

# Grief vs. Depression: Understanding the Difference

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Grief and depression share some common symptoms, so it can sometimes be confusing to differentiate between them. However, while grief is a natural response to loss, which the majority of people are able to work through on their own, depression is an illness. Those who experience both grief *and* depression, or a grief disorder, will usually benefit from professional assistance.

## Types of Grief and Depression

[Grief](#) can be described by therapists in a few different ways depending upon the type of symptoms presenting, how long they have lasted, and how debilitating they are to the individual.

The three most commonly used terms to describe grief are:

- Uncomplicated (Normal) Grief
- Complicated Grief
- Persistent Complex Bereavement Disorder (PCBD)

## Uncomplicated Grief

Grief is a normal response to significant loss. We might tend to think that grief only occurs in response to an actual death, however, other major losses (e.g., of a relationship, job, physical abilities, sense of safety in the world, etc.) can also trigger a grief reaction. Grief can be experienced at emotional, physical, and spiritual levels. It can cause [problems with one's ability to think clearly](#), and can also cause major disruptions in different areas of one's life (e.g., relationships, financial security, daily living routines).<sup>1</sup>

For the majority of individuals, symptoms of uncomplicated grief will begin to resolve within six months following the loss, allowing one to begin to adjust to the loss and return to life in an adaptive way. Nevertheless, it is not uncommon for intense grief symptoms to return as the [anniversary of the loss](#), or other important dates (e.g., birthdays, [holidays](#)), approach.<sup>2</sup>

## Complicated Grief

[Complicated grief](#) is a term used by mental health professionals to describe a situation in which an individual's grief symptoms have not improved within 6 months post-loss, sometimes referred to as [delayed grief](#). In such cases, one's symptoms remain intense, persistent, and cause significant functioning difficulties in one's life. It has been suggested that, in such cases, the grief process has become *complicated* or "stuck," due to physical illness, trauma, or depression.<sup>3</sup> Approximately 10-20% of grieving adults experience complicated grief.<sup>4,5,6</sup>

## Persistent Complex Bereavement Disorder (PCBD)

[PCBD](#) is a psychiatric diagnosis that is made when a person has become "stuck" in their grieving process for a period of at least 12 months since the death of the loved one (or for bereaved children, the time period would be beyond 6 months)

This diagnosis would be appropriate in situations in which someone is:<sup>7</sup>

- Suffering from intensely distressing grief, related to the death of a loved one
- Experiencing difficulties in functioning in one or more areas of their life

PCBD has been found to occur in approximately 2-5% of individuals who are suffering from grief.<sup>7</sup>

## The Grieving Process

Despite the popularity of the idea of “[stages of grieving](#),” it has been clearly demonstrated that there is no one way to grieve, nor are there clear stages that one must go through to grieve.<sup>8,9,10</sup> Instead, it has been suggested that uncomplicated grief is characterized by the successful completion of “grief tasks,” whereas disordered grief occurs when one has significant difficulty in completing these tasks.

Grief tasks often include:<sup>11</sup>

- Accepting the loss
- Working through the pain associated with the loss
- Readjusting to living in the world without the deceased loved one
- Finding some way to maintain connection with the deceased
- Finding a renewed sense of purpose and meaning in life.

The intense grief-related distress that immediately follows a significant loss, typically peaks and then starts to decrease within 6 months following the loss.<sup>8</sup> Regardless of the proposed grief tasks, it is important to recognize that each person will experience grief in their own unique way.<sup>12</sup>

## Depression

Bereavement-related [depression](#) is distinct from uncomplicated grief, complicated grief, and PCBD.<sup>13,14</sup> It has been proposed that the significant stress that occurs following an important loss in one’s life, can trigger the onset of depression. Thus, it is possible that one might experience both grief and clinical depression at the same time. Depression has been found to

## When Grief Triggers Depression

Significant stressors can be the trigger for the onset of mental illness. Thus, a major loss in one’s life that causes grief, in some individuals will also lead to the development of clinical depression. It is important to be able to tell grief and depression apart, and to know what symptoms indicate the need for professional support.

## Signs & Symptoms of Uncomplicated Grief

Grief has been described as a process that occurs in “fits and starts.”<sup>6</sup> Its intensity varies, sometimes from moment to moment, in terms of how it affects one’s ability to function in different areas of daily life (e.g., emotionally, socially, physically). Fortunately, uncomplicated grief typically also allows for feelings of relief and happiness, as one continues to be able to experience moments of comfort, peace, humor, and joy.

In the days and weeks following an important loss, someone is likely to experience *acute grief*<sup>6</sup> – i.e., intense and sometimes overwhelming painful emotions such as sadness, anger, fear, or regret.

During the acute grief phase, someone might also experience:

- Preoccupying memories and thoughts of the loved one who has died
- Difficulties with concentration
- Problems with sleep, appetite, and energy level
- Lack of interest in, and withdrawal from, other people and activities

Over time, grief moves into the integrated grief phase,<sup>6</sup> which is characterized by intermittent “waves” of grief symptoms that might be triggered by situations, important dates, feelings, or memories related to the loss. During this phase, one begins to heal and adapt to the changes that have occurred as a result of the loss – rediscovering purpose and meaning as one re-engages in daily life and relationships. This is also a time when the bereaved often finds ways to stay connected to their deceased loved one (e.g., through dreams, sentimental objects, [memorial activities on anniversaries](#), or continued conversations in their minds with their loved ones).

### **Symptoms of Complicated Grief & PCBD**

The primary difference between uncomplicated grief, complicated grief, and PCBD relates to the type symptoms experienced, how debilitating these symptoms, are and how long they have lasted.<sup>15</sup> Complicated grief is characterized by intense distress that persists *beyond 6 months following the loss*, and prevents someone from return to pre-loss levels of functioning in daily life, as well as emotional well-being.<sup>13</sup>

Additionally, one or more of the following symptoms might be present:<sup>5,6,13,14,15</sup>

- Disbelief of, or lack of willingness to accept, the loss – possibly accompanied by anger and bitterness
- A deep longing or yearning for the loved one who has died
- Experiencing life as unbearable since the loss
- Profound loneliness
- Avoidance of things, places, thoughts, or feelings that remind one of the deceased
- Recurring intrusive thoughts and feelings about the deceased

PCBD might be diagnosed in situations where a bereaved individual continues to experience significant distress that is impacting their ability to function in daily life and does not appear to be improving by 12 *months following the loss* (or at six months for bereaved children).

In addition to sharing the above listed symptoms indicated by complicated grief, PCBD is further characterized by:<sup>7</sup>

- Distressing preoccupation with the way in which the loved one died
- Difficulty recalling positive memories of the loved one
- Feelings of self-blame, guilt, shame, etc. related to the loved one and/or their death
- Wanting to die in order to be reunited with the deceased
- Lack of interest in life

## Signs & Symptoms of Depression

Given that clinical depression has been identified among 28-34% of people who are grieving loss of a loved one,<sup>5,13</sup> it is imperative that it be identified and treated as soon as possible to address this painful and potentially disabling illness.

Someone who is grieving, should be professionally assessed for depression if they have been experiencing a pervasive depressed mood (i.e., sadness, hopelessness, despair) or a loss of interest or enjoyment in things that used to provide pleasure – for a period of 2 weeks or longer.

[Signs someone is clinically depressed](#) include:<sup>7</sup>

- Significant [changes in weight](#) or sleep
- Fatigue or low energy
- Feelings of worthlessness
- Difficulties with concentration, decision-making, or thinking
- Thoughts of death and/or suicide
- Preoccupation with the loss
- Poor appetite

## Grief vs. Depression: Similarities & Differences

Uncomplicated grief and depression share some similarities in symptoms which can often lead to confusion about whether someone is dealing with the [depression stage of grief](#), depression, or both.

Symptoms which are shared by both grief and depression include:<sup>6,17</sup>

- Low mood (i.e., feeling down or in low spirits)
- Sadness
- [Crying](#)
- Social withdrawal
- Problems with sleep, appetite, and energy level
- Poor memory
- Somatic symptoms (e.g., nausea, headaches)
- Reduced interest in life

Despite the similarities there are also some key differences between grief and depression, which can help to differentiate whether someone is dealing with one or the other – or both:<sup>7</sup>

	<b>Uncomplicated Grief</b>	<b>Depression</b>
<b>Prevalent Emotions</b>	Loss and emptiness, longing for the deceased loved one	Persistent sadness, hopelessness and/or despondency
<b>Distressing emotions experienced as:</b>	Waves that tend to decrease in intensity and frequency over time	Constant and unrelenting
<b>Experience of positive emotions</b>	Moments of humor, comfort, peace, hope, and happiness still occur	It is uncommon for a severely depressed person to be able

		to experience positive emotions
<b>Thoughts</b>	Focused on the deceased and/or related losses	Focused on being self-critical and hopeless/despairing regarding life in general
<b>Self-esteem</b>	Not usually affected	Feelings of worthlessness, shame, and self-hatred can occur
<b>If there are suicidal thoughts</b>	The underlying reason is due to wanting to be reunited with the loved one	The underlying motivation is to escape pain and despair, and/or feeling worthless and unworthy of living

## Treatment for Grief Vs. Depression

The recommended treatments for grief vary depending upon the type of grief someone is dealing with. Furthermore, treatment for depression also differs from the treatments for grief:

### Uncomplicated Grief

No formal treatment recommended (it typically resolves on its own).<sup>18</sup> Some might benefit from support provided by family, friends, faith-based counselors, or peer support groups.<sup>10</sup>

### Complicated Grief

Individual or group [grief counseling](#) that focuses specifically on the areas of the grief process where the person is feeling stuck.<sup>16,19,20,21,22</sup>

### PCBD

Individual or group therapy that uses interventions that assist someone in:<sup>2</sup>

- Facing the situations thoughts, and memories connected with the loss, which one has been avoiding
- Identifying and changing thoughts that are getting in the way of accepting the loss and adjusting to it
- Resuming engagement in life – in social, recreational, educational/occupational areas – to once again find meaning and enjoyment

### Depression

[Treatment for depression](#) usually includes supportive, [individualized psychotherapy](#) with psychoeducation about depression and grief, and a medical assessment regarding whether [antidepressant medication](#) would be appropriate.<sup>23,6,17</sup>

### Final Thoughts on Grief vs. Depression

The outlook for those suffering from grief and/or depression continues to be positive. Uncomplicated grief tends to begin to resolve naturally, without any form of professional intervention, within six months post-loss. Those experiencing complicated grief or PCBD, with or without depression, will likely benefit from individual or group therapy, and a medical assessment.

Grief can be expected to be intense at first and to negatively impact one's ability to function in daily life. This is a natural response to a major loss. However, if improvement in functioning and some reduction in the intensity of emotional distress is not happening within 6 months after the loss, a professional (e.g., counselor, therapist, psychologist, family doctor, psychiatrist) should be consulted. Also, if someone is experiencing suicidal thoughts and impulses, it is important to seek professional help immediately.

## Additional Resources

*Education is just the first step on our path to improved mental health and emotional wellness. To help our readers take the next step in their journey, Choosing Therapy has partnered with leaders in mental health and wellness. Choosing Therapy may be compensated for referrals by the companies mentioned below.*

**Circles (Support Groups)** – [Circles offers support groups](#) that provide a safe place to share your experiences and learn from others going through similar experiences. Circles offers groups focused on the profound impact of grief and loss. Groups meet weekly by video and are led by expert facilitators. Your group can connect via chat anytime using the Circles app. [Learn More](#)

**BetterHelp (Online Therapy)** – Speak with a therapist about your loss. [BetterHelp](#) has over 20,000 licensed therapists who provide convenient and affordable online therapy. BetterHelp starts at \$60 per week. [Complete a brief questionnaire](#) and get matched with the right therapist for you. [Get Started](#)

**Headspace (Meditation App)** – Mindfulness and meditation can change your life. In a few minutes a day with [Headspace](#), you can start developing mindfulness and meditation skills. [Free Trial](#)

**Choosing Therapy's Directory** – [Find an experienced therapist](#) who can help you process the loss of a loved one. You can search for a therapist by specialty, availability, insurance, and affordability. Therapist profiles and introductory videos provide insight into the therapist's personality so you find the right fit. [Find a therapist today.](#)

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### For Further Reading

- [Helpful Books About Loss & Grief](#)
- [Ways to Cope with Grief](#)
- [Mental Health America](#)
- [National Alliance on Mental Health](#)

## 23 Sources

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1. Winokuer, H., & Harris, D. (2012). Principles and practice of grief counseling [electronic resource] / Howard R. Winokuer, Darcy L. Harris. (1st ed.). New York, N.Y: Springer.
2. Boelen, P. A., & Smid, G. E. (2017). Disturbed grief: Prolonged grief disorder and persistent complex bereavement disorder. *BMJ*, 357. Retrieved August 1, 2020 from <https://doi.org/10.1136/bmj.j2016> .
3. Maciejewski, P. K., Maercker, A., Boelen, P. A., & Prigerson, H. G. (2016). "Prolonged grief disorder" and "persistent complex bereavement disorder", but not "complicated grief", are one and the same diagnostic entity: an analysis of data from the Yale Bereavement Study. *World Psychiatry*, 15(3), 266-275. Retrieved August 1, 2020 from <https://doi.org/10.1002/wps.20348>
4. Maciejewski, P.K., Zhang, B., Block, S.D., Prigerson, H.G. (2007). An empirical examination of the stage theory of grief. *Journal of the American Medical Association*, 297(7):716–723. Retrieved August 2, 2020 from <https://jamanetwork.com/journals/jama/article-abstract/205661>

5. Shear, K., & Shair, H. (2005). Attachment, loss, and complicated grief. *Developmental Psychobiology: The Journal of the International Society for Developmental Psychobiology*, 47(3), 253-267. Retrieved August 1, 2020 from <https://doi.org/10.1002/dev.20091>
6. Zisook, S., & Shear, K. (2009). Grief and bereavement: what psychiatrists need to know. *World psychiatry*, 8(2), 67-74. Retrieved August 1, 2020 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2691160/>
7. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA: American Psychiatric Association, 2013.
8. Sauteraud A. Les stades de deuil n'existent pas. *Journal de thérapie comportementale et cognitive* (2018), <https://doi.org/10.1016/j.jtcc.2018.02.001>
9. Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *Journal of Consulting and Clinical Psychology*, 57(3), 349-357. doi: <http://dx.doi.org.proxy1.lib.uwo.ca/10.1037/0022-006X.57.3.349>
10. Zisook S., Simon N. M., Reynolds, C. F., Ries, R., Libowitz, B., Young, I. T...Shear, M., K. (2010). Bereavement, complicated grief, and DSM, part 2: complicated grief. *Journal of Clinical Psychiatry*, 71(8), 1097-1098. Retrieved August 8, 2020 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3754834/>
11. Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* Springer Publishing Company.
12. Boelen, P. A., Jan van den Bout J., & de Keijser, J. (2003). Traumatic grief as a disorder distinct from bereavement-related depression and anxiety: A replication study with bereaved mental health care patients. *American Journal of Psychiatry*, 160(7), 1339-1341. Retrieved August 1, 2020 from <https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.160.7.1339>
13. Mash, H. B. H., Fullerton, C. S., Shear, M. K., & Ursano, R. J. (2014). Complicated grief & depression in young adults: Personality & relationship quality. *The Journal of Nervous and Mental Disease*, 202(7), 539. Retrieved August 1, 2020 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4098879/>
14. Prigerson, H. G., Frank, E., Kasl, S. V., Reynolds, C. F., Anderson, B., Zubenko, G. S.,... & Kupfer, D. J. (1995). Complicated grief and bereavement-related depression as distinct disorders: preliminary empirical validation in elderly bereaved spouses. , 152(1), 22-30. Retrieved August 2, 2020 from: [https://www.researchgate.net/profile/Holly\\_Prigerson/publication/313630152](https://www.researchgate.net/profile/Holly_Prigerson/publication/313630152)
15. Cozza, S. J., Fisher, J. E., Mauro, C., Zhou, J., Ortiz, C. D., Skritskaya, N.,... & Shear, M. K. (2016). Performance of DSM-5 persistent complex bereavement disorder criteria in a community sample of bereaved military family members. *American Journal of Psychiatry*, 173(9), 919-929. Retrieved August 1, 2020 from: <https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2016.15111442>
16. Ogrodniczuk, J. S., Piper, W. E., Joyce, A. S., Weideman, R., McCallum, M., Azim, H. F., & Rosie, J. S. (2003). Differentiating symptoms of complicated grief and depression among psychiatric outpatients. *The Canadian Journal of Psychiatry*, 48(2), 87-93. Retrieved August 2, 2020 from: <https://journals.sagepub.com/doi/pdf/10.1177/070674370304800204>
17. Zisook, S., & Shuchter, S. (2001). Treatment of the Depressions of Bereavement. *The American Behavioral Scientist* (Beverly Hills), 44(5), 782-797. <https://doi.org/10.1177/00027640121956494>
18. Crunk, A. E., Burke, L. A., & Robinson III, E. M. (2017). Complicated grief: An evolving theoretical landscape. *Journal of Counseling & Development*, 95(2), 226-233. Retrieved August 1, 2020 from
19. Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: a randomized controlled trial. *Journal of the American Medical Association*, 293(21), 2601-2608. Retrieved August 2, 2020 from <https://jamanetwork.com/journals/jama/fullarticle/200995>
20. Neimeyer, R. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, 24(6), 541-558. Retrieved August 1, 2020 from <https://doi.org/10.1080/07481180050121480>
21. Currier, J. M., Neimeyer, R. A., & Berman, J. S. (2008). The effectiveness of psychotherapeutic interventions for bereaved persons: a comprehensive quantitative review. *Psychological bulletin*, 134(5), 648. Retrieved August 2, 2020 from <https://doi.org/10.1037/0033-2909.134.5.648>
22. Waller, A., Turon, H., Mansfield, E., Clark, K., Hobden, B., & Sanson-Fisher, R. (2016). Assisting the bereaved: A systematic review of the evidence for grief counseling. *Palliative Medicine*, 30(2), 132-148. Retrieved August 1, 2020 from <https://doi.org/10.1177/0269216315588728>
23. Shear, M., K. (2009). Grief and depression: Treatment decisions for bereaved children and adults. *American Journal of Psychiatry*, 166(7), 746-748. Retrieved on August 14, 2020 from: <https://doi.org/10.1176/appi.ajp.2009.09050698>

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