Bereavement: key facts from the Royal College of Psychiatrists

What is bereavement?

Bereavement is our experience of grief when someone we care about has died. It isn’t just one feeling but a range of different emotions. We feel them most in the months – often up to 2 years, sometimes longer – after the death. After this, although life is very different, most people manage to come to terms with their loss. We most often grieve for someone that we have known for some time. But if you have had a stillbirth, or miscarriage, or has lost a very young baby, you will go through many of the same emotions.

What feelings am I likely to have?

There is no ‘standard’ way of grieving. Cultures and individuals have their own beliefs and ceremonies. However, they all share many experiences.

You might feel:
- **Numb**
  Particularly in the few hours or days following the death, you feel simply stunned, as though you can’t believe it has actually happened.
- **Agitated**
  After a few days the numbness usually wears off. You feel a sense of agitation, of pining or yearning for the dead person. You want somehow to find them, even though you know you can’t. You find it difficult to relax, concentrate or sleep properly. You may dream, see fleeting visions or hear the voice of your loved one.
- **Angry**
  You can feel very angry – towards doctors and nurses who did not prevent the death, towards friends and relatives who did not do enough, or even towards the person who has died because they have gone.
- **Guilty**
  You may find yourself going over all the things you would have liked to have said or done. You may wonder if you could have prevented the death, even though death is usually beyond anyone’s control.
- **Relieved**
  You may feel relieved if your loved one has died after a painful or distressing illness. This is not callous – it is common and understandable.
- **Sad**
  After the weeks of strong feelings, you may gradually become quietly sad and withdrawn. You feel less agitated but go through more periods of depression. These peak between 4 and 6 weeks later.
- **Reflective**
  For several months, other people may see you as spending a lot of time just sitting, doing nothing. In fact, you are thinking about the person you have lost, going over in your mind your memories of the times you had together. This is a quiet, but essential part of coming to terms with the death.
- **You are becoming whole again**
  As time passes, the fierce pain of early bereavement fades, the sadness lifts and you start to think about other things and look to the future. Although the sense of having lost a part of yourself never goes away entirely, after some time you can feel whole again.
- **Like letting go**
  You finally ‘let go’ of the person who has died and start a new sort of life. The sadness lifts, you sleep better, start to feel more energetic and may find that your sexual feelings now return.

What if I can’t come to terms with it?

You may have problems if you can’t grieve properly at the time of your loss because of family or business commitments. Some people don’t appear to grieve at all and return quickly to their normal life but then, years later, have odd physical symptoms or spells of depression.
- If you have had a stillbirth, miscarriage or abortion, other people may not understand why you feel so deeply about it. This can make you feel very alone and low.
- You may start to grieve, but get stuck. The early sense of shock and disbelief goes on. Years may pass and still you find it hard to believe that the person you loved is dead.
You may find that you can’t think of anything else, perhaps making the room of the dead person into a shrine.
Occasionally, you may feel so low that you have thoughts of killing yourself and may even stop eating and drinking.
Bereavement can affect your physical health, with an increased risk of cancer and heart disease. Some older people may die very soon after their partner or spouse has died.

**What help can I get?**

If you find it hard to come to terms with the loss of a loved one, voluntary or religious organisations may be able to help. Meeting and talking to people who have been through the same experience might be enough. If not, you might want to see a bereavement counsellor or psychotherapist, in a group or on your own. Your GP can help you to find one.
If you can’t sleep for a while, sleeping tablets from your doctor may help – but only for a few days. If the depression gets worse, affecting your appetite, energy and sleep, your GP should be able to arrange counselling or antidepressants. If the depression gets still worse, despite treatment, you may need to see a psychiatrist.

**How can I help someone else?**

- Spend time with the bereaved person so they feel less alone with their grief.
- Let them, if they want to, cry with you and talk about their feelings.
- Don’t tell them to pull themselves together.
- Help out with practical things.
- Try to be around at particularly painful times, such as anniversaries.
- Give them time to grieve.