

As faculty and staff, your influence shapes much of our students' experiences at the university. Many have asked for guidance on how to respond to our students' needs when there are times of distress in our campus community. The following information, reviewed by Counseling and Mental Health Services in USC Student Health (clinical faculty in the Department of Psychiatry and Behavioral Sciences, Keck School of Medicine of USC) may provide some insight in recognizing common expressions of grief, and responding supportively in those moments.

What we learn from the Stages of Grief model

- 1. Denial and Isolation:** The first reaction is to deny the reality of the situation. Many people rationalize overwhelming emotions. It is what helps to buffer the immediate shock. This is a response that carries us through the first wave of pain.
- 2. Anger:** Reality and its pain emerge yet we may not be ready. The intense emotion is deflected from our vulnerable core, redirected, and expressed instead as anger.
- 3. Bargaining:** The normal reaction to feelings of helplessness and vulnerability is often a need to regain control— We may make a deal with God or our higher power in an attempt to postpone the inevitable. This helps to protect us from the painful reality.
- 4. Depression:** It is helpful to focus on what we can control and let go of what we cannot. Expend energy on changing your coping skills, increase problem solving skills and increase support. Along with feeling intense sadness, we may also experience worry, regret, fear, and uncertainty.
- 5. Acceptance:** This is different from feeling “good” or “ok” about the loss. Most people don't ever feel OK but we learn to accept this new reality and adjust the changes that may go along with the loss. This stage comes with time, is a process and as we move through the loss with coping skills and support we can achieve this stage. Self-compassion and kindness, patience from others is helpful when striving for this goal.

What are some common reactions?

Emotions: Sadness; anger/ irritability; fear; guilt; anxiety; loneliness; helplessness; shock; yearning; relief; numbness.

Physical Sensations: Hollowness in stomach; tightness in chest; tightness in throat; sensitivity to noise; sense of de-personalization, “this isn't real;” breathlessness; weakness in muscles; lack of energy.

Cognitions: Fatigue; disbelief; confusion; preoccupation; sense of presence; hallucinations.

Behaviors: Sleep disturbance; appetite changes; absent-minded behavior; social withdrawal; dreams of deceased; avoiding reminders of deceased; restless hyperactivity; difficulties concentrating; crying.

Goals to move toward during grieving

People may cycle in and out of phases as they...

- **Process feelings**
- **Make adjustments in order to cope, thrive**
- **Accept the reality and integrate memories and past into the present**

A Note on Traumatic Grief

A sudden, unexpected loss may not only activate a grief response, but may also trigger a **traumatic grief response**. When the death is violent, such as from a homicide, suicide, overdose or accident, a person could experience overwhelming emotions related to that loss. It is important to recognize the difference between a normal grief response and a traumatic grief response.

A normal grief response has a range of emotions and behaviors. The grieving person will feel sadness, confusion, longing or wishing things could have ended differently, difficulty sleeping, change in eating patterns, etc., as described in the previous section.

Traumatic grief is more complicated, but has more conflicted feelings that can interfere with the natural grief process. As the person mourns the loss, they visualize the details of the traumatic event and re-experience it. That becomes overwhelming to person and they push it out of their mind. But this makes the grief process longer as the person goes back and forth mourning then pushing the traumatic details away. The person can become stuck in processing of their grief and experience **debilitating feelings of loss of safety, trust and control**.

Not all grief is traumatic, but all traumatic experiences include grief responses that are normal and natural. Helping people to recognize that what they are feeling is “normal” is very helpful as the person moves through the grief process.

SHAPING OUR RESPONSES

What we learn from the Trauma-Informed Approach to Care—how we can shape our responses to support those impacted by trauma

A trauma informed response to grief requires a process that helps the person to re-build a sense of **safety, trust and control over their life**.

Using active listening skills and empathy is a way to increase feelings of safety, trust and control. That means not giving advice, not judging, reflecting back to the person what you heard for clarity, be reassuring and supportive. By providing that safe place for someone to talk, helps to build the sense of trust.

Building safety and trust helps the grieving person to re-gain some control over their feelings. Giving them information about the grief process, normalizing their feelings, and providing resources/referrals, gives that person the tools to make decisions which in turn increases their sense of control over their lives.

Empowering them by discussing their options and supporting their choices continues to build a sense of control.

Campus Resources

Department of Public Safety (24/7)..... UPC:(213) 740-4321 / HSC: (323) 442-1000

USC Student Health (24/7)

Counseling, Medical, Sexual Assault Survivor Services (213) 740-9355 (WELL)

Campus Support and Intervention..... (213) 740-0411

Trojans Care for Trojans

(TC4T) Online reporting when concerned about someone..... bit.ly/tc4t

Center for Work and Family Life (213) 821-0800