

## Normal Grief

Because grief can be so painful and seem overwhelming, it frightens us. Many people worry if they are grieving in the “right” way and wonder if the feelings they have are normal.

**Most people who suffer a loss, experience one or more of the following:**

- Feel tightness in the throat or heaviness in the chest.
- Have an empty feeling in the stomach and lose their appetite.
- Feel guilty at times and angry at other times.
- Feel restless and look for activity, but find it difficult to concentrate.
- Feel as though the loss is not real, that it did not actually happen.
- Sense the loved one’s presence, like finding themselves expecting the person to walk through the door at the usual time, hearing their voice, or seeing their face.
- Wander aimlessly and forget and do not finish things they have started to do; for example, cleaning the house.
- Have difficulty sleeping and dreaming of their loved ones.
- Experience an intense preoccupation with the life of the deceased.
- Assume mannerisms or traits of their loved one.
- Feel guilty or angry over things that happen or did not happen in the relationship with the deceased.
- Feel intensely angry with the loved one for leaving them.
- Feel as though they need to take care of other people who seem uncomfortable around them by politely not talking about their feelings of loss.
- Need to tell and retell, and remember things about the loved one and the experience of their death.
- Feel their mood change over the slightest things.
- Cry at unexpected times.

**These are all natural and normal grief responses. It is important to talk with people and get support for yourself.**

**If you are concerned about your reactions please call Richard Hall Community Mental Health Center Assessment Center at (908) 253-3165.**

## SYMPTOMS OF COMPLICATED GRIEF

Complicated grief represents distortions of normal grief responses. Some people become “stuck” in their grieving process and may need professional help to assist them in resolving these issues.

- Prolonged grief- several years.
- Delayed grief reaction- no expression of grief after the death for two weeks or more.
- Severe depression with insomnia, feelings of unworthiness, great tension, bitter self-reproach and need for self-punishment.
- A recognized medical disease of a psychosomatic nature, such as ulcerative colitis, rheumatoid arthritis, and asthma. Person has shaking sensations, breathless attacks that do not clear up.
- Hypochondriacally condition: the bereaved develops symptoms suffered by the deceased that do not go away within a reasonable period of time.
- Over activity: bereaved throws him or herself into frenzied activity without a sense of loss.
- Furious hostility against a specific person- often threatened although not carried out.
- The persistent lack of initiative or drive- the bereaved person is immobilized.
- Lack of emotional expression-unable to feel emotion.
- Behavior, which is not in accord with the bereaved’s normal social or economic existence - may be a total change in lifestyle.
- Alteration in relationship to friends and relatives. Bereaved is irritable, does not want to be bothered, and avoids social activities. He or she is afraid they might antagonize friends by his or her lack of interest and critical attitude. Progressive social isolation.
- Talk of suicide: joining the deceased and ending it all.

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**AGE APPROPRIATE REACTIONS TO TRAUMATIC EVENTS  
INFANTS AND TODDLERS  
BIRTH TO 2+ YEARS**

**HOW INFANTS MAY REACT**

- Sluggishness, be less active
- Quiet
- Unresponsive to a smile or a coo
- Undergo physical changes (for example, weight loss)
- Sleep disturbances
- More irritable
- Cry more often

**HOW TODDLERS MAY REACT**

- Anxiety
- Appear to be overall distressed
- Less talking or stop talking
- Sleep disturbances

**REMINDERS FOR FAMILY MEMBERS**

- Infants have limited verbal capacity to express their needs or emotions. However, they exhibit significant physical distress if daily needs are not met.
- When people leave the immediate presence of infants, infants fear that they are gone forever. As infants grow to two years old they need constant reassurance that their adult caregivers will be available when needed.
- Death of a parent is experienced as critical loss and leaves an infant fearful and anxious. It may also be experienced as absence - the death is defined not by the existence of a parent who is now gone but by the nonexistence of a parent who should be there.
- Deaths of a significant others may also be experienced as loss if the child retains a sensory or emotional memory of that persons presence. If the infant or toddler is exposed to the traumatic event that caused death, the exposure may leave the child numb and muted.
- Children of this age are unable to describe how they are feeling. They may not know what is going on but they are likely to pick up on the parent's anxiety or apprehension.
- Children of this age involved in a trauma can retain memories of particular sights, sounds, or smells. When they are older, these memories may emerge in their play.
- Toddlers often confuse death with sleep.

**WAYS OF HELPING**

- Daily needs should be met consistently and routines should be kept.
- Try and stay calm around babies and toddlers. They will calm down with caring.
- Maintain the child's normal routine as much as possible. This is reassuring for babies and young children.
- Activities: hold and cuddle as needed.

**Age of appropriate reactions to traumatic events  
Preschoolers and Kindergartners  
(3-5 years)**

**HOW PRESCHOOLERS AND KINDERGARTNERS MAY REACT**

- Magical thinking. For example, the child may think that his or her thoughts can cause another person to become sick or die.
- Persistent questioning. Children may think that the person is still living and ask questions about the deceased.
- Feelings of insecurity and fearfulness
- Feelings of helplessness, powerlessness, and unable to protect themselves.
- Trouble eating
- Sleep disturbances
- Problems controlling bladder and bowel functions

**REMINDERS FOR FAMILY MEMBERS**

- Children of this age are not always able to distinguish between fantasy and reality.
- Generally, they do not understand the concept of a permanent loss, or believe that death is final.
- They believe that consequences are reversible and see death as a temporary separation from loved ones (that death is kind of sleep).
- Adults should be aware that preschoolers and kindergartners can be more aware of what has happened. They may hear adults talking about the death, loss or tragedy or hear or see media reports.
- Families should acknowledge to their children that something very scary has happened, but that they will be safe.

**WAYS OF HELPING**

- Use metaphors to explain death e.g. seashell, cocoon becoming a butterfly, so that they can begin to understand and accept death as a part of life.
- Avoid allowing preschoolers and kindergartners to watch news reports of frightening events.
- Let them know that parents, family, and other significant adults will make sure they are safe.
- Provide lots of comfort- hugs, physical and verbal reassurances.
- Reassure them that frequently they will be cared for and not be left behind.
- Activities: play acting, physical contact, puppets, art, stories, large muscle movement (throwing balls, etc.)

# **AGE APPROPRIATE REACTIONS**

## **CHILDHOOD (AGES 5-11)**

- Sadness and crying
  - Poor concentration
  - Fear of personal harm
  - Bedwetting
  - Confusion
  - Physical complaints
  - Aggressive behaviors
  - Regressive behaviors
  - School avoidance
  - Irritability
  - Nightmares
  - Eating difficulty
  - Anxiety
  - Withdrawal
  - Attention seeking behaviors
  - Fear of separation
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- See death as irreversible; seeks a concrete explanation
  - They may persist on details
  - The inability to verbally express feelings often leads to expressing feelings behaviorally.

### **HOW TO RESPOND**

- Play sessions (Stories, journals, exercise, drawing, etc.)
- Discussions about fears and anxiety
- Do not judge reactions

## **AGE APPROPRIATE REACTIONS TO TRAUMATIC EVENT CHILDHOOD (AGES 5-11)**

### **HOW CHILDREN MAY REACT**

- Sadness and crying
- Poor concentration or attention
- Increased concern about safety of themselves and others, including fear of separation
- Change in sleeping patterns including nightmares and bedwetting
- Confusion
- Physical complaints ( stomach aches, headaches, and pains)
- Increased aggressive behaviors
- Regressive behaviors
- Change in school performance including behaviors, academics, and school avoidance
- Increased irritability
- Eating difficulty
- Excessive worry
- Withdrawal
- Attention seeking behaviors
- Anger
- Excessive talking and persistent questions about the event
- Increased distress and anxiety with reminders about fire.

### **HOW FAMILIES CAN HELP**

- Families can remember that children do not have the ability to verbally express feelings and this often leads to expressing feelings behaviorally.
- Families can remember that children's behaviors may be inconsistent.
- Families can remember that children can react differently and will take different amounts of time to heal.
- Families can remember that the world will appear different after a traumatic event and may appear as more dangerous than before. However, children and adults have a great ability to adjust to life-changing events. It may take some time to restore balance and a normal routine.
- Families can provide support, comfort, and opportunities to rest for their children.
- Families can assist children in returning to normal routine by keeping schedules similar to what they were prior to the traumatic event.
- Families can be available to provide reassurance that the traumatic event is over and that the children are safe.
- Families may need to tolerate behavioral problems and regression for a limited time.
- Families can offer time for children to play or draw.
- Families can take time to take care of themselves in order to care for their child.
- Families can take their children's' reactions seriously and avoid telling children that it was not so bad or thinking that is okay to ignore the event and hope that the children forget.

## **SAMPLE ACTIVITIES FAMILIES CAN DO WITH CHILDREN**

- Create space and time for children to play. Provide paper and crayons for young children. Ask children to draw pictures. Listen to their story about the picture. Sometimes your presence is enough.
- Make a card for the family.
- Use puppets to have your child tell a story or just play. They can be as simple as drawing a face on a sock.
- Blowing bubbles helps children to breathe and regulate breathing.
- Reading stories help children to calm down and focus on the story.

## **HOW TO SEEK HELP OUTSIDE OF THE FAMILY**

- Richard Hall Community Mental Health Center
  - 908-725-2800 (Main Number)
- RHCMHC Assessment Center
  - 908-253-3165 ( For a first time appointment)
- Somerset County psychiatric emergency screening services at Somerset Medical Center (PESS)
  - 908-526-4100 (for children and adults who may be suicidal)

AGE APPROPRIATE REACTIONS TO TRAUMATIC EVENT  
PREADOLESCENT SCHOOL AGE  
(AGES 9-11)

HOW GRADE SCHOOLERS MAY REACT

- Disrupted relationship with peers, acting out, aggression
- Regression into earlier behaviors
- Depressed
- Angry
- Guilt
- Feelings of failure
- Difficulty sleeping
- Manifesting fear and anxiety as physical complaints
- Exaggerated fears
- Feelings of rejection
- Fears of “going crazy”
- Difficulty organizing time
- Problems concentrating in school, with a drop in grades.
- Preoccupation with the loss and wants to talk about it continually

REMINDERS FOR FAMILY MEMBERS

- By the time a child is 9 years old, death is known to be unavoidable and can be seen as a punishment
- Children at this age are able to understand the permanence of loss from a trauma.
- Children in this age group are concerned about their own safety and safety of family and friends.

WAYS OF HELPING

- Be sure to talk with your child.
- Be honest with them about the events.
- Tell them what you know without exaggerating or overreacting.
- Don't assume that they are too young to know what is happening.
- Limit television coverage for this group.
- As with all children they will need more comfort and reassurance.
- Talk about and explore what death is and it means.
- Share personal experiences of death and dying.
- Activities: Play acting, puppets, drawing and painting, sharing their experiences in groups, reading, creative writing or discussion.

## **AGE APPROPRIATE REACTIONS**

### **CHILDHOOD (AGES 11-14)**

- Sleep disturbance
  - Change in appetite
  - Rebelliousness
  - School difficulty
  - Fear of personal harm
  - Change in peer group
  - Depression
  - Present as bravado/cynical
  - Withdrawal/isolation
  - Loss of interest
  - Generalized anxiety
  - Fighting
  - Substance abuse
  - Physical ailments
  - Sexual activity
  - Judgmental
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- See death as irreversible, universal, and natural
  - They may defend against overwhelming emotional reactions

### **HOW TO RESPOND**

- Use group discussion to encourage talk of feelings
- Supply them with needed information
- Normalize their reactions
- Discuss their beliefs (spiritual, cultural, etc.) about the event
- Temporarily modify school and homework assignment.

AGE APPROPRIATE REACTIONS TO TRAUMATIC EVENTS  
EARLY ADOLESCENCE  
(AGES 10-13 FOR GIRLS, AGES 12-15 FOR BOYS)

HOW EARLY ADOLESCENTS MAY REACT

- Unusually silent or withdrawal
- Feelings of loneliness
- Jokes or humor can mask fears for this age group
- Disrupted relationship with peers
- Acting out, especially aggression
- Increased physical, somatic complaints like headaches, stomach pains, nausea
- Sleep disturbances
- Frequent crying spells
- Anger
- Lowered self esteem
- Guilt
- Feelings of rejection
- Fear that things will never get better
- Fear of “going crazy”
- Anxiety
- Easily distracted, forgetful
- Problems organizing time
- Decline in school work
- Depression
- Shame
- Denial
- Delayed reactions
- Repression of feelings

REMINDERS FOR FAMILY MEMBERS

- For young teens, death is seen as something that is final and that inevitably happens to everyone. Young teens are very much aware of what is happening and are more interested in details e.g. the cause of death, what happens after death etc.
- Families can expect that young teen’s reaction may be a mixture of childhood reactions and reactions that are more adults.
- Families can remember that young teens are overwhelmed by intense reactions, and may be unable to discuss them with their family members.
- Young teens will often turn to friends instead of family to talk about what has happened and validate their anxieties and fears.
- Experiencing a traumatic event can leave the young teen feeling that the world is unsafe.
- Fears about death may focus on the dying process and the consequences of the death for the living.

## WAYS OF HELPING

- Young teen's questions should be answered honestly, treating them as mature individuals, and respecting their needs for privacy, solitude and personal expressions of emotions such as anger, sadness, and fear.
- Be willing to have serious discussion.
- Be honest with young teens and let them know what is happening (e.g. anticipated or accidental death, tragedies).
- Acknowledge the emotions they may be feeling—fear, sadness, and anger.
- Reassurance that everything is being done and they will be cared for.
- Encourage them to express their feelings.
- If young teens begin to make jokes as a coping strategy, let them know you do not find the jokes funny without lecturing them.
- Be available when they are ready to talk
- Emphasize the present.
- Families can remember that children will react differently and will take different amounts of time to heal.
- Families can remember that the world will appear different after a traumatic event and may appear as more dangerous than before. However, children and adults have a great ability to adjust to life-changing events. It may take some time to restore balance and a normal routine.
- Families can assist young teens in returning to a normal routine by keeping schedules similar to what they were prior to the traumatic event.
- Families may need to tolerate behavioral problems and regression for a limited time.
- Families can take time to care for themselves in order to care for their young teens.
- Activities: stories, plays, poetry, and music lyrics often serve as a basis for expressions—both those written by others and those created young teens.

AGE APPROPRIATE REACTIONS TO TRAUMATIC EVENT  
ADOLESCENTS  
(AGES 14-19)

- Feelings of guilt
- Feelings of shame
- Anger
- Escape with high risk behaviors e.g. sex, drugs, alcohol
- Increased risk taking to reduce anxiety, to prove that they are alive
- Hyper aggressive
- Defiance
- Increased physical, somatic complaints such as headaches, stomach aches
- Cutting class
- Avoiding friends
- Increasing time spent with family
- Suicidal thoughts
- Difficulty organizing time
- Problems concentrating in school
- Decline in school performance, attendance, and behavior
- Fear of close relationships
- Fear of "going crazy"
- Acting as though they don't care
- Making jokes
- Sleep disturbances, which can remain hidden in late night studying, television watching, and partying.
- Reckless behaviors

REMINDERS FOR FAMILY MEMBERS

- This group is particularly more vulnerable to experiencing loss, death and tragedy because they are experiencing so many other losses and life changes.
- High school aged adolescents and young adults will often turn to their friends instead of family to talk about what has happened.
- It is important for the high schoolers to know that their parents will be available when they are ready to talk.
- It is important for parents to be honest with these young adults, talk to them, and let them know what is happening.
- It can be helpful for parents to share their own feelings regarding the loss, death or tragedy, especially if it is a situation that has also affected the parents.

WAYS OF HELPING

- Be willing to have serious discussions
- Invite the high school to share their ideas and feelings
- Be honest with young adults and let them know what is happening (e.g. anticipated or accidental death, tragedies)
- Acknowledge the emotions they may be feeling- fear, sadness, and anger.

- Reassurance that everything is being done and they will be cared for
- Encourage them to express their feelings.
- If the young adults turns to making jokes as a coping strategy, let them know you do not find the jokes funny without lecturing them.
- Be available when they are ready to talk.
- Emphasize the present.
- Let them help in planning a memorial, doing something to remember the loss.
- Activities: play acting, puppets, drawing and painting, sharing their experiences in groups, reading, creative writing or discussion.