My Grief My Way
Development, testing and implementation of an online bereavement support resource

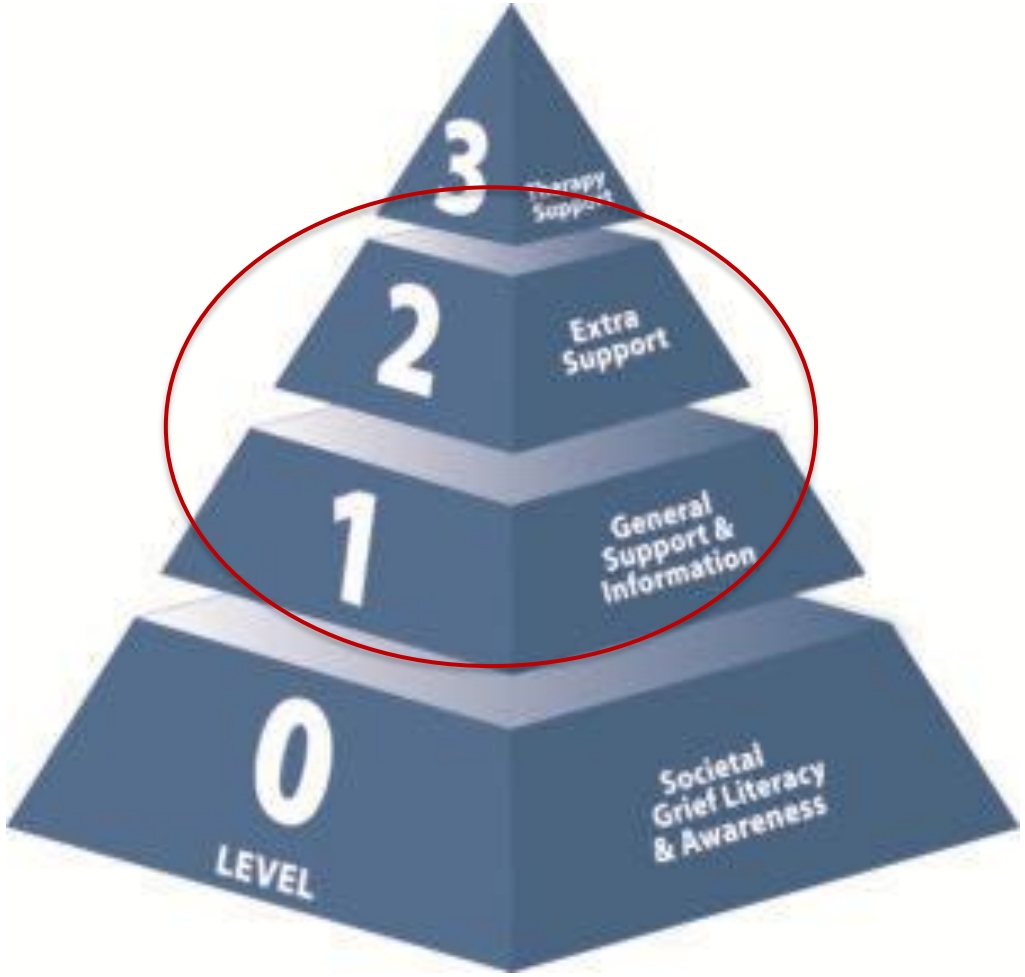
Anne Finucane, David Gillanders, Anne Canny, Yingna Li
University of Edinburgh

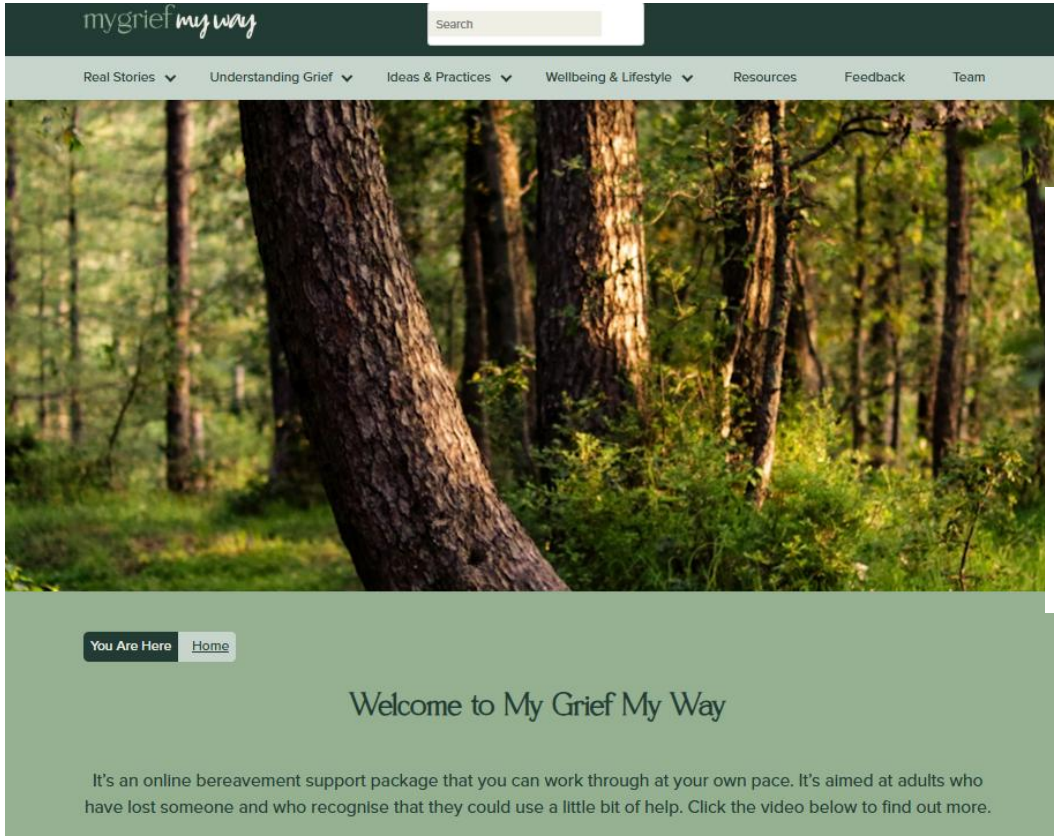
And the My Grief My Way Advisory Team

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mygrief my way

Bereavement support needs in the Scotland

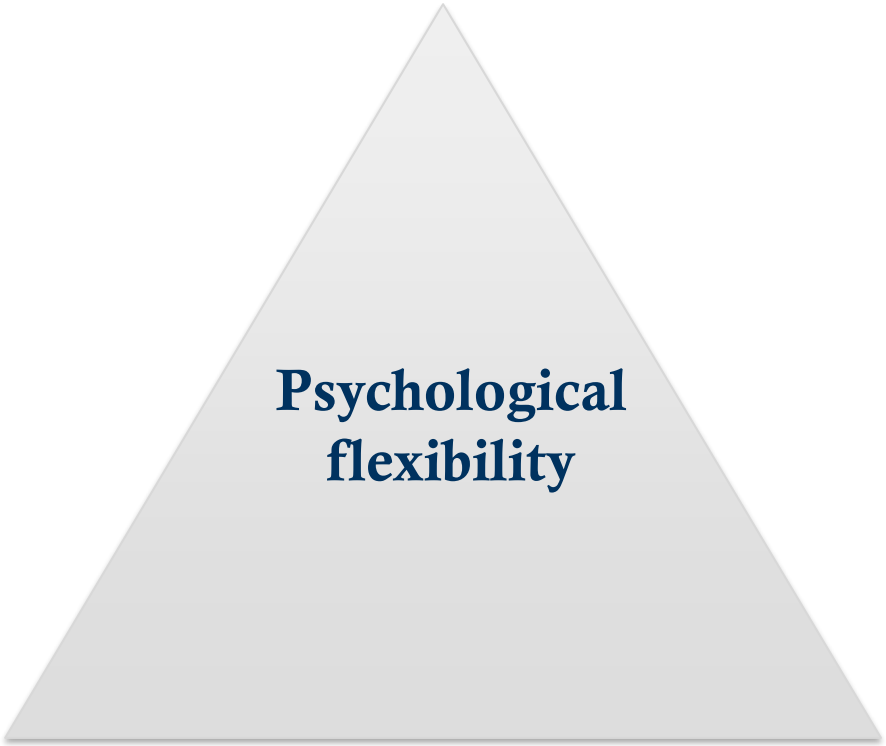




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ACCEPTANCE AND COMMITMENT THERAPY **(ACT)**

Aware
Be present



Open up
Acknowledge and make room
for thoughts and feelings

Engaged
Do what matters

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mygrief my way

Research underpinning My Grief My Way



Review Article

PALLIATIVE MEDICINE

Acceptance and Commitment Therapy (ACT) for people with advanced progressive illness, their caregivers and staff involved in their care: A scoping review

Tilly Gibson Watt[1], David Gillanders[2], Juliet A Spiller[1,3] and Anne M Finucane[2,3]

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DOI: 10.1177/02692163231183101
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Abstract

Background: People with an advanced progressive illness and their caregivers frequently experience anxiety, uncertainty and anticipatory grief. Traditional approaches to address psychological concerns aim to modify dysfunctional thinking; however, this is limited in palliative ca… a mindfulness-based … on its value in palliati…

Aims: To scope the … caregivers and staff i…

Design: Systematic s… keywords from Janua…

Results: 1,373 paper… ($n = 14$), informal car… ($n = 15$) showed that… distress, and sleep in… and adjustment to lo…

Conclusion: Acceptar… and distress. Full sc… amongst patients; w… carers and staff.

Keywords
Acceptance and Com…



Review Article

PALLIATIVE MEDICINE

A rapid review of the evidence for online interventions for bereavement support

Anne Finucane[1,2], Anne Canny[1], Ally Pax Arcari Mair[1], Emily Harrop[3], Lucy E Selman[4], Brooke Swash[5], Donna Wakefield[6,7] and David Gillanders[1]

Palliative Medicine 1–22
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Abstract

Background: Grieving is a natural process, and many people adjust with support from family and friends. Around 40% of people would benefit from additional input. Online bereavement support interventions may increase access to support. Evidence regarding their acceptability and effectiveness is emerging but needs to be synthesised.

Aim: To synthesise evidence on the feasibility, acceptability, effectiveness, impacts and implementation of online interventions to improve wellbeing, coping and quality of life after bereavement.

Design: A rapid review of evidence regarding online bereavement support. We appraised study quality using AMSTAR 2 and the Mixed Methods Appraisal Tool.

Data sources: English language articles published 1 January 2010 to 4 January 2024, using Ovid MEDLINE, Ovid Embase and APA PsycINFO. Eligible articles examined formal and informal online interventions to improve bereavement outcomes.

Results: We screened 2050 articles by title and abstract. Four systematic reviews and 35 individual studies were included. Online bereavement support was feasible, acceptable and effective in reducing grief intensity, stress-related outcomes and depression. Where reported, participant retention was typically >70%. Positive impacts included: access to a supportive community at any time, reduced isolation; opportunities to process feelings; normalisation of loss responses; access to coping advice and opportunities for meaning-making and remembrance. Negative impacts included upset due to insensitive comments from others via unmoderated online forums.

Conclusion: Online interventions can widen access to acceptable, effective bereavement support and improve outcomes for bereaved people. National policies and clinical guidelines relating to bereavement support need to be updated to take account of online formats.

Keywords
Grief, bereavement, adjustment disorders, social support, psychological support, psychosocial support system, internet-based intervention, telemedicine, digital health



Willi et al. BMC Palliative Care (2024) 23:59
https://doi.org/10.1186/s12904-024-01390-x

BMC Palliative Care

RESEARCH Open Access

Practitioner perspectives on the use of acceptance and commitment therapy for bereavement support: a qualitative study

Nikolaus Willi[1*], Anna Pancoast[1], Ioanna Drikaki[1], Xueying Gu[1], David Gillanders[1] and Anne Finucane[1,2]

Abstract

Background There is currently a high demand for bereavement support coupled with inconclusive findings as to …



PLOS One

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OPEN ACCESS PEER-REVIEWED
RESEARCH ARTICLE

A qualitative study of bereavement support volunteers' views and experiences on an online Acceptance and commitment therapy-based (ACT) training programme

Anne Canny, David Gillanders, Tamzin Burnett, Brooke Swash, Juliet Spiller, Emily Harrop, Lucy Selman, Nicola Reed, Anne Finucane

Published: December 8, 2025 https://doi.org/10.1371/journal.pone.0337321

Article | Authors | Metrics | Comments | Media Coverage | Peer Review

Abstract
Introduction
Methods
Results
Discussion
Supporting information
Acknowledgments
References

Reader Comments
Figures

Abstract

Background

Grief is a natural process, and many people will adjust in time with support from family and friends. However, evidence suggests that around 40% of bereaved people may benefit from additional assistance, including support from bereavement volunteers. Despite the recognition that bereavement care is a public health priority, availability of bereavement support is inconsistent across the UK and internationally. The continuing expansion of online connectivity offers opportunities to develop digital health interventions to help address the needs of grieving individuals. To improve access to bereavement support, we developed an online intervention based on Acceptance and Commitment therapy-based Training (ACT) 'My Grief My Way' and trained volunteers to provide bereavement support in line with ACT-based principles.

Aim

To describe the views and experiences of bereavement support volunteers who undertook online ACT-based bereavement support training designed to help bereaved individuals cope with grief and improve quality of life.



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A logic model to guide 'My Grief My Way': An intervention development study for a digital psychological support package for unmet bereavement support needs

David Gillanders[a], Anne Canny[a], Emily Harrop[b], Nick Hulbert-Williams[c], Aileen Neilson[d], Lucy E. Selman[e], Juliet Spiller[f], Brooke Swash[g], Peter Buckle[h], Donna Wakefield[i], Tamzin Burnett[f], Nicola Reed[j] and Anne Finucane[a,f]

[a]Clinical & Health Psychology, School of Health in Social Science, University of Edinburgh, Edinburgh, UK; [b]Marie Curie Research Centre, Division of Population Medicine, School of Medicine, Cardiff University, Cardiff, UK; [c]Department of Psychology, Edge Hill University, Ormskirk, UK; [d]Edinburgh Clinical Trials Unit, University of Edinburgh, Edinburgh, UK; [e]Palliative and End of Life Care Research Group, Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK; [f]Marie Curie Hospice Edinburgh, Edinburgh, UK; [g]Department of Psychology, University of Chester, Chester, UK; [h]Marie Curie Research Voices, Marie Curie, London, UK; [i]North Tees and Hartlepool NHS Foundation Trust, Stockton on Tees, UK; [j]Cruse Scotland, Edinburgh, UK

ABSTRACT
Logic mode… complex int… to improve … intervention… from: (i) r… bereaved p… expertise o… factors for … intervention… intended o… impacts. Th… collaboratio… useful to ot…



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2025, VOL. 33, NO. 6, 321–332
https://doi.org/10.1080/09699260.2026.2637281

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OPEN ACCESS Check for updates

My Grief My Way: acceptability of an online Acceptance and Commitment Therapy based bereavement support resource

Anne Finucane[a,b], Anne Canny[a], Emily Harrop[c], Lucy E. Selman[d], Brooke Swash[e], Juliet Spiller[b], Aileen Neilson[f], Nicholas J. Hulbert Williams[g], Donna Wakefield[h,i], Ray Owen[i], Tamzin Burnett[b] and David Gillanders[a]

[a]Clinical Psychology, School of Health in Social Science, University of Edinburgh, Edinburgh, UK; [b]Marie Curie Hospice, Edinburgh, UK; [c]Cardiff University, Cardiff, UK; [d]University of Chester, Chester, UK; [e]Edinburgh Clinical Trials Unit, Usher Institute, University of Edinburgh, Edinburgh, UK; [f]Department of Psychology, Edge Hill University, Ormskirk, UK; [g]Wolfston Palliative Care Research Centre, Hull York Medical School, Hull, UK; [h]Population Health Sciences Institute, Newcastle University, Newcastle, UK; [i]Private Practice, Gloucestershire, UK

ABSTRACT
Many people who are bereaved would benefit from effective bereavement support, yet timely access to this is limited. We developed *My Grief My Way*, a prototype online bereavement support resource based on Acceptance and Commitment Therapy, to facilitate access to evidence-based bereavement support, irrespective of geography or time. We sought to explore the acceptability of *My Grief My Way for* people who have been bereaved. We conducted a convergent mixed-methods study involving online interviews with bereaved individuals and questionnaires administered at baseline and approximately 8 weeks after accessing the My Grief My Way website. Participants were 27 bereaved individuals (23 female) recruited from two not-for-profit organisations providing bereavement support in the UK. Mean age was 51 years (range 23-77). Most participants perceived the website as acceptable (user-friendly, flexible, attractive and varied), and a positive experience (supportive and caring, provided a sense of community, helped develop coping skills). Exploratory quantitative analysis suggested improvements in participant mental wellbeing over time. Most who used the website said they would access it again in the future (72%). Our preliminary findings suggest that *My Grief My Way* is acceptable to bereaved individuals and may be associated with improvements in mental wellbeing. It has the potential to increase access to evidence-based bereavement support in a timely manner. Further research is needed to evaluate impacts in a larger, more diverse, sample.

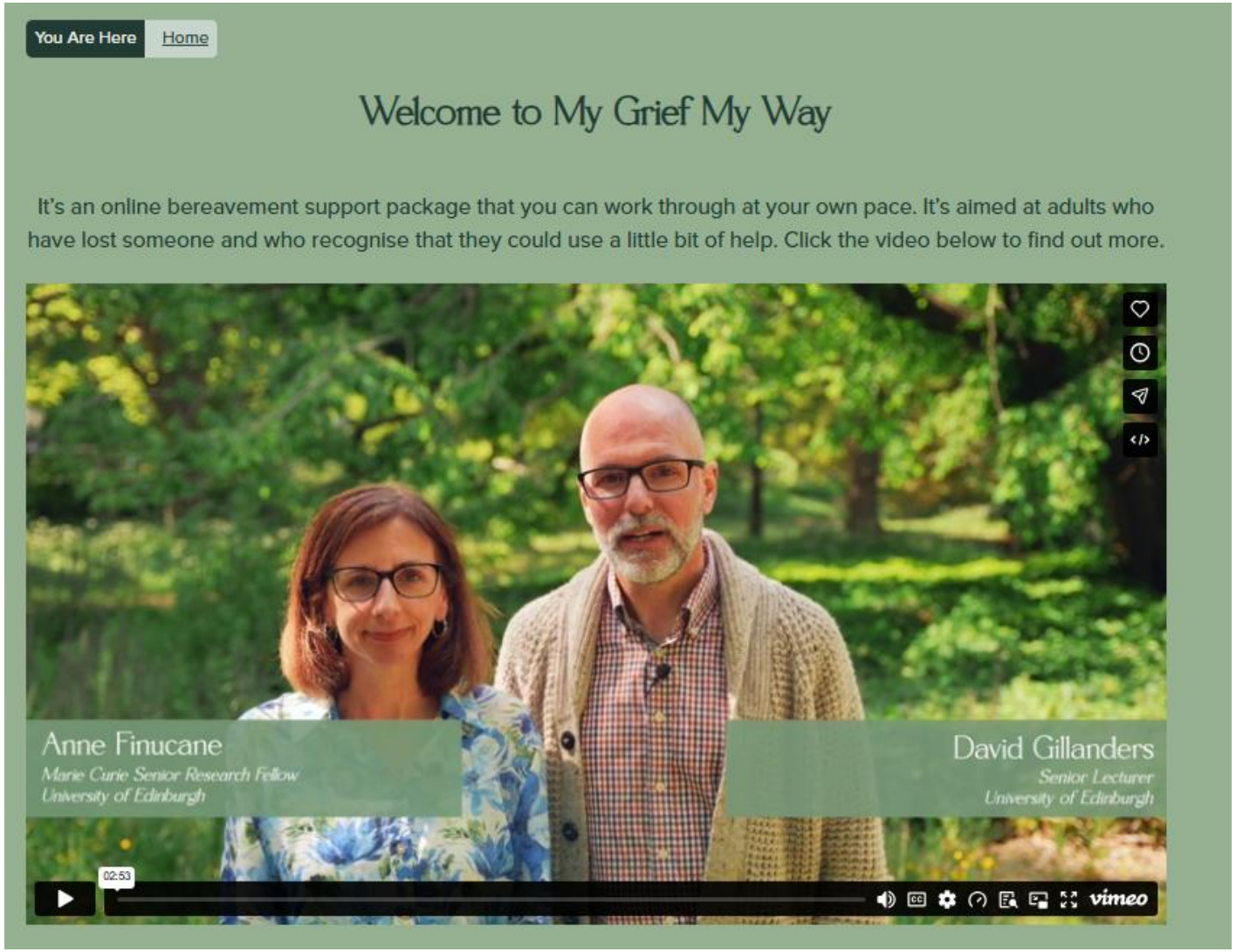
ARTICLE HISTORY
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KEYWORDS
Internet-based intervention; digital health; grief; bereavement; Acceptance and Commitment Therapy; psychological support system

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mygrief my way

- Videos
  - Bereaved storytellers
  - ACT skills
- Audio exercises
- Written exercises
- Poetry
- Practical advice
- Signposting



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mygrief my way

Storytellers

Overwhelm

After a loss, people typically describe how painful and overwhelming the feelings can be. These can be emotions such as pain, loss, missing your loved one, feeling lost or alone, sadness, despair, but also other feelings that you might not be expecting, such as regret, guilt, anger, bitterness, or jealousy of people who have not lost a loved one. Other aspects of loss can also be overwhelming. There are often a great many practical things to attend to, such as settling an estate, clearing a house, dealing with belongings. Bereavement can also be very practically disrupting,

mygrief my way Real Stories Understanding Grief Ideas & Practices Wellbeing & Lifestyle Links Feedback Team



How we try to block out the pain

The feelings that come after loss can be so upsetting and overwhelming that we do whatever we can to deal with them. Sometimes this involves different ways that we try to block out emotions, memories or thoughts. This can include things that are not especially unhealthy such as *sometimes* preferring not to talk about how you are feeling. Sometimes we can get into habits that in the longer term are not likely to be helpful to us, such as *never* talking about how you are feeling, drinking too much, using drugs or overusing prescribed medication, or just staying busy with work or home tasks. Sometimes the situation that we are in means that in the short term we need a way to shut down overwhelm. However, in the longer term, it's generally not likely to be effective if we don't learn how to be with our feelings.



Unexpected Deaths

One aspect of bereavement that can make it that much harder to deal with is when a death is unexpected or traumatic. These kinds of losses often have a sense of disbelief, or a sense of not being real. Such deaths can break our beliefs about the world as a predictable place, leaving us feeling unsafe, confused or disorientated. Our brains often try to process these experiences by mentally replaying them, trying to make sense of things. You might therefore experience intrusive images, sounds or memories related to the loss. These can happen even if you were not there when your loved one died. Our minds try to make sense by constructing an image of what their death might have been like. These intrusive images and memories can also occur in the form of dreams or nightmares. frightening and upsetting, so we try to push them away or block them out. s our ability to process what has happened and can prevent grieving and



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Aware Skills

We can all do some things without really being aware of what we are doing. Quite often things like nail biting, driving a car, scrolling through our phone can be done as if we are on 'autopilot'. When we act on autopilot, there is a good chance that we won't really notice the consequences of what we are doing, and we will be quite influenced by short term benefit compared to longer term outcomes. For example, sometimes people try not to think about their feelings of grief by getting busy with work or other tasks. In the short term this can feel successful because the person has a sense of getting on with things and their feelings are kind of held at bay. However, in the longer term these feelings are not resolved, and they can lead to underlying stress. If we learn how to increase our awareness, we then notice what is influencing us, and we can make more effective choices about how we want to handle things. Increasing our awareness skills can also help us to ride through really intense emotional waves.



Audio Exercises

Developing Awareness

Helping you to learn how to be more present and aware of what is happening and how you are dealing with grief

00:00 10:31

Self-soothing

Helping you to learn how to be more present and aware of what is happening and how you are dealing with grief

00:00

Dropping Anchor

Helping you to learn how to be more present and aware of what is happening and how you are dealing with grief

00:00

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MGMW feedback from bereavement support volunteers

[the training] was very easy. I mean you know, it was well structured, it was clear and we got it visually, we got it orally and we had examples. Yeah. I mean, I think it didn't take long.

I said to her, **how are you feeling about the sessions stopping?** And she said….I'm just a wee bit anxious…So I said, well, maybe what we should do is we'll look back at what she'd done **and how she could use the website.**

my client was denying herself the opportunity to do things to be happy...So, I guess that was why the framework **was so helpful**, cause although she did still have some work to do, the OPEN section helped her with that. But she was really looking to move through AWARE and ENGAGED, you know.

I've often had conversations with clients about values, but I think **that question, what matters to you is really powerful actually**.

- Training clear
- Core skills helpful to clients
- Supports continuity

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MGMW feedback from people seeking bereavement support

"I'm an amateur at going on to computers and doing things and if I could do it, **anybody could do it.**"

"But to do it in **my own time, in my own space in my own home,** that worked really well for me. It's a valuable tool.

It's hearing other people, real people's stories it makes you think ohh, wow **I'm not alone** you know."

- Easy to use
- Accessible
- Felt less alone
- Useful skills
- Helpful

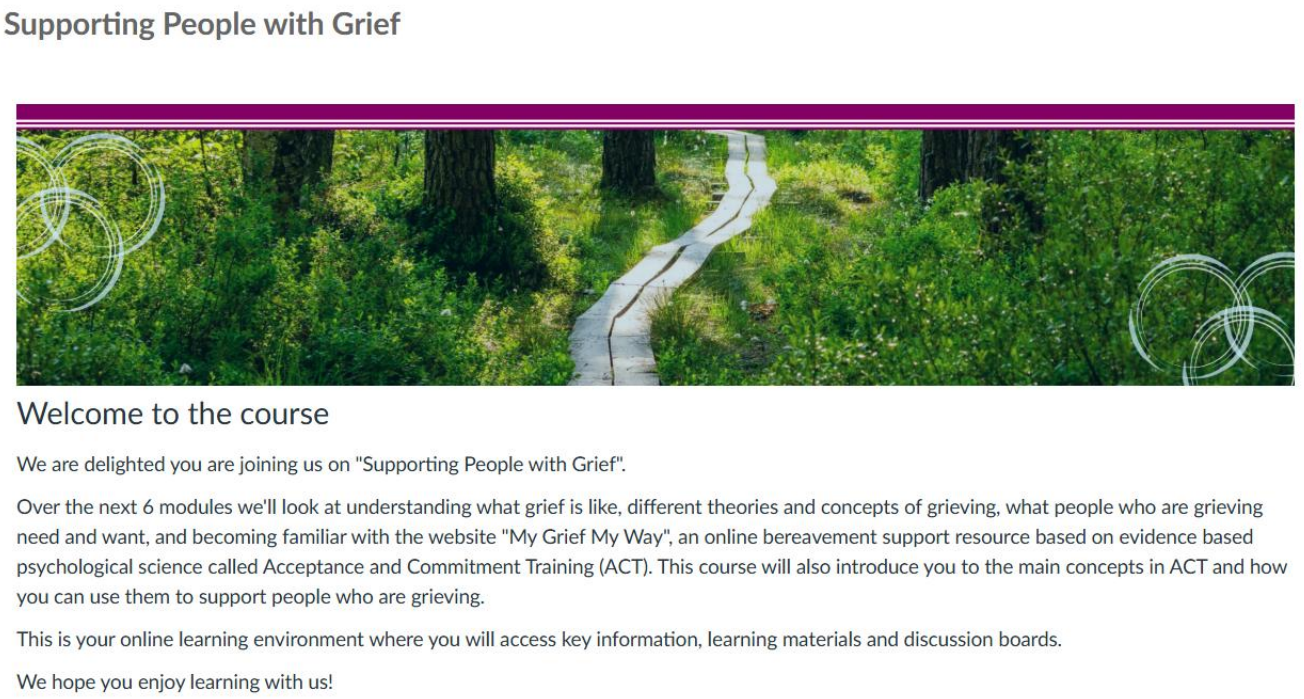
The meditation… Definitely that **it's okay to stop and to have time that's yours and to just ground yourself.** That was wonderful."

CONCLUSION & NEXT STEPS

✓ MGMW is acceptable and perceived as beneficial

Next steps

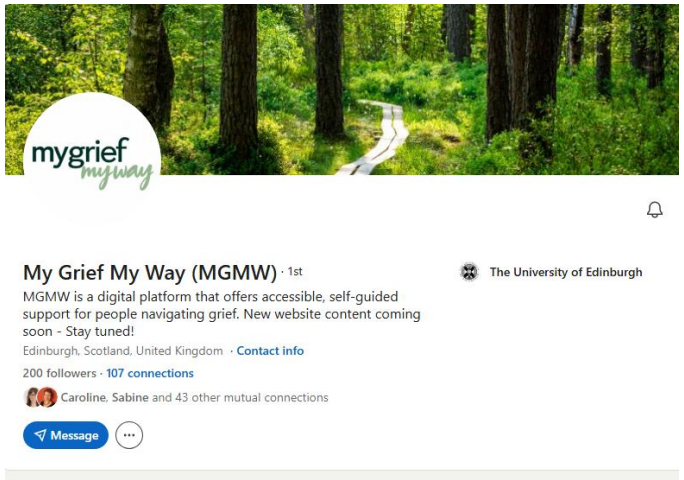
- Sharing resource
- New materials
- Launching free course (Dec 2026)
- Research
- Funding



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Marie Curie

LinkedIn



Mental health and wellbeing in advanced illness Network (MAIN) Webinar.



People Soup podcast -

Ross McIntosh

(Spotify)





