How Grief Can Live in the Body

A full Support Hub article about understanding grief with warmth, depth and practical guidance.

Grief is a whole-body experience

Grief is often described as an emotion, yet many bereaved people first notice it through their body. They may feel exhausted, shaky, nauseous, tight in the chest, unable to sleep, unable to eat or unusually aware of their heartbeat. These sensations can be frightening, particularly when somebody expects grief to mean sadness and tears rather than physical change.

The body and mind are not separate systems. A major loss can alter routines, sleep, appetite, activity, stress hormones and the sense of safety that comes from attachment to another person. The nervous system may spend long periods activated, depleted or moving between the two. A person can feel restless and exhausted at the same time.

Cruse describes appetite and digestive changes, sleep difficulties, anxiety, palpitations, breathlessness, panic and physical pain among the possible bodily effects of grief. Recognising that grief can affect the body can be reassuring, but it should never be used to dismiss symptoms that need medical assessment.

Sleep, dreams and waking into the loss

Sleep can become difficult for several reasons. The mind may become busiest when the house is quiet. A person may replay events, worry about the future or dread dreams. Some people dream vividly that the person is alive and then experience the loss again on waking. Others sleep for long periods yet still feel unrefreshed.

The bed itself can be a reminder, especially after the death of a partner. A side of the bed is empty; familiar sounds are absent; nighttime routines have changed. Someone who cared for a sick relative may have become accustomed to waking to medication schedules, alarms or checking breathing. The body does not instantly forget those patterns when caring ends.

Gentle routine can help: reducing stimulation late at night, keeping waking times reasonably consistent, using a familiar audio, taking a warm shower, or doing light movement during the day. The goal is not perfect sleep. If insomnia is persistent, severe or affecting safety and functioning, speak with a GP rather than assuming it simply has to be endured.

Appetite, taste, swallowing and digestion

Food can become complicated after bereavement. Some people lose hunger completely. Food may taste different, swallowing can feel difficult when the throat is tight with emotion, and nausea can make meals unappealing. Others find themselves eating more often because food offers comfort, structure or temporary relief. Both patterns can occur in the same person at different times.

Grief also disrupts the practical systems around food. The person who died may have cooked, shopped, eaten alongside you or reminded you to eat. Cooking for one can make the absence painfully visible. A familiar recipe may trigger memories. Executive function and concentration can be reduced, making planning and preparation disproportionately difficult.

Aim for manageable nourishment rather than an ideal diet during acute periods. Keep easy foods available, use ready-prepared options if needed, accept help and try small amounts more regularly when large meals feel impossible. Cruse recommends seeking GP advice if eating changes remain concerning after several weeks. People with existing eating difficulties or medical conditions may need earlier individual advice.

Anxiety, adrenaline and frightening sensations

Loss can make the world feel less predictable. A person who has experienced one devastating event may become hyper-alert to the possibility of another. Normal sensations can suddenly feel threatening: a racing heart, dizziness, breathlessness, tingling or a wave of heat. Panic can then amplify those sensations.

Gentle movement can help use some of the physical activation associated with anxiety. Grounding through touch, sound, sight or contact with a trusted person may be more useful than demanding that you 'calm down'. Some people find slow breathing helpful; others become more anxious when they focus on breathing, and that is important to respect.

Because anxiety and medical problems can overlap, do not automatically label chest pain, palpitations, fainting, severe breathlessness or other worrying symptoms as grief. Recurrent or concerning symptoms deserve medical assessment. Urgent symptoms should be treated as urgent.

Pain, tension and physical depletion

People may notice headaches, jaw tension, shoulder and neck pain, backache or a general sense that the body hurts. Crying, disrupted sleep, reduced movement, long periods sitting during hospital visits or administration, and sustained muscular tension can all contribute. Cruse also notes that grief can be associated with physical pain and reduced ability to fight minor infections.

The temptation can be to push through because other tasks feel more important. Yet the body may need more recovery than usual. Gentle stretching, warmth, regular movement, hydration and rest can help some people. If pain persists or is new and unexplained, a healthcare professional should assess it.

Fatigue deserves particular respect. Emotional processing consumes attention. Sleep may be poor. Everyday tasks require more deliberate thought when routines have been disrupted. Reducing expectations for a period is not laziness; it can be a realistic response to reduced capacity.

Brain fog, memory and concentration

Bereaved people often describe walking into a room and forgetting why, losing track of conversations, rereading the same paragraph or making mistakes in familiar tasks. The mind is carrying a large amount of emotional and practical information. Attention is repeatedly pulled toward memories, worries, administration and the changed future.

Externalising memory can reduce the load. Write appointments down immediately. Use phone reminders. Keep one notebook for important information. Ask somebody to attend significant appointments with you if you are worried you will not remember what was said. Delay non-urgent major decisions when possible.

At work, temporary adjustments may be helpful: shorter days, written instructions, reduced multitasking, more breaks or flexibility around significant dates. Difficulty concentrating after bereavement is not a moral failing. It is information about current cognitive capacity.

Caring for the body without turning grief into a wellness project

When somebody is grieving, advice can become another burden. A long list of ideal sleep, nutrition, exercise and mindfulness goals may leave them feeling that they are failing at self-care as well as grief. The aim is to make the body a little easier to inhabit, not to create a new performance standard.

Think in minimums. What is the easiest way to drink enough today? What food is manageable? Could you step outside for five minutes rather than complete a workout? Is there one task somebody else could take over? Could medication be placed somewhere visible or paired with an existing routine?

Pleasure and comfort are also bodily needs. A warm blanket, familiar programme, shower, pet, garden, music or safe touch may offer regulation. These things do not remove grief. They give the nervous system moments in which it does not have to work quite so hard.

When to seek medical or professional help

Physical symptoms should be taken seriously. Grief may be part of the picture, but it does not protect a person from ordinary illness or new medical conditions. Seek medical advice for symptoms that are severe, persistent, recurrent or worrying, and use urgent or emergency services when symptoms indicate an emergency.

Talk with your GP if sleep, appetite, anxiety, pain or exhaustion are significantly affecting daily life. If low mood, hopelessness or grief remain intensely disabling, psychological support may also be appropriate. There is no requirement to wait a particular length of time before asking for help.

The most helpful stance is both-and: grief can have genuine physical effects, and physical symptoms can still deserve proper medical attention.

Therapy, support and when to ask for more help

Grief does not have to reach crisis point before support is appropriate. Some people want to talk soon after a loss; others prefer to rely on family, friends, faith, community or their own routines and only seek professional support later. Not everyone needs counselling. What matters is having choices.

Person-centred counselling can provide a private, non-judgemental space where you are not expected to perform grief in a particular way. Bereavement counselling may be helpful when you want to explore the relationship, the circumstances of the death, guilt, anger, identity, family changes or the practical reality of living after loss. Where a death was frightening, sudden or traumatic, a suitably qualified trauma-informed practitioner may be appropriate, particularly if intrusive memories, nightmares, avoidance or a persistent sense of threat are dominating everyday life.

Couples or family therapy can be useful when grief is exposing very different coping styles. One person may need to talk repeatedly while another becomes quiet; one may want photographs and rituals around them while another finds reminders unbearable. Therapy can help people understand that difference without automatically interpreting it as rejection or lack of love.

Speak with your GP when grief is having a substantial effect on sleep, appetite, physical symptoms, anxiety, depression or your ability to manage daily life. NHS guidance also describes prolonged grief disorder, where severe grief remains persistently disabling and a person may struggle to accept the death or return to ordinary activities. Suicidal thoughts require prompt support. If you feel unable to keep yourself safe, seek urgent help; Samaritans can be contacted free on 116 123, day or night.

A Message From Me

If grief is showing up in your body, please do not dismiss yourself. Your body may be carrying exhaustion, tension and change alongside your emotions. Be gentle with it, and let a healthcare professional check anything new, persistent or worrying.

I want you to give yourself permission to be where you are rather than where you think you should be. There is no prize for grieving quickly, quietly or neatly. Some days may contain tears; others may contain ordinary life, laughter or even joy. Both can belong to the same grief.

On difficult days, make life smaller. Drink something. Eat what is manageable. Sit somewhere you feel safe. Let something non-urgent wait. Tell somebody if you need company. You do not have to carry every part of the future today.

And when life begins to feel lighter in places, let it. Living does not mean forgetting. New memories do not erase old ones, and moments of happiness do not reduce the love that came before them.

With warmth,
Maggie
Space to Breathe Therapy

Books that may help

Grief Works - Julia Samuel. A broad, compassionate exploration of bereavement and the many forms grief can take.

The Plain Guide to Grief - John Wilson. Clear, accessible explanations of grief and practical ways of understanding what may be happening.

It's OK That You're Not OK - Megan Devine. Particularly helpful for challenging the pressure to make grief tidy, positive or quickly resolved.

The Grieving Brain - Mary-Frances O'Connor. Explores grief through the lens of learning, attachment, memory and the brain.

A Grief Observed - C. S. Lewis. A personal account of bereavement that captures contradiction, pain, questioning and the changing experience of loss.

Places to find support

Cruse Bereavement Support - bereavement information and support. Helpline: 0808 808 1677. cruse.org.uk

NHS - grief, bereavement and loss information, GP support and NHS Talking Therapies. nhs.uk

Samaritans - free emotional support, day or night. Call 116 123. samaritans.org

The Good Grief Trust - bereavement information and signposting. thegoodgrieftrust.org

Space to Breathe Therapy Support Hub - further mental health and wellbeing resources. spacetobreathetherapy.co.uk