

Normal Grief Versus Complicated Grief

Normal grief responses can be manifested through feelings, physical sensations, cognitive changes and behaviors.

Feelings: Some feelings can include shock, numbness, sadness, anger, relief, guilt, regret, fear, resentment, anxiety, isolation and fatigue.

Physical Sensations: Some sensations can include a strange feeling in your stomach (nausea, queasiness or emptiness), tightness in the chest and throat (can also manifest in shoulders, neck and back), lack of appetite, overly hungry, overly sensitive to sound (laughter, music, talking), breathlessness or hyperventilation, lack of energy, muscle weakness and dry mouth.

Cognitive Changes: Some changes can include disbelief of the loss, difficulty concentrating, difficulty remembering things, irrational thoughts, hearing the voice of the lost loved one, preoccupation, flashbacks to the death or the funeral, and hallucinations.

Behaviors: Some behaviors can include changes in sleep patterns, social withdrawal, withdrawal from family, dreams of the lost loved one, nightmares of the death, avoidance of situations or places that remind them of the lost loved one, searching for the lost loved one, crying, restlessness or overactivity, not wanting to relinquish things related to the lost loved one (linking objects).

Complicated grief response can manifest from a prolonged period of mourning due to many outside factors (back to back deaths, sudden or traumatic death, divorce, loss of job, etc.). An individual may be trying to work through the normal grief process and due to one or more of these outside factors may find themselves “stuck” along the process which may extend their grief response. These individuals may need a referral to a psychologist or specialized grief counselor.

An example of an individual experiencing complicated grief would be someone expressing suicidal ideation. Typically, verbalizing thoughts of “I just want to be with the lost loved one” is a normal part of the grief process. These ideas should always be explored for intent and means. It is best to be straight forward and blunt in these situations to avoid any confusion. If after assessment, the individual seems to be truly in danger, than the individual needs to be guided to an emergency source such as a 24 hour hotline, the nearest hospital psychiatric evaluation unit or call 911.



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