

## *Grief and Physical Health*

Most of us think about grief and loss as an emotional process. As life goes on, we have more and more encounters with grief and we recognize that we feel it emotionally: we are sad, angry, frustrated at the unfairness of loss. Psychologically, we're also different – less organized or focused or feeling a loss of identity that we maintained through our relationship with the person who has died. We may experience a significant shift in our spiritual orientation and beliefs as well. While some of us will draw nearer to our faith and faith communities, others feel distanced or betrayed because of the death. Some experience loss and grief as a time for questioning the meaning of life and mortality and, as a result, feel overwhelmed or uncertain of life-long, closely-held beliefs.

We are accustomed to recognize grief as an emotional experience, a psychological one and a spiritual one. But for those who have grieved, it is the physical changes and stress that grief causes that may be the last thing we anticipated. The evidence states that grief is, in fact, a very *physical process*.

Upon hearing the news that something or someone significant is lost to us, we may have a visceral reaction. "Visceral" refers to "viscera," meaning related to our very organs. That's pretty physical. When people receive difficult or traumatic news, they may experience pounding in the ears, that sinking feeling in the gut or heart palpitations. All of those are due to the triggering of the human "fight or flight" response that happens when we feel threatened.

How grief affects us physically, in the long run, is harder to prove and quantify. In other words, it's difficult to get statistics. It's almost impossible to compare a group of grieverers to non-grieverers and assess what exactly is physically different about grieverers. General health plays a part in our wellness (or illness) as we grieve, as does lifestyle. Diet and exercise still count in the mix. So does how we handle grief emotionally: isolated people are more at risk for physical complications when they grieve and so are the "strong, silent" types.

We do know that some physical changes are associated with grief. We know that through questionnaires, observation, and anecdotal reporting that suggest some interesting things about grief and physical health.

*First, grief is dehydrating* – A lot of the time, we forget or ignore simple self-care when we're immersed in grief, even small things like drinking enough water. Tearfulness and the production of tears is dehydrating. When we're lacking fluid, our brains can become dehydrated as well, impacting mental and emotional functioning and leading to more confusion, depression and feelings of being overwhelmed. When we grieve we need WATER, WATER, WATER and less caffeine, bubbly, sugar-filled or alcoholic beverages (if we choose those other things, it's important to continue to drink water as well).

*Second, grief is exhausting* – Grief is a significant stressor. It can lead to sleep disturbances and changes in our REM cycles that result in exhaustion. Those of us who lost a partner or spouse may find it difficult to fall asleep alone or stay asleep through the night. It's so common that there's actually a name for it – “empty bed syndrome.” Grieving children are often reluctant to sleep alone in their own room or in their own bed. And anybody who has had to sleep with a child knows that actual sleep can become a pretty rare commodity.

*Third, grief causes changes in nutrition*, and generally not positive changes – shopping, cooking, and mealtimes can all become very stressful issues. Loss of appetite, depressive over-eating, or the desire for mood-alterers like caffeine, sugar or (more ominously) alcohol can also occur.

*Fourth, griever*s, like most people experiencing significantly high levels of emotional stress, have suppressed immune systems and *get sick more often*.

*Fifth, many griever*s become more *accident-prone*, perhaps from sleep problems, inattention or trouble focusing.

*Sixth, many griever*s will wind up *over-medicated, getting the wrong medications and taking them for too long* – Primary physicians often prescribe medication for those grieving, particularly for sleep issues, anxiety or depression. While grieving is difficult and can exacerbate depression or a tendency towards it, the sadness we experience in grief is not the same as clinical depression and medication may not be the best answer. If grievers are using medication for other than short-term help, it's best to be monitored by a therapist or psychiatrist.

*Seventh, many grievors will not get adequate medical care and monitoring of their health –* Changes in medical care can occur if the death has caused a financial change or change in medical benefits for the survivor(s). Transportation may have become an issue. Sometimes, grievors do not get appropriate medical attention because the person who encouraged them to get assistance isn't there to insist any longer!

Finally, the physical effects of grief do subside and most people begin to experience improvement, usually beginning at 6–9 months after the precipitating event. At 18 months out, most people who have not experienced anything debilitating will be close to their baseline.

Some of this information may be familiar. Some may look back at a time when they grieved and think, “Yes, I remember that.” But for many of us, it's our concern with others in our lives that may make this information important. It might not be us facing loss or physically struggling through it, but it might be someone we love and care about.