

After losing someone to suicide, many survivors are startled by what happens to their bodies. Chest pain. Exhaustion that sleep cannot fix. Hair falling out. A brain that has stopped working the way it used to. These are not signs of weakness or breakdown. They are the documented physical effects of traumatic grief on real tissue and organ systems. This handout covers what is happening and what to do about it.

Your Body Goes Into Shock

- When someone dies suddenly and traumatically, the body activates the same stress hormone cascade it uses for any severe physical threat, flooding the system with cortisol and adrenaline that can persist for months.
- Grief does not resolve quickly. A body running on elevated stress hormones for weeks and months begins to show wear in ways that are visible, measurable, and sometimes alarming, and all of it is real.
- The physical response to traumatic loss is not "just stress." Understanding it as a physiological event helps survivors take what they are experiencing seriously. Understanding grief as a body experience is the starting point.

Physical Symptoms Survivors Don't Expect

- Chest pain (including the clinically recognized stress cardiomyopathy), heart palpitations, and profound fatigue are among the most common early symptoms and all warrant a call to a physician, especially chest pain.
- Hair loss two to four months after the loss is very common and very rarely discussed. Sustained stress pushes hair follicles into a shedding cycle. It is temporary and the hair grows back, but survivors who find it in the drain and don't know what it is are understandably frightened.
- Panic attacks can feel exactly like heart attacks and frequently happen for the first time after a major loss. Shaking, racing heart, shallow breathing, and tingling hands are physical stress responses, not signs of a breakdown. Trauma after suicide loss covers what the nervous system does under sustained grief stress.

See Your Doctor. Tell Every Prescriber.

- Make an appointment with a primary care physician soon after the loss and be direct: "I lost someone to suicide. I know my body is under extraordinary stress. I want a current baseline and I want any physical symptoms evaluated in that context." The same applies to any specialist you see regularly.
- Chronic grief stress can change how the body metabolizes medications already being taken. Cortisol, the body's main stress hormone, affects the liver's ability to process drugs and the receptors they bind to, meaning a dose calibrated before the loss may no longer work the same way.
- Tell every prescribing physician about the loss and ask whether a medication review makes sense. Blood pressure medications, thyroid medications, antidepressants, and diabetes medications are all worth discussing. Your pharmacist can also help flag anything worth raising with your doctors.

If You Are Months In and Still Feeling This Way

- Many survivors feel worse at three or four months than they did in week one. As the initial shock wears off, the numbness that helped them function in the early weeks begins to lift, and what it was holding at a distance starts to surface. This is a recognized part of grief, not a sign that something is wrong with you specifically.
- The goal for physical self-care in grief is the floor, not the ceiling. Eat something even when nothing sounds appealing. Drink water. Rest without guilt. Let people help with meals and errands. Letting people in is not weakness; it is practical.
- For some survivors, talk therapy reaches the emotional grief but not the physical residue it leaves in the body. Somatic Experiencing and EMDR are body-focused approaches worth exploring with a grief-informed therapist.

Source

<https://sunflowersaftersuicide.com/what-are-the-physical-symptoms-of-grief-after-suicide-loss/>