LIVING WELL

Grief Does Not Stay in Your Head

Why loss can unsettle sleep, appetite and the rest of your body-and how to describe what is happening when you need help.

The body joins the mourning

You wake after another broken night and, for a few seconds, forget. Then the loss returns. Perhaps food has become uninteresting, or you are eating differently without quite noticing. Your body may feel unfamiliar at the exact moment when the rest of life does too.

Grief is a normal reaction to loss, but it is not solely emotional. It can be mental, social and physical. Anger, guilt, anxiety, sadness and despair may sit beside sleeping problems, appetite changes, physical problems or illness. That does not make the loss less personal. It means mourning can occupy far more of you than your thoughts.

There is no single bodily pattern described by the evidence here. The available general guidance names broad changes rather than a universal sequence. One person may notice sleep first; another may notice food. Someone else may be troubled by a physical problem that is difficult to separate from everything happening around it.

How long bereavement lasts can depend on how close you were to the person who died, whether the death was expected and other factors. That variability matters. Grief is not a test with a correct physical response, and another person's timeline is not a reliable measure of yours.

Stress leaves tracks

One way to understand the physical side of grief is through the wider evidence on psychological stress. A 2024 systematic review found stress-associated markers across several biological systems, including the cardiovascular, immune and central nervous systems, as well as the hypothalamic-pituitary-adrenal axis, a system involved in the stress response.

Researchers do not rely on one signal. The review described physiological markers such as blood pressure, heart-rate variability and immune responses, including inflammatory markers. It also identified biochemical markers associated with stress, including cortisol, catecholamines, salivary amylase, interleukin-6 and C-reactive protein.

This does not mean that grief can be reduced to one hormone or that a particular physical

feeling proves stress is responsible. The review examined psychological stress broadly, not bereavement alone. Its useful message is more modest: psychological strain can have measurable physiological companions across the body.

That distinction protects you from two unhelpful extremes. Your physical experience is not "just in your head." But grief should not automatically be used to explain every physical problem either. Bereavement can include physical problems or illness; questions about your health still belong in a conversation with a health professional.

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A relationship can continue

The body is not the only place where grief may feel surprising. You may return to memories, sense the person's presence, speak to them inwardly or act in ways that preserve a connection. Researchers call these experiences continuing bonds: an inner relationship with the person who died, expressed through memories, perceptions, communication, actions or belief.

A 2024 systematic review examined 79 studies of continuing bonds. It found themes of comfort and distress, ongoing connection and identity, and uncertainty and spirituality. These bonds could be involved in making sense of the death, transforming the relationship, reconstructing meaning and working out who you are after the loss.

The review did not establish that keeping a bond is always helpful, or that relinquishing it is better. That uncertainty is important. An experience may comfort you one day and distress you on another. The evidence allows room for that contradiction instead of forcing it into a tidy lesson about "moving on."

That same generosity can be extended to bodily changes. A bad night does not tell the whole story of your grief. Neither does an appetite change. These experiences are real, but they do not have to become verdicts about whether you are coping properly.

Support is not one-size-fits-all

Friends, family and faith can be sources of support during bereavement. Grief counselling or grief therapy helps some people. The phrase "some people" matters: support is not a product with a guaranteed result, and different forms of it should not be treated as interchangeable.

Bereavement groups are one option, but the trial evidence is restrained. A 2022 systematic

review and meta-analysis included 14 randomized controlled studies with 1,519 bereaved adults. Groups were only marginally more effective than control conditions for grief and depression immediately after the intervention, and the advantage was not present at follow-up.

The researchers judged the evidence weak. The studies also differed considerably in what counted as a bereavement group and what groups were compared with, limiting how widely the result can be applied. A group may still provide something you value, but the trials do not justify promising lasting relief.

Children need a slightly different lens. Everyday stress can temporarily change a child's behaviour, but broader warning signs include problems across more than one setting, changes in sleep or appetite, withdrawal, new fears, returning to younger behaviours, persistent signs of upset, self-destructive behaviour or repeated thoughts of death. Those signs call for assessment by a doctor or mental health specialist rather than an assumption that grief alone explains them.

Write down what changed

On Monday, make one short record of what your body is doing. Write down what has changed in your sleep, appetite and physical health, when you first noticed it, and what question you most want answered. This is not a scorecard for grief. It is a way to turn a blurred experience into words you can use.

If the change worries you, bring those words to a health professional. You do not need to decide beforehand whether a problem is "only grief," stress or illness. Say plainly: "This began after the death, this is what has changed, and this is what concerns me." Questions about your health deserve medical attention even when bereavement is part of the story.

You can use the same approach when asking for personal support. Tell a friend, family member, faith leader or counsellor what is hardest right now: the nights, food, a physical concern, the loneliness or the thoughts that will not settle. A specific sentence gives another person somewhere to begin.

The step takes honesty, not certainty: name one bodily change and ask one person for the kind of help you need next.

Where this comes from



- Bereavement

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/bereavement.html
- Child Mental Health

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/childmentalhealth.html
- The impact of continuing bonds following bereavement: A systematic review.

  Death studies, 2024 · https://pubmed.ncbi.nlm.nih.gov/37336784/
- Effects of bereavement groups-a systematic review and meta-analysis.

  Death studies, 2022 · https://pubmed.ncbi.nlm.nih.gov/32501773/
- Unveiling stress markers: A systematic review investigating psychological stress biomarkers.

  Developmental psychobiology, 2024 · https://pubmed.ncbi.nlm.nih.gov/38680082/