



BY Pallium Canada

Grief & Bereavement Literacy Series

Session 27: *“Neurodivergence, Grief, and Bereavement”*

Presenter:

Jess Holtlander, RSW, MSW, RCC, Sun & Clouds Counselling

April 30th, 2026: 12:00pm-1pm PST

Agenda Item	Discussion
<p>Introduction & Objectives</p>	<ul style="list-style-type: none"> • This session explored the intersection of neurodivergence, grief, and bereavement, with a particular focus on the experiences of autistic individuals and those with ADHD. Led by a grief counsellor specializing in neurodivergent populations, the session combined clinical expertise with evidence-informed insights to deepen understanding of how grief is experienced differently among neurodivergent adults. • A central theme throughout the session was that grief is not a one-size-fits-all experience. Neurodivergent individuals may process, express, and navigate grief in ways that differ from neurotypical expectations. The session emphasized the importance of adopting neurodivergent-affirming, flexible, and validating approaches to care, recognizing that traditional grief models may not fully capture these diverse experiences. • Participants were introduced to key concepts such as masking, burnout, alexithymia, rejection sensitivity, and delayed grief, and how these intersect with bereavement. Practical strategies and tools were also shared to support more inclusive, responsive, and compassionate care. <p><u>Objectives</u></p> <p>The session aimed to:</p> <ul style="list-style-type: none"> • Increase understanding of grief experiences among neurodivergent adults, particularly those with autism and ADHD • Explore grief related to late diagnosis or self-identification • Highlight how neurodivergence influences bereavement, communication, and emotional processing • Provide practical insights to support more inclusive and responsive care approaches
<p>Presentation Key points</p>	<p><u>Key Learnings</u></p> <p><u>Neurodivergence and Grief</u></p> <ul style="list-style-type: none"> • Neurodivergent individuals often experience grief differently from neurotypical individuals. These differences may include variations in emotional expression, communication styles, and processing timelines. Grief may be delayed, less outwardly visible, or expressed in ways that are more logical, task-oriented, or information-focused. • Many neurodivergent individuals also experience disenfranchised grief, where their grief is not fully recognized or validated by others. This can be compounded by communication barriers and societal stigma related to both disability and death. • Validation and normalization are critical. Supporting individuals to understand that their way of grieving is valid can significantly improve their ability to process loss. <p><u>Late and Self-Diagnosis Grief</u></p> <ul style="list-style-type: none"> • For many individuals, receiving a late or self-diagnosis of autism or ADHD brings a complex mix of relief and grief. While diagnosis can provide clarity and self-understanding, it may also lead to mourning: <ul style="list-style-type: none"> ○ Lost time and missed opportunities. ○ Lack of earlier support or recognition. ○ Experiences of misunderstanding or marginalization • This type of grief may also be connected to trauma, internalized stigma, and long-term burnout from masking. Diagnosis can further lead to identity shifts, relationship changes, and secondary losses such as reduced capacity or financial strain.

Masking and Burnout in Grief

- Masking refers to the effort of hiding or suppressing neurodivergent traits to meet societal expectations. While often adaptive, masking is highly exhausting and can lead to significant burnout.
- During grief, masking may intensify, as individuals feel pressure to “grieve appropriately” or conform to expected emotional expressions (e.g., at funerals or in social settings). This can limit authentic emotional processing and increase distress.
- Burnout occurs when demands exceed available energy and support. Grief further depletes emotional and physical resources, making overwhelm more likely.

Key support strategies include:

- Reducing expectations and demands.
- Allowing flexibility (e.g., in communication or engagement).
- Prioritizing rest and practical support

Alexithymia and Emotion Processing

- Alexithymia; difficulty identifying and describing emotions- is common among neurodivergent individuals and can make recognizing and expressing grief more challenging.
- Emotional experiences may vary widely; individuals may feel emotions intensely, minimally, or in ways that are difficult to interpret. Importantly, all experiences are valid.

Helpful strategies include:

- Using body-based awareness (e.g., identifying physical sensations)
- Emotion or sensation wheels to support labeling
- Providing extra time for processing

Tangible tools such as timelines, structured reflection, and written exercises can help make abstract emotional experiences more accessible.

Rejection Sensitivity and Need for Autonomy

- Rejection Sensitivity Dysphoria (RSD) can intensify grief experiences, as individuals may feel heightened emotional pain related to perceived rejection or lack of support. This can lead to a “double loss”—both the loss of a loved one and the loss of expected support from others.
- The **DLR model (Doers, Listeners, Respite)** can help match support needs with available support, reducing feelings of rejection.
- Some individuals may also experience a strong need for autonomy (often described as Persistent Drive for Autonomy). In these cases, support must be:
 - Optional rather than directive.
 - Respectful of choice and control.
 - Grounded in safety and validation.

Neurodivergent-Specific Grief Experiences

- Neurodivergent grief may present as:
 - Logical or information-focused coping (e.g., researching causes of death).
 - Hyperfocus on certain aspects of the loss.
 - Delayed emotional responses.
 - Extended timelines for grief processing
- Foundational self-care (e.g., sleep, nutrition, routine) becomes especially important, as grief can significantly impact daily functioning and emotional regulation.
- The ultimate goal of grief work is **integration**, which may take longer for neurodivergent individuals and should not be rushed.

Trauma, Complicated Grief, and Referral Considerations

- Trauma can complicate or block the grieving process. In some cases, trauma symptoms (e.g., flashbacks, emotional dysregulation) may need to be addressed before grief work can be effective.

Indicators for additional support include:

- Persistent inability to function or engage in self-care.
- Feeling “stuck” over long periods.

	<ul style="list-style-type: none"> • Severe trauma symptoms <p>Collaboration with trauma specialists is essential, as trauma-informed care is not the same as trauma therapy. A foundational focus on self-care and stabilization is critical before deeper grief work.</p>
<p>Q&A Discussion</p>	<p>Q: Do neurodivergent individuals experience grief later than neurotypical individuals, and how can they be supported in hospice if grief isn't immediately recognized? A: Grief in neurodivergent individuals may be delayed or less visibly expressed due to differences in emotional awareness, processing, or lack of permission to grieve. Support is most effective when their pace is respected, without pressure to “perform” grief. Provide ongoing, accessible support and allow engagement when they are ready.</p> <p>Q: What should clients be told about expectations around anniversaries? A: There is no required way to mark anniversaries. Grief does not follow rules, and mourning looks different for everyone. Clients can be encouraged to express emotions in their own way, engage in personal rituals, connect with memories or meaningful objects, or simply reflect. Some may feel nothing on the day, and that is also valid.</p> <p>Q: How can ADHD clients experiencing hyperfocus on “unfairness” in grief be supported beyond validation? A: Go beyond validation by exploring underlying emotions such as guilt, anger, or other layers of grief. Support clients in naming and expressing these emotions, identifying coping strategies, and considering what is within their control to restore a sense of balance or meaning. This can shift focus from fixation on unfairness toward deeper emotional processing and meaning-making.</p> <p>Q: How can clients best be supported during burnout? A: The focus should be on reducing demands rather than increasing coping efforts. This includes minimizing expectations, allowing flexibility (e.g., reducing pressure to mask), and helping clients define what “doing less” looks like in their real-life context. Recovery follows reduction of stress, not the other way around.</p> <p>Q: What is acquired neurodivergence, especially in bereavement contexts? A: Acquired neurodivergence can result from factors such as traumatic brain injury and differs from lifelong neurodevelopmental conditions like autism or ADHD. Regardless of origin, support should focus on helping individuals understand and communicate their needs, particularly during bereavement.</p> <p>Q: How is complicated grief identified and supported while normalizing experiences? A: Complicated grief may already be present when clients seek care. It is important to assess whether trauma is interfering with grieving. When trauma is significant, it may be addressed first (e.g., via trauma-focused therapies like EMDR) before deeper grief work. Grief and trauma often overlap and may require flexible, integrated support approaches.</p>
	<p><u>Supplemental Resources</u></p> <p>Sunny Jane Wise: Resources on neurodivergence definitions and identity-first language.</p> <p>Emotion Sensation Wheel: Tool for helping individuals connect physical sensations to emotions, particularly useful for those with alexithymia.</p> <p>Dual Process Model of Grief: Framework for understanding oscillation between grief processing and daily life tasks.</p> <p>DLR Model: Framework for categorizing social support into Doers, Listeners, and Respite people.</p> <p>Spoon Theory: Metaphor for energy management and capacity, originally related to chronic pain and chronic illness.</p> <p>Window of Tolerance/Window of Capacity: Visual diagram showing regulation, dysregulation, hyper-arousal, and hypo-arousal states.</p> <p>Research Studies: Three studies and one meta-analysis on neurodivergence and grief were referenced, with sources to be included in presentation materials.</p> <p>Crash Course and Online Resources: Various online resources on neurodivergence, autism, ADHD, and grief available through neurodivergent-affirming practitioners and communities.</p>

	<p>Masking in Autistic Adults: A Clinician’s Guide to Neurodiversity-Affirming Care by Iain Dolan was just published, he is an ASD and ADHD assessor in Alberta who lives with ASD and specializes in assessing late diagnosed adults with trauma.</p>
<p>Closing, Future Sessions</p>	<ul style="list-style-type: none"> ❖ Video recording ❖ Upcoming Session: June 24th session: <i>Grief and Caregiving: Difficult Conversations and Decisions in Dementia Care</i> Register ❖ Past sessions: https://www.bc-cpc.ca/echo-project-new-home/echo-project-past-series-and-resources/#1694021429157-e9440b18-3da4 ❖ Action Plan: https://www.bc-cpc.ca/about-us/activities/new-projects/bereavement-study/grief-and-bereavement-support-in-bc-a-collaborative-improvement-action-plan/ ❖ Other Links: Joshua’s podcast link: https://www.griefdreams.ca/