SYMPTOM

Grief

Grief is the emotional and physical response to losing someone or something important.

WHAT IT FEELS LIKE
Waves of sadness, longing, numbness, or disbelief

WHERE IT IS FELT
Mind, chest, stomach, and throughout the body

MOST COMMON CAUSES
Bereavement, relationship loss, major life changes

WHEN IT IS URGENT
Suicidal thoughts or feeling unable to stay safe

USUALLY LASTS
Months or longer, shaped by the loss and support

SEE A DOCTOR IF
Grief keeps disrupting sleep, self-care, work, or relationships

Overview

Grief is a natural response to loss. It can follow the death of someone close to you, but death is not the only cause. You may grieve after a relationship ends, your health changes, or you lose a job, home, pregnancy, pet, community, or expected future.

Grief can affect emotions, thoughts, behaviour, sleep, appetite, and physical comfort. It often comes in waves. You may feel reasonably steady at one moment and overwhelmed the next. Anniversaries, familiar places, music, or unexpected reminders can bring strong feelings back.

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

Grief is not itself a disease. However, it can occur alongside depression, anxiety, trauma-related symptoms, or other health problems that may need care.

What it may feel or look like

Grief may include sadness, longing, anger, guilt, relief, fear, numbness, or disbelief. These

feelings can exist together. Feeling relief after a difficult illness or relationship does not mean that you did not care.

You may notice:

Some people have vivid dreams or momentarily think they have seen or heard the person who died. This can happen during bereavement and does not automatically mean that you have a mental health disorder. Seek medical advice if these experiences are frightening, persistent, confusing, or affect your safety.

- Crying, irritability, restlessness, or emotional numbness
- Repeated thoughts about the loss or how it happened
- Trouble concentrating, making decisions, or remembering things
- Changes in sleep, appetite, energy, or interest in usual activities
- A tight chest, "heavy" feeling, nausea, headaches, or muscle tension
- Withdrawing from others or wanting more company than usual
- Briefly sensing the presence of the person who died

Common causes

The most common cause is bereavement: grief following the death of a family member, friend, partner, or other important person. The death of a pet can also cause deep grief.

Other common causes include separation or divorce, miscarriage or pregnancy loss, infertility, retirement, moving away, loss of work, financial hardship, or losing independence because of illness or disability.

You may experience anticipatory grief when you expect a loss, such as during a serious illness. Grieving before the loss does not prevent grief afterward.

Some losses are not fully recognised by other people. This may happen after a private relationship ends, an early pregnancy loss, estrangement, or the death of someone whose relationship to you was not publicly known. Lack of recognition can make it harder to find support.

Sudden, violent, or traumatic losses may bring grief together with shock, fear, disturbing memories, or a strong sense of injustice. Multiple losses close together can also make coping more difficult.

When to seek medical care

Contact a doctor or mental health professional for a routine appointment if grief continues to interfere with sleep, self-care, work, school, or relationships. It is also reasonable to seek help sooner if you feel stuck, isolated, or unsure how to cope. You do not need to wait for a set amount of time.

Arrange same-day help if you are having thoughts about suicide or self-harm, even if you do not intend to act on them. Also seek same-day care if you are using alcohol or drugs in a way that feels unsafe, cannot manage essential food or fluids, or have gone several nights with almost no sleep.

Call emergency services or go to an emergency department now if you:

If possible, stay with a trusted person and move away from weapons, large amounts of medication, or other means of harm while urgent help is arranged.

New or severe chest pain, major breathing difficulty, fainting, or symptoms of a stroke also need emergency assessment. Do not assume a serious physical symptom is caused only by grief.

- Have attempted suicide or seriously harmed yourself
- Have a plan and may act on suicidal thoughts
- Cannot keep yourself or someone else safe
- Are severely confused, agitated, or disconnected from reality

How the cause is found

Grief usually becomes clear from what you have experienced and how you have been feeling. There is no blood test or scan that confirms grief.

A healthcare professional may ask about the loss, your relationship with the person or situation, your daily functioning, sleep, appetite, support network, alcohol or drug use, and thoughts of self-harm. They may also ask about depression, anxiety, or traumatic memories because these can overlap with grief.

Physical symptoms may need a separate assessment. Depending on your symptoms and medical history, this could include an examination or tests to check for another cause.

Persistent, intense longing and difficulty returning to daily life can sometimes be part of prolonged grief disorder . This is a recognised condition, but diagnosis depends on the duration, level of impairment, cultural context, and the criteria used in your healthcare system.

Ordinary grief should not be judged by a rigid timetable.

Treatment and self-care

Grief often needs support rather than medical treatment. Helpful approaches are personal and may include talking with trusted people, taking part in cultural or religious practices, joining a bereavement group, or remembering the loss through writing, photographs, music, or a memorial.

Try to maintain basic routines for meals, sleep, movement, hygiene, and necessary responsibilities. On difficult days, reduce tasks to small steps. Limiting alcohol and non-prescribed drugs may help, as these can worsen sleep, mood, and impulsive behaviour.

Counselling can provide a private place to process the loss. Grief-focused psychotherapy may help when grief remains intense and disabling. Treatment may also address depression, anxiety, trauma symptoms, or substance use if they are present.

Medication does not remove grief. A clinician may sometimes recommend medication for a separate condition, such as depression, or for particular symptoms after assessing the benefits and risks.

What to expect

Grief usually changes over time rather than ending on a specific date. Early feelings may be intense and frequent. Later, they often become less constant, although strong waves can return around birthdays, holidays, anniversaries, or life events.

Improvement does not mean forgetting what was lost. Many people gradually build a life that includes both the loss and renewed connection, purpose, or enjoyment.

Your course may not be steady. A difficult day after several better ones does not mean that you are back at the beginning. If distress remains severe, daily functioning is not returning, or symptoms are becoming worse, arrange professional support.

Common questions

Is grief the same as depression?

No. Grief often comes in waves and remains connected to a loss. Depression tends to affect most areas of life more continuously and may include persistent hopelessness or feelings of

worthlessness. They can occur together, so an assessment may help if symptoms are severe or lasting.

How long should grief last?

There is no universal timetable. Its course depends on the loss, your relationship, cultural practices, other stresses, and available support. Seek help based on how you are coping rather than waiting for a deadline.

Is it normal not to cry?

Yes. Some people cry often, while others feel numb, stay busy, or express grief in different ways. The amount you cry does not measure the importance of the loss.

Can grief cause physical symptoms?

Yes. Sleep disruption, fatigue, appetite changes, muscle tension, nausea, headaches, and chest tightness can occur. New, severe, or persistent symptoms should still be medically assessed.

Sources

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