HEALTH BASICS

Grief and grieving

Grief is a human response to loss that can affect emotions, thoughts, routines, relationships, and physical health.

WHAT IT IS
A human response to loss

WHERE IT COMES UP
Death, separation, illness, disability, or major life change

WHY IT MATTERS
Can affect sleep, function, relationships, and physical health

WHAT IT IS NOT
Not a disease or fixed sequence of stages

WHO TO ASK
Primary care, mental health, or bereavement support services

HOW IT IS CHECKED
No single test; assessment considers distress and daily function

Overview

Grief is a response to losing someone or something important. It often follows a death, but it can also follow separation, divorce, pregnancy loss, serious illness, disability, job loss, migration, or another major change.

Bereavement means the period after someone dies. Mourning refers to the personal, social, cultural, or religious ways people express grief. Grief can begin before a loss, such as when someone has a life-limiting illness. This is sometimes called anticipatory grief.

Grief is not a disease or diagnosis. It may involve strong emotions, changes in thinking, physical sensations, and disruptions to ordinary routines. Some people feel sadness, anger, guilt, relief, numbness, or longing. Others have difficulty concentrating or feel disconnected from daily life. Different feelings can appear together.

There is no single correct way to grieve. Your response may be shaped by your relationship with what was lost, the circumstances, previous experiences, health, culture, faith, responsibilities, and available support.

Grief is also not a fixed set of stages. Ideas such as denial, anger, bargaining, depression, and acceptance can describe some experiences, but people do not reliably pass through them in

order. You may move between different feelings or not identify with these ideas at all.

How it works

Grieving involves adjusting to a changed reality. Your mind may repeatedly return to the loss as it takes in what happened. Memories, anniversaries, places, music, paperwork, or changes in routine can bring intense waves of feeling.

At other times, your attention may shift toward practical tasks, relationships, work, or rest. Moving between focusing on the loss and rebuilding daily life is common. Moments of enjoyment do not mean that the loss matters less.

Grief can affect the body's stress systems. Sleep, appetite, energy, concentration, and muscle tension may change. Some people notice a tight chest, a hollow feeling in the stomach, or unusual tiredness. These experiences can occur during grief, but new or severe physical problems should not automatically be attributed to it.

You may dream about the person who died or briefly feel their presence. Such experiences can occur during bereavement and do not automatically indicate a mental illness. If an experience is frightening, persistent, affects your safety, or makes daily life difficult, discuss it with a healthcare professional.

Grief has no standard timetable. Its intensity may change, while reminders and important dates may continue to carry meaning. The goal is not necessarily to stop feeling grief. Many people gradually find ways to live with the loss while maintaining a continuing emotional connection or memory.

Why it matters for your health

Grief can influence how you sleep, eat, work, study, make decisions, and connect with other people. It may make appointments, medicines, household tasks, or caring responsibilities harder to manage.

A major loss can also affect existing health conditions. For example, disrupted meals or routines may complicate the management of diabetes, heart disease, pain, or another long-term condition. Keeping essential medicines and appointments visible can help during periods of poor concentration.

Alcohol, sedatives, or other drugs may seem to offer short-term relief but can worsen sleep, mood, judgment, and physical health. They can also make it harder to process what has happened.

Social and cultural context matters. Supportive relationships, rituals, practical help, and space to talk can be valuable. Conflict, isolation, financial pressure, stigma, or an unrecognized relationship to the person who died can make grieving more difficult.

What can go wrong

Grief itself is not an illness. However, loss can occur alongside conditions that need assessment and treatment.

Depression can involve persistent low mood, loss of interest, hopelessness, strong feelings of worthlessness, and thoughts of death or self-harm. Grief and depression can overlap, so a clinician may need to consider the pattern, severity, and effect on daily life rather than relying on one feeling.

Prolonged grief disorder is a recognized mental health diagnosis. It involves persistent, intense longing or preoccupation with the person who died, together with significant distress or difficulty functioning beyond the expected social, cultural, or religious context. It is diagnosed through a clinical assessment, not by a blood test or a single questionnaire result.

Post-traumatic stress disorder , or PTSD, may occur when a loss involved violence, a disaster, a serious accident, or disturbing exposure to death. It can involve intrusive memories, avoidance, a sense of ongoing threat, and other trauma-related difficulties.

Harmful alcohol or drug use may develop or worsen when substances are used to manage distress, sleep, or unwanted memories.

Arrange routine follow-up with primary care or a mental health professional if grief is repeatedly preventing you from working, studying, caring for yourself, or maintaining important relationships. Also seek support if sleep or eating problems continue, substance use is increasing, or you are concerned about depression, trauma, or prolonged grief disorder.

Seek urgent help if you cannot meet basic needs, cannot safely care for yourself or someone who depends on you, or feel that you may lose control.

Call your local emergency number or go to an emergency department if you may act on thoughts of suicide or self-harm, have taken an overdose, or are in immediate danger. New chest pain, severe breathing difficulty, collapse, or other serious physical changes also need emergency assessment rather than being assumed to be grief.

What you can do

There is no test that measures ordinary grief and no required treatment for everyone. Support should match what you need and what feels acceptable to you.

Practical steps may include:

Some people value peer groups, faith communities, cultural mourning practices, or specialist bereavement services. Others prefer private support or no formal service. You do not have to speak about the loss before you are ready.

A clinician may ask about the loss, your daily functioning, physical health, sleep, substance use, support network, and thoughts of self-harm. Questionnaires can support this conversation, but they do not establish what you are experiencing on their own.

Medical tests do not confirm grief. Tests may be appropriate when physical changes could have another cause, such as a medication effect, thyroid problem, anaemia, heart condition, or sleep disorder.

- Tell a trusted person what kind of help would be useful, such as meals, childcare, transport, paperwork, or company
- Keep essential medicines, appointments, bills, and contact details in one visible place
- Maintain basic routines for food, fluids, sleep, movement, and personal care where possible
- Limit alcohol and avoid using non-prescribed drugs to manage sleep or distress
- Record changes in sleep, eating, daily function, substance use, and safety concerns
- Ask primary care about bereavement support, counselling, or a mental health assessment
- Ask whether assessment for depression, PTSD, or prolonged grief disorder is appropriate if difficulties are persistent or disabling

Common questions

Is it normal to feel relief?

Relief can occur, especially after prolonged illness, conflict, uncertainty, or caring responsibilities. It can exist alongside sadness and does not mean you did not care.

Should I avoid reminders?

There is no universal rule. Temporary distance from overwhelming reminders may help, while meaningful objects or rituals may provide comfort. If avoidance is restricting your life or is linked to trauma, professional support may be useful.

Does crying show how much someone cared?

No. Some people cry often, some rarely, and others feel numb. Outward expression does not measure the importance of the loss.

Can children grieve?

Yes. Children may move between distress and play and may revisit the meaning of a loss as they develop. Explanations should be clear, age-appropriate, and honest. A child's healthcare professional, school support service, or bereavement service can help if there are concerns about safety or daily functioning.

When is counselling appropriate?

Counselling can be considered whenever you want structured support. You do not have to wait for grief to become severe. If there are signs of depression, trauma, prolonged grief disorder, or immediate risk, a clinical mental health assessment may be more appropriate than general bereavement support alone.

Sources

- Grief after bereavement or loss - NHS
- Prolonged Grief Disorder - American Psychiatric Association
- International Classification of Diseases 11th Revision - World Health Organization
- Coping with grief and loss - US National Institute on Aging
- Complicated Grief - Shear MK, New England Journal of Medicine , 2015
- Health outcomes of bereavement 61816-9) - Stroebe M, Schut H, Stroebe W, The Lancet , 2007