UNDERSTANDING YOUR DIAGNOSIS

Prolonged Grief

Also called Prolonged Grief Disorder

Your grief has stayed as raw and consuming as the first weeks, long after the loss, and there is real help for that.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 4 in 100 who grieve	Named 12+ months after a loss	Yes - grief therapy helps	Millions of grieving people

What this is

- Grief itself is not a disorder. Missing someone deeply, for a long time, is love, and love is never a symptom.
- This is about grief that stays stuck and disabling, not grief that lasts. There is no deadline on missing someone.
- It is only considered after **12 months** for adults, and after **6 months** for children and teenagers.
- Nobody expects you to be over it or to stop loving them. The aim is that the pain stops running your whole day.

What it can look and feel like

- You ache for them constantly. The longing feels physical, like hunger, and it does not ease the way people said it would.
- Your mind returns to them all day - memories, conversations you will never have, the details of how they died.
- Part of who you are feels like it died too, and you cannot say who you are now without them beside you.
- It still does not feel real. Some part of you keeps listening for their car, their key, their voice in the hall.
- You steer around their photos, their street, their song - or you cannot bear to change one thing in their room.
- You feel numb and far away from other people, or like nothing you once cared about matters anymore.
- Anger, guilt, or bitterness sits under everything: at the doctors, at yourself, sometimes even at them for going.

What is happening in your brain and body

- Reminders of them light up the reward part of the brain, the same area tied to craving. The longing is real, not weakness.
- That is why this can feel like withdrawal. Your brain still expects them to be findable and keeps on searching.
- Sleep breaks into pieces, stress hormones lose their normal daily rhythm, and the body runs inflamed and worn down.
- Grief is hard on the heart, especially in the early weeks. Chest pain deserves a real check, never a shrug.
- Your attention narrows onto anything connected to the loss, which is why ordinary tasks take so much more effort.

What can make it more likely

- A sudden, violent, or unexpected death makes it more likely that grief gets stuck instead of slowly softening.
- Losing a child or a partner carries the highest risk, and so does losing someone you leaned on every single day.
- Being alone with it matters enormously. Thin support, or people who stop asking, makes stuck grief far more likely.
- Long caregiving before the death, or an earlier loss you never got the chance to grieve, both add to the weight.

What to expect

- Grief usually changes shape over the first year. When it does not, that is a signal to get help, not a personal failure.
- Grief-focused therapy usually runs about **16 sessions**, and many people feel real change well before the last one.
- Some days will still hurt - birthdays, anniversaries, their song on the radio. That never means treatment stopped working.
- Getting better does not mean letting them go. It means carrying them with you and being able to live your life again.

What helps

Treatment works. Most people get better.

Talking therapies

- **Prolonged grief disorder therapy** has the strongest evidence of anything we have, and it beats medicine alone.
- You tell the story of the death out loud, in small doses, until it stops flooding you every time it comes up.
- You return to the places and things you have been avoiding, gently, at a pace you set rather than one imposed on you.
- You also work on what comes next: small goals, people, and things that make your own life feel worth living again.
- Grief-focused **talk therapy**, including online versions, helps too, which matters where no grief specialist is nearby.

Medicines

- No medicine is approved for prolonged grief itself, and therapy works better than medicine for the grief part.
- **Antidepressants** are worth trying when depression is present too, and depression and stuck grief often travel together.
- In one study, adding **citalopram** to grief therapy helped depression but did not improve the grief itself.
- These medicines need about **6 to 8 weeks** to show their full effect. Your prescriber works out the dose with you.
- **Benzodiazepines** such as lorazepam are best avoided here. They blunt the feelings you actually need to move through.

Everyday things that help

- Sleep is worth treating on its own. Almost everyone with stuck grief sleeps badly, and that makes every day harder.
- Alcohol softens an evening and hands the grief back heavier in the morning. Go easy, especially late at night.
- Plan ahead for anniversaries and birthdays, with someone beside you. Being ambushed by those days is much worse.
- Rituals help: a letter, a visit, a candle, cooking their recipe. Keeping the bond is allowed, and it is healthy.
- A bereavement group helps many people. If you are not improving, ask for grief-focused therapy as well as the group.

Get help right away if

- If you are thinking of ending your life to be with them, call or text **988** right now.
- Go to the nearest emergency room if you cannot keep yourself safe tonight.
- New chest pain, pressure, or trouble breathing needs emergency care, not waiting.

Questions to ask your care team

- *Do you offer grief-focused therapy, or can you refer me to someone who does?*
- *How will we tell the difference between grief and depression in me?*
- *Would a medicine help me, or is therapy alone enough for what I have?*
- *What can I do about the sleep, and about the anniversary coming up?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.