Understanding Why Grief Comes in Waves

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

Grief rarely moves in a straight line

People often imagine recovery as a steady upward line: terrible at first, then slightly better each week until grief is largely gone. Real bereavement is usually less orderly. A person can have several manageable weeks and then be overwhelmed by a single morning. They can laugh at lunch and cry in the car. They can function well at work and fall apart at home.

Cruse describes grief as something that can return in powerful waves months or years later. The existence of a wave does not erase the quieter period that came before it. Human emotion is responsive to context, memory, attachment and what is happening in life now.

This non-linearity is important because people often interpret renewed pain as regression. They think, 'I was doing so well; why am I back here?' A more accurate description may be, 'Something has brought this part of my grief close again.'

Attachment teaches the brain to expect somebody

Close relationships become woven into everyday prediction. You expect a partner's key in the door, a parent's Sunday phone call, a friend's message, a child's voice or the way somebody responds to news. These expectations are learned over thousands of ordinary moments.

After death, the factual knowledge that somebody has died can exist alongside deeply learned expectations of their presence. You may reach for the phone before remembering. You may briefly think you saw them. You may have news and instinctively formulate what you are going to tell them. The brain has to repeatedly encounter a world that no longer matches its old model.

This helps explain why grief can feel fresh in mundane moments. The absence is not only an idea; it is encountered through routines, places and expectations that previously included another person.

Why waves can appear without an obvious trigger

Not every wave comes with a conscious memory. The trigger may be subtle: a season, a body sensation, a background sound, a time of day or a pattern you have not consciously noticed. Sometimes the wave reflects current stress. When capacity is reduced by illness, exhaustion, conflict or another loss, grief that was usually held within a larger life can feel more dominant.

Dreams can also leave emotion behind after the details have faded. You may wake with longing or sadness without immediately knowing why. Hormonal changes, sleep disruption and anniversaries can alter emotional tolerance too.

Rather than demanding an explanation for every wave, it can be enough to notice what is happening and respond to the need in front of you.

Why grief can return years later

Life does not stop producing new meanings. A person may grieve a parent again when they become a parent themselves. A child may understand a death differently as they mature. A wedding can make the absence of a sibling newly visible. Retirement can revive grief for the partner with whom that future was imagined.

Cruse notes that milestones years or decades later can bring grief back into the foreground. This is not evidence that somebody has spent the intervening years 'stuck'. The relationship between the loss and the person's current life has changed.

Grief therefore has a developmental quality. We revisit loss from new ages, roles and circumstances. The facts remain the same, but what they mean to us can continue to evolve.

Growing around grief

One of the most useful alternatives to the idea of 'getting over' grief is Lois Tonkin's growing-around-grief model, highlighted by Cruse. In this model, the grief itself does not have to shrink until it disappears. Instead, life gradually expands around it.

Early in bereavement, grief may fill almost everything. Over time, work, relationships, interests, routines, memories, new experiences and confidence begin to occupy more space. The loss remains part of the life, but it is no longer the only part. A wave can temporarily make the grief feel enormous again without removing everything that has grown around it.

This model can reduce guilt. Enjoying life does not require reducing the importance of the person who died. Growth and grief can coexist.

Continuing bonds and the changing relationship

Death ends a person's physical presence, but many people continue a relationship through memory, values, stories and internal conversation. They may ask what the person would have said, cook their recipes, use their phrases or notice characteristics inherited from them. These continuing bonds can become part of adaptation.

There is no need to remove photographs or possessions according to somebody else's timetable. Equally, keeping everything unchanged is not a requirement of loyalty. The relationship can be carried in many ways.

As grief changes, the memory of the death may also take up less space compared with the memory of the life. A person may gradually be able to think about ordinary, funny or loving moments without immediately being pulled only to the ending.

What progress can actually look like

Progress is easy to miss when it is measured only by how much pain remains. It can also look like eating regularly again, managing paperwork, sleeping for a longer stretch, asking for help, returning to a hobby, surviving an anniversary, setting a boundary or talking about the person without becoming overwhelmed every time.

It can look like recognising a wave earlier and knowing what helps. It can look like allowing somebody else to support you. It can look like making a new memory without feeling that you have betrayed an old one.

None of these changes requires forgetting. Adaptation means building a life that can contain both the reality of the loss and the reality that you are still here.

When waves remain overwhelmingly intense

There is no universal timetable, but grief that remains persistently disabling deserves support. NHS guidance describes prolonged grief disorder as grief after a death that continues for many months or years with severe feelings that do not ease, persistent preoccupation, difficulty accepting the death, inability to return to everyday activities or suicidal thoughts.

Seeking help does not mean your grief is abnormal or that you have loved for too long. It means the level of suffering deserves care. A GP, bereavement service or suitably qualified therapist can help assess what kind of support may fit.

If you are in immediate danger or feel unable to keep yourself safe, use urgent or emergency support. Samaritans is available on 116 123 at any time.

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

A wave returning is not the same as starting again. Your life can be growing around your grief even when some moments still hurt deeply.

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