living room. But I remember also a meaningful dialogue I had with a student who had lost her mother.

“It isn’t easy”, she had said, “but she would want me to be well, and that would mean eating, you know, something nutritious.” It is easy to see how our food voices can carry the beautiful potential for legacy-building, continuing care, and with those, a dignifying means for deep healing through loss, not just by memorialization, but celebration.

So how might we harness our shared pleasure of the table to



best build a warming legacy we can revisit time and again? Documenting



our (or our loved one’s) food voices effectively can be a great start. Start with these easy steps for top-tier culinary biographing:



1

Understand the intimacy of the process

- a. Our food voices are deeply personal and very unique. Time to reflect (when available) is important.
- b. Don't press for a LEGACY recipe or a FAVOURITE dish, these are forceful confrontations that pressure for singular answers. "Something I'm proud of cooking," or "What we enjoy eating" might be better alternatives.

2

Link to specific memories and seek description

- a. Festivals, Holidays, Anniversaries and specific events might hold food-related meaning for many of us.
- b. Explore: When you cook/eat it, how does it make you feel? What is something special about it? How can you tell it's going to be good? What does it look/smell/feel like?



3

Ask good questions

- a. Stick to What/How questions and scaffold them: How thinly do you slice the onions? > How do

know when to add the paste? > How will the onions look/smell at this point? > Translucent or golden brown? > What should I look for to know the rempah is done?

4

Make this an ongoing project

- a. Be sensitive to your food voices, and mindful to your next special shared food experience when it's happening.



Our Food Voice, if we learn to listen, facilitates our legacy; loud, strong, proud, and with unbridled potential for healing the loved ones we eventually leave behind. Food, thus, threads through chapters of our life histories and narratives; what we ate (with whom), what we are eating (and why), what we will eat (and when). In the eternal words of French Gastronomer Brillat-Savarin (1825),

“

*“The pleasure of the table belongs to all ages,
to all conditions,
to all countries,
and to all eras;
it mingles with all other pleasures,
and remains **at last** to console us for their departure.”*

”



Grief and Loss in Parents of Young Children with Special Needs

Author: Shalini Elangovan, Senior Clinical Psychologist, AWWA LTD

Co-Author: Vincent Raj Ferida, Deputy Director, AWWA LTD

"In working with caregivers of children with developmental needs, I often see that grief unfolds over time, as parents gradually adjust to changing expectations and deepen their understanding of their child's needs and future."

Caregivers of young children with developmental needs frequently encounter emotional experiences that extend beyond the normative stresses associated with parenting. Conventional theories of grief focus on bereavement, but current research increasingly questions these frameworks as being inadequate for comprehending the sadness connected to continuing caregiving and non-death loss. According to research, experiences of loss in the context of developmental disabilities reflect recurrent and unresolved emotional processes shaped by persistent ambiguity rather than fitting neatly into models of grief that assume a fixed endpoint (Alvis et al., 2023; King et al., 2024; Masefield et al., 2020).



Ambiguous loss, a concept coined by Boss (2010), may be a better way to describe the emotional terrain of early childhood intervention caregiving. Ambiguous loss is defined as loss that occurs without a clear conclusion, such as when a loved one is physically present, but the future that caregivers envisioned is disrupted or when developmental trajectories are unknown (O'Leary & Thorpe, 2024; Hoffmann et al., 2025). For many parents of children with developmental needs, grief isn't about a physical loss, it's about grieving the milestones, dreams, or "what could have been," while still deeply loving and celebrating the child in front of them.

Parents often verbalise statements such as, "I love my child so much, but it hurts every time I go for his physiotherapy appointments", "I keep asking myself, could I have prevented him from having this condition?", "When my mother passed away, I managed to get over the grief in a few months, but I keep feeling this persistent sadness when I take care of my child with special needs". These verbatim comments from parents highlight the ongoing, unresolved nature of ambiguous grief, where hope for progress coexists with grief, uncertainty, and the need to continuously adjust expectations.

Grief in connection with interaction with professionals

Parents' experiences of ongoing grief are shaped not only by their child's developmental journey but also by their interactions with professionals. Parents shared in therapy how encounters with services and professionals sometimes unintentionally intensified their sense of loss and responsibility which contributed to recurring feelings of guilt, inadequacy, and emotional burden.

Professionals' well intentioned statements such as "You are doing very well with your child" could be perceived by some parents as reinforcing the belief that their child's progress was entirely dependent on their efforts which caused feelings of guilt and self-blame rather than providing reassurance.

It is important that professionals adopt a grief-informed and emotionally attuned approach when supporting caregivers (Raap et al., 2024). While encouragement and affirmation are important, it is equally critical to acknowledge the complexity of parents' emotional experiences. Validating statements such as acknowledging that parenting a child with developmental needs can be difficult, and that it is acceptable to feel overwhelmed, may help parents feel understood, reducing feelings of isolation and creating a supportive environment where parents feel safe to share the ongoing emotional realities of caregiving.



Ambiguous grief and therapeutic approaches

Meaning Making and Narrative Approaches

Meaning making can be used to reconstruct personal meaning to having a child with developmental needs and integrating the experience into their broader life narrative (Park, 2010; Neimeyer, 2016). Meaning making does not remove the grief but allows parents to reinterpret their experiences in ways that sustain hope and psychological adaptation. As ambiguous grief is a continuous process, parents can use meaning to reconcile discrepancies between previously held assumptions about life and the realities they encounter (e.g., diagnosis, educational transitions).



This approach draws on principles from Narrative Therapy, which emphasises how personal stories shape individuals' understanding of their experiences. At times, parents may become immersed in narratives focused on loss, guilt, or inadequacy. Narrative-oriented conversations gently broaden these perspectives by highlighting resilience, persistence, and meaningful moments within the caregiving journey.

Professionals can facilitate meaning-making by using questions that encourage reflection on both the challenges and the ways parents are finding purpose in their journey. For example:

- “In what ways has your experience changed how you view yourself or your strengths?”
- “What aspects of your child’s journey have opened new opportunities or connections for you?”



Such reflective interventions allow parents to process ongoing grief while reconstructing their experiences in ways that integrate grief with meaning, promoting adaptive coping without negating the ongoing nature of ambiguous loss. One caregiver, for instance, found that her meaning shifted from focusing solely on her child’s medical challenges to supporting other mothers with premature babies. Through these actions, she transformed her grief and ongoing challenges into a sense of contribution and connection, integrating the complex emotions of caregiving into a narrative of resilience, community, and renewed purpose. This demonstrates how structured reflection and supportive prompts can guide caregivers toward adaptive meaning-making, even in the context of ambiguous grief.



Normalisation

Normalisation can be used in supporting parents experiencing ambiguous grief. Normalisation acknowledges that emotions such as sadness, guilt, and frustration are common in the caregiving journey (Raap, Weille, & Dedding, 2024). Validation of these feelings is essential to reduce shame and help parents feel understood and supported. One mother, for instance, felt it was “wrong” to experience guilt and persistent sadness and often bottled up her emotions to appear strong. Through normalisation, she felt reassured that it is understandable to feel both love and grief simultaneously. This validation helped her express her emotions more openly, reducing isolation and shame.



Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is another therapeutic approach that can be used to support parents in navigating ambiguous grief. ACT emphasises psychological flexibility by helping individuals accept difficult emotions, clarify personal values, and take committed action aligned with those values (Hayes, Strosahl, & Wilson, 2012). In the context of ambiguous grief, ACT can help parents acknowledge ongoing sadness and guilt without attempting to eliminate these emotions, while focusing on actions that bring meaning and connection. For example, a caregiver may recognise her grief about her child’s recent diagnosis while simultaneously engaging in advocacy or attending support groups. This dual focus allows grief to coexist with purposeful action, reducing the pressure to “fix” emotions and promoting adaptive coping.

Supporting Caregivers Through Systemic Initiatives: The DayOne Programme

Beyond individual therapeutic approaches, systemic initiatives that address caregiver mental health are also critical. One such initiative is the DayOne program, a collaborative pilot programme, between KK Women's and Children's Hospital, Lien Foundation and AWWA Ltd, aimed at strengthening psychosocial support for parents of children with developmental needs. DayOne adopts a tiered model of support, whereby caregivers are guided to different levels of support depending on their needs. In AWWA Early Intervention Centres universal support is provided to all caregivers such as father engagement to strengthen co-parenting, Pictability training, which helps parents establish more predictable routines for their children, and Family bonding.



By embedding caregiver mental health support within early intervention services, the programme recognises that supporting the well-being of parents is closely linked to supporting the developmental outcomes of their children. For practitioners working with families, initiatives such as targeted intervention models reinforce the importance of adopting a family-centred and grief-informed approach, where the emotional experiences of caregivers are acknowledged as an integral part of the early intervention journey.

Acknowledgements: "The authors sincerely thank KK Women's and Children's Hospital and Lien Foundation for their collaboration on the DayOne programme and their support of this article".

UNDERSTANDING PARENTAL GRIEF IN ACCEPTING A CHILD'S SPECIAL NEEDS DIAGNOSIS

The moment a parent receives a diagnosis confirming their child's special educational needs (SEN) is often marked by intense emotional upheaval.

Grief reactions are both immediate and evolving, shaped by personal, familial, and societal factors. Initial responses frequently include crying, which may reflect not only sorrow but also guilt, relief, and the profound validation of previously unspoken worries. For many parents, tears are a physical manifestation of the internal conflict between loving their child and mourning the loss of anticipated future.

Denial is a common early response, serving as a psychological defense.



Parents may struggle to accept the diagnosis, question its accuracy, or seek alternative explanations.

This denial can be compounded by societal narratives that equate acceptance with resignation, leaving parents feeling isolated in their reluctance to acknowledge the diagnosis.

Anger often surfaces, directed at oneself, healthcare professionals, or the perceived injustice of the situation. Parents may feel betrayed by their bodies, genetics, or the healthcare system. Anger can also be directed inward, manifesting as guilt and self-blame. Many parents question their actions during pregnancy or early childhood, wondering if they inadvertently contributed to their child's challenges. These feelings are exacerbated by cultural messages that position parental behavior as pivotal in child development.

Acceptance is not a linear process but an ongoing negotiation. Parents may reach moments of acceptance, only to experience renewed grief at developmental milestones, such as school entry, adolescence, or transitions toward independence. Each milestone can reactivate feelings of loss, as parents confront the gap between their child's abilities and societal expectations.

Why Grief?

The grief experienced by parents is rooted in the recognition that their child's life will diverge from the "norm". This divergence is not simply about difference, but about loss: the loss of imagined futures, the loss of conventional milestones, and the loss of certainty regarding the child's independence and well-being. Parents worry about their child's capacity for self-care, employment, and social integration, especially in cases of severe intellectual disability. Concerns about long-term care and the child's eventual adulthood are persistent sources of anxiety.



Parents also grapple with the loss or alteration of hopes and dreams for their child. The diagnosis forces a redefinition of what success, happiness, and fulfillment will look like. Social stigma and the reactions of extended family or community members can compound grief, introducing fears about judgment and exclusion. Guilt is pervasive. Many parents interrogate their own histories, searching for causal factors (i.e., traumatic birth, prenatal stress, insufficient stimulation, or perceived neglect). This guilt is often irrational but deeply felt, reflecting a broader societal tendency to assign blame for developmental outcomes.

Unlike bereavement, the diagnosis represents a “living loss.”

The child is present and deeply loved, but the grief is ongoing and triggered by recurring reminders; for instance, missed milestones, school transitions, and social comparisons. This creates cognitive dissonance, as parents struggle with the “taboo” of feeling sadness when their child is alive and cherished. Such feelings are rarely openly discussed, leading to emotional isolation.

Recognising these grief responses as legitimate and adaptive is crucial. Validation from professionals, peers, and society can facilitate healthier adjustment, enabling parents to integrate their grief into a renewed sense of purpose and advocacy.



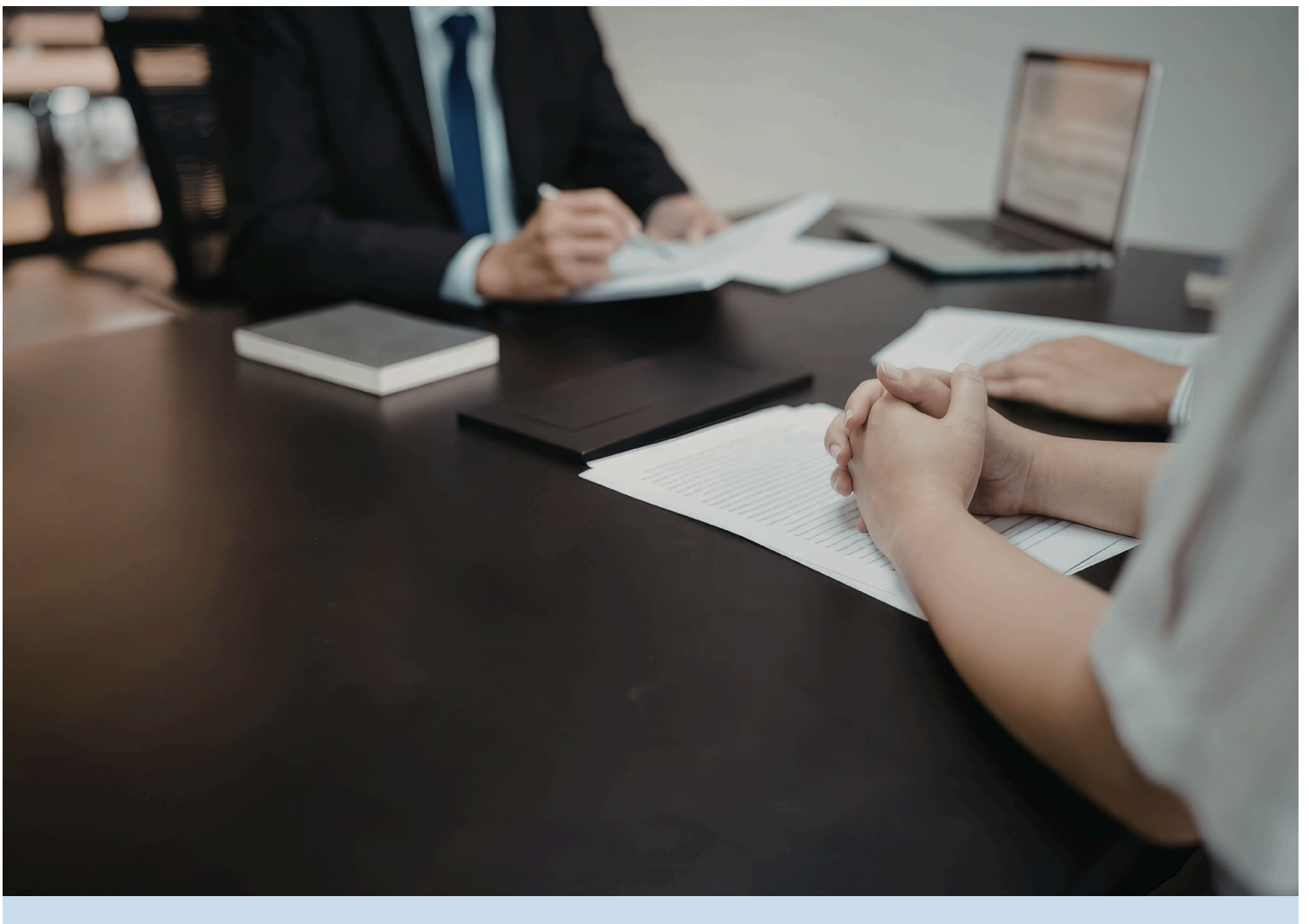
Pathway to Acceptance

When parents first receive the diagnosis that their child has special needs, the journey toward acceptance is rarely straightforward. It is a process shaped by grief, questions, and ultimately, hope.

Professionals play a critical role in guiding families through this transition, ensuring that information is delivered with clarity, empathy, and reassurance.

The first step is presenting the facts thoroughly and transparently.

Parents need to understand how the diagnosis was reached, which means professionals should carefully walk through the information collected from multiple sources, like teachers, developmental histories from birth to present, and standardised assessment results. By explaining these findings clearly, professionals help parents see the full picture rather than isolated concerns. This thoroughness builds trust and reduces uncertainty.



Parents often arrive with pressing questions: Are the results reliable? Why was this assessment necessary?

Parents often arrive with pressing questions: Are the results reliable? Why was this assessment necessary? Answering calmly and confidently, while returning to the original referral question, reassures parents that the process was purposeful and evidence-based. A detailed developmental interview or assessment, such as the Autism Diagnostic Interview –Revised (Rutter et al., 2003), while lengthy, often brings parents to the realisation that challenges were present earlier than they had recognised. This helps them connect the dots, reframing the diagnosis not as a sudden label but as an explanation for patterns they may have struggled to understand.

Acknowledging grief is essential. Parents may feel sadness, guilt, or even shame for mourning the loss of imagined futures. Professionals must normalise these emotions, affirming that it is natural to be upset. Empathy creates space for parents to process their feelings without judgment, reducing isolation, and opening the door to healing.



Navigating Parental Loss: A Relational Psychodynamic Approach to Early Childhood Grief

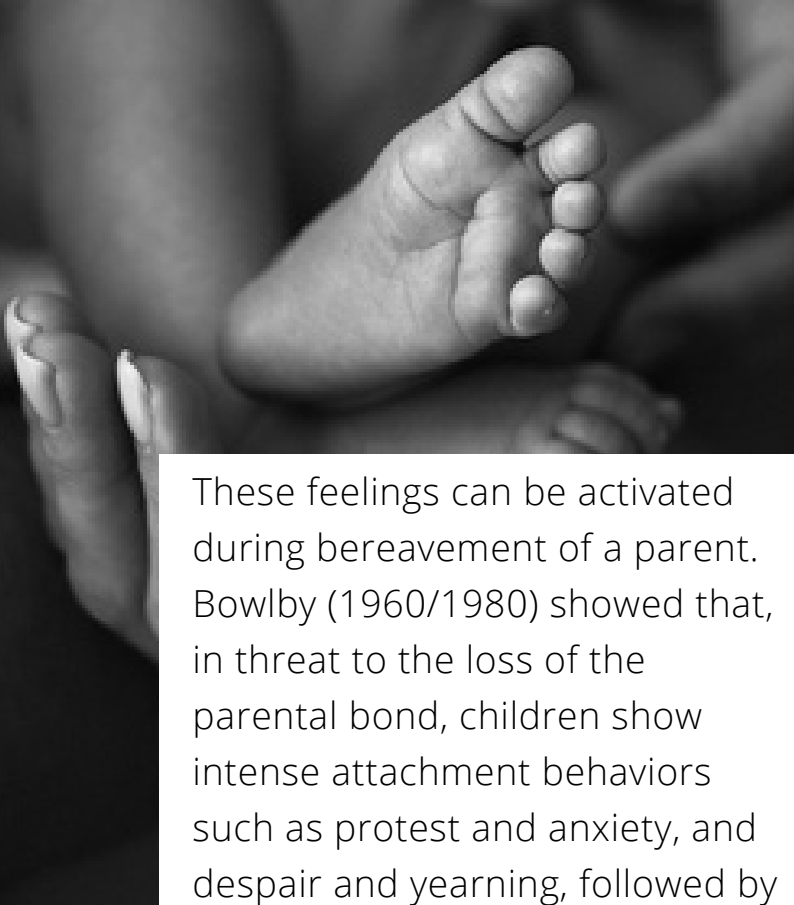
By Dr. Amy Reale, M.S. Ed., Psy.D

“Where will I find love now that the person who loved me is no longer alive? How do I love someone who is no longer here to love me? Who am I now without my parent ...?” (Masur, 2022, p.1).

Babies and young children grow physically, emotionally, and cognitively when they feel secure in their parent’s care; when they feel unsafe or unprotected, “the basic conditions that promote early mental health are severely undermined” (Lieberman & Van Horn, 2008, Loc 229).

Death of a parent is arguably one of the most disruptive experiences that a child might face due to the integral role that a parent has on a child’s well-being and development. It is proposed that parent-child psychotherapy programs which focus on bolstering the attachment relationship serve as a preferred treatment option for bereaved young children as compared to cognitive-behavioral, creative arts or play therapies, for example.

The profound impact of a parent on a child is rooted in early psychodynamic and developmental theories. Melanie Klein (1935/75; 1940/75) connected grief to the loss of the mother’s breast, or that which offers love, safety and nurturance. She believed that, with the loss of the breast, the child may experience guilt about needing it and anger about its abandonment and subsequently fear that they are personally responsible for killing it.

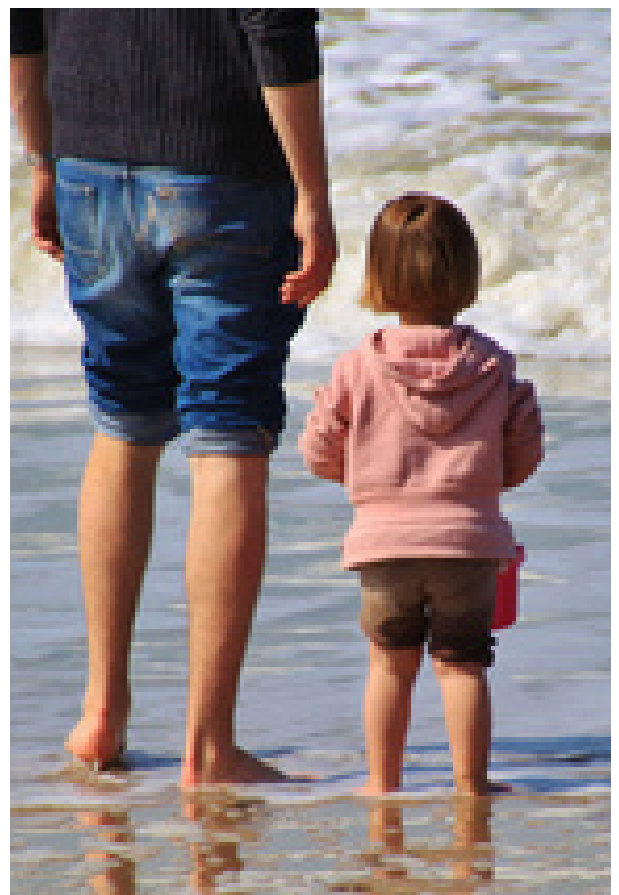


These feelings can be activated during bereavement of a parent. Bowlby (1960/1980) showed that, in threat to the loss of the parental bond, children show intense attachment behaviors such as protest and anxiety, and despair and yearning, followed by detachment.

The child's ability to experience these feelings is dependent on the formation of security in the primary attachment before the loss. When there is security, then the parental presence remains with the child forming the basis of the child's identity as an internal working model (Bowlby, 1973).

According to Winnicott (1971), a parent contains and mirrors the child and aids in the development of the child's sense of self. Grief, through this lens, is understood as the loss of the mirror to a child's existence. Therefore, during bereavement, a young child is also discovering who they are without the containment and reflection of the lost parent. Grieving is made possible by a surviving parent's capacity to "hold" the child's distress.

Empirical support for these claims is found in the Harvard Child Bereavement Study, which concluded that a child's adaptation to loss depends heavily on the security provided by the surviving parent (Worden & Silverman, 1996). Winnicott also wrote extensively about "transitional phenomena" which aided children in developing reality testing, especially important in grief, and managing separation from the internal object (parent). Encouraging transitional objects to help young children cope with grief continues to be recommended.



While these early theorists provided the conceptual framework, it was Mary Ainsworth's empirical research with her colleagues (1978) that identified the specific qualities of maternal sensitivity and the classifications of attachment. She also most notably coined the "secure base" that allows children to explore and grow. Most treatment recommendations for child bereavement are based in these theories; for instance, encouraging "continuing bonds" with the deceased through internal dialogue and rituals (Silverman & Klass, 1996) and finding an "enduring connection" with the lost parent and re-establishment of a secure base through consistent daily routines (Worden, 1996).

Modern microanalytic research has quantified exactly how these relational dynamics unfold in real time, and are co-constructed, and influenced by the infant's and parent's regulation capacities (Beebe, Knoblauch, Rustin, & Sorter, 2005; Fogel, 1992; Trevarthen & Aitken, 2001; Tronick & Weinberg, 1997). Certain patterns of parent-child interaction have been shown to predict secure attachment, while others—like frightened or frightening behaviors—predict disorganized attachment (Beebe et al., 2010; Fuertes, Lopes-dos-Santos, Beeghly, & Tronick, 2009; Lyons-Ruth & Spielman, 2004; Main & Hesse, 1990).

It is now well-established that a child's attachment security is a significant predictor of future mental health and well-being, and that the parent's internal world impacts the relationship and baby. Once termed the "ghosts in the nursery" (Fraiberg, Adelson & Shapiro, 1975) this phenomenon is now understood through the lens of reflective functioning (Fonagy et al., 1991) and mentalization (Fonagy & Allison, 2011).

Therefore, attachment-based parent-child interventions, which are founded in the early relational psychodynamic theories and supported by more recent interactional microanalytic research, are believed to play a role in mitigating the negative effects of grief on young children.

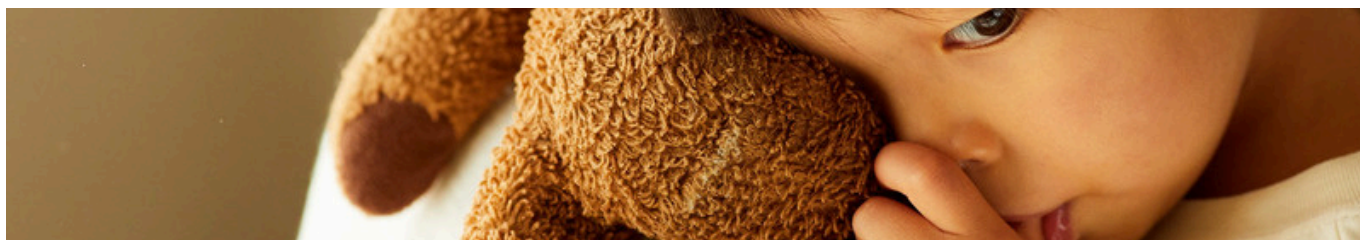


I now review three specific interventions. Only one has a history of use with bereaved infants (CPP) but I include the others because there are few treatment models empirically supported for bereavement in infants and young children. Cognitive and behavioral models are not always appropriate for this age range; research shows results from treating the parent-child dyad and, because the surviving parent is presumably the main griever, both will need intervention.

Firstly, Lieberman and Van Horn's Child-Parent Psychotherapy (CPP, 2008) supports the emotional well-being of a child from birth to age five when they have experienced inconsistent, unpredictable or frightening caregiving, or loss. The aim is to repair attachment through "the co-creation with the parent of a shared understanding of the child's developmental age and unique individual characteristics, with the goal of translation for the parent what the child might be feeling and thinking in order to encourage responses that promote safety, correct misperceptions, modulate affect and model affective attunement" (p. 77).

Research shows clinically significant increases in infant attachment security (Cicchetti, Rogosch & Toth, 2006) and cortisol regulation (Cicchetti, Rogosch, Toth, & Sturge-Apple, 2011), and reduced total problem behaviors in children and avoidant symptoms in mothers (Lieberman, Van Horn, & Ghosh Ippen, 2005), among other significant gains.

Second is Dozier's (2019) Attachment and Biobehavioral Catch-up (ABC) protocol which focuses on repairing regulation through parent-child synchrony. This evidence-based treatment for infants to 36 months helps surviving caregivers provide the nurturance, sensitivity and predictability required to repair the child's faltering sense of security from parental loss. Following the child's lead, responding to distress in a child and nurturing in proximity are some of the main tenets of the program.





Outcomes from clinical trials show clinically significant increases in secure attachment (Bernard, et al., 2012), more normative patterns of cortisol production (Bernard, et al., 2015), better frustration tolerance (Lind, et al., 2014), and better inhibitory control and executive functioning (Lewis-Morrarty, et al., 2012; Lind, et al., 2017).

Thirdly, *Minding The Baby* (2019) is a multi-disciplinary home-based visiting program for high-risk young mothers, developed by Arietta Slade and colleagues at Yale University's Child Study Center. This program focuses on the concept of increasing reflective functioning, or the capacity of the parent to mentalize the experience of the baby, or "keep the baby in mind." The interventions focus on helping the parent to understand their own as well as their baby's internal experiences by the therapist's modelling reflectiveness, facilitating wondering, working through dysregulated moments, and holding the parent in mind (Slade et al., 2005).

Program outcomes (2002-2021) showed increased reflectiveness in parents, increased secure attachment and less disorganized attachment in the babies, less obesity and more normal weights in babies, less child protection referrals, and less behavioral problems in toddlers than controls (Yale School of Medicine, Jan 8 2026).

When young children lose a parent, they bear not only the complexity and intensity of a variety of feelings, but they also need to rebuild their sense of security and themselves in the world and in another caregiver so that they can continue to follow a typical developmental trajectory. Focusing their bereavement on rebuilding an attachment relationship while maintaining their connection to the deceased is crucial in protecting them from emotional and behavioral disorders and promoting growth, development and wellness in the years to come. More research applying these treatment models to bereaved young ones is strongly advised.

When Employees Grieve, Listen: Unlocking the Hidden Gift of Organisational Loss

By Mr Karl Lee



The Change That Doesn't Stick

Imagine a mid-sized company launching an ambitious sustainability programme. Leadership has done everything right — consulted employees, hired a change management consultant, rolled out training, and published a compelling vision. Six months in, engagement scores have dipped and people are quietly reverting to old habits. What went wrong?





The answer, I would argue, lies not in the quality of the plan, but in what the organisation did with its employees' "grief".

Organisational change is, at its core, a loss experience. When an organisation transforms, employees do not just adopt new processes — they let go of familiar identities, trusted colleagues, and ways of working that once gave their professional lives meaning. This is grief. And like all grief, how we hold it determines whether it breaks us or becomes the catalyst for something genuinely hopeful.

Resistance Is Not the Problem

Mainstream change management has long borrowed from Kübler-Ross's (1973) stages of grief to explain why employees resist change — shock, denial, anger, bargaining, acceptance. This framework helpfully humanises the change experience. But it also contains a subtle problem: it implies that grief is an obstacle to be overcome,

with change practitioners designing workshops to accelerate acceptance and stabilise the workforce.

What if we are reading the signal backwards? When an employee mourns the loss of a previous team structure, they are revealing that they deeply valued the belonging it brought. When someone resists a new process, they are often expressing a commitment to quality or craft that may be no longer upheld. When people cling to old organisational values, they are showing that those values genuinely matter to them. Grief, in this reading, is not just a sign of resistance to be managed away, but an expression of genuine desire and identity (King & Land, 2018).



This reframe carries significant practical consequences. Rather than asking “how do we get employees over their grief?”, organisations should ask: “What is their grief telling us about what they care about, and how do we build the change around that?”

The Motivation That Change Programmes Keep Overlooking

This matters especially now. A recent global survey by Ashoka and GlobeScan (2026) found that the majority of employees report feeling more motivated and loyal at work when they believe their employer is driving change that positively impacts people and the planet. In other words, the desire to contribute to something meaningful is not just a soft perk, but a primary engine of employee engagement.



Yet change programmes routinely fail to tap into this reservoir. They treat employees as recipients of change rather than agents of it, focusing on compliance and communication rather than on connecting the transformation to what employees already care about. The grieving employee — the one who seems most disengaged — is often the one who cares most intensely about the organisation's direction. Their grief is the shadow side of their commitment.

Returning to our sustainability programme: if leaders had paused to ask why employees were quietly disengaging, they might have discovered that staff were not indifferent to sustainability at all. Many were frustrated precisely because the programme felt performative — disconnected from the deeper operational and cultural changes they believed were needed. Their grief was moral, not merely personal.

The “Betwixt and Between”: When Liminal Space Becomes a Gift

There is a deeper psychological layer worth naming. Anthropologists describe liminality — the “betwixt and between” state of being neither what you were nor yet what you will become — as a feature of all significant life transitions (Turner, 2017). Organisational change creates exactly this condition for employees: old identities have



dissolved, new ones have not yet formed, and normal sensemaking is disrupted (Engwall & Westling, 2004; Söderlund & Borg, 2018).

Most change models treat this liminal state as a gap to be bridged — a temporary dysfunction between the “old state” and the “new state” that should be minimised through rapid transition. But this misses something important. Liminality, while uncomfortable, is also a space of unusual psychological openness. When the familiar scaffolding of identity is suspended, people are more likely to question taken-for-granted



assumptions, experiment with new ways of being, and connect with what genuinely drives them (Ibarra & Obodaru, 2016).

This is the hidden gift that organisations discard when they rush employees through grief. The disorientation of loss — properly held rather than quickly resolved — can become a productive space for identity growth. Employees who are supported to inhabit the liminal state with curiosity rather than anxiety often emerge not merely adapted, but genuinely transformed: more self-aware, more purposeful, and more aligned with the values the organisation is trying to embody.



What This Means in Practice

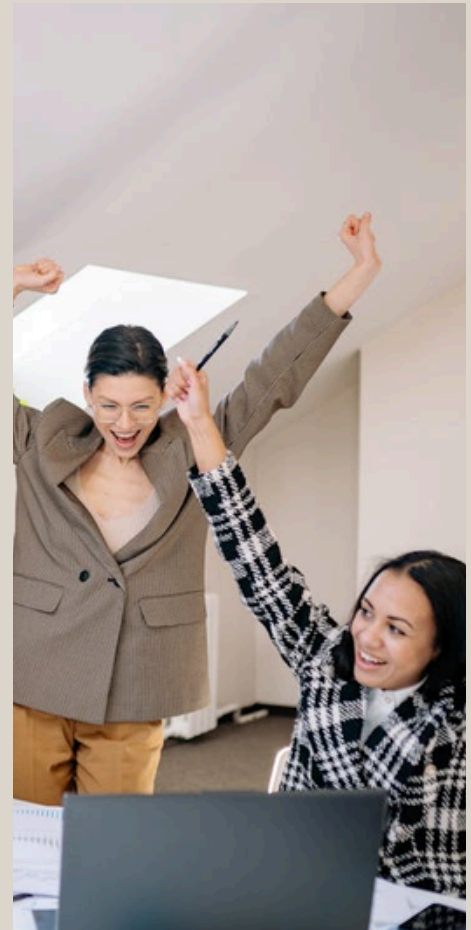
For change practitioners and organisational psychologists, this perspective suggests three practical shifts.

First, treat resistance as diagnostic, not obstructive. Before designing interventions to overcome employee resistance, take time to understand what the resistance is expressing. What values, relationships, or sense of purpose is at stake? The answers will often reveal the most powerful levers for genuine engagement.



Second, create a holding environment for grief. Drawing on Winnicott’s (1971) concept of the “holding environment” — a psychologically safe space in which new possibilities can be explored without the pressure of premature commitment — organisations should create deliberate spaces for employees to process loss without rushing toward resolution. This is not a soft option; it is what makes sustainable change possible.

Third, connect change to what employees already care about. Given that the majority of employees want to feel that their work contributes to positive change in the world (Ashoka & GlobeScan, 2026), organisations embarking on meaningful transformation have a powerful, and often underused, motivational resource available to them. The key is to surface it rather than bypass it: invite employees to articulate what the change means to them, what they hope it will achieve, and what they are genuinely willing to let go of.



Conclusion

Organisations that understand grief as a signal rather than a symptom will find, paradoxically, that they can move faster and more sustainably through change. The employees who mourn most visibly are often the most invested in where the organisation is heading. Their loss is the shadow of their hope.

The goal is not to eliminate grief from the change process, but to hold it with enough care and curiosity that it can do what grief, at its best, always does: clear a path toward something more authentic, more purposeful, and more whole.



When the Dead Speak Back: Psychological and Ethical Implications of AI Technology and Grief

By Ms See Jia Ching, Christabel



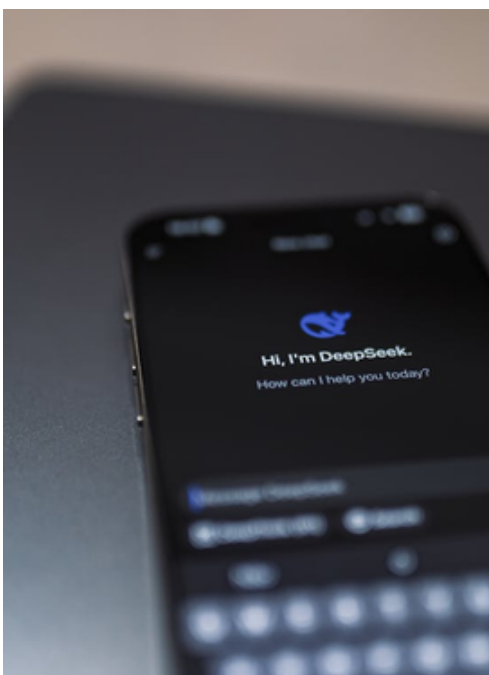
The advancement of technology has significantly transformed the way our society functions. Amongst different developments, artificial intelligence (AI) has become a widely adopted technology across many sectors and aspects of life. In contemporary society, technological advancements have permeated common human experiences such as grief, fundamentally reshaping it in the process. The AI revolution has given rise to a variety of digital afterlife products such as post-mortem avatars, deepfake reconstructions, digital and holographic replicas, virtual reality, AI-generated voice and text-based chatbots (Gilbert & Horsley, 2021). These emergent grief technologies are designed to do more than commemorate and archive memories; they go a step further to simulate deceased individuals to maintain a connection with them post-death. This not only represents a paradigm shift in how bereaved individuals understand grief as an emotion but also how they process and navigate loss psychologically. However, the integration of grief-tech in the grieving process is not without its unique set of risks.

Motivations and Risks of Grief Technologies

To critically evaluate the associated risks, it is essential to understand the complexity of grief alongside motivations driving both individual adoption and the commercial development of AI in bereavement.

From a neuroscience perspective, grief activates specific brain regions like the anterior and posterior cingulate cortex, prefrontal cortex and amygdala (Silva et al., 2014). These regions are closely linked to emotional sensitivity

and cognitive disruption. Depending on how one's memories are engaged via religious rituals, cultural traditions or technology, the activation in these brain regions can either support recovery through positive neuroplastic changes to reorganize memories or create an over-reliance that may lead to maladaptive coping or loss denial thus disrupting a natural grief recovery process. In severe cases, this may lead to the development of prolonged grief disorder and comorbid mental health conditions (Shulman, 2018).



Psychologically, grief is a profound disruption of an individual's assumptive world. Driven by a desire to maintain attachment safety and security, the bereaved may seek to transition from a physical proximity to the attachment figure to a psychological proximity, through symbolic or reconstructed visualizations of the deceased with the assistance of AI. This process is explained by continuing bonds theory

which posits that there could be both adaptive and maladaptive variants of continuing bonds expressions (Field et al., 2005). Within this psychological framework, AI-mediated interactions may offer a sophisticated platform for adaptive expressions of these bonds, enabling the bereaved to engage in symbolic dialogues that facilitate the gradual internalization of the loss. However, the high fidelity and interactive nature of such digital replicas also present a risk of maladaptive dependency that could undermine psychological agency and self-regulatory capabilities. The artificial simulation of continued life may therefore impede the critical cognitive task of updating the survivor's assumptive world to reflect the physical finality of the loss (Tei, 2025).



Economically, the incentive behind the development of grief technologies is significant too. With a demand amongst bereaved who are willing to invest financially in tools

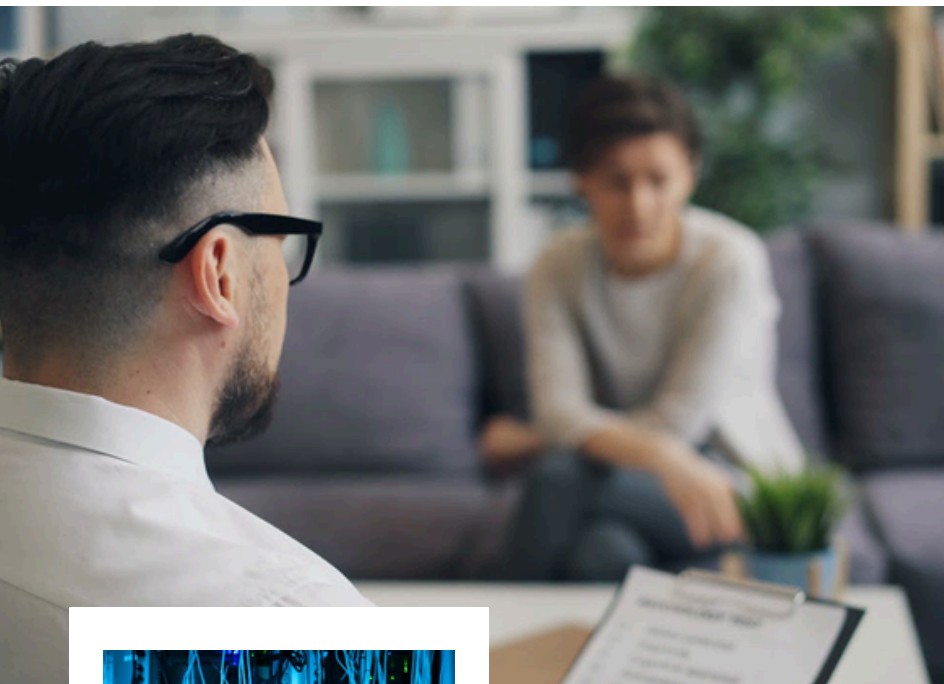
that promise to alleviate and aid grieving processes by providing access to digital representation of deceased loved ones, grief-tech may be hard to resist. However, the commodification of bereavement raises profound ethical concerns regarding the potential for predatory marketing directed at individuals in states of acute emotional vulnerability (Sweeney, 2024). Additionally, the implementation of subscription-based models for digital replicas may potentially create a precarious dependency, whereby



fluctuating financial sustainability or platform termination could result in a secondary, technologically mediated experience of loss. In the absence of ethically informed regulatory oversight, these commercial ventures risk prioritising user retention and profit maximisation over the long-term grief recovery of individuals. This also potentially compromises the ethical dignity of the deceased whose consent and privacy are insufficiently balanced against the emotional needs of bereaved AI users (Lancaster, 2025).



Clinically, the integration of AI into mental health services has shown potential to transform the industry in aspects of patient engagement levels, enhancement in care delivery, accuracy of diagnoses, personalization of treatment plans, efficient resource allocations, and productivity (Erlin et al., 2024). When used

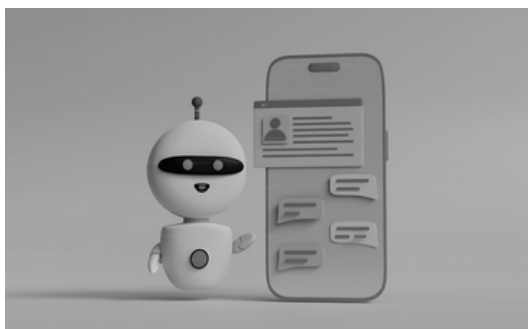


within a therapeutic framework, clinicians can leverage these tools as a form of exposure therapy whereby the bereaved can process loss or unsaid conversations through imaginal and/or in vivo exposures (Bryant et al., 2014). Digital afterlife technologies can thus help grief processing and healthy connection with deceased loved ones, technologies can thus help grief

processing and healthy connection with deceased loved ones, supporting the continuing bonds theory in an adaptive manner. Consequently, while AI holds undeniable promises of clinical utility, its implementation requires rigorous ethical, regulatory, and safety considerations especially amongst vulnerable clinical populations.

Responsible Path Forward with Grief Technologies

Simulated or reconstructive grief technologies create a complex duality in that they provide immediate solace to the bereaved but risk the disruption of the natural grief processes that may eventually complicate our understanding and processing of loss. To



better navigate the frontier of digital technological integration in our everyday life experiences, we must consider the roles and needs of various stakeholders (Harbinja et al., 2023; Szwajdler, 2026):

*** Policymakers**

1. Foundational principles can be drawn from the European Union AI Act on transparency requirements, risk assessment protocols, and human oversight mandates specifically applicable to high-risk AI systems
2. Digital wills could include legally enforceable post-mortem clauses that allow individuals to stipulate whether their data can be used to create AI replicas after their death



AI Developers

1. Prioritize design frameworks that position AI as a supplementary tool instead of a replacement for human connection
2. Clearly label AI interactions to prevent the blurring of boundaries between AI replicas and authentic memories of loved ones



AI Users

1. Discern between AI usage for self-monitoring of grief trajectories instead of emotional avoidance and replacements
2. Recognize the recency of loss experience when using AI to help minimize risks of developing maladaptive grief

Clinicians

1. Integrate digital phenomenology into clinical assessment, interventions, and clinician training
2. Administer digital therapeutic applications under supervision by trained clinical professionals

The fundamental alterations to the phenomenology of bereavement through grief-tech hold undeniable potential but its adoption and creation should be guided by evidence-based therapeutic models, ethical safeguards and governance frameworks.



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