**When “Normal” Grief Becomes More Than That**

Grief is experienced by all people at some point in their lives. No one grieves in exactly the same manner with each death, and the intensity and duration of grief can vary from one person to the next due to a combination of genetics, personality, previous coping patterns, previous history of depression or other mental illness, the presence or lack of support networks, and the event leading to the death (ex. sudden, unexpected death vs. expected death).

Over the years, controversy has existed as to when grief becomes something more that may require medical input. As a result, research studies and professional discussions have taken place with the hope of identifying when “normal” grief becomes something more than just “normal” grief.

The most recent consensus, is that clinicians need to be careful that they do not “medicalize” normal grief, *while also ensuring* that they do not exclude those who may be suffering a clinical depression as a result of the recent loss of a loved one.

Grief is a process, not an event. In the early stages of grief (sometimes referred to as “acute” grief), symptoms can include intense sadness, trouble with concentration, reduced interest in activities and people, crying, sleep issues, changes in appetite, and constant thoughts about the deceased individual. Interestingly, these are many of the same symptoms as seen in depression, yet they are considered two distinct entities.

However, the experience of grief does not necessarily mean that the individual is depressed. Eventually, grief can become less disabling and intrusive in one’s life, and the raw wounds begin to heal as pleasure is increasingly found in life again.

Furthermore, grief does not proceed in a perfect pattern. It can last from weeks to years. There can still be periods where the acute grief returns for short periods during events such as the birthday of the deceased, holidays, and other reminders that the person is no longer present. However, the acute feelings of grief eventually wane again.

Sadly, some people have a very hard time finding pleasure in their lives again after the loss of a loved one. Again, there is no specific length of time, and this varies depending on the person and the circumstances.

In any case, it is important to recognize that depression can accompany grief. Post-Traumatic Stress Disorder (PTSD) is another possible concern, especially in violent or unexpected deaths.

It is very important to consult a physician if, at any point, the grief does not seem to be subsiding or if there are any thoughts of self-harm. Your physician can help in determining whether the loss of a loved one has triggered depression, and/or PTSD. If so, various forms of treatment can help. These include psychological counselling and/or medications.

In summary, individuals experience the process of grief differently. Recognizing that depression and PTSD can sometimes accompany grief should not be ignored. It is better to seek the opinion of your physician sooner than later.