



Grief after suicide loss is unlike most other grief. For many survivors it shifts over time, living alongside life rather than consuming it. But for some, it stays acute and disabling long after the loss. That experience has a name (prolonged grief disorder), and it has targeted, evidence-based treatment. This handout draws on peer experience and current research to help survivors, clinicians, and supporters recognize it, understand why it persists, and find the right help.

What Prolonged Grief Disorder Is

- Prolonged grief disorder is characterized by intense, persistent yearning for the person who died, combined with grief that significantly impairs daily functioning long after the loss. It is not a character flaw or a sign of weakness. The American Psychiatric Association formally recognized it as a distinct clinical condition in 2022. It was previously called complicated grief.
- Avoidance plays a central role in why grief gets stuck. Staying away from reminders of the person who died feels protective, but when avoidance becomes the default, it prevents the processing that allows grief to gradually integrate. The grief stays acute because nothing is allowed to touch it.
- Prolonged grief disorder is distinct from depression and PTSD, and general approaches to treating either are often not enough on their own. It responds best to targeted support designed specifically for this kind of grief.

Why Suicide Loss Survivors Are at Higher Risk

- Suicide loss carries features that make prolonged grief more likely: an unanswerable why, intense guilt and self-blame, stigma that isolates survivors from support, and the sudden, traumatic nature of the death.
- A [2025 study](#) found that social invalidation was the single strongest predictor of prolonged grief among suicide loss survivors. When survivors cannot speak openly about the death, grief has nowhere to go.
- If any of this describes what you have been living with, please be kind with yourself. These are conditions that make prolonged grief more likely. They are not your fault.

PGD and PTSD: Understanding the Difference

- Prolonged grief disorder is centered on the loss of the person. The yearning, the absence, the missing. PTSD is centered on the traumatic event itself. Both can involve intrusive thoughts, but the content differs: in PGD they tend to be memories of the person alive; in PTSD they are memories of the traumatic event.
- Research finds meaningful overlap between the two in suicide loss survivors. Some people are carrying both, not just one. It is not always easy to tell from the inside which is which.
- A trauma-informed clinician who understands both can help sort out what you are actually carrying and what will help most. The [trauma after suicide loss post](#) on this site covers this in depth.

Long-Term Grief vs. Prolonged Grief Disorder

- The marker for prolonged grief disorder is functional impairment, not duration. Many survivors grieve for the rest of their lives and live full, meaningful lives. There is life after loss, and it is real. The question is whether grief is preventing daily life, not how long it has been present.
- Signs of prolonged grief disorder include an inability to think of much else beyond the loss, feelings of persistent meaninglessness, significant withdrawal from relationships, and grief intensity that has not shifted over years.
- If you are in the first year of loss and recognize yourself here, that does not mean you are developing prolonged grief disorder. It may mean you are in acute grief, and what you are feeling is appropriate. What matters most right now is finding support.

What Actually Helps

- Prolonged Grief Disorder Therapy (PGDT), developed at the [Columbia University Center for Prolonged Grief](#), is the evidence-based treatment, with clinical trials showing a response rate around 70%. It is a structured 16-week program that works through avoided memories and rebuilds future orientation.
- Many survivors hold back from treatment because getting better feels like moving on, which feels like betrayal. Recovery means a transformed relationship with the person who died, not the end of that relationship. Grief researchers call this continuing bonds. You do not have to let go. You learn to carry the loss without being disabled by it.
- Ask any therapist directly about PGDT training and suicide bereavement experience. If PGDT is not available, [AFSP's directory of suicide bereavement trained clinicians](#) or the [Columbia Center's clinician directory](#) can help you locate a grief-informed provider.

The Role of Peer Support

- Peer support is not a substitute for specialized treatment, but research consistently shows it is an important complement. Think about the places where you couldn't say what happened. That silence kept grief locked where nothing could reach it. When the death can be spoken of openly, something shifts. The grief still hurts, but it has somewhere to go.
- For survivors in the first year, peer connection matters even before prolonged grief has had a chance to take hold. Research suggests finding peer support early may help prevent grief from stalling in the first place. You do not have to wait to be stuck before you reach out.
- The [AFSP support group locator](#) covers groups across the USA and Canada, including virtual groups if there is not an in-person group near you. Peer support and clinical treatment work best together.

Source

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