What Is Grief?

Understanding Loss and Bereavement

A supportive guide for understanding your experience and finding a gentler way through.

Understanding this kind of grief

Grief is the whole-person response to losing someone or something important. It may affect emotions, thoughts, the body, relationships, identity and everyday functioning.

There is no correct timetable and no single sequence. Grief can move in waves, change shape and coexist with moments of relief, laughter or connection.

Grief is not a test of strength and it is not a task to complete perfectly. It is an adaptive response to a changed world. People often move between confronting the loss and taking breaks from it. Both movements can be healthy: one allows the reality and meaning of the loss to be felt, while the other protects energy and helps ordinary life continue.

What it may look and feel like

- Shock, disbelief, numbness or feeling unreal
- Sadness, yearning, anger, guilt, relief or mixed emotions
- Poor concentration, forgetfulness and difficulty making decisions
- Sleep or appetite changes, fatigue, aches or a tight chest
- Avoiding reminders, seeking reminders, or moving between both
- Feeling disconnected from other people or from your former identity

The same person may feel several apparently contradictory things in one day. Relief does not cancel love. Numbness does not mean indifference. A productive day does not mean grief is finished, and a difficult day does not erase progress.

Memory, concentration and triggers

Grief uses mental energy. Working memory can feel smaller, familiar tasks may take longer and decisions can become exhausting. A smell, song, date, place, administrative letter or ordinary household object may suddenly bring the loss close. Triggers are not evidence of failure; they show how attachment is connected with people, places, routines and sensory detail.

External supports can reduce pressure: write down one task at a time, use alarms, ask another person to check important paperwork, and postpone non-urgent decisions. Around anniversaries or anticipated triggers, make a flexible plan that includes both support and a way to leave or rest.

Why grief can feel so physical

Loss activates systems involved in attachment, threat, memory and bodily regulation. Stress hormones, broken sleep, altered eating, muscle tension and sustained vigilance can make grief feel like illness. Some people describe heaviness, nausea, breathlessness, agitation, headaches, pain or a sense that the body is searching for the person or life that is no longer available.

Physical symptoms still deserve appropriate medical attention. New, severe or worrying symptoms should not automatically be attributed to grief. A GP can help distinguish grief-related strain from another health problem.

What tends to help

• Lower the demand: decide what is essential today and let “good enough” be enough.

• Create a small anchor: regular drink, food, medication, fresh air, washing or bedtime routine.

• Choose one safe person and tell them exactly what would help - company, listening, practical help or quiet.

• Use brief grounding when flooded: notice your feet, look for five neutral objects and lengthen the out-breath.

• Give grief a container without forcing it: ten minutes to write, look at a photograph, remember or sit quietly.

• Seek professional or bereavement support if distress is persistent, disabling, frightening or unsafe.

Supporting somebody else

Stay present without trying to find a perfect sentence. Use the name of the person who died when welcomed. Ask practical, specific questions such as “Would you like company while I make tea?” or “Shall I handle that phone call?” Continue to check in after the funeral, anniversary or immediate crisis, when other support may become quieter.

Common myths that add pressure

“You should be over it by now.” Grief does not obey a universal deadline. **“Keeping busy is always healthy.”** Activity can help, but constant activity may also protect someone from feelings until there is enough safety to pause. **“You must talk about it.”** Some process through words; others use movement, creativity, faith, routine, practical action or quiet company. **“Moving forward means leaving the past behind.”** Many people carry an ongoing bond while also building a changed life.

A plan for the next difficult wave

Choose one sign that tells you a wave is building, one grounding action, one person or service you can contact, and one demand you can drop. Keep the plan somewhere easy to find. In a strong wave, the aim is not to solve grief; it is to move through the next few minutes safely.

A gentle reflection page

Use only the prompts that feel manageable. Short answers, drawings, colours or leaving a prompt blank are all valid.

What has changed, and what do I miss most today?

Which feeling is taking up the most room in me right now?

Where do I notice grief in my body?

What is one demand I can reduce this week?

Who feels safest to contact, and what could I ask for?

What reminder, ritual or object helps me feel connected?

What do I need other people to understand about this loss?

When extra support may be important

Consider contacting a GP, bereavement service or qualified therapist when grief is severely disrupting sleep, eating, work, care responsibilities or relationships; when trauma symptoms dominate; when alcohol or substances are becoming a main coping method; or when distress remains intense and disabling. Specialist help can be appropriate without suggesting that grief itself is an illness.

Urgent safety: If you may harm yourself or cannot stay safe, call 999 or go to A&E. In the UK and ROI, Samaritans can be contacted free on 116 123. NHS 111 can advise on urgent health needs.

Therapeutic and practical support

Helpful support is matched to the person rather than imposed. Bereavement counselling can offer a steady relationship in which the story, emotions and continuing bond are explored. Trauma-focused work may be considered when intrusive memories, avoidance or a persistent sense of threat are central. Person-centred, cognitive-behavioural, acceptance-based, compassion-focused and narrative approaches offer different ways to understand patterns, reduce shame and rebuild daily life. A practitioner should explain the approach, work at a tolerable pace and review whether it is helping.

Practical advocacy can matter just as much as emotional support. Help with benefits, employment, housing, funeral administration, caring responsibilities or health appointments may reduce the load that keeps the nervous system in survival mode.

Rituals, remembrance and continuing bonds

An ongoing bond can include telling stories, keeping an object, cooking a familiar meal, visiting a place, making something, supporting a cause, writing letters or noticing values learned from the person or experience. There is no requirement to keep possessions, visit a grave or follow a traditional ritual. The right ritual is one that fits the person, culture and relationship.

Children and neurodivergent ways of grieving

Children may revisit grief as their understanding develops. Clear, concrete language and repeated explanations can be more helpful than euphemisms. Neurodivergent people may need direct information, predictable plans, sensory protection, recovery time after social rituals and permission to show grief in non-traditional ways. A quieter or delayed outward response should not be mistaken for a lack of feeling.

A message from Maggie

Your grief does not need to look like anyone else's to be real. You are allowed to need repetition, quiet, company, practical help or space. You are also allowed to have moments when grief is not at the centre. Those moments are not a betrayal of what or whom you have lost. Please take this guide slowly, return to what helps and leave the rest for another day.

Books and further support

Cruse Bereavement Support offers information and support across the UK. Mind and the NHS provide guidance on grief and mental health. Helpful books include *Grief Works* by Julia Samuel, *The Grieving Brain* by Mary-Frances O'Connor, and *It's OK That You're Not OK* by Megan Devine. For ambiguous loss, Pauline Boss's work is particularly relevant; for disenfranchised grief, Kenneth Doka's work gives language to hidden sorrow.

Clinical notes and sources

• NHS. Bereavement and traumatic events; grief and loss information.

• Cruse Bereavement Support. Understanding grief and getting support.

• Mind. Understanding grief and how it can feel.

• World Health Organization. ICD-11 information on prolonged grief disorder.

• Stroebe, M. & Schut, H. The Dual Process Model of Coping with Bereavement.

• Worden, J. W. Grief Counseling and Grief Therapy.

• Boss, P. Ambiguous Loss: Learning to Live with Unresolved Grief.

• Doka, K. J. Disenfranchised Grief: Recognizing Hidden Sorrow.

Important: This guide is educational and supportive. It is not a diagnosis and does not replace medical, psychological or emergency care.

My personal support map

Complete this now or keep it ready for a day when words and decisions are harder.

People I can contact

Professional or community support

Things that help my body feel safer

Tasks somebody else could help with

Important dates or triggers I want to plan for

What I want others to know when I am struggling