HEALTH BASICS

Managing your feelings of grief

Grief management means finding safe, practical ways to live with feelings after a significant loss.

WHAT IT IS
Ways to respond to feelings after a significant loss

WHERE IT COMES UP
Bereavement, separation, illness, disability, miscarriage, or other major losses

WHY IT MATTERS
Grief can affect sleep, relationships, routines, and physical health

WHAT IT IS NOT
Not a disease or diagnosis

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

HOW IT IS CHECKED
No single test; discussion and questionnaires when needed

Overview

Grief is a natural response to losing someone or something important. It is not a disease or a diagnosis.

Bereavement means the period after someone dies, but grief can follow many kinds of loss. These include miscarriage, divorce, the end of a friendship, job loss, serious illness, disability, infertility, losing a home, or caring for someone whose health is changing.

Grief may involve sadness, anger, guilt, relief, numbness, longing, confusion, or several feelings at once. Your sleep, appetite, concentration, energy, and interest in other people may also change. These are possible grief reactions, not a checklist of stages you must pass through.

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 or faith, previous experiences, practical pressures, and the support available to you.

Managing grief does not mean forgetting, "moving on," or stopping difficult feelings. It means finding ways to make room for those feelings while attending to your safety, health, responsibilities, and relationships.

How it works

Grief does not usually follow a straight line. Feelings may be intense at one time and less noticeable at another. A date, place, smell, song, administrative task, or unexpected reminder can bring them forward again.

You may move between focusing on the loss and focusing on everyday life. At one moment you might want to talk or look at photographs. At another, you may need to work, rest, exercise, watch television, or spend time with others. Both responses can be part of coping.

You do not have to complete fixed "stages of grief." Stage-based descriptions can help some people name experiences, but they are not rules. Feelings can occur in any order, return, overlap, or not occur at all.

The body also responds to emotional strain. Changes in sleep, muscle tension, appetite, digestion, and energy can occur around a loss. Existing health conditions may become harder to manage if routines are disrupted.

A healthcare professional cannot confirm ordinary grief with a blood test or scan. If you ask for help, they may discuss what happened, how you are functioning, your physical health, and whether another condition could be present. Questionnaires may help assess depression, anxiety, trauma reactions, or prolonged grief, but they do not replace a full conversation.

Why it matters for your health

Grief can affect how you care for yourself. You may forget medicines, miss appointments, eat irregularly, drink more alcohol, or have difficulty making decisions. Practical problems involving housing, money, childcare, work, or legal duties can add further strain.

Sleep disruption can affect concentration, mood, driving, and workplace safety. If your attention is poor, consider delaying major decisions when possible and asking someone you trust to review important paperwork.

Social contact can also change. You may want privacy, while other people may expect you to talk. Some people feel unsupported because others did not understand the relationship, the loss was private, or cultural traditions were not respected.

Grief can exist alongside a physical or mental health condition. Getting support does not mean that your grief is abnormal. It can help you protect routines, understand what you are experiencing, and identify concerns that need separate care.

What can go wrong

Grief itself is not an illness. However, certain conditions or difficult situations can arise around a loss.

Depression can involve persistent low mood or loss of interest, along with changes such as hopelessness, harsh self-blame, or thoughts of death. Grief and depression can overlap, so a clinician considers the whole pattern rather than one feeling.

Prolonged grief disorder is a recognised diagnosis involving persistent, intense longing or preoccupation with the person who died, together with major difficulty returning to daily life. Diagnostic criteria include a minimum period after the death and consider cultural expectations. Only a qualified professional can assess it.

Post-traumatic stress disorder , or PTSD, may occur when a loss involved frightening or traumatic circumstances. It can involve intrusive memories, avoidance, feeling constantly on guard, or a strong sense that the event is happening again.

Adjustment disorder is a marked emotional or behavioural response to a stressful change that causes significant difficulty in daily life. A clinician must distinguish it from an expected response to loss and from other conditions.

Alcohol, sedatives, or other substances may seem to blunt feelings temporarily but can worsen sleep, judgment, mood, and safety. Tell a healthcare professional if substance use is becoming difficult to control.

Arrange routine follow-up with primary care or a mental health professional if grief is making it hard to work, study, care for yourself, maintain important relationships, or manage an existing condition. You can also seek support simply because you would like help.

Seek urgent help if you are having thoughts of self-harm or suicide, cannot keep yourself safe, are barely eating or drinking, or are experiencing severe confusion or unusual perceptions. If there is immediate danger, contact emergency services or a crisis service now. New chest pain, severe breathing difficulty, collapse, or another possible medical emergency also needs emergency assessment rather than being assumed to be grief.

What you can do

There is no required treatment or test for ordinary grief. You do not need to prove that your loss is serious enough to deserve support.

Actions that may be useful include:

Try to keep essential health routines manageable rather than perfect. A pill organiser, calendar

reminder, prepared meal, or lift to an appointment may be more useful than broad advice to "look after yourself."

If you see a clinician, you could ask:

Medicines do not remove grief itself. They may sometimes be used for a separate condition, such as depression or an anxiety disorder, after an individual clinical assessment.

- Tell one trusted person what kind of contact would help
- Keep a simple record of sleep, meals, medicines, and appointments
- Write down questions before speaking with a healthcare professional
- Ask whether bereavement counselling, a support group, or practical services are available
- Choose a personal or cultural way to remember what was lost
- Reduce avoidable demands while concentration and energy are limited
- Avoid making alcohol or non-prescribed drugs your main coping method
- Could a physical or mental health condition be contributing?
- Is any questionnaire or assessment appropriate for me?
- What local bereavement or culturally relevant support is available?
- Who should I contact if my safety or ability to function changes?

Common questions

How long should grief last?

There is no universal timetable. Its intensity and form are influenced by the loss, your relationship, culture, circumstances, and support. A return of strong feelings around anniversaries or reminders does not by itself establish a disorder.

Is it wrong to feel relief?

No. Relief can occur when someone had been suffering, caregiving was exhausting, or a difficult situation ended. Relief can exist alongside love, sadness, anger, or guilt.

Should I keep busy or talk about the loss?

Either can be helpful. Some people move between discussing the loss and taking breaks from it. You do not have to talk before you are ready, but complete isolation may make practical and emotional support harder to reach.

Do I need grief counselling?

Not everyone does. Counselling may be worth considering if you want a private place to talk, feel stuck, lack support, or are struggling with daily life. A bereavement service can explain what it offers before you decide.

Can children and teenagers grieve differently?

Yes. Younger people may move in and out of grief quickly, repeat questions, express feelings through play or behaviour, or understand death differently according to their development. A parent, school health service, paediatric clinician, or child mental health service can help if there are concerns.

Sources

- NHS. Grief after bereavement or loss
- American Psychiatric Association. Prolonged Grief Disorder
- National Institute of Mental Health. Depression
- National Institute of Mental Health. Post-Traumatic Stress Disorder
- Centers for Disease Control and Prevention. Grief and Loss
- Stroebe M, Schut H. "The dual process model of coping with bereavement: rationale and description." Death Studies . 1999;23(3):197-224. doi:10.1080/074811899201046