



## Navigating Grief

### Helpful Strategies to Cope with Loss

Grief is something we all go through. It can follow the death of someone you love, the end of a relationship, or another major loss or life change. While experiencing grief is normal and natural, it can still feel hard to understand. Researchers are working to learn more about how people grieve and what helps people move through it.

“Grief is a natural response to losing someone or something we are deeply attached to,” says Dr. Wendy Lichtenthal, a clinical psychologist at the University of Miami Health System. “We are wired for connection, so when we lose someone central to our lives, we often respond with distress and longing.”

**The Myth of ‘Stages’** • Many people expect grief to follow a set path. They wait to move through stages of sadness, then anger, then acceptance. But researchers say that grief is not a straight line.

“There’s no wrong way to grieve,” says Dr. Sarah Stahl, an associate professor of psychiatry at the University of Pittsburgh. “Everyone grieves differently. There’s no timeline.”

Grief looks different for everyone. It can bring sadness, anger, or a loss of meaning in life. Some people cry often. Others feel



numb, restless, or even guilty. These are all normal responses.

“One of the things that can make grief harder is when people believe they are grieving the wrong way, or should be ‘further along,’” says Lichtenthal. Her research focuses on meaning-centered grief therapy for parents who have lost a child. “We help people recognize and shift the meanings they are making about their grief, their loss, and themselves, while also strengthening their sense of meaning in life by connecting them with things that matter most to them.”

In early findings, parents who went through the therapy reported a stronger sense of meaning in life and sense of connection to the child they lost. Lichtenthal says, “It’s not about moving on, but about learning to coexist with grief while finding

ways to stay connected to the person who died and engaged in life.”

**The Body’s Response** • Grief doesn’t just affect your emotions. It can take a toll on your body. Physical symptoms can include headaches, loss of appetite, fatigue, dizziness, and trouble sleeping.

Older adults who lose a spouse face unique challenges. They may be dealing with changes in their own health challenges and are more likely

to feel socially isolated, which can make grieving harder.

Stahl’s study helped older grieving adults rebuild regular routines around sleep, meals, and physical activity. These three healthy habits are often disrupted after a loved one dies. The online program provided daily digital check-ins and health coaching. Even without in-person contact, participants showed real improvements in their depression and anxiety symptoms.

*continued on page 2*

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**continued from page 1**

“Focusing on simple, healthy routines is very empowering,” Stahl says. “It helps people work through their grief by taking care of themselves.”

Sleep plays an important role in healing. It supports brain health and helps people process emotions and memories. Stahl’s research suggests that rebuilding healthy sleep habits may be one of the most important things a grieving person can do for their health and well-being.

**Feeling Stuck** • Most people adapt to loss over time. But some people get stuck in their grief for much longer. They can develop a condition called Prolonged Grief Disorder, or PGD.

People with PGD feel intense grief for more than a year after a loss. They may think constantly about the person who died, feel unable to connect with others, or believe the future holds nothing for them. Unlike normal grief, these feelings do not ease with time and can make it difficult to get through the day.

Dr. Holly Prigerson, a social scientist at Weill Cornell Medicine, spent years working to get PGD

formally recognized. Her research showed that this form of grief is distinct from depression and requires its own approach to care.

“Before PGD was formally recognized, many grieving people were misunderstood or misdiagnosed,” Prigerson says. “We didn’t invent a new problem. We gave a name to something people have been struggling with for centuries.”

Risk factors for PGD include losing someone who was central to your identity, a history of depression or anxiety, social isolation, financial hardship, and sudden or traumatic loss. Parents who lose a child and isolated older spouses also face higher risk.

“The term ‘prolonged grief disorder’ doesn’t mean that grief that continues beyond one year is, by itself, a disorder,” says Lichtenthal. “The concern is when grief remains so intense, persistent, and disruptive that a person feels unable to re-engage with life.”

**What Can Help** • There are many things you can do to support healthy grieving for yourself and others. One of the most important is to give yourself or your loved one permission to grieve. Trying to push grief away often makes it harder, not better.

Being flexible in how to cope also matters. There is no one strategy that works for everyone or every moment. Sometimes talking helps. Sometimes a walk, a regular routine, or quiet time is what you need. Try different things, notice what helps. If it’s not, be willing to try something else.

When supporting someone who is grieving, let them know you are there for them. Keep checking in. Respectfully acknowledge their loss and show empathy. Use phrases like, “I know I can’t fully understand what you’re going through, but I’m here for you.” Avoid phrases that

minimize the loss, like “Everything happens for a reason.” It can be especially helpful to offer support like bringing meals, helping with errands, remembering important dates, or continuing to reach out over time, not just after the initial loss.

Prigerson’s current work focuses on social connection to help with grief. It uses an online tool to match people who are grieving with others who share similar experiences. “Sometimes the most powerful support comes from someone who has walked the same path,” Prigerson says.

Not everyone needs professional counseling for grief. Many people find their way through with the support of family, friends, faith, or other sources of connection. But if you’re feeling “stuck” after a significant loss, or if your grief is making daily life difficult, talk with your doctor or a licensed counselor who specializes in grief. ■

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**Web Links**

For more about navigating grief, see “Find More Information” in the online article: [newsinhealth.nih.gov/2026/07/navigating-grief](http://newsinhealth.nih.gov/2026/07/navigating-grief)

**Wise Choices****Coping with Grief**

- **Feel your feelings.** Allow yourself to grieve without judgment.
- **Be flexible.** What works one day to help you cope may not work the next. That’s OK.
- **Seek Support.** Talk with friends, family, or other people you trust.
- **Create a routine.** Maintain a sense of order. Eat healthy and keep a regular sleep schedule.
- **Honor your loved ones who have passed.** Remember and celebrate their life, keeping with your faith or cultural traditions.
- **Get help from a professional.** If you or someone you know is in crisis, contact the 988 Suicide & Crisis Lifeline.



# Watch Out for Wildfire Smoke

## Staying Safe With a Fire Nearby



Wildfires can be sparked by human activity or natural events. Over the past few decades, they have become increasingly common. The flames can destroy buildings and endanger people in the immediate vicinity.

But wildfires can harm people even if no one is nearby. This is mainly because of the smoke they create.

“We sometimes see smoke in the air hundreds of miles away from a wildfire,” says Dr. Aubrey Miller, an NIH expert on environmental disasters. NIH-funded researchers are looking for ways to keep people safer when these natural disasters strike.

Smoke contains tiny pieces of material, called particulate matter. Particulate matter can irritate your eyes, nose, and throat. Some particulate matter is small enough to move deep into your lungs when you inhale it. This can damage the lungs and make it more difficult to breathe, especially for people who already have heart or lung problems.

Inhaled particulate matter can also end up in your blood. Blood travels all around your body, to every organ. So breathing in wildfire smoke can increase the risk for serious health problems, like a heart attack or stroke.

When wildfire flames reach a town or city, they start to burn streets, buildings, furniture, and other manufactured materials. “Think about what’s burning: plastics, heavy metals, arsenic,” Miller says. “These can cause a whole series of other hazards for the community.”

Wildfires can raise your risk for health problems that happen long after the smoke is gone, too. For example, exposure to polluted air may increase the risk of developing cancer and brain diseases, like Alzheimer’s disease and other dementias. Some studies suggest that pregnant women exposed to wildfire smoke may be more likely to give birth early or have a baby with a low birth weight. Both can affect a baby’s health and development. Researchers are continuing to study the possible effects on pregnant women and children.

Wildfires can also affect your mental health. Living through a natural disaster increases your risk for anxiety, depression, and post-traumatic stress disorder (PTSD).

Researchers are looking for better ways to measure and counter wildfires’ health effects. They’re also starting to collect data more quickly after a fire begins to better understand the exposures and health impacts. This will help them determine when certain actions would be most helpful to reduce the fire’s immediate and long-term consequences.

Scientists are also looking at

what happens when multiple extreme weather events happen at the same time.

“Often we have a heat wave on top of the wildfire, and that might have compounding effects,” Miller says. “We’re trying to understand what happens when these sorts of things come together.”

The health effects of wildfires are wide-ranging. But there are ways you can protect yourself and your loved ones. See the Wise Choices box for tips. ■



### Wise Choices

#### Reduce Smoke Exposure During Wildfires

- **Spend less time outdoors and keep windows closed** when the air outside is smoky or poor quality. Track the air quality in your area using AirNow.gov.
- **Limit indoor air pollution when smoke levels are high outside.** Avoid using anything that burns, including fireplaces, candles, and gas stoves.
- **Run the air conditioner to cool your house rather than opening windows.** If possible, keep the system’s fresh air intake closed to avoid bringing smoke inside, and make sure the filter is clean. Seek shelter elsewhere if it’s too hot inside and you don’t have air conditioning.
- **Wear a mask if you have to go outside.** Special masks called N95 respirators are particularly good at keeping out smoke.
- **Consider using indoor portable air cleaners** to reduce smoke-related particulate exposures.
- **Talk to your health care provider** about leaving the area if you already have problems with your heart or lungs. These pre-existing conditions raise your risk for more serious health consequences when you are exposed to smoke.



### Web Links

For more about wildfire smoke, see “Find More Information” in the online article: [newsinhealth.nih.gov/2026/07/watch-out-wildfire-smoke](https://newsinhealth.nih.gov/2026/07/watch-out-wildfire-smoke)





## Health Capsules

For links to more information, please visit our website and see these stories online.

### Early Exposure to Metals Can Affect Brain Health

Scientists found that babies exposed to high levels of metals were more likely to have brain and mental health problems later in childhood.

Metals can get into the body by eating or drinking, touching surfaces, or breathing in fumes. While the body needs certain metals, too much of them can be harmful. Some metals, like lead, are harmful in any amount. Babies and children have a higher risk from metals because their brains are rapidly forming.

An NIH-funded research team measured the effects of metal exposures in 500 children aged

8 to 14. The team examined their naturally shed “baby” teeth. Like tree rings, baby teeth develop layer by layer. Researchers measured the amount of metals in each layer to see how much metal was in the body at specific times.

The team also examined brain health in the children. They measured anxiety, depression, hyperactivity, and attention. They also scanned brain structure and function.

Babies who had high levels of metal were more likely to have mental health symptoms later on. They were also more likely to have

effects on brain structure and function. The period from 6 to 9 months old was a critical window. This is when babies start crawling and eating solid foods, so they may be exposed to metals more often.

“This shows that when exposure happens matters just as much as what the exposure is,” says Dr. Megan Horton at Mount Sinai Hospital, who co-led the study. “Our findings shift prevention from broad early-life exposure concerns to protecting children during specific high-risk windows.” ■

### Extra Support Helps Patients Manage High Blood Pressure

Uncontrolled hypertension, or high blood pressure, is the leading cause of death in the U.S. It develops when the force of the blood pushing against the walls of arteries becomes too high. This puts more pressure on the heart and arteries, which puts you at risk for heart disease.

Hypertension is more common in low-income populations. Studies have found that people are better at lowering their blood pressure when they have more medical support. But low-income

patients are often treated in places with less health care resources.

An NIH-funded research team looked at whether providing additional medical support to low-income patients with hypertension could help them lower their blood pressure. The team enrolled 1,200 participants. About half received standard care. The other half received standard care along with additional provider support. They met with health care providers more often and received

care from multiple types of providers.

The patients who received extra care were better able to lower their blood pressure. The additional support helped them more closely follow their personal wellness plans.

“This trial showed that a team-based approach to supporting and treating patients with uncontrolled blood pressure in low-income rural and urban areas can effectively lower high blood pressure,” says Dr. Katherine Mills of Tulane University, who led the study. ■



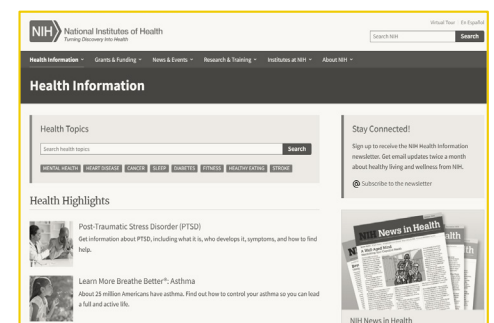
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