

# Simple Grief Solutions

- Laughter is good medicine
- Healthy food is healing
- Exercise is fun
- Massage, manicure and hairdo's
- Nature is good for the soul
- Connect with others
- Tell your story
- Journal or work on a craft project
- Memorialize someone or something
- Bargain shopping takes your mind off things, empowers you and makes you feel good
- Getting rid of clutter and donating or giving away things makes you feel good, too!

## When More Support is Needed . . .

- Grief Programs & Workshops
- Monthly Movie Matinees
- Widows and Widowers Social Support
- Memorials and Recognition
- Educational Resources
- Herry's Thrift & Gift Shoppe
- Camp Good Hope and Teen Encounter



8471 W. Periwinkle Lane  
Homosassa Springs FL 34446

**Friends Grief Services** is a charitable 501(c)3 organization, incorporated in 1983, to provide community grief

support and education to families who have experienced a loss.

Adults, children and families improve the quality of their lives overcoming loneliness, strengthening their ability to cope and re-socialize in a safe environment.

**The Wings Center** is home to grief support groups, workshops, wellness and social programs, movies, social support activities, educational programs and volunteer events.

"No Cost" Programs and Services are supported by merchandise/vehicle donations, Thrift Shoppe sales, general donations, partnership donations (up to \$250) and Sponsorships (\$250+).

Volunteers donate their time as Group Facilitators, Camp Assistants, Office Support, Board of Directors, Advisory Board, Fundraising and Thrift Shoppe Operations

[www.friendsofcitrus.org](http://www.friendsofcitrus.org)  
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Friends of Citrus and the Nature Coast, Inc. Registration No. CH1413

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

# Normal Reactions in Grief

*Grief is the normal and natural response to losing someone or something. Yet, it can make its presence known by more than just an emotional feeling of sadness.*

Grief can produce psychological and physical responses that we don't recognize and that alarm those around us.

If your grief response seems extreme, you are most likely behaving in a manner which is typical.

The following will help you assess your grieving process. Review these lists from time to time to evaluate your progress.



8471 W. Periwinkle Lane  
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**352.249.1470**  
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### I'm angry . . .

- ☐ at God and unable to find consolation in my faith
- ☐ at medical personnel for not doing enough or not having the technical ability to save my loved one
- ☐ at myself for not properly interpreting the warning signs, statements, etc.
- ☐ at the deceased for not taking better care of him/herself, for leaving me alone, for not making proper financial/legal arrangements, for dying
- ☐ at others for not understanding what I'm going through, for expecting me to "go on with my life," for not giving me the time I need to grieve
- ☐ that people can still laugh, that the world goes on, that holidays are not canceled, that I seem so alone in my grief

### I'm feeling . . .

- ☐ frustration that friends call too much or not enough, don't invite me out anymore, seem to be pushing me into socializing before I'm ready
- ☐ guilty over little relationship issues
- ☐ loneliness and "aloneness" more than I can tolerate
- ☐ a desire to be with people who did not know the deceased, thereby giving me an opportunity to talk about him/her

### I'm experiencing . . .

- ☐ a change in eating habits with significant weight gain or loss
- ☐ unpredictable, uncontrollable bouts of crying
- ☐ an increase in the use of alcohol, prescription drugs or street drugs to help me cope
- ☐ panic/anxiety attacks
- ☐ mood changes and irritability
- ☐ forgetfulness
- ☐ uncontrolled shopping and buying

### I'm unable to . . .

- ☐ sleep without medication or I am sleeping all the time
- ☐ concentrate or remember things
- ☐ motivate myself to do the things I need to do

### I'm more . . .

- ☐ susceptible to colds, flu and other physical ailments
- ☐ irritated than usual
- ☐ fearful of being alone or with people, afraid to leave the house, afraid to stay in the house, afraid to sleep in the bed

### I'm wanting to . . .

- ☐ "punish" something or someone for my pain
- ☐ talk about the deceased, but am fearful of "burdening" friends or family
- ☐ drive the car too fast and recklessly
- ☐ go out "looking for a fight"
- ☐ wear clothing, jewelry or other personal items of the deceased
- ☐ keep everything from the deceased; create a shrine
- ☐ sell the house and move; give away all the possessions of the deceased

## Normal Grief Indicators

### Physical

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accident-prone        | <input type="checkbox"/> Grinding teeth         | <input type="checkbox"/> Skin pale                        |
| <input type="checkbox"/> Alcohol or drug abuse | <input type="checkbox"/> Hands cold             | <input type="checkbox"/> Sleeping too much                |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Heart rate increased   | <input type="checkbox"/> Sweating                         |
| <input type="checkbox"/> Backaches             | <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> Tearfulness                      |
| <input type="checkbox"/> Chest tightness       | <input type="checkbox"/> Hives, rashes, itching | <input type="checkbox"/> Tension                          |
| <input type="checkbox"/> Constipation          | <input type="checkbox"/> Indigestion            | <input type="checkbox"/> Trembling or twitching           |
| <input type="checkbox"/> Diarrhea              | <input type="checkbox"/> Insomnia               | <input type="checkbox"/> Urinating frequently             |
| <input type="checkbox"/> Dizziness             | <input type="checkbox"/> Loss of appetite       | <input type="checkbox"/> Weakness, especially in the legs |
| <input type="checkbox"/> Dry mouth             | <input type="checkbox"/> Low resistance         | <input type="checkbox"/> Weight gain                      |
| <input type="checkbox"/> Eye pain              | <input type="checkbox"/> Migraine headaches     | <input type="checkbox"/> Weight loss                      |
| <input type="checkbox"/> Fainting spells       | <input type="checkbox"/> Sexual disinterest     |   |

### Emotional

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Anger                       | <input type="checkbox"/> Anxiety  |
| <input type="checkbox"/> Blaming                     | <input type="checkbox"/> Crying   |
| <input type="checkbox"/> Depression                  |                                   |
| <input type="checkbox"/> Difficulty in relationships |                                   |
| <input type="checkbox"/> Dread                       |                                   |
| <input type="checkbox"/> Fear of group or crowds     |                                   |
| <input type="checkbox"/> Feelings of worthlessness   |                                   |
| <input type="checkbox"/> Guilt feelings              |                                   |
| <input type="checkbox"/> Indecisiveness              | <input type="checkbox"/> Jealousy |
| <input type="checkbox"/> Irritability                |                                   |
| <input type="checkbox"/> Loss of interest in life    |                                   |
| <input type="checkbox"/> Moodiness                   |                                   |

### Intellectual

- |   |  |
|---|--|
| <input type="checkbox"/> Errors in judgment                   | <input type="checkbox"/> Obsessive/compulsive                        |
| <input type="checkbox"/> Errors in language                   | <input type="checkbox"/> Past oriented rather than present or future |
| <input type="checkbox"/> Errors in use of numbers             | <input type="checkbox"/> Preoccupation                               |
| <input type="checkbox"/> Forgetfulness                        | <input type="checkbox"/> Thoughts of death or suicide-passively      |
| <input type="checkbox"/> Lack of awareness to external events | <input type="checkbox"/> Worrying                                    |
| <input type="checkbox"/> Loss of creativity                   |  |
| <input type="checkbox"/> Loss of productivity                 |  |
| <input type="checkbox"/> Memory loss                          |  |
| <input type="checkbox"/> Mental blocking                      |  |