

# Grief and Trauma: A Full-Body Overview

Prepared by Jay Wilson, LCSW

## Key Difference (Quick Take)

Grief is the natural response to loss. Trauma is the lasting imprint of overwhelming threat on body and mind. They can overlap (traumatic grief), but are not the same.

## Terminology Note

Traumatic grief = a clinical description (not a diagnosis) of grief entangled with trauma responses.

## Avoid assuming "traumatic grief"

Strong feelings, sleep changes, and clinginess are common in grief and often ease with support. Use the child's story, timing, and day-to-day functioning to guide next steps rather than labels.

- Grief is not the same as trauma; many children grieve intensely without trauma symptoms.
- Early reactions can be short-lived; notice patterns over several weeks.
- Overlap of signs: sleep/appetite changes, irritability, and concentration trouble show up in grief, trauma, and stress.
- Context matters: circumstances of the death, culture, and family meaning-making shape reactions.
- Risk of pathologizing: early labels can stigmatize normal grief and change adult responses.
- Treatment fit: trauma-focused care isn't always the right match if trauma symptoms aren't present.
- Function first: decisions hinge on persistence and impairment, not one intense moment.

## What to do instead

- Gather a brief loss story and note reminders (people, places, sounds).
- Offer universal supports: safety, routine, connection, play/art expression.
- Monitor for persistence or worsening: ongoing nightmares, strong avoidance, major behavior changes, school refusal, or a low mood most days.

⚠ When those signs persist or intensify, consider seeking professional assistance from someone experienced in child grief and trauma.

## Full-Body Impact

### Brain

Grief: difficulty concentrating, memory lapses, and mental fog during intense waves.

Trauma: intrusions or dissociation; difficulty regulating emotions and organizing thoughts.

### Nervous system

Grief: disrupted sleep and energy, with periods of rest and restoration possible.

Trauma: ongoing survival states such as fight, flight, or freeze.

### Immune system

Grief: stress-related immune changes that can increase vulnerability to illness early on.

Trauma: chronic stress can keep immune function dysregulated for longer periods.

### Cardiovascular

Grief: increased heart rate; rare stress cardiomyopathy in extreme cases.

Trauma: sustained elevation in heart rate and blood pressure.

### Muscles and digestion

Grief: tension, headaches, nausea, and appetite changes that usually improve over time.

Trauma: persistent muscle tension, gastrointestinal distress, and appetite disruption.

### Emotional tone

Grief: sadness and yearning with moments of peace gradually returning.

Trauma: intense fear or numbness that tends to dominate without support.

## When Grief Is More Likely to Become Trauma

- Sudden or violent death
- Witnessing the event or discovering the body
- Loss combined with danger or major instability (e.g., displacement, ongoing abuse)
- No chance to say goodbye or obtain clear information about the death
- Lack of consistent, supportive caregivers after the loss

## Signs to Look For in Children

Typical Grief in Children	Possible Trauma Response
Waves of sadness and crying	Frequent nightmares or intrusive memories
Asking questions about the loss	Avoiding reminders of the loss
Temporary regression (e.g., clinginess)	Hypervigilance or exaggerated startle response

Short-term sleep/appetite changes

Persistent insomnia or marked appetite loss

## Supporting a Child Through Grief and Trauma

- Create safety and predictable routines
- Listen and validate feelings without rushing the process
- Use play, art, or movement to help express what words cannot
- Reassure the child about care and safety in simple, concrete language
- Seek professional support if symptoms persist or interfere with daily life

## Evidence-Based Modalities (for Professionals)

- Grief-focused Cognitive Behavioral Therapy (CBT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Play therapy and child-centered approaches
- Eye Movement Desensitization and Reprocessing (EMDR)
- Art and expressive therapies

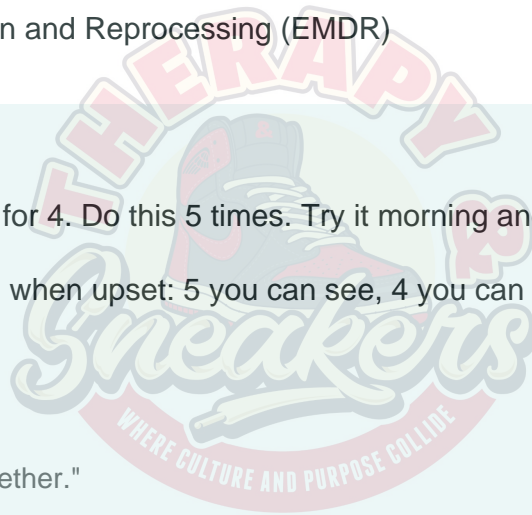
### Calm the Body Together

- Breathe together: in for 4, out for 4. Do this 5 times. Try it morning and bedtime.
- Look around and name things when upset: 5 you can see, 4 you can touch, 3 you hear, 2 you smell, 1 you taste.

Try these words:

Say: "Let's slow our breathing together."

Say: "Tell me 5 things you can see right now."



### Comfort and Connection

- Name and normalize feelings: "You feel really sad and that makes sense." Keep your voice calm.
- Give 10 minutes of "special time" each day where the child leads play. Put your phone away.

Try these words:

Say: "It's okay to cry. I'm here with you."

Say: "For the next 10 minutes, you're the boss of play."

### Handle Triggers (Make a Simple Plan)

- Notice what sets them off (sounds, places, dates). Plan: breathe, get water, step outside, or squeeze a stress ball.
- Practice with small reminders for a few minutes while you stay close and supportive.

Try these words:

Say: "If the siren is loud, we'll cover our ears and breathe together."

Say: "Let's look at one photo for 2 minutes, then we'll take a break."

## Team Up With School and Helpers

- Tell the teacher or coach what helps (quick water break, quiet corner, a hand signal).
- If certain signs last more than 6-8 weeks or get stronger - for example, ongoing nightmares, strong avoidance, big behavior changes, school refusal, or a low mood most days - consider seeking professional assistance from someone who works with child grief and trauma.

Try these words:

Say to school: "When he looks overwhelmed, a short break helps him calm down."

Say at home: "If this keeps being hard, we can look for extra help together."

## Caregiver notes

Why this helps: jotting quick observations makes patterns visible and keeps the plan consistent across caregivers and school.

Date: \_\_\_\_\_

What we noticed (reminder/trigger): \_\_\_\_\_

How my child showed it (feelings/behaviors): \_\_\_\_\_

What we tried (breathe, look around, special time, plan): \_\_\_\_\_

What seemed to help / didn't help: \_\_\_\_\_

One small step for tomorrow: \_\_\_\_\_

This page is for caregivers and families. Use what fits your child and your values.

*Jay Wilson, LCSW*