A GENTLE GRIEF RESOURCE

How Grief Can Live in the Body

The physical side of loss is real

Grief does not follow a timetable. Take what feels helpful, leave what does not, and return whenever you need to.

Grief is a whole-body experience

Loss can affect sleep, appetite, digestion, concentration, energy, pain and immunity. You may feel heavy, shaky, breathless, tense or unusually sensitive to sound and touch. These responses can reflect stress in the nervous system as well as emotional pain.

Rest and sleep may change

You might sleep more, wake early, dream vividly or feel tired despite resting. Keep expectations gentle. A regular wind-down, low lighting and predictable routines can help, but avoid turning sleep into another test you must pass.

Eating when grief affects appetite

Aim for nourishment rather than perfection. Small familiar foods, drinks with energy, simple snacks or eating beside someone safe may be more manageable than full meals. People with sensory differences, ARFID or existing eating difficulties may need extra understanding and tailored support.

Movement without pressure

A slow walk, stretching, rocking, breathing or sitting outdoors can help release some of the body's held tension. Movement is not a cure and does not need to be exercise. Choose what feels regulating rather than demanding.

Know when to seek medical advice

Grief can cause physical symptoms, but new, severe, persistent or worrying symptoms should not automatically be attributed to grief. Contact a health professional, especially for chest pain, difficulty breathing, fainting, significant dehydration, or a major change in your ability to eat or function.

The nervous system after loss

Loss can leave the body watchful, as though waiting for more danger. You may startle easily or struggle to relax even when tired. Predictable routines, warmth, supported posture, familiar sensory input and safe company can offer cues of safety.

Brain fog and memory

Grief uses a great deal of mental energy. Forgetfulness, slower thinking and difficulty making decisions are common. Use notes, alarms and one-step tasks. Ask people to repeat information or put it in writing; these are sensible supports, not signs of failure.

Sensory needs

Bereavement can lower tolerance for noise, light, touch, smells and social demands. Familiar clothes, headphones, dimmer lighting, repetitive movement or a quiet room may help. Sensory regulation can make emotional processing more possible.

Gentle care through the day

Think in small anchors: a drink after waking, something manageable to eat, medication as prescribed, a few minutes of daylight, a supported stretch and a simple bedtime cue. On difficult days consistency matters more than achievement.

Listening without becoming frightened

Your body is communicating strain, but you do not need to interpret every sensation alone. Keep brief notes if symptoms persist and seek medical advice. Emotional support and physical healthcare can work together.

Common physical changes

People may notice headaches, muscle tension, changes in appetite, nausea, digestive upset, palpitations, dizziness, aches, lowered energy or a heavy feeling in the chest. These experiences are real. They may be influenced by stress, disrupted routines and sleep, but new or concerning symptoms still deserve proper medical assessment.

Grief, appetite and eating difficulties

Food can lose taste, feel effortful or become linked with memories. Use familiar textures, small portions and predictable times. Ready-made food, nutritional drinks or eating alongside somebody may reduce demand. If you have ARFID, sensory differences or a history of disordered eating, seek support that understands your needs rather than applying pressure or shame.

Sleep and night-time grief

Night can remove distractions and make longing louder. Keep a notebook nearby for thoughts you do not want to hold in your head. Use low lighting, a familiar audio, warmth and a repeated bedtime sequence. If sleep disruption continues, speak with a health professional rather than relying on alcohol or unprescribed medication.

Medical care without dismissal

Tell a clinician when symptoms began, what has changed, what makes them better or worse and how they affect daily life. Mention the bereavement while also asking for appropriate assessment. Grief should not be used to dismiss physical concerns. Take someone with you or use written notes if communication is difficult.

A compassionate body check-in

Ask: have I had enough fluid, something manageable to eat, prescribed medication, daylight, movement, rest and human contact? Notice without criticism. Choose one small response rather than trying to correct everything. The aim is to support a body carrying strain, not to create another list you can fail.

A gentle reminder

You do not have to carry grief perfectly. If you are struggling to manage daily life, feel persistently unsafe, or need more support than friends and family can give, speak with your GP, a bereavement service or an appropriately qualified mental health professional. In an emergency, contact emergency services.

Until next time, give yourself space to breathe.