



Normal Grief vs. Abnormal Grief

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Loss is an inevitable part of life, and can include loss of relationships (*abandonment, break ups, divorce, death*), health (*illness, injury*), independence (*aging, disability, imprisonment*), status (*role transitions*), and security (*unemployment, homelessness, trauma*).

Grief is a multifaceted response to loss that can involve emotional, physical, cognitive, spiritual, behavioral, social, and philosophical dimensions. Although grief is a necessary part of healing from loss, people often ask about whether they or someone they love is "*hurting too much*," or needs professional help to "*get on with life*." Although some of what follows may apply to a variety of situations, this article will focus more on grief due to death or bereavement.

Elizabeth Kubler Ross proposed a five-stage process for coming to terms with death: *denial, anger, bargaining, depression, and acceptance*. Others have proposed a seven-stage model. However, people vary greatly in how they deal with grief, not everyone experiences all stages, and it's more of a circular process than a simple progression from one to the next.

While allowing for a wide latitude of individual and cultural experience, there are some ways to distinguish "*normal*" grief (bereavement) from "*abnormal*" grief (complicated bereavement.)

Normal Grief typically involves:

- Some degree of initial shock (inability or unwillingness to fully grasp what happened.)
- Intense suffering (pain, loneliness, anxiety, anger, confusion, guilt, shame, sadness.)
- Depressive symptoms (sad mood, loss of interest in pleasurable activities, disturbed sleep, poor appetite, slowed movement, agitation, difficulty concentrating, low energy, impaired functioning); but if such symptoms are present more than two months after the loss they may be diagnosed as major depressive disorder.
- Recovery (solving realistic problems, regaining hope, envisioning a future without the loved one.)



Abnormal Grief may include:

- Severe or prolonged reactions (e.g., hallucinatory experiences other than transiently hearing the voice or seeing the image of the deceased; extends beyond two months; exacerbates other physical or mental illness.)
- Inability to grieve appropriately (inadequate, delayed, or distorted reaction.)
- Interference with daily functioning (unable to work, go to school, raise family, or care for self.)
- Morbid preoccupation with worthlessness or guilt (beyond actions not taken by the survivor around the time of death or feelings of survivor guilt.)
- Self-harming behaviors (cutting, suicidal attempts, alcohol and substance abuse, over-medicating with prescription drugs.)
- Anxiety and avoidance behaviors (e.g., not going to the funeral or grave, unable to think about the loss, shutting down emotions, having an exaggerated fear of the illness or circumstances that caused the death.)
- Inability to let go (preserving the environment as it was when the loved one died, hoarding useless objects, being bothered by nightmares or intrusive thoughts.)
- Lack of balance when remembering the loved one (e.g., often idealizing the loved one or the lost relationship beyond reality.)

Whether you or someone you know is struggling with "*normal*" or "*abnormal*" grief, please know that a variety of resources are available to help. There are excellent books written by survivors, family members, pastors, and others with much personal and professional experience of death and dying. Online web sites offer supportive blogs, practical coping strategies, and extensive materials. A number of faith-based programs in our community offer individual or small group support, assistance, and healing related to the loss of loved ones.

...Don't Worry About a Thing...Cause Every Little Thing Is Going to Be Alright...



three little birds

DON'T SAY: It was meant to be, everything happens for a reason, at least you have more children, you can have another child, God needed another angel, he is in a better place, I know how you feel, time heals all wounds, you can handle this, God never gives more than we can handle.....avoid these statements!

Apologize if you do say something inappropriate or insensitive.

Most of all, DO: LISTEN. A parent's biggest fear is that their child will be forgotten. Acknowledge the baby, no matter how short their life. Whether the baby died during pregnancy or lived a short time, the family lost a future and with it many hopes and dreams.

If the baby was given a name, use it. If there are pictures, ask to see them. By honoring the memories, you are assuring them that their baby will never be forgotten. Be specific in your offer to help. Sometimes dads are forgotten or overlooked as also grieving. He often gets less support and acknowledgement in his loss. Allow him opportunity to open up and listen to him, offer support.

Remember that everyone grieves differently.

Also:

- Grief is a process. No one ever "gets over" the loss of a child.
- Don't avoid the parents. Acknowledge the anniversary of the couples' stillborn delivery. It allows people to know they are not alone and that others are grieving too.
- Avoid telling them about other miscarriages or stillbirths. They have enough to deal with now.
- Show sensitivity. Acknowledge that other's happy news may be painful for the grieving parents. Don't be angry at them if they can't attend a baby shower, baptism, or other ceremony at this time. They probably already feel guilty and isolated enough.

"Grief is **NOT** a disorder,
a disease or sign of weakness.
It is an emotional, physical and spiritual
necessity, the price you pay
for love. 
The only cure for grief is to
grieve" -- Earl Grollman
 unspokengrief.com

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