

How to Talk About Bereavement

A practical language guide for talking, writing, researching, and making policy about life after a death

Death changes more than how someone feels.

It can change a person's family, finances, health, work, education, caregiving responsibilities, social relationships, and interactions with institutions. The words we use to describe those experiences matter.

They can shape how a bereaved person is treated—and they can influence who receives leave, what services are offered, what health care is covered, and what researchers and policymakers choose to measure.

This guide offers a starting point for anyone talking or writing about bereavement, including employers, educators, health professionals, journalists, researchers, policymakers, community leaders, and bereaved people themselves.

Let's Start With the Core Distinctions

Bereavement is the status and changed life circumstances that follow the death of someone significant. It can include practical, financial, social, educational, legal, and health consequences, as well as the systems a person may need to navigate after a death.

Grief is the whole-person response to a significant loss, especially a death. Grief may be emotional, physical, cognitive, behavioral, social, or spiritual. It varies enormously among people and over time and does not have a fixed endpoint.

Mourning is the outward expression of grief through rituals, traditions, observances, cultural or religious practices, and other behaviors.

Bereavement support and care encompass the many forms of help a person may need following a death—including practical assistance, workplace or school accommodations, financial help, peer and community support, health care, and, when appropriate, counseling or other clinical services.

Why does the distinction matter?

A person can be bereaved whether or not they are experiencing intense grief at a particular moment.

Rosemerry will always be a bereaved mother, but she is not always actively grieving.

That distinction matters because institutions often need to respond to what has happened to someone—not require that person to demonstrate a particular emotional reaction before help becomes available.

Bereavement Is More Than Grief or Sadness

Bereavement is often understood primarily in emotional terms. But the consequences of a death may extend into nearly every part of life.

- trying to keep a job or return to work;
- arranging a funeral or other services;

- caring for children, older relatives, or other family members;
- managing unexpected expenses or a change in household income;
- navigating insurance, survivor benefits, or legal matters;
- returning to school;
- interacting with health care systems, law enforcement, courts, or other institutions;
- finding new housing, childcare, transportation, or other practical support; or
- adjusting to changed family, caregiving, and social roles.

That is why bereavement support can include far more than counseling. Practical assistance, workplace and school accommodations, financial support, community connection, health care, and other forms of help may all matter.

Use Plain, Specific Language

Whenever possible, say what happened.

Say “died” rather than “passed away,” “gone,” or “lost.” Euphemisms can obscure meaning and may be especially confusing for children.

Say “death” when you mean death. “Loss” remains a useful term for many experiences that produce grief, but when someone has died, specificity is often clearer.

Say “died by suicide,” rather than “committed suicide.” “Committed” carries associations with crime and wrongdoing.

Say “died of an overdose,” rather than defining someone by substance use. Whenever possible, describe the death without blaming or reducing the person who died to a diagnosis or behavior.

Avoid battle language about illness. Saying someone “lost their battle” can unintentionally suggest that dying reflects effort, character, or failure. Naming the cause of death is usually clearer.

Follow the person's lead. People may choose language for themselves or for the person who died that differs from institutional guidance. Respecting that language is more important than correcting it.

Grief and Trauma Are Not the Same Thing

Grief and trauma can occur together, but they are not interchangeable.

Trauma may arise from the circumstances surrounding a death—such as violence, what someone witnessed, treatment by responders, medical experiences, investigations, or public attention. These experiences can compound grief, but they are distinct from grief itself.

A person may need grief support, trauma-focused care, both, or neither in a clinical setting. Using these terms accurately matters because the kinds of support people need may differ.

Be Careful With Language That Tells People How Grief Should Go

Certain familiar words can carry assumptions about what bereaved people should eventually feel or become.

Closure can suggest that a relationship or experience reaches a final ending. For many people, relationships with those who died remain meaningful throughout life.

Moving on or being further along implies a timetable against which someone's grief can be judged.

Healing, when used as the expected outcome of bereavement, can suggest that grief is an injury from which everyone should fully recover. When describing programs, services, or research, name the actual goal instead: adapting to changed circumstances, reducing impairment, returning to work or school, strengthening social connection, or obtaining needed support.

Resilience should be used carefully when describing individuals. It can place responsibility for coping entirely on the bereaved person and obscure the role of families, workplaces, communities, and institutions. The term may have legitimate uses in research or when describing the capacity of systems and communities, but it should not become a judgment about how well a person is grieving.

There is no single correct way to grieve, and there is no timetable people must follow.

Bereavement and Clinical Diagnosis

Bereavement does not by itself indicate that someone has a mental health disorder or requires clinical treatment.

At the same time, some bereaved people experience severe or persistent distress that may benefit from expert assessment and care.

One diagnosis receiving significant attention in the field is Prolonged Grief Disorder, or PGD, which is included in current major diagnostic systems. It was developed to identify a subset of bereaved people who experience persistent grief-related distress and substantial impairment over time.

Its inclusion remains an area of debate. Some clinicians, researchers, and bereaved people view PGD as a useful way to recognize significant suffering, guide treatment, and create pathways to care and insurance coverage.

Others are concerned that diagnostic frameworks medicalize grief responses that can be understandable in the context of profound loss, or may draw boundaries around grief that do not adequately reflect differences across people, relationships, cultures, and circumstances.

Research and clinical practice in this area continue to evolve.

For a general audience, the most important principle is:

Do not assume that bereavement is a disorder or that every bereaved person needs treatment.

Use “treatment” when you mean clinical care. Use “bereavement support” when you mean the broader range of practical, social, financial, educational, community, and health-related assistance people may need after a death.

When discussing an individual person, avoid assigning a diagnosis unless one has been made by an appropriately qualified professional.

There Are No Five Predictable Stages of Grief

Grief does not reliably progress through a universal sequence of denial, anger, bargaining, depression, and acceptance.

People may experience some of these reactions, all of them, none of them, or experience them repeatedly and in no particular order.

The idea of predictable stages can become harmful when it is used to decide whether someone is grieving “correctly,” how much leave they should receive, when services should end, or whether they ought to have “moved on.”

Describe what a person is experiencing rather than where you think they should be.

Do Not Create a Hierarchy of Grief

Every relationship and every death occurs within a particular life.

Avoid telling people that one kind of death is inherently harder than another, or that one relationship should produce more grief than another. Parents, children, spouses, siblings, relatives, friends, colleagues, chosen family members, caregivers, and others may all experience profound consequences after a death.

At the same time, population-level differences matter.

Research may find that particular circumstances are associated with greater health, economic, educational, or social risks. Recognizing those patterns can help institutions identify where additional resources may be needed without ranking the suffering of individual people.

A Few Principles to Remember

Be specific. Use the most accurate language available for the death and the circumstances surrounding it.

Follow the person's lead. Respect the words people use for themselves, their relationships, and the person who died.

Do not prescribe a timetable. Grief does not follow a fixed sequence or endpoint.

Do not require suffering to justify support. Bereavement can create practical and systemic needs regardless of how grief is expressed.

Distinguish support from treatment. Many bereaved people need help without needing clinical care.

Look beyond the individual. Families, employers, schools, health systems, communities, and public institutions all shape what happens after a death.

The goal is not to find one perfect vocabulary for every person or circumstance. It is to use language that is accurate, respectful, and broad enough to recognize the full consequences of bereavement.

About Evermore



Evermore is a national nonprofit working to make the world a more livable place for all bereaved people by advancing community support, science, and commonsense policies. Learn more at evermore.org.