

Grief and Depression

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What Is the Relationship Between Grief and Depression?

Feelings of sadness and depression are an integral part of grief, but grief itself is not considered a disorder. The *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* considers the depression associated with bereavement a "normal" reaction to loss, provided it does not linger too long.

Depression which lingers beyond what is expected could be a sign that the stress of grieving has triggered a Major Depressive Episode. Studies have shown that the extreme stress associated with grief can trigger both medical illnesses, such as heart disease, cancer and the common cold, as well as psychiatric disorders like depression and anxiety.

There is no way to define a "normal" length of bereavement since it varies from person to person and culture to culture. According to the *DSM-IV*, a diagnosis of Major Depressive Disorder is generally not given unless symptoms have lasted beyond two months.

How to Distinguish Grief From Major Depression?

Grief has several symptoms in common with Major Depressive Disorder including sadness, insomnia, poor appetite and weight loss. Where they differ is that grief tends to be trigger-related. In other words, the person may feel relatively better while in certain situations, such as when friends and family are around to support them. But triggers, like the deceased loved one's birthday, could cause the feelings to resurface more strongly. Major depression, on the other hand, tends to be more pervasive, with the person rarely getting any relief from their symptoms. An exception to this would be Atypical Depression, in which positive events can bring about an improvement in mood. A person with Atypical Depression, however, tends to exhibit symptoms that are the opposite of those commonly experienced with grief, such as sleeping excessively, eating more, and gaining weight.

Other clues that it may be Major Depressive Disorder include:

- Feelings of guilt not related to the loved one's death
- Thoughts of death other than feelings he or she would be better off dead or should have died with the deceased person
- Morbid preoccupation with worthlessness
- Sluggishness or hesitant and confused speech
- Prolonged and marked difficulty in carrying out the activities of day-to-day living
- Hallucinations other than thinking he or she hears the voice of or sees the deceased person.