



Sleep disruption is one of the most common and least-discussed physical responses to suicide loss. Survivors often describe lying awake for hours once the house goes quiet, too tired to function and too wound up to rest. This handout draws on seventeen years of peer support experience and clinical research to explain why grief insomnia and nightmares happen after this specific kind of loss, what makes them worse, and what helps.

Why Insomnia After Suicide Loss Is Different

- Grief and sleep have a bidirectional relationship: grief disrupts sleep, and poor sleep makes grief harder to carry, creating a cycle that can hold a survivor for months or longer.
- Suicide loss adds layers other losses do not always carry, including shock, unanswerable questions, and a nervous system that stays on high alert long after the death, leaving the mind with nowhere to put it all at night.
- Survivors can learn more about this alarm state in the post on [hypervigilance after suicide loss](#).

Trauma, Cortisol, and the Body That Won't Rest

- Trauma activates the body's stress response and keeps cortisol elevated, which promotes wakefulness and explains why survivors feel exhausted all day but cannot sleep at night. This is not a failure to cope.
- After a catastrophic loss, the nervous system stays in a state of readiness without a shutdown signal, making the body incompatible with sleep even when exhaustion is profound.
- The broader weight of trauma after this loss is covered in the post on [mental health and suicide loss](#).

Nightmares After Suicide Loss: Patterns and Treatment

- Grief nightmares tend to follow recognizable patterns: replaying the moment of learning the news, dreaming of failing to reach the person in time, or the forgetting dream in which everything feels normal and waking brings the loss back as if for the first time.
- For recurring nightmares, Image Rehearsal Therapy (IRT) is an evidence-based approach in which the dreamer rewrites the nightmare script while awake and rehearses the new version before bed. Ask a therapist specifically about IRT.
- Not every vivid dream of the person who died is a nightmare. Some survivors describe dreams that feel like a visit, where the person appears calm and the dreamer wakes with an unexpected sense of closeness rather than devastation. A post on grief dreams and visitation dreams is coming soon.

What Doesn't Help and What Does

- Alcohol suppresses REM sleep and fragments the second half of the night, often causing early waking with grief fully activated. Screen time before bed suppresses melatonin and adds stimulation when the nervous system most needs to settle.
- Tools that help: a consistent sleep and wake time, a pre-sleep ritual such as a warm bath or brief prayer, writing grief thoughts in a journal earlier in the evening, and slow deliberate breathing (4 counts in, hold 2, out 6) before bed.
- When middle-of-the-night waking occurs, clinicians recommend getting up after 20 minutes rather than lying awake, choosing a low-stimulation activity, and returning to bed when sleepiness arrives naturally.

Who Can Help and Where to Find Support

- Cognitive Behavioral Therapy for Insomnia (CBT-I) is the first-line treatment for chronic insomnia recommended by the American Academy of Sleep Medicine, ahead of medication. Ask a grief therapist about CBT-I training or see the [Sleep Foundation CBT-I guide](#).
- The AFSP's [Healing Conversations program](#) connects survivors with trained peer volunteers who have also lost someone to suicide, and the [Alliance of Hope](#) offers an active online survivor community.
- If you or someone you know is in crisis, call or text 988 to reach the Suicide and Crisis Lifeline, or text HOME to 741741 for the Crisis Text Line. Survivors carry a statistically higher risk than the general population and deserve support.

Source

<https://sunflowersaftersuicide.com/insomnia-after-suicide-loss/>