BEREAVED UNIVERSITY STUDENTS' GRIEF EXPERIENCE: WHAT HELPS AND WHAT HINDERS?

by

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ABSTRACT

This study investigated what helps and hinders bereaved university students in their experience of grief. Participants consisted of 8 females and 2 males who had experienced the death of a loved one while they were attending university. Nine of the 10 participants perceived their loved one's death as unanticipated. Participants were individually interviewed using semi-structured, open-ended interviews consistent with Flanagan's (1954) Critical Incident Technique. A total of 149 critical incidents were extracted from participants' interviews. Of these, 99 were incidents that participants perceived as helpful to their grieving process. Fifty incidents were perceived as hindering. Using a process of inductive reasoning, the critical incidents were grouped into 17 categories based on the nature of the incident and the meaning the incident held for participants. The study yielded 9 categories of helpful incidents and 8 categories of hindering incidents. A series of credibility checks were conducted to strengthen the credibility of the findings. Nine of the 10 participants provided feedback on summaries of their incidents. An independent rater categorised a random sample of 20% of the incidents and agreed with the researcher's categorisation in 90% of helpful incidents and 100% of hindering incidents.

The main helpful categories identified in this study were: helpful social support; connecting with others who have experienced loss; helpful responses from university staff; connecting with one's family; maintaining a connection with the deceased; and experiencing school as helpful. The main hindering categories were: unhelpful social responses; not having time to grieve amidst the pressures of school; family dynamics; and unsupportive responses from university staff.

The results affirm many of the findings in the existing literature on student bereavement. Dealing with grief can significantly hinder a university student's academic and
social functioning and personal development. It is therefore critical that students have access
to support and resources to aid them in their grief recovery. By articulating the factors that help or hinder students' grieving, the results of this inquiry provide insight into how universities can intervene on behalf of bereaved students to promote their personal, academic, and social well-being.
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IN LOVING MEMORY OF MICHAEL (MICK) PADDEN

CHAPTER 1: INTRODUCTION

The loss of a loved one is a potentially devastating experience, one which can affect the bereaved individual at all levels—psychologically, physically, socially, and spiritually. Indeed, “although it is a normal event occurring in most people’s lives, the understanding is that bereavement can cause much suffering, associated with severe consequences to health and well-being” (Stroebe, Hansson, Stroebe, & Schut, 2001a, p.5). Given that bereavement is associated with high levels of distress and physical and mental health detriments, it is not surprising that the experience of losing a loved one has received a considerable amount of attention in the literature. To date, however, the majority of research has been conducted on children and youth (up to the age of 18), and adults; little distinction is made for those in the ‘young adult’ period (between 18-29 years). More specifically, the study of bereavement among university students as a subgroup of this ‘young adult’ population has been neglected.

LaGrand (1981) was among the first to examine the impact of death and grief on college students, noting that, “they are, without question, the forgotten grievers” (LaGrand, 1981, p.15). Following LaGrand’s early work in this area, there were only a handful of published studies focusing on the grief experience of college students. Most of these studies were limited to a description of the design and implementation of support groups for bereaved students and discussed group process rather than outcomes (e.g., Balk, Tyson-Rawson, & Colletti-Wetzel, 1993; Berson, 1988; Floerchinger, 1991; Janowiak, Mei-Tal, & Drapkin, 1995; Rickgarn, 1987). It was not until 10 years after LaGrand’s seminal study that the grief experience of university students resurfaced as a phenomena of interest, when Balk (1997) conducted an exploratory study on death and bereavement in the lives of university students. In 2001, Balk again called attention to the gap in research on bereaved students and placed the responsibility on academic institutions to “engage systematically in efforts to assist bereaved
students” (p.73). He advocated for the establishment of a university-based bereavement center, which could focus on raising awareness about the reality of bereavement on university campuses. Ideally, the center would also “co-ordinate and conduct scholarly inquiry into the incidence and prevalence of bereavement, the longitudinal consequences of unresolved bereavement, and the outcomes of interventions to promote bereavement recovery” (p.76). In spite of Balk’s calls for further research, however, university students have still been relatively neglected in the bereavement literature. Indeed, in 2005, Hardison, Neimeyer and Lichstein noted that “few studies have examined the impact of death of a friend or relative during the college years” (p.100).

Despite the dearth of research on this hidden population, it is clear that university students are not strangers to the deaths of significant persons in their lives. Research conducted in the United States has found that as many as “22-30% of college undergraduates are in the first 12 months of grieving the death of a family member or of a friend, and 35-48% are in the first 24 months” (Balk, 2001, p.69). These findings have been supported by other researchers (Balk, 1997; Balk, 2001; Hardison et al., 2005; LaGrand, 1985).

The high prevalence of bereavement among young adults on university campuses is of concern, as it is well-established “that the health of bereaved people in general is at risk (compared to their nonbereaved counterparts)...there is no longer any doubt that the costs of bereavements in terms of health can be extreme. Bereaved individuals suffer elevated risks of depression, anxiety and other psychiatric disorders, somatic complaints and infections, and a variety of other physical illnesses…” (Stroebe et al., 2001a, p.8). Consistent with the general bereavement literature, bereaved students have been shown to be at risk for depression and other mental health problems, sleep disturbances, chronic somatic complaints, increased vulnerability to disease, increased academic failure, and social isolation (Balk et al., 1993).
Unresolved grief among students has also been shown to be associated with self-destructive behaviors such as substance abuse (Brown, 1990), violent acting out (Sorenson & Brown, 1990), and in extreme cases, suicide (Pruett, 1990). Thus, students’ reactions to death and its aftermath are for the most part similar to that of older adults (Rickgarn, 1996). At the same time, however, students generally have fewer resources and abilities to deal with death. Indeed, one reason why we need to begin looking at student bereavement as a distinct area of study is because of the assumption that they face some unique challenges, which may increase their vulnerability to the aforementioned detrimental outcomes.

First, it is well recognized that the university environment is not particularly conducive to grieving (Balk, 2001; Berson, 1988; Janowiak et al., 1995). The bereaved student’s life generally revolves around academic work and study. Unfortunately, bereavement often affects the student’s concentration, motivation and sleep patterns; these normal grief responses can impair a student’s ability to study and work (Servaty-Seib & Hamilton, 2006), which in turn can contribute to their stress levels and place additional strains on their coping capabilities.

The lack of peer support on campus also poses a challenge for many bereaved students. Although most university students seem to be aware of the needs of grieving individuals (Vickio, Cavanaugh, & Attig, 1990), the research has consistently found that the bereaved student’s peers are often unable or unwilling to offer support, talk about the death, or acknowledge the importance of the loss for the bereaved student (Balk, 2001). To further complicate matters, many students attend campuses away from their home, which means that they are also devoid of their usual support network (Berson, 1988). Moreover, many students are inexperienced with death (Rickgarn, 1996), and thus are often unprepared for the intensity of their grief reaction (Balk, 1997). They may also lack “a suitable repertoire of effective coping mechanisms” (Rickgarn, 1996, p.273). Their faulty expectations about what the
grieving process entails, combined with their lack of coping skills and inability to access support of friends and family, can make the grieving process even more difficult. Finally, the research consistently shows that bereaved students are reluctant to seek professional support or avail themselves of campus counselling services (Balk, 1997; LaGrand, 1985). As Balk et al. (1998) noted, then, “there seems every reason to believe that bereaved college students are hidden griever whose mourning is disenfranchised within the social environment of a university or college campus” (p.5).

Unfortunately, bereaved students do not have the luxury of putting their academic and social lives on hold while they are grieving. It is therefore critical that students have access to support and resources to help them cope with their loss. I was surprised to find, then, that there seem to be few campus supports available for students who are grieving. I explored the websites of two major B.C. universities and found no mention of resources specifically related to grief, bereavement or loss. Ten years ago, Rickgarn (1996) noted that, “while references to the various student services that are available for the noncurricular or co-curricular aspects of the institution are becoming more apparent in college recruitment materials, only rarely will one find within these materials any information on counselling or other services for students related to issues of loss and death” (p.281). Unfortunately, this seems to still be the reality today. This is of some concern, given that a significant proportion of students during any semester have experienced the death of someone important in their life and are engaged in a process of grieving.

This study was motivated by my desire to increase the awareness of the reality of bereavement on university campuses and to address a perceived gap in services for bereaved students. My interest in this subject also emanates from my own personal experience with loss. Having experienced the sudden death of my boyfriend when I was 26 years old, I bring
with me a number of observations, assumptions and lingering questions about the experiences of bereaved students. I will elaborate on my own experience in the Methodology chapter, in the section on situating the researcher. I believe that it is important to first learn more about the specific needs of bereaved students before we can begin to develop supports that are responsive to their needs. Although there is a growing body of research on student bereavement, these studies have been mainly quantitative in nature and have focused on examining characteristics of students' grief experience. Few researchers have asked students to share what would be helpful or what would be harmful in aiding them during this time of transition. Thus, the research question for this study is, "What helps and what hinders bereaved university students during their experience of grief?" It is hoped that, by articulating the factors that help or interfere with students' grieving process, the results of this inquiry can help establish criteria to support bereaved university students. This is consistent with Balk and Corr's (2001) assertion that "researchers who study bereaved college students are obligated to extend their research from a scholarship of discovery to a scholarship of application" (p.212). Overall, in informing effective support services and policies, this study seeks to promote physical and mental well-being, successful academic adjustment and healthy social functioning among bereaved university students.
CHAPTER 2: LITERATURE REVIEW

Before examining the factors that affect bereaved university students’ grieving process, we need to first gain an understanding of what this process entails. This literature review will first speak to the conceptual and theoretical underpinnings of this study, by reviewing some key definitions, and presenting several models of grief. An examination of the literature on bereaved university students will follow.

Definitions

Bereavement is the state of having experienced the loss of someone we love or care about through death (Rando, 1984). Grief, on the other hand, refers to our reaction to bereavement (Attig, 2004). Although grief is defined primarily as a complex emotional syndrome, it also includes psychological, cognitive, social-behavioral, and physical components (Stroebe et al., 2001a). Grieving and mourning, in contrast, refer to the ways in which we cope with grief. Although these terms are often used interchangeably in the literature, mourning is generally used to refer to the cultural response to grief (Rando, 1984), while grieving refers more generally to our active response to a loss (Attig, 1996). Notably, Attig (1996) distinguishes between grief as an emotional reaction to loss and grieving as an active response to bereavement. This distinction between ‘reaction’ and ‘response’ seems important, because bereavement and grief are essentially out of the individual’s control. Death and bereavement happen to us, and grief is a “reactive agony, that happens to us after bereavement happens to us” (Attig, 2004, p.343). Yet, grieving and mourning are processes over which the individual has control; they refer to what the bereaved chooses to do with what has happened to him/her, thereby highlighting the bereaved person’s agency in a world that may seem out of control.
Grief and bereavement have been a topic of interest since 1917, when Sigmund Freud published his classic paper, *Mourning and Melancholia* (Rando, 1984). Since Freud’s contribution, there has been an evolution in grief theory, as researchers continue to conceptualise grief, grieving and mourning. The following sections briefly outline the progression from traditional stage theories to the task models and finally to contemporary process-oriented models of grief.

**Traditional stage models**

Traditional grief theories conceptualised the grieving process in terms of a predictable sequence of stages that bereaved individuals need to pass through, and focused predominantly on the manifestations of grief (Stroebe et al., 2001a). Lindemann (1944), Bowlby and Parkes (as cited in Attig, 1996) and Kubler-Ross (1969) are perhaps the three most well-known proponents of the traditional stage theory of loss. Generally, these theorists purport a common pattern of grieving: initially bereaved individuals are in a state of shock and denial, but once they accept the reality of the loss they become immersed in anguish, yearning and despair; however, with time, they gradually adjust to the loss and achieve a new equilibrium (Attig, 1996, Stroebe et al., 2001a).

These theories have been helpful in normalizing the grief experience for adults and contributed to the field of grief research by providing a strong foundation for further research on grief. However, in the last few decades, traditional models have been subject to criticism. Despite theorists’ warnings that their models were only rough guides and were “not intended to serve as prescriptions for the right or correct manner in which to die or experience grief” (Servaty-Seib, 2004, p.127), many people, including clinicians, friends and family, and the bereaved themselves, have ignored these warnings and rigidly adopted these models.
Consequently, these theories have fostered a ‘should’ or ‘must’ mentality for the bereaved (Servaty-Seib, 2004) and “have often lead adherents to impose inappropriate expectations upon grievers” (Attig, 2004, p.345). Furthermore, these theories, with their emphasis on stages, have been criticized for promoting a passive, “time will heal” attitude to grieving, rather than encouraging active coping (Attig, 1996). Finally, there is an implicit assumption in these models that the grieving process has a definitive end (Attig, 1996).

**Task models of grieving**

These challenges to traditional grief theory prompted a new wave of grief models, which focused more on the cognitive processes underlying the manifestations of grief. These new ‘task’ models described the grieving processes in terms of the tasks that the bereaved needs to perform in coming to terms with their grief (Stroebe & Schut, 2001). Worden’s (1982) theory is among the most predominant of these models. He proposed that the bereaved person must work progressively through four tasks of mourning. First, the person must accept the reality of the loss. Second, the bereaved must experience the pain of grief in its full intensity. Once the individual has accepted and felt the pain of the loss, he/she must adjust to a world in which the deceased is missing. The final task of mourning involves withdrawing emotional energy from the deceased and reinvesting it into other relationships or social activities.

These task theories contributed to grief research by highlighting the active, dynamic, and ongoing nature of the grieving process. Nonetheless, they were still seen to be potentially restrictive because of their step-like format and emphasis on universal tasks to be mastered by the bereaved individual (Servaty-Seib, 2004).
Contemporary process-oriented models

More recently, grief theory has undergone another revolution. Contemporary models of grief describe the mechanisms underlying coping and emphasise the centrality of meaning-making and meaning reconstruction in the process of coming to terms with bereavement (Stroebe et al., 2001a). For example, Neimeyer (1999) asserts that the death of a significant other can shatter the bereaved's fundamental assumptions about the way in which the world functions. Accordingly, the goal of the grieving process is to build a bridge between pre-loss assumptions and the post-loss perceived reality (Matthews & Marwit, 2004). To do this, the bereaved must "reconstruct their understanding of their death, their attachment to the deceased, their personal identities in the wake of the loss, and their philosophies of life" (Matthews & Marwit, 2004, pp.858-859). Similarly, Attig (2004) suggests that grieving is "inherently a meaning-seeking venture" (p.359).

In proposing that grieving is essentially a process of meaning-making, the core assumption underlying both Neimeyer's (1999) and Attig's (1996) models is that "individuals actively construct their own reality, such that highly personal, idiosyncratic meanings are attached to events" (Fleming & Robinson, 2001, p.649). Consequently, unlike the stage and task models of grieving, which imply uniformity, universality and predictability in grieving, Neimeyer and Attig promote awareness of the individuality of the grief experience.

Dual-process model of coping with bereavement

Another contemporary model of grief is Stroebe and Schut's (1999) Dual Process Model of Coping with Bereavement. This model is a taxonomy to describe ways that people come to terms with the death of a significant person in their lives. Stroebe and Schut recognise that bereavement is a global stressor, but they go one step further, suggesting that there are two sources of stress associated with bereavement: loss- and restoration-oriented stressors.
Accordingly, grieving entails two separate but related coping processes. Loss-oriented coping involves working through aspects of the loss experience itself (Stroebe & Schut, 2001). Restoration-oriented coping, on the other hand, refers to the process of coping with the secondary stressors associated with bereavement (Matthews & Marwit, 2004, p.853). As Stroebe and Schut (1999) note, “in many bereavements, these additional sources of stress add considerably to the burden of loss and cause extreme additional anxiety and upset” (p.214).

A second important feature of this model is the dynamic process of oscillation. Stroebe and Schut (1999) assert that bereaved individuals fluctuate between periods where their attention is focused on the impact of their loss (loss-oriented coping), and times when they are actively involved in their life, making plans, exploring and experimenting and focusing on restoring their life (restoration-oriented coping). Furthermore, contrary to the task models, which maintain that the bereaved must confront and work through their grief in order to successfully accommodate to their loss, Stroebe and Schut suggest that some degree of denial is adaptive and that, “after a loss, bereaved individuals need to self-regulate both the pace and intensity of their grief, following a comfortable rhythm of avoidance and attention to the pain so that they become neither overwhelmed nor numb” (Servaty-Seib, 2004, p.132).

Summary of models of grief

Although each of Neimeyer’s (1999), Attig’s (1996), and Stroebe and Schut’s (1999) models differ slightly in their focus, all three contemporary models are similar in that they conceptualise grief as a complex, multi-faceted process. Unlike the stage theories and task models, which were essentially intrapersonal, contemporary models of grieving incorporate the interpersonal, as well. For example, Neimeyer (1999) states that the grieving process is “at the same time immensely personal, intricately relational, and inevitably cultural” (p.66). Similarly, Attig (2004) asserts that grieving occurs “within broader social and historical
contexts that support and sustain identity and meaning in our lives” (p.358). These models also recognize the ongoing, active nature of grieving and acknowledge that grieving has no definitive end. Instead, “contemporary understanding is that most people adapt over time, usually taking a year or two, but even then that they are different after their loss. Most bereaved persons get used to their loss, but they do not get over it. It is now well-recognised that some aspects of grief may never end, even among those who appear to adapt and get on with their lives” (Stroebe, Hansson, Stroebe, & Schut, 2001b, p.751).

Bereaved university students

I will now turn to a review of the existing literature on bereaved university students. Because the proposed research focuses on the experiences of bereaved university students, it is beyond the scope of this project to examine the general adult and adolescent grief literature. Readers interested in gaining more information on these general populations are referred to Stroebe, Hansson, Stroebe and Schut (2001c), and Corr and Balk (1996). In the following section, I will examine first the prevalence of bereavement on campus, then the impact of bereavement on students, taking into consideration some of the unique challenges facing this population. Finally, I will review what we know to date about bereaved students’ coping responses and the factors that promote successful adaptation to loss.

Prevalence of bereavement on campus

Although there is an abundance of research on bereavement among children, adolescents and adults, few of the published studies have been directly concerned with college/university students. LaGrand (1981) was among the first to investigate bereavement among college students. In 1979/1980, he surveyed undergraduate students attending colleges and universities in New York State to examine their loss reactions. The survey asked students to describe their most recent major loss. Of the 1,139 students surveyed, 28.8% reported the
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death of a loved one. In 1983, LaGrand supplemented these findings with additional survey
data collected at other university campuses. Out of a total of 3,252 students from 16 colleges
in 2 states, 27.7% reported the death of a loved one (LaGrand, 1985).

Balk (1997) also investigated bereavement among a cross section of the student body at
Kansas State University. In his study, 994 undergraduate students from a variety of majors
completed a survey for course credit. The survey was administered over 5 semesters and had a
response rate of 68.9%. Like LaGrand (1985), Balk found that bereavement touched the lives
of a large proportion of students, with over 81.8% of students reporting a death in the family.
The majority of these students reported the death of a grandparent or distant relative, such as an
aunt/uncle or cousin, and a minority (less than 10%) reported the loss of an immediate family
member. In 29.4% of the family deaths, the death had occurred within the past year, and 47.2%
reported a family death within the last 2 years. Notably, 60% of students reported the death of
a friend, and almost half of these students considered the deceased to be a close or very close
friend. Twenty-seven percent reported that their friend had died within the last year, and 38%
reported the death of a friend in the last two years.

Overall, Balk's (1997) findings indicate that over one-third of the students surveyed
had experienced the death of a close friend or an immediate family member in the last 2 years.
Furthermore, the death of a friend was more common than the death of a relative, and friends’
deaths were more often due to 'unnatural' causes (e.g., accidents, suicides and murder). Thus,
it seems that many students are faced with losses that are 'off-time', non-normative, and
unanticipated. This finding is of importance, as these factors can place the bereaved at higher
risk for developing complicated grief reactions (Hardison et al., 2005).
More recently, Hardison et al. (2005) surveyed students in an undergraduate psychology course and found that the 49% of the students reported the loss of a close friend or relative; 28% were in their first year and 21% in their second year of bereavement.

Finally, Balk (2001) compiled statistics from unpublished reports of studies conducted at four universities in the United States and reported that “22-30% of college undergraduates are in the first 12 months of grieving the death of a family member or of a friend, and 35-48% are in the first 24 months”. Taken together, these findings indicate that a sizeable proportion of university students are grappling with issues related to the death of a friend or relative.

No published studies have examined the prevalence of bereavement among students in Canadian universities. However, anecdotal evidence collected through informal interviews with staff in the student counselling centers at the University of British Columbia, Simon Fraser University and Vancouver Community College suggests that grief due to bereavement is a common presenting concern in student counselling centers.

It is clear that university students are not strangers to the deaths of significant persons in their lives. Yet college students are relatively neglected in the grief literature (Hardison et al., 2005). Therefore, the current inquiry sought to bring new information to the research literature.

**Consequences of bereavement**

In addition to investigating prevalence of bereavement among students, researchers have sought information on their grief reactions. For the most part, students' grief reactions are similar to those reported in the adult grief literature (Rickgarn, 1996). Bereavement has been found to impact all facets of the students' life: the emotional and psychological, the physical, the cognitive and spiritual, and the behavioral.
LaGrand’s (1985) survey study, described earlier, examined students’ reactions to death of a loved one. Depression was the feeling most often reported by the bereaved students (69.8%), and it was reported to persist for days or weeks. Furthermore, students who were unable to find support on campus reported that their depression became a major problem. Students also reported feeling shock, emptiness, disbelief, helplessness, anger, loneliness, frustration, fear, guilt, and denial (LaGrand, 1985).

In terms of somatic reactions, LaGrand (1985) found that one-third of bereaved students reported headaches, insomnia, exhaustion. Other physical manifestations included: weakness, nausea, digestive disturbances, numbness, and chills. A small percentage of students reported more serious reactions, included skin rashes, vomiting, and laboured breathing.

In a recent study, Hardison et al. (2005) examined the frequency of insomnia and sleep-related disorders in a cohort of bereaved students. Their sample comprised 508 bereaved students who had lost a close friend or family member within two years of the study and 307 nonbereaved students. The rate of insomnia was found to be significantly higher in the bereaved sample than in the nonbereaved group. Most of the bereaved students reported that the insomnia began after the death of their loved one. Furthermore, sleep-related difficulties among the bereaved were significantly associated with impaired daytime functioning and reliance on alcohol and medications. Based on their findings, Hardison et al. (2005) recommended that bereavement and insomnia “deserve greater attention on the part of mental health professionals on campus, who could enhance education, assessment, and intervention efforts for this potentially at-risk segment of the student population” (p.108).

At a cognitive and psychological level, inability to concentrate, along with a lack of motivation, was a common complaint among LaGrand’s (1985) respondents. Research also
suggests that bereavement can shatter students’ sense of reality and partially disrupt their assumptive worlds. Shwartzberg and Janoff-Bulman (1992) investigated the impact of bereavement on three categories of basic assumptions, namely that the world is a benevolent place, that the world is meaningful (i.e., that it “makes sense”) and that the self is worthy. Twenty-one students who had lost a parent within 3 years of the study, and 21 matched controls participated in the study. Subjects completed a questionnaire, as well as three instruments that assessed psychological well-being, assumptions about themselves and their world, and the nature of their relationship with parents. Finally, bereaved subjects participated in semi-structured clinical interviews to explore how their beliefs about themselves and the world had been affected by bereavement. Compared to nonbereaved students, the bereaved students viewed the world as more random and felt they had less control over their own fate. Yet bereavement did not seem to impact students’ assumptions about self-worth. Furthermore, no differences were found in assumptions about the benevolence of the world, suggesting that bereavement had less impact on students’ beliefs about society goodwill or safety.

Boelen, Kip, Voorsluijs and van den Bout (2004) partially replicated Schwartzberg and Janoff-Bulman’s (1992) study and reported similar findings. In their study, 30 students aged 18 to 30 years who experienced the death of a parent or sibling within the last 6 years, and 30 nonbereaved matched controls, were administered measures of basic assumptions, irrational beliefs, dispositional optimism and pessimism, and traumatic grief. Consistent with Schwartzberg and Janoff-Bulman’s (1992) findings, bereaved students had lower perceptions of justice, personal control, and luck than their nonbereaved counterparts. However, there were no differences in self-worth or beliefs about the benevolence of people.

In terms of behavioral manifestations of students’ grief, in extreme cases, bereavement may lead to serious, high-risk behavior. For example, Berson (1988) suggests that, “difficulty
with work or concentration may also be felt as a sign of impending psychological
disintegration and may lead a student to frantic, panicky behavior, impulsive acting out”
(p.103). Bereavement has also been shown to be associated with an increase in alcohol and
substance use (Floerchinger, 1991).

Servaty-Seib and Hamilton (2006) conducted an empirical study in an attempt to
quantify the potential academic impact of bereavement on college students. Using archival
data, they examined the GPA, academic standing and number of credit hours of a group of 227
bereaved students under the age of 25 who had self presented at the Office of the Dean of
Students (ODOS). They compared this data to a group of matched students who had not
presented at the ODOS. The focus was both on the semester in which the death occurred as
well as in the following semester. The researchers found a significant difference between the
bereaved and matched group in GPA for the semester of death. While there was no significant
difference in the frequency of bereaved students identifying with problematic academic
standing, the finding was in the expected direction. Overall, the authors concluded “that
bereaved students are at risk for academic difficulties that may result in attrition” (Servaty-Seib
& Hamilton, 2006).

Although the research has tended to focus on how bereavement leads to distress and
impaired functioning, it is worth noting that bereavement can lead to positive outcomes as
well. Schaefer and Moos (2001) review the literature on personal growth and report a range of
benefits associated with bereavement, including increased maturity, independence, self-
reliance and self-efficacy, greater empathy and compassion, improved relationships with
friends and family, enhanced understanding in the meaning of life, better communication and
problem-solving skills, increased emotional strength, and changes in life perspective. Indeed,
these aspects of positive growth are evident in the research on students’ loss reactions. Many
bereaved students in LaGrand's (1985) study reported that they wanted to help others who were experiencing grief, suggesting increased compassion and wisdom following bereavement. Similarly, most respondents in Schwartzberg and Janoff-Bulman's (1992) study reported personal growth, including a reprioritizing of goals and a deeper understanding of life.

Edmonds and Hooker (1992) conducted a study to investigate the beneficial aspects of bereavement among a cohort of 49 undergraduate students who had lost a close family member within 3 years of the study. Students were administered measures of grief-related distress and existential meaning and were asked two open-ended questions regarding perceived changes in religious beliefs and life goals. The majority of students reported positive changes in life goals, and these students were also found to have significantly higher existential meaning in their life than those who reported negative life changes.

Thus, bereavement can potentially affect a student's cognitive functioning, physical and mental health, and spiritual well-being. Yet, given the appropriate supports and resources, many students are able to successfully accommodate to the loss and, in fact, experience personal growth following bereavement. Schaefer and Moos (2001) assert that, "to understand the conditions under which bereavement does or does not foster adaptation and growth, it is important to assess stressors in various life domains and the resources individuals have available to cope with them..." (pp.160-161). Consistent with this, this study explored the factors that aid and impede students' ability to cope with the death of a loved one, with the goal of obtaining some insight into how we can prevent impaired functioning and promote personal growth following the death of a loved one.
Factors hindering students' grieving process

Although students’ grief reactions are similar to those reported in the adult grief literature, there are also some unique features characteristic of students’ loss. In the following section, I will discuss some of the potential challenges encountered by bereaved students.

Environmental conditions

First, the university environment is not particularly conducive to grieving (Balk, 2001). Practical constraints, such as busy class schedules and pressures to achieve, combined with the need to work part-time to pay for school, can add to the bereaved student’s stress and impede their ability to cope (Balk et al., 1998). To further complicate matters, normal grief reactions, such as sleep-related difficulties, problems concentrating, lack of motivation and disordered thought processes, can impair a student’s ability to study and work (Balk, 2001). Often, professors, due to their heavy schedules, do not have the opportunity to engage personally with each student in their class to find out what is going on for them. Consequently, they may misinterpret the bereaved student’s sporadic attendance and lack of attention to lack of interest or commitment and penalize them for their poor performance (LaGrand, 1985). Thus, bereaved students may enter into a vicious cycle, where academic pressures hinder their ability to cope, and their grief impedes their ability to negotiate academic demands (Balk, 2001; Berson, 1988; Servaty-Seib & Hamilton, 2006).

In addition to academic demands, students are also faced with pressures to get involved in extracurricular activities, socialize, and have fun (Janowiak et al., 1995). Yet increased emotional distance from others is a common reaction to grief, so bereaved students may feel disconnected from this ‘fun, social’ atmosphere, which in turn can lead to social isolation (Rickgarn, 1996).
Lack of social support

The isolation experienced by the bereaved student may be exacerbated by the fact that many students, for a variety of reasons, are unable or unwilling to offer support to their grieving peers (Balk et al., 1993). Balk et al. (1993), in their description of a support group intervention for bereaved students, note that “many, if not most, members of the support groups have found the university environment a poor source of support. Bereaved students perceive a ‘you should be over this by now’ message from peers and, in some cases, teachers...they experience feelings of isolation as around them they see others ‘getting on with it’.” (p.441). This finding has been echoed by other researchers investigating bereavement in college students (e.g., Berson, 1988; Balk, 1997; Dodd, 1988; Janowiak et al., 1995; Silverman, 1987). The result is that the bereaved student often feels shunned by friends and peers (Dodd, 1988). To further complicate matters, many students attend universities away from home, and therefore may be devoid of their usual support network (Berson, 1988; Balk et al., 1998; Floerchinger, 1991). Overall, then, “there seems every reason to believe that bereaved college students are hidden griever whose mourning is disenfranchised within the social environment of a university or college campus” (Balk et al., 1998, p.5).

Inexperience with death and loss

Another challenge facing bereaved students is their inexperience with and lack of preparation for dealing with death. Oftentimes, this is the student’s first encounter with death, and consequently, the student may not have developed appropriate coping skills (Berson, 1988; Rickgarn, 1996). The lack of prior history with death also makes students more susceptible to faulty expectations about grieving. In Balk’s (1997) study, students on the whole said that the grieving process was more difficult and was taking longer than they had anticipated, and that their “expectations about recovering from grief changed dramatically once their grief work
began” (Balk, 1997, p.217). Similarly, Janowiak et al. (1995) and Berson (1988) noted a
tendency for students in their support groups to question whether they are ‘doing grieving
right’. This desire to conform to peers’ expectations- to ‘grieve properly’- is especially
problematic, given that peers tend to underestimate the duration and intensity of grief reactions
(Balk, 1997). As a result, bereaved students may learn to hide their feelings, “withdraw from
others or to pretend normalcy in order to be accepted by peers” (Balk et al., 1993, p.441).

Summary of challenges

Overall, the pressures associated with university life coupled with lack of social
support, inexperience with loss, and faulty expectations about what the grieving process entails
can mediate a student’s ability to cope with the death of a loved one. Balk and Vesta’s (1998)
longitudinal case study of a 19-year old bereaved student whose father died after a long battle
with cancer, illustrates some of the unique challenges characteristic of this population. Despite
these challenges, however, both her responses to the standardized instruments and her journal
entries indicated a decline in the intensity of her grief over time; as Rhonda wrote at the third
anniversary of her father’s death, “I can honestly say it becomes easier with time. The
intensity of your death lessens” (p.34). When the article was published, Rhonda was in her late
20’s. She had married, was in a steady job, and seemed to have rebuilt her life after her
devastating loss.

Although the available research generally emphasizes the detrimental consequences and
barriers encountered by bereaved students, it is clear that most students are able to successfully
accommodate to their loss and reinvest in their lives after a period of time. Thus, it is also
worth exploring whether there are features characteristic of this population that bolster their
ability to cope.


Coping responses

Given the potential impact of grief on students’ social, academic and personal development, and the challenges they face, it is important to look at how bereaved students cope during this time of significant change. In LaGrand’s (1985) survey, described earlier, the 901 bereaved students in the sample were asked about their coping responses to the death of a loved one. Crying and talking about the death were the most commonly reported responses (71.3% and 70.4%, respectively). Nearly two-thirds said that accepting the death helped them to cope, while half stated that time helped. Over 50% reported that the support of family and friends was helpful. Nearly half of respondents said that thinking of all the good things was helpful. One-third kept busy as a means of dealing with their loss, and one-third said that their religious and philosophical beliefs were helpful. Writing, drawing, music and other forms of creative self-expression were also found to be helpful. A minority of students also reported the following coping strategies: exercising, helping others who were grieving; forming new relationships; and meditation or learning to relax the body.

Balk’s (1997) survey, described earlier, also asked bereaved students about the people with whom they had talked about the death, and how helpful this was. The students’ choice of persons to talk to about the death was influenced by the nature of their relationship with the deceased. Students were more likely to talk to friends about a friend’s death and to family members about a relative’s death. Over 80% reported that talking about the death of a friend or family member was very or somewhat helpful (Balk, 1997). These findings support LaGrand’s (1985) and suggest that talking about death represents a significant coping strategy for many students. On the whole, students seem open to talking to others about their loss and, for the most part, they find that this practice is helpful in coming to terms with their grief.
In a follow-up to his survey research, Balk (1997) conducted structured interviews with 18 students whose relative or friend had died within 3 months to six years of the study. Students in Balk’s (1997) study cited coping practices similar to those in LaGrand’s (1985) study: crying, remembering good things about the deceased, engaging in religious practices, keeping busy, and talking about the person who died. Many students also stated that ‘thinking the person is better off because they are dead’ was helpful, which may be akin to LaGrand’s category of ‘accepting the death’. Only a few students in Balk’s study reported engaging in avoidance behaviors.

Similar to LaGrand’s (1985) and Balk’s (1997) findings, Schwartzberg and Janoff-Bulman’s (1992) research suggests that being able to make sense of the death facilitates students’ grieving process. They used a clinical interview to examine how students’ worldviews were affected by bereavement. Almost all subjects (90%) reported that they had asked “Why?” and half of these subjects felt that they never satisfactorily answered the question. Of those who felt they had found an answer, 30% attributed the death to God’s will or some religious/spiritual meaning, while a quarter felt that they had found some explanation in terms of their own lives and development (e.g., “maybe it’s just time for me not to have this anymore”). Notably, respondents who felt that they had found an answer to the “Why” question had significantly lower scores on the Texas Grief Inventory than those who did not find an answer. Further information on how the students’ accounts were analysed would have enhanced the results. However, the use of interviews in Schwartzberg and Janoff-Bulman’s (1992) study provided a deeper understanding of students’ grieving process. Overall, regardless of the unique meaning students ascribed to the loss, it seems that, for many students, engaging in a process of meaning-making is an integral part of the grieving process. This finding that “meaning making is part of that spectrum of potentially adaptive behaviors”
(Gamino & Sewell, 2004, p.399) has also been reflected in the adult grief literature (Davis, Nolen-Hoeksema, & Larson, 1998; Davis & Nolen-Hoeksema, 2001; Lehman et al., 1993)

Support groups and professional supports

Based on his findings, LaGrand (1985) recommended the development of self-help or support groups on campus. Several authors have reported on support group interventions for bereaved students (e.g., Balk et al., 1993; Berson, 1988; Janowiak et al., 1995). The articles focused primarily on the procedures for designing and implementing the group, rather than reporting on outcomes of the support group intervention. However, all the authors noted that the bonds of caring and support were quickly established among group members. Once safety had been established, members began to express less acceptable feelings, such as guilt and anger. All group members reported that the opportunity to share these feelings and to be with other students who were grieving was beneficial.

Given that many students report difficulties in obtaining support from friends, roommates and classmates, it is not surprising that support group interventions have been found to be effective. In light of this, one might posit that students would also seek out counselling services, “where they can talk things over with an impartial and empathic professional who listens and relates to their grief” (Wrenn, 1999, p.133). Yet the research consistently shows that students are reluctant to seek professional support or avail themselves of campus counselling services. For example, LaGrand (1985) found that “relatively few students used the counselling center as a major support in their grieving unless they became desperate and unable to cope” (p.25). Notably, fewer than 10% of students who lost a relative or friend in Balk’s (1997) survey study said that they spoke to a counsellor about their loss. Furthermore, only 5 of the 18 bereaved students interviewed in Balk’s (1997) study stated that
they had sought professional help for their grief. Of these, only one student felt that the experience had been helpful; three indicated that it had been distressing.

**Methodological limitations in student bereavement research**

Although the existing literature is useful in orienting readers to the issues associated with student bereavement, the literature reviewed here is limited in some critical ways. The paucity of qualitative studies is perhaps the most significant limitation of the existing research on student bereavement. Most studies reviewed here (e.g., Balk, 1997; Balk, 2001; Boelen et al., 2004; Edmonds & Hooker, 1992; Hardison et al., 2005; LaGrand, 1981, 1985; Schwartzberg & Janoff-Bulman, 1992) have relied on survey and questionnaire data. Although some of these studies include qualitative aspects (e.g., open-ended questions), the researchers have failed to provide adequate information on methods for data analysis. To my knowledge, there are only two available qualitative studies on bereaved students to date.

First, Balk and Vesta's (1998) used a combination of qualitative and quantitative methods to examine the grief experience of one student over four years. The authors devoted a large section of their article to reporting the findings of the standardized assessments. While this data provides some information on the course of their subject's grieving process, the reduction of her experience to means, standard deviations and groupings does not reflect the richness of her story, nor does it give a voice to her experience. While the authors complimented the quantitative data by presenting themes from her journal entries, and supporting these with quotes, they do not elaborate on the data analysis process, noting only that the themes presented in the findings emerged from "a careful reading of Rhonda's journal". In the absence of such information, the trustworthiness and credibility of the findings are questionable. Nevertheless, this study illustrates how qualitative methods can deepen our understanding of students' grief experiences.
In another study, Balk et al. (1998) used qualitative methods to gather longitudinal data about the trajectory of bereavement among a sample of students. Three groups of students were included in the study: bereaved students who had received intervention, bereaved students who had not received intervention, and nonbereaved students. The final sample consisted of 141 students and the attrition rate (22%) was relatively low, given the sensitive nature of the subject matter and the longitudinal design. Subjects were administered five cards from the Thematic Apperception Test (TAT) on 3 separate occasions about 6 weeks apart. Students were given the cards and asked to write a story about each one. The investigators asserted that analysis of students’ stories would yield information on their intrapsychic responses and individual coping styles.

A predetermined coding scheme was developed for the purposes of this study. Six coders independently analysed students’ TAT responses for themes of affiliation, death, grief, and coping. Descriptive and inferential statistics, frequency counts and repeated multivariate analyses of variance were used to analyse the results.

The authors examined significant differences in frequency of themes between the three groups over the three testings. Overall, Balk et al. (1998) found that “the trajectory of bereavement for the 80 [bereaved] students involved gradually declining attention to the themes of death and grief; as would be expected, they used these themes particularly more than nonbereaved students to explain reality. For bereaved students, death and grief formed significant motifs as they reflected on themselves and external situations” (p.17).

Balk et al. (1998) asserted, “the TAT responses provide valuable qualitative information that both enriches and supplements the quantitative information gained from standardized instruments” (p.9). Yet I question the extent to which this study provided ‘qualitative information’. While the investigators used an innovative design to gather data, the
use of a predetermined coding scheme and quantitative statistical analyses did not allow for any inductive analysis, which is a hallmark of qualitative research.

To my knowledge, no qualitative studies have been conducted in which bereaved students are invited to describe their experience during grieving. Instead, there has been an emphasis on quantitative research. Although the findings of such research have provided enlightening descriptive information on students’ grief experience, many of the findings seem to lack depth and meaning. Indeed, Balk and Vesta (1998) note the limitations of quantitative methods in their case study, stating that, “Rhonda indicated that none of the standardized instruments captured more than surface responses” (p.36-37).

In light of the gaps in the existing research, this study constitutes an attempt to deepen our understanding of bereaved students’ grief experience. Specifically, by using a qualitative approach to articulate factors that facilitate and/or hinder their grieving process, this research helps us to produce a trustworthy portrayal of the experience of bereaved university students, and perhaps provide some insight into how we can effectively support this unique population of grievers.
CHAPTER 3: METHODOLOGY

Stroebe et al. (2001a), after an extensive review of the bereavement literature, asked, "Can we capture the essence of the grieving process in "snapshot" measures using questionnaire methodology, or do we need "rolling film" information obtained in interview transcripts and using qualitative analysis?" (p.12). My belief is that we need both. The research on student bereavement to date has used primarily quantitative methods - questionnaires, structured interviews and standardized assessments. These studies have provided useful descriptive and generalisable information on students' grief reactions and responses, and as such, have generated a foundation of knowledge upon which to base further research. Nonetheless, it is recognized that "rigorous quantitative measurement provides precision but may be unable to investigate beyond the surface of bereavement phenomena" (Balk & Corr, 2001, p.205). Hence, there is also a need for small, in-depth qualitative studies of bereaved students' grief experience. The purpose of this project, in using a qualitative approach to explore the research question, "What helps and what hinders bereaved university students during their experience of grief?", is to compliment and enrich the existing body of knowledge by providing a deeper understanding of the factors that affect students' grieving process.

An expanded critical incident technique was used for this study. The aim of the critical incident technique is to "create a categorization scheme that summarises and describes the data in a useful manner, while at the same time sacrificing as little as possible of their comprehensiveness, specificity and validity" (Flanagan, 1954, as cited in Butterfield, Borgen, Amundson, & Maglio, 2004, p.6). Thus, this technique allows for systematic inquiry into factors that help and hinder bereaved students' grieving process, while at the same time providing a rich and detailed account of the meaning that students make of these factors and
the contexts in which they occur. This approach is consistent with a constructivist orientation as it “affords the opportunity to hear the participants in their own words” (Gilbert, 2002, p.235). Such approaches are “ideally suited to reveal the unique meanings that inform the reactions of individuals or cultural groups to death and loss, thereby both broadening and deepening the scholarly study of bereavement” (Neimeyer & Hogan, 2001, p.110).

Critical incident technique: Overview of the method

The critical incident technique, which was developed by John Flanagan (1954), uses a set of interview procedures to collect information from research participants about their direct observations of their own or other’s behavior. “These independent descriptions are subjected to an inductive categorization process which captures the essential features of an identified aim” (Easton, 1986, p.19). The technique was originally used to identify effective pilot performance in World War II. After the war, it was formally developed and applied in industry, primarily to determine job requirements critical to success (Butterfield et al., 2004; Woolsey, 1986).

Although critical incident technique was originally very behaviorally grounded (Butterfield et al., 2004), Flanagan (1954) asserted that the technique consists of a “flexible set of principles that must be modified and adapted to meet the specific situation at hand” (p.335). Researchers have taken advantage of the flexibility inherent in the technique and, over the last 5 decades, have expanded the critical incident technique; rather than focusing solely on the description of objective events and conditions, the technique has evolved to include a focus on thoughts, feelings, beliefs, attitudes, and subjective experiences (Butterfield et al., 2004; Wong, 2000). The technique has gained widespread recognition as an effective exploratory and investigative tool (Butterfield et al., 2004), and has been used to investigate a diverse range of topics within the field of counselling psychology, including but not limited to: the experience
of unemployment (Borgen, Hatch, & Amundson, 1990), meaningful engagement in the workplace (Morley, 2003), the counselling alliance (Bedi, Davis, & Arvay, 2005), marital satisfaction (Groenhof, 2000), stress and coping (O'Driscoll & Cooper, 1996), the grief experience of widows (Easton, 1986), and coping after trauma (Baum, 1999). Most of these critical incident studies were informed by Woolsey's (1986) seminal article on the use of critical incident technique within the discipline of counselling. Building on Flanagan's method, she outlines the five steps to a critical incident study: (1) determining the aim of the activity to be studied, (2) setting plans, specifications, and criteria for the information to be obtained, (3) collecting data, (4) analyzing the thematic content of the data, and (5) reporting the findings. Given that this study aims to inform counselling theory and practice, Woolsey's methodological steps formed the basis of this study.

In traditional critical incident technique studies, the term 'incidents' was used to refer to things that actually happened or were directly observed, while 'critical' referred to things that significantly affected the outcome (Woolsey, 1986). In the expanded version of critical incident technique, critical incident is defined as an event or experience, which has significant positive or negative impact on the individual (Wong, 2000). According to Wong, the critical incident may involve three components, which are: (a) antecedent conditions (e.g., a description of what led up to the event or experience), (b) a detailed description of the experience or event itself, and (c) a description of the outcome of the event or experience. Each of these components may include thoughts, feelings, behaviors, and relationships. Because this study aimed to explore both the content, as well as the meanings, of helpful and hindering experiences, Wong's definition of critical incident informed this study.

In summary, this study used an expanded critical incident methodology. It is a critical incident study in that it provides a description of the critical incidents that facilitate and hinder
bereaved students' grieving process. It is expanded in that allows for exploration of the meanings that students attribute to these critical incidents.

**Data collection**

The goal of this qualitative study is to gain an in-depth description of the meaning of events and experiences that facilitate or hinder bereaved students' grieving process. Thus, participants were selected based on their ability to provide a rich description of their experience. Ten participants were recruited for this study. According to Flanagan, "the sample size is not determined by the number of participants, but rather determined by the number of critical incidents observed or reported and whether the incidents represent adequate coverage of the activity being studied" (Butterfield et al., 2004, p.6). It is generally advisable to collect incidents until redundancy occurs (Woolsey, 1986). Ten respondents provided a sufficient number of critical incidents to meet the redundancy criterion (Flanagan, 1954).

Participants for this study were recruited through posters around 3 lower mainland university campuses, emails to campus listserves and through word-of-mouth (see Appendix A for the research advertisements).

**Participants**

In total, 10 participants were interviewed for this study. Two males and 8 females participated. Nine participants were Canadian and one was an international student from Germany who had been living here for several years. Eight participants were studying for their undergraduate degree, and two were completing their Masters at the time of their loss.

Participants ranged in age from 23 to 45 years old at the time of the study. Nine of the 10 participants experienced their loss when they were between the ages of 18 and 30. One participant experienced the death of a loved one at age 39. She was included in the study to explore whether the findings held for participants outside of the proposed 18-30 year age
range. The finding that this participant's experiences paralleled those of the remaining nine participants is of interest and adds to the depth of the findings. The time since participants' loss ranged from 4 months to 15 years. Again, the fact that there were commonalities in participants' experiences despite the considerable differences in time since the death adds to findings. Generally, a wider spectrum of participant experiences was desired because it makes the commonality in experience more striking and also gives us a glimpse of the bigger picture, rather than focusing on a subset of bereaved students. The following data provide a more detailed breakdown of some key participant characteristics:

**Distribution of time since loss:**

- 4 months: 1 participant
- 2 years: 2 participants
- 3 years: 2 participants
- 4 years: 1 participant
- 6 years: 2 participants
- 11 years: 1 participant
- 15 years: 1 participant

**Relation to the deceased:**

- Grandparent: 2 participants
- Mother: 2 participants
- Sister: 2 participants
- Partner: 1 participant
- Friend: 1 participant
- Aunt: 1 participant
- Cousin: 1 participant
Nature of the death:

The majority of participants reported a sudden loss. Although some of the deaths were due to natural causes, most participants had not anticipated the death. The following is a breakdown of the cause of death, as reported by the participants:

- Death classified as suicide – 2 participants (It should be noted that one participant questioned the accuracy of this cause of death)
- Stroke – 1 participant. (The participant experienced this death as sudden and untimely as the deceased was 16 years old and showed no signs of illness/injury prior to his stroke.)
- Hiking/mountaineering accident – 2 participants
- Cancer – 1 participant (The participant experienced this death as sudden since her loved one died within a few weeks of diagnosis)
- Complications associated with Parkinson’s disease – 2 participants (Both participants experienced these deaths as sudden. Although they knew of their loved one’s disease, their knowledge of the illness did not help them anticipate their loved one’s death)
- Death during “routine” surgery for complications associated with a blood condition – 1 participant
- Complications associated with brain tumour – 1 participant (This participant was aware that her loved was experiencing complications).

The following is a breakdown of the age of the deceased:

- 16-25 years: 4 participants
- 40-60 years: 2 participants
- 60-80 years: 2 participants
- Two participants were not certain of their loved one’s age.
At the first point of contact, participants were provided with more detail on the study purpose and procedures and were screened to determine eligibility. One potential participant was deemed to be ineligible for the study, as she reported she had not spoken of her loss for over 20 years and was looking for a more therapeutic experience. She was referred to a community-based counselling program. Another person expressed interest in the study; however, the participant was not a student at the time of the loss and so did not qualify for the study. A third person expressed interest but did not attend for the interview or answer follow-up phone calls.

Five of the interviews were conducted at UBC Faculty of Education Psychoeducational Research and Training Center; one at SFU’s Health, Counselling and Career Center; one at the participant’s work place; and 3 were conducted in the participant’s home.

Prior to the interview, each participant was given an informed consent form, which outlined the study purpose and articulated their rights as participants (see Appendix B for consent form). All subjects signed the consent form in duplicate and kept one copy themselves. Participants were also offered a handout of low-cost bereavement support resources (see Appendix C for bereavement resources handout). Participants were told that it is standard procedure to distribute a list of resources when talking about sensitive topics such as death and grieving. Most participants declined the handout.

Data was collected through individual semi-structured, open-ended interviews (see Appendix D for interview questions and protocol). At the outset of the interview, participants were invited to share their story of their loved one’s death (e.g., circumstances of the death, impact). The purpose of this was to establish rapport with the participant and to gain some important contextual information about the participant’s loss experience. After the participant told their story, they were oriented to the research question. The goal of the interview was to
elicit rich and detailed descriptions of critical incidents and the meanings they held for participants. Because this study uses an expanded critical incident technique, the underlying meaning structures were seminal to the categorisation process. Thus, in addition to gathering factual descriptive information on the incidents, it was important to elicit information on the meanings that the incidents hold for participants. To do so, follow-up questions and prompts, such as “What was it about that experience that was so helpful?” and “What would have been different if you had not had that?” were used to explore the meanings participants attributed to incidents. Furthermore, active listening skills such as basic empathy, reflection and paraphrasing, verbal probing, and open-ended questions were used to explore what was being said “between the lines” and to ensure adequate detail.

Interviews lasted from 1-1.5 hours. All interviews were audiotaped. At the end of the interview, participants were asked for their consent for a brief follow-up session.

**Data analysis**

An expanded critical incident technique was used to analyse the data. All ten interviews were audiotaped and transcribed by the researcher. After reviewing each interview as a whole, critical incidents were identified within each participant’s story. An incident was judged critical if the participant could recall details of the experience and remember what it was about the incident that was helpful or hindering in their experience of grief. Wong’s (2000) definition of critical incident informed the extraction process. In order to accurately represent the participants’ experience, each participant’s wording was used as much as possible when extracting the critical incidents. Atlas.ti 5.0 qualitative research software was used to facilitate this process.

Once all critical incidents had been extracted and the meanings verified with each participant (see section on rigour for details on participant validation), the categorisation
process was commenced. The thematic content was analysed using a process of inductive reasoning. Specifically, the incidents were sorted into clusters that seemed to group together. The aim was to form mutually exclusive categories and subcategories. Although the nature of the critical incidents was considered when categorizing the incidents, the underlying meaning structures were seminal to the categorisation process. The initial categories were revised following a description and review of the category and incidents with a retired social worker. The final outcome was 9 helpful and 8 hindering categories, for a total of 17 categories. All 149 critical incidents were sorted into the 17 categories.

Upon completion of the categorization process, categories and subcategories were given self-explanatory titles. Descriptions of the categories were also developed. Woolsey (1986) recommends that these descriptions “should be rich, though not lengthy, vividly conveying a picture of the kind of incidents that are included in the category...Example incidents in the respondents' own words make the writing more evocative. The descriptions must also enhance the distinctiveness of the categories” (p. 251).

Rigour

A series of steps were taken to strengthen the credibility or trustworthiness of the findings (Butterfield et al., 2004). First, reliability was ensured through the provision of an accurate and clear description of the study procedures so that the research can be replicated (Wong, 2000). Descriptive validity (i.e., the accuracy of participants’ accounts) was accomplished through audiotaping and transcribing each of the 10 participant interviews. Flanagan (1954) also suggests that “the greater the number of independent observers who report the same incident, the more likely it is that the incident is important to the aim of the study” (as cited in Butterfield et al., 2004, p. 19). In line with this, it is recommended that the participation rate for each category be calculated by determining the number of participants
who cited a specific incident, then dividing the number by the total number of participants. For the purposes of this study, categories with participation rates of 25% or more were considered as valid (Butterfield et al., 2004). Three of the 17 categories had participation rates that were lower than 25%. However, each of these categories, although small, articulates a meaningfully different and unique aspect of participants' grief experience. While it is possible that incidents in categories with low participation rates represent anomalies, it was felt that it is important to reflect all the experiences shared by participants, as these experiences may still yield some useful insight into factors affecting students' grief experience. Further research might help to disconfirm or evaluate the relevance of categories with low participation rates.

A number of steps were taken to evaluate the interpretive validity in this study. First, the accuracy of the extracted critical incidents was assessed prior to the categorization process. Each participant received, via email, a summary of the critical incidents that were extracted from his/her individual interview. Efforts were made to capture the meaning that the incidents held for them. Where possible, the participants' own wording was used to describe the incidents. (See Appendix E for an example of the first contact for follow-up and a participant summary). Nine of the ten participants provided feedback on their summary. Seven did so through email and two participants provided feedback in person. The span of time between the interview and receipt of participants' feedback ranged from 1.5 to 7 months. Notably, all but one of the participants agreed with 100% of the incidents and meanings in the individual summaries. For one participant (who provided feedback within 1.5 months) the meaning of a memorial tournament was questioned. The participant commented that the purpose of this event was to remember his friend positively, rather than to grieve. Further discussion helped to clarify that memorials, as a celebration of one's life, can be considered a helpful part of the grieving process. Two participants also chose to elaborate on a point in their summary, but
neither disputed of any of the incidents. The last participant to be interviewed was not available to provide feedback.

In an effort to speak to the interpretive validity of the findings, the categories were also presented and described to a retired social worker who had worked in a postsecondary environment. This process included a discussion of the rationale for each category and an examination of the incidents within each category, with a focus on the meaning that the incidents held for participants. Categories were revised based on the discussion and feedback.

After completion of the categorization process, an independent judge who is a Graduate Student in the Counselling Psychology program and is familiar with the Critical Incident methodology, was asked to sort a random sample of 20% of the critical incidents into the newly established categories. The judge agreed with the classification of incidents by the researcher in 90% of helpful incidents and 100% of hindering incidents. In the two incidents where there was disagreement, agreement was achieved after discussion.

Theoretical validity of the findings was also assessed, whereby the categories were considered in light of the previous research findings in this area. In the Chapter 5, the findings are discussed in the context of the current research literature on student bereavement.

Finally, the process of analyzing thematic content and the formulation of categories is unavoidably subjective (Woolsey, 1986). Because the researchers' own biases and perspectives will, to some degree, influence this process, it is important to address researcher bias. To do so, I situated myself in the research and explored some of my own biases prior to commencing data collection. In the following section, I provide a description of my own experience with death and grieving and articulate some of my own assumptions about the research topic.
Neimeyer (1999) encourages grief counsellors to take "an "inventory" of their own grief histories as a precondition to entering the experiential worlds of their clients" (p.69). Although Neimeyer's suggestion was aimed at practitioners, it is also important for qualitative researchers who are involved in constructivist practice to engage in a similar practice of reflexivity.

My interest in this subject emanates from my own personal experience with loss. In 2002, when I was 26 years old, my boyfriend was killed. Michael was a member of the Garda Siochana (Irish police). Both he and his partner were killed on duty when a stolen sports car driven by two youth crashed into their patrol car. The youth survived and were subsequently convicted for dangerous driving causing death.

One of my coping strategies entailed trying to support everyone around me. Consequently, in the months following this tragedy, I was acutely aware of the diversity in people's reactions and responses to Michael's death. This observation highlighted for me the importance of honoring each person's unique grief experience, and the need to avoid placing expectations on individuals about how they 'should' be grieving. Yet, in Western society, there exist powerful, implicit assumptions about how people should react to the loss of a loved one (Wortman & Silver, 2001). Among these is the belief that bereaved individuals will go through a period of intense distress following a loss. Positive emotions are presumed to be absent during this period and the failure to exhibit these intense emotions is viewed as problematic (Wortman & Silver, 2001). Another common assumption is that the bereaved will recover from the loss and return to pre-bereavement levels of functioning within a year or two after the loss (Wortman & Silver, 2001). These implicit assumptions are problematic because "societal beliefs about the grieving process can exert a powerful influence on how bereaved individuals
are treated” (Wortman & Silver, 2001, p.405). Vickio et al. (1990) acknowledge that, “if persons close to the bereaved fail to recognize the wide diversity of emotional and physical reactions that are normal in grief, they may intervene in ways that force the bereaved to conform to a limited view of what constitutes acceptable reactions to grief. Similarly, if the varied amounts of time people require to grieve...are not recognized, people may act in ways that convey to the bereaved that continued grieving is inappropriate...” (p.233).

In my own experience, these implicit messages about how I ‘should’ be feeling and behaving had a severe impact on me at a time when I was distressed and vulnerable. These messages were conveyed by others around me, including professionals, the media, friends and family. In reviewing the literature for this project, it is clear that bereaved students are often thrust into an environment that is replete with implicit messages about how they should be feeling and behaving (Balk et al., 1993; Janowiak et al., 1995; Silverman, 1987). These unrealistic expectations and inappropriate responses make the grief experience much worse than it has to be because they “foster a should or must mentality for bereaved individuals such that their concerns about grieving correctly actually become a stressor in and of themselves” (Servaty-Seib, 2004, pp. 126-127).

From the constructivist approach, Neimeyer (1999) suggests that we should approach the bereaved “from a position of “not knowing” rather than presumed understanding, necessitating means of accessing each bereaved’s unique experience without the imposition of “expert” knowledge” (p.68). Consistent with Neimeyer’s suggestion, I chose to conduct a qualitative study because the approach recognizes that the bereaved have intimate knowledge about their own grief experience, and the method provides bereaved students with the opportunity to share their experience in their own words, without imposing expectations on them.
At the same time, although I recognize that each person brings to their grief experience a distinct perspective shaped by their unique life circumstances prior to the loss, and by aspects of the loss itself (Cook, 2001), one of my assumptions in conducting this research is that it is possible to identify common themes in participant's accounts of their grief experience. This assumption is based on my own experience with a bereavement group. The group of 7 members and 2 facilitators was very diverse—some had lost their spouse/partner, others a parent. I was the only member who had lost someone suddenly; the others had lost their loved ones after a long illness. Some had experienced prior losses and for a few, like myself, this was their first experience with death. There was also diversity in age, gender, ethnicity, educational levels and occupations. Yet, despite our differences, we quickly formed a strong bond and many of our grief processes consisted of similar threads—this is what held our group together. While we each had our own stories of loss and healing to tell, we were also able to find commonalities and in doing so, provided reassurance to each other.

Thus, although I recognize that the grieving process is intensely personal and that people struggle with grief that is uniquely their own, I also believe there are commonalities among people’s experiences. The goal of this research, in adopting a qualitative approach, is to identify some of the common threads in students’ grief experience, while at the same time staying true to their voices and respecting their individuality.

Overall, when I reflect on my own experience, I see that in many ways, my experience parallels that of the bereaved students described in the literature; my developmental stage, lack of experience with loss, difficulty obtaining support from my peers, and being away from my family all presented challenges. Nonetheless, while it has been a long journey with many ups and downs, I have been able to adapt to my loss and have rebuilt a meaningful life. Similarly, most bereaved students, though they may face similar challenges, are able to accommodate to
their loss, and for many, the experience can result in positive growth (Schaefer & Moos, 2001). Yet, there is likely a subset of students for whom this process is extremely distressing and may lead to complications. These students may benefit from professional support to help them cope with their grief—either in the form of one-to-one counselling, or perhaps in a support group intervention, which enables them to connect with other students who are going through a similar process. My hope is that, in asking students to share what helped and what hindered them during their grief experience, we can begin to identify some potential ways to support bereaved students on campus.

**Ethical considerations**

"Bereaved research participants often seem to welcome the opportunity to express their feelings and discuss their losses" (Cook, 2001, p. 131), and participants in studies of this nature often report that the opportunity to share their story with the researcher was beneficial (Easton, 1986; Gilbert, 2002). Consistent with these findings, several participants commented that their participation in this study was beneficial for them. Most were grateful to have had the chance to tell their story again. A few participants also reported some insights as a result of sharing their experience. No participants reported any adverse experiences as a result of their participation in the research. However, one participant expressed a desire to explore her grief experience in a more structured environment; this participant was referred to a counselling service.

**Process summary**

The following summary helps to clarify the procedure that was followed for this research:

1. Volunteer participants recruited and arrangements made for interviews.
2. Participants were provided with an informed consent form and were oriented to the purpose of the study.

3. Open-ended, semi-structured interviews were used to elicit critical incidents from participants and explore the meanings of these incidents.

4. All ten interviews were audiotaped and transcribed.

5. Transcriptions reviewed at length to identify critical incidents from the interviews. Incidents were extracted using Atlas.ti 5.0 qualitative software. A summary of incidents from each interview was compiled.

6. Each participant received a summary of the incidents extracted from their interview, via email. Participants provided feedback on the summaries of incidents and their meanings.

7. 149 incidents were grouped into 17 categories through a process of inductive reasoning.

8. Categories were shown to, explained and reviewed with a retired social worker who has work experience in a post-secondary setting. Categories were revised based on discussion and feedback.

9. An independent judge was presented with a random selection of 20% of helpful incidents and 20% of hindering incidents and asked to classify the incidents into existing categories.

10. Findings reported.
CHAPTER 4: FINDINGS

Ten participants were interviewed in the course of this study. A total of 149 critical incidents were extracted from the participants' interviews. Of these, 99 were incidents that participants perceived as helpful to their grieving process. Fifty critical incidents were perceived as hindering. The study yielded a total of 17 categories: 9 categories of helpful incidents and 8 categories of hindering incidents. Three categories were broken down into further subcategories, in order to provide the categories with a richness of detail. Tables 1 and 2 display the distribution of incidents within each of the categories. The categories will be presented in the order they appear in the tables.
Table 1. Helpful Critical Incident Categories

<table>
<thead>
<tr>
<th>HELPFUL CATEGORIES</th>
<th>Number of incidents</th>
<th>% of helpful incidents</th>
<th>Number of participants</th>
<th>% of total participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Helpful social support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Practical support and gestures of sympathy</td>
<td>23</td>
<td>23%</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>b. Presence of a caring other</td>
<td>6</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>c. Empathic support</td>
<td>6</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>d. Presence of a friend</td>
<td>11</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2. Connecting with others who have experienced loss</td>
<td>18</td>
<td>18%</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>3. Helpful support from university staff</td>
<td>17</td>
<td>17%</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>4. Connecting with one’s family</td>
<td>9</td>
<td>9%</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>5. Maintaining a connection with the deceased</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Spiritual beliefs</td>
<td>17</td>
<td>17%</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>b. Engaging in meaningful activities</td>
<td>4</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>c. Special physical locations/tangible mementos</td>
<td>10</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>d. Special physical areas/tangible mementos</td>
<td>3</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>6. School as helpful in the grieving process</td>
<td>5</td>
<td>5%</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>7. Experiencing a shift in life perspective and goals</td>
<td>4</td>
<td>4%</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>8. Maintaining a balance between grieving and non-grieving activities</td>
<td>4</td>
<td>4%</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>9. Seeking counselling</td>
<td>2</td>
<td>2%</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>TOTAL NUMBER OF HELPFUL INCIDENTS:</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Hindering Critical Incident Categories

<table>
<thead>
<tr>
<th>HINDERING CATEGORIES</th>
<th>Number of incidents</th>
<th>% of hindering incidents</th>
<th>Number of participants</th>
<th>% of total participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unhelpful social responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Lack of acknowledgement of the participant's right to grieve</td>
<td>15</td>
<td>30%</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>b. Lack of support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Not having time to grieve amidst the pressures of school</td>
<td>9</td>
<td>18%</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>3. Family dynamics hindering the grieving process</td>
<td>6</td>
<td>12%</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>4. Unsupportive responses from university staff</td>
<td>8</td>
<td>16%</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>5. Suppressing grief</td>
<td>4</td>
<td>8%</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>6. Feeling isolated</td>
<td>4</td>
<td>8%</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>7. Expectations on self to be strong</td>
<td>2</td>
<td>4%</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>8. Struggling with unresolved questions</td>
<td>2</td>
<td>4%</td>
<td>2</td>
<td>20%</td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF HINDERING INCIDENTS: 50

HELPFUL INCIDENT CATEGORIES

1. HELPFUL SOCIAL SUPPORT:

Receiving support from others was an important aspect of many participants' experience. This category was the largest of all the helpful incident categories, with seven of the ten participants reporting twenty-three incidents, accounting for 23% of all helpful incidents. The source and nature of helpful support varied widely among participants. They
spoke of supportive responses from close friends, classmates, acquaintances, the community, their church congregation, and even strangers. The support came in all forms, from practical support and gestures of sympathy through to a caring presence. The most salient incidents in this category were those which involved people providing empathic support. These various sources of support are described in the subcategories below.

1a. Receiving practical support and gestures of sympathy

This subcategory includes 6 incidents where participants received practical support from others. For example, one participant recounted how a friend offered to watch her pets while she was away at her sister’s funeral. Two participants appreciated how their classmates contacted professors to tell them about the participant’s situation, and took notes for them in class. In all these cases, the practical support alleviated some of the participants’ stress so that they could do what they needed to do to deal with their grief, whether this was attending the funeral or spending time with their family.

This category also includes incidents where participants felt comforted by gestures of sympathy. In one participant’s words:

...our family was very fortunate. We had people...prepackaging dinners for my aunt and uncle. They don’t even know them, but...basically they all just helped out so much. Providing food, flowers, cards, and I had people emailing me from, just like everyone. You just realise all these people come together...I sent out this email describing how [cousin] had passed away. And when you get such a response back, its like wow. It really makes you feel more comforted.

It is worth noting that participants experienced support as particularly helpful when others initiated it. This was significant for those participants who acknowledged their difficulty in reaching out and asking others for help.
1b. Being in the presence of caring others

The key aspect of the 6 incidents in this category is that the person felt concern and caring from another person, even if they were not directly talking about their grief. As a result of this presence, the participant did not feel alone. One participant described the support she received from her congregation as part of the Jewish practice of saying Kaddish:

...If a sibling or parent dies, you say Kaddish for a least 11 months. And you go to synagogue and you stand when the name of your loved one is read... I remember during that, I did it for a month... So they read the name, and you stand, and they say whoever is saying Kaddish for the year, then they stand. And then they say, we as a congregation stand with you. And they all stand up.

She described how this practice singled out people in the congregation who required extra support, for example, rides to the synagogue. For the participant, however, the most supportive aspect of the experience was in having people stand with her, as she felt that she was not alone in her grief.

For some participants, having a friend present when they learned about the death helped to cushion the initial shock of the news. One participant described her experience:

...when I found out about my grandpa passing away, having my friend right then and there to give me a hug when I first found out was helpful. That made a big difference because it meant I wasn’t alone, I didn’t have to go back to my room by myself and deal with this. Even though I didn’t really feel like sitting up and talking about it, just having someone there right then.

Furthermore, some participants coped with their grief by trying to preserve a sense of normalcy. The presence of caring friends helped in this regard. One participant expressed that her classmate encouraged her to go to class, thereby pulling her back into “mainstream life”. Another participant described how her friend’s presence was helpful: “I guess just being with friends. And they were just really there for me...we were acting like normal people most of the time. But it was just that they were there.”
1c. Experiencing empathic support

This subcategory encompasses incidents where participants received empathic support from someone who was willing to engage in the grieving process with them. Four participants described 11 incidents of this nature. The key aspect of incidents in this category is that participants felt they had permission to fully express themselves, and other people made an effort to understand the participants’ unique experience. The power of these supportive relationships seems to come from having their loss and grief acknowledged. The following quotes illustrate the profound impact of empathic support:

P:...she was just so great at just listening to what was going on for me. And I did that with her. And we just developed a friendship where anything was ok to talk about. And I realised at the time I didn’t have any friends who were like that. And I was like, this is what I need in my life. And I’m finally going to be able to live, and be ok...
I: So her just being able to listen to you.
P: Yeah. And understand and have things to say back to me.

...what was special instantly about that relationship is that he really was open to all the different sides of me. He really embraced the light, fun, happy side but he was also very willing to kind of address and be supportive of my more serious emotional side. So that’s definitely been very helpful.

For some participants, the communication of empathy from another person also provided them with validation of their feelings:

P:.... The most important thing that a girlfriend ever said to me was that, “I know who he was in your life”. And just that simple acknowledgement- unbelievable. It just blew me away. It’s like, I don’t have to justify the extent of this grief anymore...

For others, being able to express their grief with an empathic listener helped them to process it:

...my classmates of course were being there for me and understanding and just saying, look we’ll do anything we can to help you out. Just having that support, and being able to talk about it because I’m just such an expressive person, I have to talk things, I love talking about it, it helps me deal with it, it helps me to really just kind of get it out, and to be able to just enjoy the person’s, you know, kind of reflect on the person’s life.
A few participants emphasised that it was important for others to acknowledge that their grieving process was ongoing. Thus, friends who followed up with them months and years after the death were perceived as particularly supportive. The following quote exemplifies this theme:

one of the other really important things to me that has been a big part of my coping has been people...recognizing that grief isn’t done and just their acknowledgement that, even just little check-ins that they’ll give me, like ‘How are you doing?’ Or ‘I know the anniversary is coming up’, or ‘How is [partner] in your thoughts today?’... just because I might not talk about it, that it is still so much in my heart. That has made a huge difference. The general acknowledgement that there is stuff going on that you don’t always see has been really nice too.

I: So people taking the initiative to acknowledge it, and not just you having to reach out?
P: Mmhmm, rather than assuming that it’s done or it’s been 3 years...

Finally, two participants commented that they were forced to check in with themselves when their friends followed up with them. They felt this was beneficial because it encouraged them to stay engaged in their own grieving process. As one participant described:

when she did ask me I’m like, oh I’m ok. And then I thought to myself after that day, I was like, well how am I doing? It makes me reflect on [cousin]. And it kind of conjures up a few feelings. And makes you be able to actually deal with it. Because when you’re studying you have such little time. So you need that someone to check up on you and just make you kind of bring it up to the surface.

Another participant described how the coach forced his team to talk about the loss:

P:...he always tried to, for one talk with us about it and not have it just go into hiding. Or have any of us not dealing with it.
I: And that was helpful?
P: And that was helpful. It was. But I wasn’t a big fan of it at the time. But it was definitely helpful.

This participant commented that, had he not had somebody encouraging him to talk about it, he “probably would’ve blocked it out for a while and then dealt with it later...it would’ve definitely taken me longer to really get to it, or accept it...it just helped me process it faster...”
The underlying feature of these supportive experiences is that the participants felt that their grief and needs were acknowledged. Social support might be seen on a continuum: on the periphery are those who offer practical support. Then there are those who support the participant by simply being with him/her and providing a caring presence. The most intimate form of support seems to be that in which the person engages with the participant; that is, they are willing to talk and listen with empathy and they seek to understand the participant’s unique experience of loss, rather than placing expectations on the participant. It seems that the perceived helpfulness of these supportive responses increases as the support reaches a more intimate level.

2. CONNECTING WITH OTHERS WHO HAVE EXPERIENCED LOSS

Many participants found comfort in the shared experience of others who had experienced the illness or death of a loved one. Eighteen incidents were reported by 7 participants, accounting for 18% of helpful incidents. Incidents in this category range from receiving support from others who have experienced a loss through to participants wanting to use their experience to help other people.

Participants appreciated when others completely opened up to them about their experience of losing a loved one; they experienced this as helpful for a number of reasons. First, some participants appreciated the advice that the other person was able to give. For example, one participant described how her classmate “would tell me the things that she found hard that people had said. And she also... recommended books to me at that time...I just thought she offered a variety of supports”.

A key aspect of incidents in this category was that the participant felt understood. As one participant described, “people who’ve lost someone, they can relate because they know how awful it feels”. In contrast, participants spoke about how “it’s hard to talk about it unless
somebody has been through it”. There was a sense that people who had been through their own loss were comfortable talking about death, and so participants felt that these people were more willing to take the time to listen to them.

The sense of connection was also a significant aspect of having a shared experience. One participant described how her volunteer work in a cancer ward helped her because she felt a sense of belonging there. Having gone through her own loss, she felt that she could relate to the people on the ward about “the existential realities in life” and she could see things from their perspective, even though their stories were different from her own.

Connecting with other people who experienced a loss also provided some validation for the participants’ feelings and experiences. One participant spoke of how connecting with others under the age of 25 who had lost a partner provided some validation to the feelings and fears that come with losing a “new love”, among them the shattered hopes and dreams, and the feeling that “you’ve used up all your love points in life”. Another participant described how grieving with his teammates after the death of one of the team members was helpful:

... everyone knew him and everyone liked him, everyone had the same opinions I had... there was definitely a whole group of guys that were dealing with it the way I was and were thinking the things I was thinking. And we would talk about it every day.

Finally, sharing their experience with someone who had been through the death of a loved one provided participants with hope. One participant described how, when she met people who had experienced a loss, she felt that “it can be uplifting because if they’ve already been through a certain level of grief, then they can say [that it does get better] and you can trust them... It’s inspirational. It does get better... that’s how you learn, is other people’s experience”.

This category also encompasses incidents where participants expressed a desire to share their experience in order to support others through grief. One participant expressed that, “my
next door neighbour, she just lost her dad... as soon as she phoned to tell me I immediately started to, I told her, look, I’ve been through this... I feel like... somebody helped me so you know, I’m here to help you.” Another participant described her goal to become a therapist, so that she could help people to deal with traumatic events and grief.

Notably, this desire to help others through sharing their own experience seemed to occur at a later point in participants’ grieving. It is also worth noting that the perceived helpfulness of sharing one’s experience did not depend upon the closeness of the relationship. More often than not, the participant gained comfort from the shared experience of acquaintances, teammates, professors, a neighbour, a classmate, and even strangers. For example, one participant described her experience of reading a book written by Maria Coffey, whose partner died while climbing Mount Everest. The author’s reflections on her experience of losing a partner at a young age provided the participant with validation of some of her own feelings. The participant expressed that this was particularly helpful for her because the support she received from older widows, while helpful, was not entirely congruent with her own experience. She highlighted that the older widows could not relate to her experience of losing her partner before she could even have a future with him, so she appreciated reading the story of a young woman who shared a similar loss.

For some participants, this sharing of common experiences helped to strengthen their relationship with another person. As one participant expressed: “it’s kind of funny because [friend] and I weren’t that good friends before that... But that experience brought us together”. 
3. HELPFUL SUPPORT FROM UNIVERSITY STAFF

The 17 incidents in this category encompass experiences where participants felt supported by university staff. Seven participants reported incidents of this nature, and incidents in this category accounted for 17% of all helpful incidents. The majority of these helpful incidents related to the supportive response of professors, although one participant also appreciated the support she received from staff in other academic departments. The helpful incidents in this category range from receiving basic support, such as extensions on papers, through to having an advocate. This category also consists of incidents where participants appreciated having their experience acknowledged and validated by a compassionate professor.

At the most basic level, participants expressed that it was helpful to receive deferrals or extensions on their assignments. For many participants, this alleviated some of the stress of school so that they could spend time with family and focus on their immediate needs.

Two participants described how their professors and advisors advocated for them when they encountered difficulties with university staff or policy. In the following quote, a participant describes how her advisor advocated for her when a professor tried to assign her additional work after her mother’s death:

P: She was amazing. Like she totally, I don’t know what she said to him, but she said don’t even talk to him, I will talk to him. I guess she did it professor to professor...And she basically said, ‘she’ll write the paper, you’ll grade the paper and that’s it, you’ll give her her grade, and you’re not going to complain anymore’. And that was it.

It seems that a key aspect of the incidents in this category relate to the nature of the professor’s response. Participants felt truly supported when professors responded with compassion, when they set aside the academics to focus on the participant’s experience, and when they acknowledged the participant’s grief. The following quotes illustrate the significant impact that professors’ compassionate responses had on participants:
one of my professors... I went up to her and she had tears in her eyes and I was just like, wow, she doesn’t even know my cousin, she doesn’t even know me that well. And I just found she was just unbelievably compassionate...

[professor] cancelled the rest of the review. He said, ‘Ok, we’re going to wrap this up now’. I could tell he was doing it because of me. He talked and he counselled me basically. This is a prof, I’ve been in his class for a week and half, or whatever, you know, and just an amazing man. Very very very supportive. I: And so how was that helpful for you at the time? Did you have a sense of-S: That he put me so far ahead. Even though it was the end of class, to just cancel it and say ‘this is important. Let’s just talk about you. Are you ok?’ I: So just showing that concern for you? S: That someone who barely knew me. And I’m just another face in the crowd. He’s had thousands of students over the years. And it was just so incredible. He listened to me and he hugged me.

Overall, it seems that, more than the actual granting of academic concessions, it was the compassionate, human response that was perceived as most helpful by participants. It is worth noting that participants found this support to be helpful not just in the immediate days following the death, but also months later. One participant described her response when her professor acknowledged her experience a few months after her grandfather’s death:

He was just asking me how my break had been and he said, ‘yeah, we saw [you] go through some really tough things last term’...I guess just to know that people around me had, even though I wasn’t able to talk about it, that they sensed that I was going through something really hard, that really meant something...It was a feeling of a lot of relief. I don’t know how to describe it. It’s like something just kind of relaxes and it’s like, ok, everything’s alright.

Participants also appreciated when staff in other academic departments acknowledged their grief and treated them “like a human being”. One participant described how the Disability Resource Center served as a place of refuge for her when she was having difficulty coping:

I went to the DRC [Disability Resource Center] and they just knew, they were like ‘Oh my god, what is wrong with you?’ They were so supportive. And my advisor there, I’m so glad it was summer, because people weren’t busy, so I was able to get in, and they just let me be there. You know, I was hanging out there until- they wanted to make sure I was safe and not completely broken down...
4. CONNECTING WITH ONE'S FAMILY

This category involves incidents where a participant’s connection with the family was experienced as helpful. Seven participants contributed 9 incidents to this category, accounting for 9% of incidents. Incidents range from reconnecting with estranged family members following a death through to experiencing the protective presence and support of the family unit.

One participant commented that she has a lot more contact with her sister’s husband and kids since her sister’s death. Another participant noted that she spent a lot of time with her siblings after her mother’s death because she needed “to have that bond reinforced”.

It seems that a key aspect of the incidents in this category involves being in the presence of family. Participants noted that they did not necessarily have to be talking about the person who died, nor did they need to go through deep therapy. Rather, just being with the family unit was experienced as helpful. One participant described how his family’s way of dealing with death was “probably not the healthiest way” because no-one talked about it. At the same time, however, he expressed that having the family come together after his grandfather’s death was helpful. The following quote illustrates the supportive element of being in the presence of family:

P: ...Everybody was there. It was like 3rd cousins, 4th cousins. There was no hesitation, they were all going to be there. So, basically, days right after, they were going to be there for the long haul.
I: And how was that helpful?
P: Even though you don’t talk, there’s still connections there. You never talk about the things, but there’s still, misery loves company kind of thing. Where you’re just, you’re the family and you get to round up the wagons and form a little circle and protect yourself.

Another participant described how the presence of family was comforting:

P: ...we’re kind of weird in that, nobody was sort of openly sobbing and keening. That’s not our way. But it’s just that we needed to be together. So my sister and I were
together a lot. And even if we weren’t talking, we were just together a lot. We just needed to be around each other.

It seems that the presence of family meant that participants were never really alone. In addition, one of the participants noted that the family’s protective circle also serves a practical function. He expressed that, “everybody had their part in the greater whole”, so that when each family member adopts a share of the tasks (e.g., driving, cooking, notifying others of the death), it takes a lot less out of one person.

Participants also experienced the family unit as supportive in part because the family had shared a similar experience. As one participant commented: “they’re the only ones that would feel the same sort of intensity of emotion because they’d also lost him.” As a result, the participant felt that she could really be herself, and that she could grieve with the intensity that she needed to when she was in the presence of family. Another participant described how her immediate and extended family would regularly gather at her place for family meetings. She expressed how these gatherings were helpful:

We just needed to be together in order to make sure everybody was ok and to check in. It’s like a confirmation that we’re still surviving and that we’re going to be ok and we’re going to do it as a group.

5. MAINTAINING A CONNECTION WITH THE DECEASED

Six participants reported a total of 17 incidents which reflected their desire to maintain a continued connection with the person who had died. Incidents in this category ranged from having a physical location or tangible memento to remind them of their loved one through to engaging in meaningful activities as a way of keeping their loved one’s memory alive. Incidents in this category also consist of those where participants found comfort in their spiritual beliefs. The following three subcategories exemplify the ways in which participants maintained a bond with their deceased loved one. The common element in all of these
subcategories is that the participant felt connected to their loved one and found comfort and hope in this continued bond.

5a. Spiritual beliefs

Three participants described how they found comfort in their spiritual beliefs because it allowed them to maintain a sense of connection with their loved one. As one participant described:

P: ...our family’s sort of beliefs, in spiritual terms, we don’t think that life ends here. That there’s some continuation. And I think that really helped too. Because we sort of all drew on that belief system.

I: So how did that help?

P: Well, I think it’s just, it’s a comfort because it’s not that, I really did feel like my mom was still around during those times. And since. Still. And so I think that really helps.

Another participant expressed that, on a spiritual level, her connection with nature helped her accept her partner’s death:

...witnessing cycles of life and death in nature, that naturalizes it for people. Because it’s not as scary when you can see there isn’t a permanency to it anyhow. And then the second one is the redistribution of energy through those cycles... makes it more easier for me because it’s not a death in that regard. And especially with his body being at the top of the mountain, it was very symbolic and very intimate to me to know, whether it was rain coming down or snow, or whatever water source was feeding everything below it, it was redistributing him.

While spiritual beliefs provided comfort for some participants, it is worth noting that when spiritual beliefs are incongruent with the bereaved’s desire to maintain a connection, they can hinder the grieving process. For example, one participant expressed that her spiritual beliefs added another level of her difficulty for her in her grieving. She spoke about how other Christians talk about seeing their loved ones again in the next life, but the participant herself could not be confident that she would see her grandparents again, given her own religious beliefs. She therefore could not find comfort in her beliefs and noted that this conflict probably contributed to the bulk of her grief. She expressed that, “I think that death can be a really
beautiful event in a person’s life. So it’s not so much that their death bothered me. I just saw
this as part of life and that’s ok. It was more sort of the implications of their death in the
context of my beliefs. It was really, really hard to handle.”

5b. Engaging in meaningful activities

Five participants described 10 incidents which involved engaging in meaningful
activities as a way of maintaining their connection with the deceased. The key aspect of these
meaningful activities is that the participants were able to honor their loved one, and share their
memories of their loved one with others.

It seems that meaningful activities were perceived as helpful regardless of the time
since loss. For example, one participant described how performing the eulogy at his
grandfather’s funeral was helpful because “I had my chance to be able to really let everybody
know what he was like....”. Another participant spoke of a yearly memorial soccer tournament
that was organised in memory of his teammate who had died. Two participants described how
the family and community united to raise money for a scholarship in their loved one’s name.
These events allowed them to celebrate their loved one’s life and keep their memory alive. A
common aspect of these meaningful activities is that they allowed the participants to take
“something positive out of...something so tragic”.

In addition to publicly honoring their loved one, some participants engaged in personal
activities as a way of staying connected. One participant described how he continued to play
soccer because “[his teammate] wouldn’t want us to stop playing”. Another participant
expressed that her work in outdoor adventure therapy programs with youth was meaningful to
her because her partner loved working outside with kids. She also spoke about how she
“would go outside and see something and it would remind me of him” and so she set “the
intention for the whole summer, like actively finding ways that I could find him outside”. For
some participants, simply having the opportunity to talk about their loved one kept their
memory alive.

5c. Special physical locations and tangible reminders of the deceased

Four participants appreciated having tangible objects or physical locations to go to, to
help them remember their loved one. For example, one participant acknowledged that he
gravitates towards physical locations for grieving, such as his grandparent’s old house, because
these special locations have meaning for him. He noted that memories fade fast, so having a
physical location helped him reconnect with his loved one.

Two participants expressed that having pictures and mementos of their loved one
helped. One participant recounted how she would intentionally sit down to look at photos of
her partner or read letters that he had written because this allowed her to open up her grief.
Another participant echoed this experience. It was important for her to share her picture of her
cousin with others, so that they could “visualise who this person was that I was talking about,
so that it could become more real”.

In contrast, one participant recounted how he was not present when his family went
through his grandfather’s belongings. They ended up disposing of many of the belongings, and
this was painful for the participant. Had he been there, he would have tried to keep some of
these mementos of his grandfather. He expressed that, “I don’t even know if it was worth
money but the sentimental, the memories that it came with, I would’ve somehow tried to keep
it. So things like that, I guess it’s pieces of my grandfather really”.

6. SCHOOL AS HELPFUL IN THE GRIEVING PROCESS

This category includes incidents in which participants experienced some aspect of their
schooling as helpful in dealing with their loss. Incidents ranged from appreciating the structure
that school provided through to finding meaning in the content of their studies. Four participants reported 5 incidents of this nature, accounting for 5% of all helpful incidents.

First, two participants felt that school provided them with structure, which in turn helped them to cope. These incidents seemed to be related to participants' desire to maintain normalcy after learning of their loved one's death. The following quote illustrates this helpful aspect of school:

...having just blank free time would've been probably, I don't know, maybe I'm mistaken but I feel like that wouldn't have been very helpful. I feel like to grieve I would need something structured. So at least school provided that structure. So in that way it does help.

Three participants also described how the content of their studies were meaningful and consequently helped them in their grieving. For example, one participant, whose aunt completed suicide after being prematurely released from a psychiatric hospital, described how her focus on the sociology of health and illness may also “be another avenue that I’m trying to...work through the loss of my aunt”. In researching the social aspects of mental illness, the participant is seeking to understand what happened, and is hoping that she can apply the knowledge she gains from her work to prevent future tragedies. Another participant described how she researched a paper on the value of nature during grief healing. She reports how this assignment motivated her to adopt some healthy coping practices: “After I finished writing it...it dawned on me that, as much as I believed what I had written, I wasn’t necessarily acting on it”. Yet another student described how she “engineered” her undergraduate studies to focus more on pediatric palliative care and bereavement. Her conversations with professors and her reading and studying about grief in her courses allowed her to explore and share her ideas about a topic that was so personal for her. She described how her studies were “therapeutic” because:
I felt alive again. I felt like my mind was stimulated and that I was doing something that was purposeful and that wasn't destructive. Like my eating disorder was. And that this, you know, really, I felt productive. Like I just felt like I was back. And I had lots of energy for life.

Thus, it seems that their studies anchored participants in their grief process by providing a safe and structured context within which to explore and further their understanding of their loss experience. As one participant described it: “I’m reading about this and I’m studying grief and loss for my courses and now at the same time, kind of parallel thing, I can do my own kind of grieving and I can confront what’s been going on in my life.”

7. EXPERIENCING A SHIFT IN LIFE PERSPECTIVE AND GOALS

Some participants reported that, as a result of their process of grieving, they experienced a positive shift in their life perspective and goals. In realising the meaningful aspect of their tragic experience, these participants were able to put their experience in perspective, and it seems this gave them the courage to once again embrace living. Although this shift in life perspective and goals is often seen as an outcome of grieving, it was included as a category because participants perceived these shifts as helpful in coping with their loss. Four incidents were reported, each by 4 participants, accounting for 4% of helpful incidents.

One participant reflected that she learned a lot from her mother’s death. Her realisation that her mother’s death was a profound experience for her came when she was dealing with her brother’s death. She stated:

I mean I think that first big loss somehow changes people. And I think it changed me. And I think as subsequent people pass now, and it’s always really hard but I think I’ve learned along the way some better coping mechanisms.

Another participant reported that she reexamined her priorities after her sister’s death and realised what was important to her: her family, having a good time, and doing the things she wanted to do. She adopted the attitude that, “I only have today” and expressed that she
spends each day “as if today is the last one”. This way of thinking helped her in making some important decisions regarding her future. This shift also positively impacted some of her interactions with people.

Another participant expressed that she would not be in her current profession if her partner had not died. In reflecting on the changes since his death, this participant noted that there are “a lot of strange benefits that come out of it”.

Finally, one participant expressed that she has grown a lot as a person and has discovered who she is since her sister died. Notably, in reflecting upon her grieving process she sees the hardships and hindering experiences as necessary and helpful elements of her grieving. She felt that, “everything was supposed to happen the way it did happen and that that’s brought me to the place where I am now.” She expressed that, “I’m really proud of the person that I am. And I love life. And I feel like there’s a lot of meaning in my life...I became a stronger person”.

8. MAINTAINING A BALANCE BETWEEN GRIEVING AND NON-GRIEVING ACTIVITIES

This category consists of 4 incidents where 3 participants integrated helpful coping activities into their life. Participants were aware of the type of activities that helped them to cope and they took the time to pursue these activities. Engaging in these activities helped them to cope because it gave them a “break” from grieving. It is important to note that these participants were not using the activities to suppress their grief. The participants reported that they were consciously addressing their grief, but that they also needed to “take time off” from grieving. In summary, they achieved a balance between grieving and non-grieving activities.

One participant noted that journalling helped her express and work out some feelings. Another participant described how he was forced to deal with his grief because, at each weekly
practice, his coach encouraged him and his teammates to talk about the death of one of the
team members. He reflected that:

it was good... actually dealing with it. Not just ignoring it, blocking it out. I remember
just because we were basically dealing with it for most of the day, just because guys
being around, there was constant reminders, we would constantly talk about it, even
without the meetings that they called all the time.

At the same time, this participant sought out activities that gave him a break from his
grieving. For example, he described how playing soccer helped him clear his head and take his
mind off of it for a while. He also appreciated hanging out with a specific group of friends
who did not know his teammate because it gave him “a different setting where you can kind of
get away from that, to just be with people that don’t grieve”.

In a final example, one participant expressed that it was easy for her to justify grief as
her priority. It seems that having prior experience with death was helpful in this respect, as the
participant said that she was aware of what she needed to do to cope. Although the participant
was beginning an intense session of summer courses when she learned of her partner’s death,
she was able to make grief her priority and took time away from school and work in order to
grieve. She acknowledged that not everyone is able to take the time to grieve and she was
grateful because her “family was so supportive of just letting me take all the time in the
world”. Her sense of agency and willingness to engage in the grief process is reflected in her
statement: “if you’re willing to do it, if you’re willing to, in a positive way, very selfishly take
what you need and not feel responsible for other people, [grief] is a fantastic excuse for
anything”. The participant also had insight into what makes her feel good- exercise, being
outside, being on her family farm- and she took the time to engage in these activities to help
her cope. The result of her taking the time to grieve was that she “eased into that grief more
than...just getting back to life and then having it smack you in the face 2 years down the road”.
While she acknowledged that her “grief isn’t done”, she felt that taking the time has made a difference; she is more “self-reflective” and is “able to say, these are the benefits of [partner]’s death to me now”.

9. SEEKING COUNSELLING

Two participants reported 2 incidents in which they sought counselling at the university. One participant attended only a couple of sessions, while another went to counselling over an 8-month period. Participants expressed that the counsellor understood their individual experience, normalised their grief reaction, and helped them identify their needs. As one participant described it:

She was really helpful. Because part of it is like, you think, oh my god, I’m having some kind of nervous breakdown. Like, I’m out of control, I can’t function, I can’t do simple things anymore....so just to have somebody say, no this is totally normal, you deal with things in your own way...but the way she said it, you deal with it when you’re ready kind of carried the message: you can, because you’re ready.

Another participant, who lost her partner in a mountaineering accident, appreciated how her counsellor left the “sterile” counselling environment and attended the ceremonies that they held for her partner. The participant felt that the counsellor really took the time to understand her experience and what it meant for her.

HINDERING INCIDENT CATEGORIES

1. UNHELPFUL SOCIAL RESPONSES

This category encompasses incidents where participants perceived another person’s response as unhelpful. Eight participants reported a total of 15 incidents in this category, which accounted for 30% of all hindering incidents. Unhelpful responses ranged from people not acknowledging the participants’ right to grieve through to a perceived lack of support from others. These incidents are described in the subcategories below.
1a. Lack of acknowledgement of the participant’s right to grieve

The 10 incidents in this category include those where people made insensitive and hurtful comments or showed a lack of respect for the participants’ experience. As a result of these responses, participants felt that their experience was minimised. Participants expressed that unsupportive people imposed inappropriate expectations about how they should be grieving. The participants described how, in these situations, they felt that the legitimacy of their grief was questioned; consequently they felt that they were robbed of the right to grieve. The following quotations from different participants typify the incidents in this category:

"this is the negative part- everyone gives you these clichés when people die. It’s like, “Oh, he died doing what he loved”, or “he lived such a full life”... “It’ll get better with time”. Even if it’s true, it’s just the wrong things to say, because you know, you don’t need to hear it. You’re in the thick of it. And no matter how much of an optimist you are, it’s very hard to focus on what it might become in 2 years...

I: So what’s that like for you to hear that from other people?
P: Oh, it drives me nuts. Two years. It’s like this time limit, for whatever you’re personally experiencing...

P: ...And then people say these things and you know they mean well, like time will heal and blah blah blah and that’s true in some ways but in some ways its like, that was just a really stupid thing to say ... I don’t want time to heal it, I don’t want to forget, you know. I don’t want, like if you mean I’m just going to forget and everything is going to be ok, I don’t want that to happen. Like, why should a loss not be grieved?

As a final example of an incident that typifies this theme, a participant described how others continually approached him and asked him for details on his teammate’s disappearance and alleged suicide. The participant found this distressing, as people introduced an element of gossip to a situation which was already emotional laden for him.

1b. Lack of support

The 5 incidents in this category relate to experiences where people either avoided talking about the participants’ experience, or they avoided the participant altogether. The following quote exemplifies the themes in this category:
P: Well, obviously I told my friends, when she died, that she had died. And of course, the reaction of, oh my god, this is awful, I’m sorry for you. But then once, after I’d told them, you know like one week later, five months later, years later, it’s never been brought up. And these were very close friends. But it’s not every one of them. But there’s a certain portion of people in my life that just wouldn’t bring it up.

I: And so what was that like for you? How do you think that that experience made it more difficult for you, not having them bring it up again?

P: Well, I felt like I couldn’t share that piece of myself with them. At that they weren’t validating the real me and the terrible experience that I had just gone through, and that I am currently going through and was going through.

Two participants suggested that their classmates’ inexperience with death contributed to their inability to provide the necessary support. Both of these participants were mature students who had returned to school after a few years off. Another participant spoke about how she did not receive cards from others or any offers of practical support. She wondered if people were reluctant to offer support in case they would have had to give too much and “drown” in the process.

Participants commented that, when they did not receive the desired response from others, they bottled up their feelings and resented others for their lack of support. One participant spoke about the impact of her friends’ lack of support:

I was kind of was less authentic with people I think for many years after she died. And that made me feel very unstable. And so it kind of, some of my friend’s reactions kind of reinforced this kind of behavior that didn’t feel congruent with what was going on for me. And so I just felt very, like I was floating for many years.

2. NOT HAVING TIME TO GRIEVE AMIDST THE PRESSURES OF SCHOOL

Six participants spoke of feeling compelled to continue their course work in the midst of dealing with their loved one’s death. As a result, participants did not have time to process their grief or engage in helpful coping activities. Furthermore, some participants were unable to spend time with their primary support network because of their academic obligations. There were 9 incidents reported in this category, accounting for 18% of hindering incidents.
The pressures on participants to continue with their studies came from a range of internal and external sources. For two participants, the pressure related to their concerns about eligibility for student loans and scholarships. Another participant feared that if she stopped school for a semester then she might never finish her education. Others expressed that it was part of their nature to put school as a priority. The following quotes demonstrate both the internal and external pressures facing some students:

I think school all the time seems to take precedence over, for me, I admire people who it doesn't... And if you ask me what's more important- school, my husband, my family, my friends- school would not be number one. But really when you are in school, you can't, in order to succeed you have to work hard, you have to be dedicated. You have to be in it. Especially for [degree], I'm just finding it's very demanding. Very, very demanding. So having that stress over me, definitely, it prevents me from being able to do things that I would want to do to help with grieving.

...in my mind at that time, there were midterms coming up, I didn't feel like I had anything to give to processing my feelings just then...I just got up the next morning and went to class...

Although participants could technically take time off from school, the reality is that some students experienced consequences for doing so. For example, one participant recounted how he did poorly on a deferred exam because so much time had passed since the course that he had forgotten a lot of material. Another participant commented that, three years after her aunt's suicide, she was still behind and working on deferred course work.

It also seems that some participants continued with their studies, in part, because they underestimated the intensity of their grief reaction and overestimated their ability to perform. This theme is illustrated in one participant's comments:

in retrospect, I should've maybe talked to more of the profs but I...kept some of the courses going. Some of the profs I didn't even talk to. I just figured, I can push through that. But everything at once was a bit too much.
I: So you allowed yourself a break in one and then tried to get through the others?
P: Yeah, and the ones I didn't allow myself a break I felt competent enough with just partial concentration, my mind's somewhere else, I'm still ok and over the run of the
semester I still was, but like, the exams I’m sure didn’t turn out as nicely as I would’ve hoped.

Indeed, the pressure to continue with school was problematic for some because they acknowledged that they were not operating at full capacity. As a result, many did not feel engaged in school and did not perform particularly well. Another participant described how, being “a diligent student”, she felt that she could not miss any classes, even though she was feeling overwhelmed with grief and was struggling with other issues in her life. She recounts how she went to a lecture soon after learning of her aunt’s death and could not stop crying. To illustrate how her ability to cope was strained to the limit, she described how, after writing one exam, she went straight to a psychiatric ward and became a voluntary patient there.

3. FAMILY DYNAMICS HINDERING THE GRIEVING PROCESS

This category includes incidents where participants felt that their family’s pattern of communicating and behaving made it more difficult to grieve. Six participants each contributed one incident to this category, accounting for 12% of hindering incidents. Incidents range from families making the death of their loved one a “taboo” topic through to family members placing expectations on the participant to be “strong” and “deal with it”. Most participants experienced these family dynamics as hindering because they felt it delayed their grieving process. This category also encompasses incidents where unresolved family issues came to the fore in the aftermath of a loved one’s death.

Examples of specific experiences will help illustrate the hindering nature of incidents this category. The following quote from one participant reflects how subtle and pervasive family messages about how to deal with death can be:

I think just in general the way my family deals with grieving is not probably the healthiest way. They...don’t really talk all that much about death in general or we really don’t talk that much about my grandfather. It was interesting, I was with my cousins, little tiny cousins, they’re...3 and 5 now...And all my little cousins were like,
“where’s my grandfather?” ... And the older child says, like this is almost something that you don’t teach kids directly, but she said something like, “shhh, you’ll make grandma upset or sad or something”. So they indirectly learned not to talk about the death or grieving. So I think that’s a hindrance too. People just really really internalised it.

Having no-one to talk to about his grandfather’s death, the participant said he bottled up his feelings. His family’s reaction was particularly difficult for the participant because it was at odds with his training as a counsellor/crisis line worker, and consequently it engendered feelings of helplessness in him. He notes that his “desire to help people is ingrained” and so not being able to help his family through their grief added to his own pain. He also suggested that the avoidance of the topic delayed everyone’s grieving process, noting that “it’s been 4 or 5 years now and we’re really only starting to be able to talk about it now”. And, while they are beginning to share memories of their grandfather, the painful topics of his illness and death are still “taboo”.

Another participant described how she did not broach the topic of her sister’s death with her parents. In this case, the participant’s avoidance of the topic was self-imposed and came out of a desire to protect her parents:

my parents were going through so much and I was so conscious of that, and so aware of it, because losing a child is such an awful event. And my mom especially she was so emotional and very hysterical. And so I didn’t want to be a part of that with her and make her pain worse because I was also, you know, really upset. So I think that I kind of was trying to protect my parents, and kind of act like things were ok, I can cope with this and be really resilient.

The common theme among incidents in this category seems to be an inability to talk about the death with family members. Often this was incongruent with the participants’ desired way of dealing with grief, which was to share their grief. It is worth noting, however, that three participants who contributed incidents to this category also reported that they found it helpful to be in the presence of family. This overlap suggests that there are different
components to family support. While the family’s way of coping might be hindering, there is still some comfort to be found in the bonds between family members.

4. UNSUPPORTIVE RESPONSES FROM UNIVERSITY STAFF

This category encompasses incidents where participants experienced an unhelpful response from a professor or other academic staff. These experiences ranged from professors and staff failing to acknowledge the participant’s loss through to professors assigning additional work to the participant. Incidents in this category also relate to a lack of awareness of university resources. Four participants contributed a total of 8 incidents to this category, accounting for 16% of all hindering incidents.

Two examples in particular exemplify the nature of the unsupportive incidents in this category. One participant recounted an experience where her professor called her on the day of her mother’s memorial service to demand that either she write her exam the following day or else receive a failing grade. The participant felt powerless because the professor was in a position of authority. She acknowledged that, had the same situation occurred now, she would have gone to the Head of Department of the Dean, but she “didn’t have the resources at the time to know that I could do anything about it”. Another participant recounted a similar experience in which two professors asked for additional assignments to make up for the time she had missed for her mother’s funeral.

In contrast, another participant spoke about how her thesis advisors gave her too much space after her sister’s death. Her perception that, “they didn’t seem to care” led to her becoming disengaged from her work. She recounted that, “after a while it became, how far can I go, how long can I go without submitting anything before anyone notices I’m not there.” Her perception that her advisors did not reach out to her or show any concern was upsetting. She expressed that, “No contact is wrong, I believe. I think it would have been helpful if
someone had kind of said, or emailed, to say how are you doing? What’s up, I haven’t heard from you in a long time, what’s up?” Notably, her advisors did eventually help her after the participant made first contact with the chair of her committee. However, the participant attributed their sudden interest in her finishing the thesis to their desire to preserve the Department’s image, rather than because of a genuine concern in her well-being. Thus, although they eventually helped her get her thesis through, the participant did not perceive their support as particularly helpful.

This same participant was also disappointed in the lack of sensitivity displayed by her committee. She described how one of her advisors brought her thesis corrections with her to her sister’s funeral and gave them to the participant at that time.

While the majority of the unsupportive responses in this category came from professors, one participant also relayed three experiences she had with staff in other university departments. She described how, when she visited the university counselling center, the counsellor was directive and focused on what she needed to do to get her academic concessions, rather than on her experience. Consequently, the participant felt that her experience was minimized and decided not to return for further sessions. In another example, the participant recounted how Arts Advising failed to communicate with her professor about deferrals and sent her a letter notifying her of a failed year. This experience negated the participant’s struggles and the steps she had taken to maintain her studies. However, with the support of her partner and professor, she addressed the situation and as a result, Arts Advising changed their policy about sending out letters.

Notably, participants reported quite intense adverse reactions to unhelpful university support. First, they reported that they were placed under additional stress at a time when “everything is turned upside down”. One participant described how she tried studying for her
exam, but found it too hard to concentrate and so went to write the exam without preparing for it. The participants also spoke about how their professors’ unsympathetic response shook their faith in people, and in the institution in general. One participant commented that she had made a tentative appeal for help and the uncompassionate denial of her plea made her “wonder if other people really cared”. After that experience, she questioned whether she should seek support from others. Participants also shared how these experiences minimised their experience and put them in a position of having to justify their grief.

5. SUPPRESSING GRIEF

This category includes four incidents where participants described suppressing their grief. The four participants who contributed to this category engaged in a range of activities as a means of suppressing their grief, from focusing on their family’s needs through to adopting more self-destructive coping practices. The common theme in this category was that the participants acknowledged that they did not take the time to grieve. Consequently, all participants felt that their behavior delayed their grieving process. Two participants reported that they eventually slowed down and took the time to grieve, while two expressed that they still don’t feel as though they have grieved their losses.

It is worth noting that the incidents in this category differ from those in the “Having no time to grieve amidst the pressure of school” because participants in this category engaged in activities for the purpose of blocking their grief. However, it seems that often participants who threw themselves into school did so not to block out their grief, but because they were responding to various other pressures to complete their studies.

Participants’ motivations for suppressing their grief varied. One participant described her fears of losing control and becoming overwhelmed with emotion. Rather than dealing with the emotions and delving into the complex spiritual issues she faced after her grandfather’s
death, the participant preferred to “put a lid on” her grief and did this by keeping busy. She noted that when she did have time, she consciously chose not to “open up this box and grieve now”. This participant commented that her response to grief has always been to ignore it and she described how this reaction is instinctive:

…it’s just like something really weird has happened, just keep everything as normal as possible...you almost go into this animal instinct mode where it’s just like, keep things as normal as you possibly can. Because that way its so much less trauma to your mind, whatever the case may be.

The result of this suppression of grief is that the participant wondered if she had not yet grieved for her grandfather’s death. At the same time, she is not sure that she wants to “open Pandora’s Box”, as she refers to it. She spoke of fears that if she confronts her grief, “she would descend into the abyss of complete insanity”. Another participant echoed similar fears about confronting her grief:

…it was kind of, I just didn’t go there very much. I think it was just a little too overwhelming so I just kind of tried to keep busy. It’s a scary place to go to...

Rather than actively coping with her grief, this participant busied herself with school, summer jobs, and looking after her father. She experienced a spontaneous brain hemorrhage 9 months after her mother died and was hospitalized for some time. Fortunately, the participant recovered without any side effects, but she acknowledged that she “could’ve very easily died at that point”. The participant’s personal intuition is that her aneurysm was her body’s way of saying “take some time. Because I really didn’t give myself any time”. She reflects on her experience of getting sick as “pretty profound. It just really made me stop. It really made me stop”. After this experience, the participant reported that she gradually dealt with her grief.
Another participant spoke of the physical consequences of suppressing her grief. She shared how, amidst the pressure from others to return to a “normal life” after her sister’s death, she developed bulimia to help her cope:

...at the time I think it was helpful for me because I didn’t have to grieve. I didn’t have to deal with any of the emotions that I was dealing with....

The participant expressed that her eating disorder, although initially a coping mechanism for her, was destructive for her family and herself. She has since worked hard to become healthy and expressed that she has confronted her grief.

Another participant expressed how the demands on her time necessitated that she suppress her grief so that she could continue to function. She concluded that grief is “a luxury that I couldn’t enjoy right now”. At the same time, the participant acknowledged that this response “makes perhaps the grief process longer”. She stated that she will “probably still have grief work to do because of it.”

6. FEELING ISOLATED

Incidents in this category relate to the participant’s feeling of isolation. Three participants contributed 4 incidents to this category, which accounted for 8% of hindering incidents. There is a sense of anonymity or disenfranchised grief in these incidents; the participants’ lives have been turned upside down and yet the rest of the world is going on without them. Incidents in this category include experiences where people who were unaware of the participant’s loss made comments without realising the participant’s distress. These incidents also consist of experiences where participants did not know how to share their story with others. The common theme in all of these incidents is that the participants felt as though they had to carry their grief in isolation. The following quote exemplifies the theme of this category:
P...I remember talking to somebody that I'd met and she said, are your parents still together? And I kind of looked at her and I kind of, don't you know, how could you not know? This is so big for me - how could you not know, like my mother died. Why are you asking me that? I was just shocked....it was so weird because I thought, didn't you know? How could you not know? Why would you ask me that question? It was just very strange.

I: You kind of assume that everybody knows your story and then you realise for you it's huge but for them-
P: For them, it's like, it's not even interesting. It was weird, it was very strange. I was really taken aback. Really really shocked.

Another participant described how transferring to another university, where people were unaware of her story, presented some difficulties for her. For example, she found herself in situations where people were talking about her partner’s death, or related topics such as climbing, which were still “raw” to her. However, others did not “filter” their comments because they did not know the participant’s story and therefore did not realise the distress that their comments caused. The participant also struggled with how to share her story with strangers. She described how “it’s a huge part now of who I am and how I identify, and how I carry myself and the way I understand the world so to have to explain that individually. You know, and you can’t just say to somebody, well my partner died, without giving some sort of context to that.”

Finally, one participant expressed that she had difficulty sharing her experience with her classmates, in part because she feared their negative impressions of her, given her religious beliefs. This participant also felt that she could not share her experience with her friends at church because her father was well known in her community; she worried that sharing the details of her grandfather's death and gambling addiction would “embarrass or shame” her father. As a result, the participant carried her grief in isolation.
7. **EXPECTATIONS ON SELF TO BE STRONG**

This category encompasses 2 incidents contributed by 2 participants who noted that their expectations on themselves to be strong created a barrier in them being able to ask for support, which in turn hindered their grieving process.

One participant commented that: “I feel selfish if I try to work on my own stuff”. She acknowledged that her response was connected to the messages she received from society about how people should grieve. Having internalised this belief that she “should be ok”, the participant expressed that she was a lot harder on herself, which created a huge barrier for her in terms of seeking support.

Similarly, another participant acknowledged that her appearance of being “a strong person” made it difficult for people to help her. She expressed that it probably would have been easier on her and her family if she had reached out for support. At the same time, the participant emphasised that “just because someone can do it themselves, it doesn’t mean they don’t need simple kindness”. She stressed that while she might appear to be managing well, she would have liked for others to have offered some support.

8. **STRUGGLING WITH UNRESOLVED QUESTIONS**

Two participants described two incidents in which they learned of information after their loved one’s death. This new information was incongruent with the participants’ perception of their loved one and consequently raised some troubling questions for them. One participant spoke about learning of her grandfather’s gambling addiction after his death. The following quote illustrates how the unresolved questions impacted her process:

I guess the other difficult thing too was it meant seeing a side of my grandfather that I hadn’t seen before. To me he was granddad who told me stories but then if you go through all this stuff, he was a gambling addict, he had other addiction problems... I: So how does that make it more difficult for you to grieve then?  
P: Well I think initially it made it more difficult just because, it was just more information I didn’t want to have really. It would’ve been easy just to grieve for
granddad who told me stories as a kid... So it almost brings the focus away from, oh this is a person we loved, to now this is a huge mess we have to clean up. Really hope none of the creditors find out and come after us and all this kind of thing. I guess that did make it more difficult just because it kind of divorced me away from the issue of his life, his death.

Another participant talked about his experience after his friend’s body was found in the sea. The participant commented that the police’s classification of his friend’s death as suicide was “frustrating”:

P: ...The whole going into hiding or hurting himself, I don’t know, I just don’t. And according to police he basically just jumped off of the bridge.
I: That’s what they closed it at? They classified it as suicide?
P: Yeah, and there’s no way. Like he was scared of water.

The ruling that his friend had completed suicide was incongruent with the participant’s perception of his friend, whom he described as someone who “always had a big smile on his face. He was a totally positive person you know, even when stuff wasn’t going right, he was just positive. He didn’t really get down that much.” Consequently, in spite of the coroner’s ruling, the participant does not believe that his friend completed suicide.
CHAPTER 5: DISCUSSION

Having examined the findings of this study, it is important to contextualise them and reflect on the practical implications of this study. In this chapter, the findings are considered in light of the different models of grief. The findings will also be discussed in the context of the existing research literature on student bereavement. Following this, the practical significance will be addressed, followed by a review of the limitations. Finally, the implications for future research will be considered.

Fit with the literature

First, the findings can be understood in terms of the various grief models, which were outlined in the literature review in Chapter 2. A common assertion in the various stage and task models of grieving is that the bereaved goes through an initial period of shock or denial following the death of a loved one, followed by a period of pain, anguish and yearning. Following this is a period of gradual readjustment to a world in which their loved one is missing (Stroebe et al., 2001a). Consistent with the stage and task models, this progression through a series of stages or tasks was evident in most of the participants’ stories of their experience of losing their loved one. For example, when referring to the initial period after their loss, it was common for them to use terms such as “shock”, being on “autopilot”, feeling like “robot”, having a “cotton-wool feeling”, and “floating”, all of which are consistent with the initial shock response described in the grief literature. Similarly, three participants commented that the time after the loss is a “blur”. This finding is not surprising given that 9 of the 10 participants reported that their loved one’s death was unexpected. Many participants also recounted how the grief hit them hard when their “shock” wore off. For some this occurred shortly after the loss, for example while performing the eulogy. For others, this realisation came months later. One participant described how she felt as though she was
wrapped in cotton wool for 3 months. It was not until she went to Italy and was away from her primary support network, that the grief hit her. As she described it, “The cotton wool is gone, baby, you’re gonna have to deal with this... I was just, just really bad. Crying jags, uncontrollable crying jags and stuff like that...”. This experience, as distressing as it was, signaled to her that she was ready to the deal with her loss.

Also consistent with the stage and task models, a number of participants described coming to some sort of acceptance following the loss. For some, this acceptance came in the form of an “epiphany” that they had to start living again. Others described a more gradual readjustment to the loss, as reflected in the following quote: “I guess it’s kind of like letting it out a little bit at a time. I think it’s one of those things if you let it all out at once you would explode. But maybe it is just coming up... maybe a little bit at a time something in me is processing it with all these memories and stuff.”

The findings are also consistent with features of the constructivist models of grieving. For example, those who reported that they had engaged in both grieving and non-grieving activities felt that they had either eased into their grief, or had processed their loss faster. This is perhaps a good illustration of Stroebe and Schut’s (1999) assertion that individuals need to take respite from dealing with the stressors associated with grieving, and that “bereaved individuals need to self-regulate both the pace and intensity of their grief so that they become neither overwhelmed nor numb” (p. 132). In contrast, the participants who acknowledged that they had suppressed their grief also commented that they feel like they have not yet grieved their loss. This finding upholds the general belief in the grief literature that grieving is an active process, and that people must work through their loss and confront their grief in order to successfully adapt to their loss (Attig, 1996; Worden, 1982).
The constructivist models also recognise the ongoing nature of grieving, and assert that grieving has no definitive end. Indeed, two participants spoke about the importance of others following up with them and acknowledging that their grieving was ongoing. Notably, 60% of participants also made reference to their desire to maintain a bond with the deceased, either through their spiritual beliefs, meaningful activities, or through having physical locations and tangible mementos to remind them of their loved one. Finally, support for the assertion that “some aspects of grief may never end, even among those who appear to adapt and get on with their lives” (Stroebe et al., 2001b, p. 751) comes from the fact that, even many years later, most participants commented that they were still in a “process of grieving” and that it is a life-long process. In the words of one participant: “I’m still actively grieving and still actively finding ways to heal that grief, but both are done with awareness and intention now”. It is also worth noting that 6 of the 10 participants spoke about more than one loss during their interviews. Although participants were asked to focus on one loss for the purposes of the research, the participants nevertheless interwove their stories of other losses into their primary story. For example, one participant who was speaking of her mother’s death expressed, “When my brother passed away a few years ago I think I realised how much I did learn from the initial experience [i.e., her mother’s death]”. If grieving is a life-long process, than it is not surprising that people’s losses become intertwined as they experience each new loss throughout their life.

The constructivist models also emphasise that the grieving process is “at the same time immensely personal, intricately relational, and inevitably cultural” (Neimeyer, 1999, p. 66). The findings support this assertion, as some participants acknowledged the negative impact of society’s norms for grieving. One participant expressed that; “you get 3 days to grieve in Canada... three days, done, now you have to go back to work. We have this very high expectation of how people get over it”. Another participant spoke at length about how the lack
of rituals in our society made it more difficult for her to grieve. In the context of the
constructivist model, which highlights the interpersonal nature of grieving, it is also not
surprising that the helpful and unhelpful social support categories were the largest of all helpful
and hindering categories.

Similarly, the constructivist models posit that each person’s grief experience is unique.
Perhaps this is why the experience of empathic social support, where other people took the
time to acknowledge and understand the participants’ unique experience, was so profound for a
number of participants.

This study is also consistent with much of the research on student bereavement. First,
the finding that helpful social support accounted for the largest percentage of helpful incidents
affirms some of the findings in the existing literature. For example, the literature suggests that
talking about the death with others is among the most common coping responses (LaGrand,
1985) and that the vast majority of students found talking about the death to family or friends
to be helpful (Balk, 1997). The present study also provides partial support for the assertion of
Balk et al. (1993) that one’s classmates are not particularly good at providing support. Notably,
the participants who spoke about their classmates’ inability to provide support were older
mature students who had returned to school after a few years break. These participants
suggested that their peers’ age and inexperience with death may have contributed to their
inability to respond appropriately. At the same time, two of the younger participants
commented that their classmates were very helpful, providing both practical and empathic
support. Thus, it may be worth exploring whether the characteristics of the bereaved student
influence how their peers respond to them. It may be that older students are perceived as
requiring less support than peers who are a similar age. As one participant noted, she was
always the helper and her peers came to her for advice so they did not know how to respond when the roles were reversed.

For those participants who experienced a lack of helpful social support, their reactions are consistent with the findings in existing literature. For example, the tendency to feel resentment, and to pretend normalcy or to withdraw from others, as reported by participants in the present study, are similar to the findings of other researchers (e.g., Balk et al., 1993; Balk & Vesta, 1998; Dodd, 1988). Similarly, many participants expressed their aversion for cliches and insensitive comments, such as “time will heal”. Participants felt that comments such as this imposed expectations on them, for example, setting time limits on their grief. Consequently they felt that they had to justify their grief and felt that others did not respect their right to grieve. This finding is consistent with Vickio et al.’s (1990) assertion that, “if persons close to the bereaved fail to recognize the wide diversity of emotional and physical reactions that are normal in grief, they may intervene in ways that force the bereaved to conform to a limited view of what constitutes acceptable reactions to grief…” (p.233). Indeed, the insensitive comments and cliches seemed to be a common experience for a number of participants. Most participants tried to give others the benefit of the doubt and realised that these comments came from a place of compassion. Nonetheless, participants expressed that these comments signaled a lack of understanding on the other person’s part, and they expressed annoyance and hurt in response to these insensitive comments.

Another common finding in the existing grief literature is that the university environment is not conducive to grieving (Balk, 2001; Balk et al., 1998). Consistent with this, 60% of participants in the present study made some reference to the pressures of university. For a variety of reasons, participants felt compelled to continue with their academic studies, despite the fact that they were not operating at their full capacity. The consequence was that
many participants felt that they performed poorly. These findings are consistent with Servaty-
Seib and Hamilton’s (2006) findings that bereaved students are at risk for decreased academic
performance. Servaty-Seib and Hamilton suggest that the risk is highest during the semester of
the loss. At the same time, the present findings indicate that the impact of bereavement can
carry through to later semesters. For example, some participants noted that they continued to
experience a lack of motivation and disengagement from their studies in the semesters
following the death. Thus, it seems that bereavement can affect both current academic
functioning, as well as subsequent commitment to academic goals. As one participant
commented,

...at certain points it was like, I need to go back, I have to finish the school year. So I
went back...it had been so great before. I was really enjoying that time...But when I
came back, it was more like, I just need to finish this and go, I’m kind of done with
this...It just wasn’t the same. I just wasn’t in the same space anymore.

Of even greater concern, perhaps, is the finding that most of these participants felt that
the academic pressures meant they had little time to process their feelings, engage in activities
that would help them to cope, or spend time with family. This is consistent with the existing
literature. The present study adds another dimension to these findings, however, as they give
some insight into the internal and external sources of this academic pressure. As discussed in
Chapter 4, while student loans and scholarships present some barriers, most of the pressures to
return to classes seem to come from the participant themselves. This is discussed further in the
implications section.

Notably, 70% of participants in the present study reported helpful incidents that
involved connecting with others who have experienced loss. The benefits of this shared
experience, as reported by participants, included having permission to fully express their grief,
being able to share with others who could relate, feeling validated, receiving advice, and
feeling a sense of connection and hope. These benefits parallel those reported by students in
the bereavement support group interventions reviewed in the literature (Balk et al., 1993; Berson, 1988; Janowiak et al., 1995).

Finally, Schaefer and Moos (2001) and Edmonds and Hooker (1992) report a range of benefits associated with bereavement (see literature review). Many of the participants in the present study made reference to similar benefits. For example, four participants spoke about a positive shift in their life perspective and goals as a result of their loved one's death. Participants who received helpful social support reported improved relationships with friends and family. Some participants also talked about finding greater empathy and compassion, and wanting to use their experience to support others in their grief.

Clearly, the present study affirms many of the findings in the existing literature on student bereavement. This study does not represent a major change or departure from the existing literature. Rather, this study is a continuation of the research described in the literature review. However, by adopting a qualitative methodology, this research sought to introduce novelty, scope and depth to the existing body of quantitative findings on student bereavement. In the following section, some of the unique findings will be discussed.

**Unique findings**

Notably, none of the participants mentioned substance use, although this has been found to be associated with unresolved grief in student populations (Brown, 1990; Floerchinger, 1991). It may be that participants were not comfortable sharing such information in the context of a one-hour interview with a stranger. Alternately, it might suggest that many students do not adopt self-destructive strategies as often as suggested in the literature.

The literature also suggests that mental health and somatic complaints are common among bereaved students. It is surprising then that only 2 of the 10 participants reported feeling depressed, and few participants reported somatic concerns. This may be due to the fact that the
research, in asking students what helped and hindered them in their grieving, focused on coping mechanisms rather than on reactions and outcomes.

Another interesting aspect of this study that has not received much attention in the existing literature is the finding that the content of some participant’s studies was helpful. This finding seems to be associated with the intrapsychic process of meaning-making, as participants’ studies represented a way for them to make sense of and process their loss. This is in contrast to the finding that academic pressures can hinder students’ grieving. It seems that where students are able to engineer their course work to focus on something that is meaningful to them, school can in fact be a helpful part of the student’s grieving.

Another topic that has received little attention in the student bereavement literature is the perceived support/lack of support from professors and academic staff. The present study suggests that this is an important area for future research and is an area of practical significance as well. Notably, participants reacted with startling intensity to the supportive and unsupportive responses of professors. Most of the participants who received a compassionate response from professors spoke with clarity about the lasting impression that this response had on them. For them, the fact that the professor barely knew them but still took the time to acknowledge their loss and put aside the academics to focus on them personally was a profound experience. In contrast, participants who experienced a lack of support from professors spoke of strong adverse reactions, ranging from a desire to give up on their studies through to questioning their ability to reach out to others for support. The participants who felt let down by their professors also made reference to the power imbalance in these relationships. Thus, it seems that participants felt that their professors, because they were in a position of power over them, had a responsibility to react with compassion and concern. As one participant stated:
If I ever go to teach, and have a student who has anything happen to them, I’m going to call them. I really am. If I have to go to them or they have to come to me, whatever it takes... I believe when they’re your student, you’re the person who needs to take that responsibility...

It also seems that participants’ expectations of support from their professors was associated with the nature of their program of studies. Some participants seemed to have a higher expectation for compassionate responses from professors in the social sciences program compared to other programs, such as sciences or economics. For example, one participant stated that, “I was very fortunate to have been in the nursing profession. Because, being in a nursing school, first of all I went and spoke to my teachers when I came back and they were all completely, like they wanted to hear about what had happened”. Another participant commented that, “I’m so grateful I’m in the sociology department. I can’t imagine if I was in sciences”. Thus, it is possible that participants’ reactions to unsupportive professors were more intense compared to unsupportive responses from friends and family because they expected more from professors. It was interesting that participants were quick to excuse others in their social network for their insensitive comments. For example, participants attributed unsupportive responses from friends and acquaintances to the fact that they had never experienced death, that they did not know any better, or that they did not mean to be insensitive. However, participants did not extend this courtesy to their professors.

In a similar vein, participants who expected a supportive response from close friends experienced their friends’ lack of support as particularly hurtful. As one participant noted, “one of the benefits I think of death is that your friends sort themselves out pretty quickly.” When people provided support that was responsive to the participant’s needs, the relationship was strengthened. On the other hand, when participants did not receive the desired support, this often led to a fractured friendship.
Finally, a number of participants described how the presence of family was helpful for them in their grieving. There were some interesting anomalies in the findings, however, as three participants talked about how their family’s way of grieving was distressing, but then also spoke of helpful incidents which involved being in the presence of their family. This overlap suggests that the presence of family is perceived as supportive even when the family is not talking about their loved one’s death. The idea that there may be different components to family support has not received much attention in the literature on student bereavement.

**Practical Implications**

This study has some important practical implications. First, the majority of participants reported that it was helpful to speak with others who had experienced the death of a loved one. In light of this finding, grief support groups on campus might be of benefit. In fact, two participants expressed a desire for such a group. One expressed that a group would have been helpful because it would have provided a space where she could talk openly about her experience, and it would have helped to normalise her loss. Another participant described how a specialised group would have helped:

> I think what probably would’ve helped quite a bit, at my time at [university] anyway, would be, I don’t even know how you’d organize it, but either a discussion group or a forum or a group session for people, for young people who have lost partners, because it’s so lonely when, especially when you’re in your early 20s and you have all these girlfriends who are in these amazing long relationships...

Also, the perceived helpfulness of sharing one’s experience did not depend upon the closeness of the relationship. This finding suggests that bringing together strangers can still be helpful, so long as group members share a common experience.

Second, the finding that helpful and unhelpful social support were the most frequently mentioned critical incidents in this study reflects the important role that social support plays in grieving. In light of this finding, it seems that university students might benefit from
educational programs that sensitize them to bereavement issues and provide guidance on how to respond to their bereaved peers. Dodd (1988) described an innovative approach to doing so. In his undergraduate human interaction skills courses, he held student panel discussions in which he invited bereaved students to speak to the class about their experience. In addition to sharing the circumstances of their loss, the bereaved students talked about the aspects of social support that they found helpful and hurtful. Panelists were then asked to summarise their views of "do's and don'ts". Finally, the class had the opportunity to ask questions and engage in a discussion with panelists. Dodd noted that panelists appreciated the opportunity to share their experience, and audience members reported increased confidence in their ability to respond to bereaved peers.

The results of the present study might also inform the development of programs to train student advisors and academic staff to support bereaved students. Given that these groups generally have substantial contact with students, they are especially well poised to provide assistance. Training which focuses on common symptoms of grief, the importance of normalising grief, and the availability of bereavement-related services on campus would be valuable.

Professors might also benefit from some professional development to educate them on the impact that their response has on students. Professors and advisors also need to know that their role, as perceived by bereaved students, includes providing support and information, and advocating where necessary- and doing all this with compassion! Also, a few participants noted that having a prior relationship with the professor was an important prerequisite in their ability to comfortably approach professors to ask for academic concessions. Others noted that, because it was harder to hide their grief in the smaller classes, they were more likely to approach the professor in these classes for support. In light of these findings, counsellors and
academic staff may want to pay particular attention to students in larger classes (i.e., typically 1st and 2nd year classes), as these students may be less likely to self-identify to their professors or student services.

Servaty-Seib and Hamilton (2006) note that “bereaved college students are not an easily recognisable or identifiable population”. Thus, it is important for universities to examine their policies for identification and referral of bereaved students. Some researchers have suggested that this might be facilitated through the establishment of “an identifiable place on campus where bereavement support and information can be readily received” (Servaty-Seib & Hamilton, 2006). In the present study, some participants reported a lack of awareness of campus resources. Thus, a specialised service of this nature, which focuses on outreach and adopts innovative approaches to educating students on available bereavement support services might be helpful.

Consistent with this recommendation, two participants spoke of the need for universities to take a more proactive response in supporting bereaved students. First, one participant wondered if a policy could be instituted so that students are contacted by counselling services when they report a death in the family to their professor or academic advisor. She felt that it would have been helpful to receive a call from somebody saying “I hear there was a death in the family. If you need anything, you know, we actually care”. She expressed that, rather than just rubber stamping a student’s request for concessions, a compassionate response would help students feel less like a number. Another participant felt disconcerted by the lack of information that Arts Advising provided regarding the steps she had to take following her aunt’s death. She reported that it would have been helpful to have a handout of some sort, to outline the policies and procedures. This would have alleviated the anxiety she felt about needing to get all her business taking care of.
The finding that some participants found meaning in their course work might also inform academic policy. Professors and staff might give some thought as to how they can adapt their program to allow bereaved students to use their course work as a positive coping mechanism. For example, if students have deferred course work or exams, perhaps they could be given the choice to engineer their outstanding work so that it allows them to address grief while achieving other ends. This preference will vary among bereaved students, and may not be advisable too soon after a death; however, in light of the present findings, it seems that it would be beneficial for at least some of the students.

The importance of being in the protective presence of family may also be significant for those students who are attending school away from home. It seems that the helpful aspect of the family support is not so much in the talking with family, but about being in the actual presence of family. Thus, it might not be enough for participants to simply call home to talk to their families. Perhaps some students could be encouraged to take a break to spend time with family, in order to get the full benefits of this support. Policies that allow students to take time off without penalising them would be of benefit in this respect. For example, Servaty-Seib and Hamilton (2006) suggest the establishment of academic “bereavement leave” policies for students, for example 3-5 bereavement days which are usually offered in the workplace. They assert that a university-wide policy “would provide consistency and protection for bereaved students” and would eliminate the risk of professors making idiosyncratic decisions regarding student concessions. While this policy seems like a good idea, an important caveat would be to ensure that there is enough flexibility in the policy to accommodate each student’s unique needs.

Also, counsellors and academic staff may need to work with students to help them identify their priorities. Indeed, the present findings suggest that, for many bereaved students,
the pressure to continue their studies comes from within themselves. Thus, counsellors might focus on helping the student delineate their needs. This might entail giving them information on how grief can impact them, so that they do not underestimate the intensity of their grief or overestimate their ability to function. This might also mean challenging students on their priorities, and helping them to weigh the pros and cons of continuing a full course load. Student should also be warned against making important decisions in the period shortly after experiencing the death of a loved one. For example, one participant described how she learned not to make big decisions soon after learning of the death of a loved one. She spoke of how her decision to return to Italy came out of a space where she was saying to herself “this will help me deal with it; this will make me feel better,” when in actuality, it exacerbated the feelings of grief and made them feel overwhelming. She noted that “sometimes, the things you think will be most helpful are actually the least helpful.” Thus, the presence of an objective person, whether a professional or a family member or friend, to help vulnerable students in their decision-making may be helpful. These findings also have implications for policies on allowing retroactive withdrawals where students chose to proceed with coursework when they were not operating at full capacity.

Given the importance that participants placed on maintaining a connection with their loved one, counsellors might also normalise students’ desire to hold onto physical mementos, especially because some well-meaning but misguided family and friends may encourage them to get rid of reminders. Counsellors might also help students to identify meaningful places that they can go to reconnect with their loved one, or explore their spiritual beliefs with them. Similarly, given the helpful aspect of shifts in life perspective and goals, counsellors might help students explore the “benefits” of their loss, for example by encouraging them to reflect on how they have changed and coped. That said, it is important to wait until the student is
ready to engage in this process of meaning-making. Also, although some participants reported that they appreciate the structure that school provides, it seems important that counsellors and academic staff conduct a full assessment to identify whether school is providing structure, or whether the student is using school as a means of suppressing their grief.

This section has focused largely on how university staff can respond to support bereaved students. Given that bereaved students are at risk for poor performance and perhaps dropping out, if universities establish programs to support this population, they may be able to increase student retention, graduation and long-term alumni support (Balk, 2001); therefore, such programs would benefit the bereaved student as well as the general university community.

**Limitations**

It is important to consider some of the limitations of the present research. First, this study is limited by its reliance on volunteers. It is possible that participants who elected to participate differ in some way from those who did not volunteer. For example, participants who volunteered may have adjusted more successfully to their loss and may therefore have been more willing to talk about it. However, this study does not claim to generalize from a specific sample to a specific population and it is acknowledged that the findings may or may not fit for all students who have experienced the death of someone close to them.

Second, this study did not consider personality traits, or factors such as optimism and resilience, of participants. No inferences are made about such factors, although they likely play a role in bereaved students’ experience of grief. Furthermore, it is worth noting that the participants in this study appeared to be experiencing “normal grief”. There has been a movement among researchers and clinicians in the grief/bereavement field to distinguish between normative grief reactions and complicated grief disorder. Symptoms of complicated grief disorder include “intense intrusive thoughts, pangs of severe emotion, distressing
yearnings, feeling excessively alone and empty, excessively avoiding tasks of reminiscent of
the deceased, unusual sleep disturbances, and maladaptive levels of loss of interest in personal
activities” (Horowitz et al., 2003, p.290). Although no formal assessments were conducted, it
seemed that individuals who volunteered to participate in the present study were not
experiencing symptoms of complicated grief. This is an important consideration as the
research suggests that “in situations of normative grief, individual’s natural (coping) tendencies
are often sufficient” to allow them to cope without the aid of counselling or support groups
(Matthews & Marwit, 2004, p.857). In contrast, it is believed that, for individuals who are
experiencing complicated grief, their “normal coping tendencies are not working, and that
therapeutic intervention is needed” (Matthews & Marwit, 2004, p.858). Thus, the findings
may have been different had the sample included individuals who were experiencing
complicated grief. For example, in light of the existing research, participants with complicated
grief may be more likely to report seeking counselling or professional supports. Further
research into the helpful and hindering experiences of individuals who are experiencing
complicated grief is necessary to identify criteria to support this high-risk subset of bereaved
students.

Finally, the group of participants were heterogeneous with regard to the nature of their
loss, time since the loss, relationship to the deceased, and past experience with loss, all of
which contribute to the grief experience (Stroebe et al., 2001a). At the same time, this
diversity in participant characteristics perhaps helped to strengthen the findings, as Woolsey
(1986) suggests that the inclusion of a heterogeneous sample of participants maximizes critical
incident diversity, which in turn strengthens the comprehensiveness of the categories.
Furthermore, despite the diversity in participants’ background and loss characteristics,
common threads were identified in the 10 participants’ experiences. This finding is consistent
with observations of other researchers. For example, Janowiak et al. (1995) found that, “although the losses experienced by the participants in our bereavement group were not all the same, the grief processes of all our members consisted of common threads that held the group together, regardless of the type of loss” (p.63).

**Future research**

In addition to deepening our understanding of students’ grieving process, this study raises new questions and suggests topics for further investigation in the area of student bereavement. First, the idea that there may be different components to family support has not received much attention in the literature on student bereavement. Future research might explore what aspects of family support are perceived as helpful/not helpful.

Furthermore, future research might explore how the bereaved individual’s expectations of support mitigate their reaction to people’s responses. Given the intensity of participants’ responses to the perceived support/lack of support of professors, this area in particular warrants further attention. This might include a focus on how the *role* of professors—particularly their perceived position of power—relates to students’ expectations about how professors should respond.

Notably, a few participants in this study talked about their experience in the context of their area of study, and expressed that their experience might have been different had they been in Sciences or Engineering rather than in Social Sciences. Servaty-Seib and Hamilton (2006) also noted a disparity in responses among students from different academic departments. They found that a higher percentage of liberal arts students compared to engineering students, self-presented to the Office of the Dean of Students. Thus, it might also be worth exploring the differences in impact and coping behaviors among students from different academic areas of study.
Future research might also probe students' help-seeking behavior. Both the present study, as well as existing literature, indicate that few students seek university counselling resources to support them in their grieving. The reasons for this are unclear. The fact that 70% of participants reported an incident involving helpful social support suggests that they may have sufficient support in their existing network. Thus, it may be the case that they do not need counselling. One participant noted, “my friend did actually recommend going to counseling. But at that point I didn’t really think that I needed it...because I have people that I can talk to about it.” However, this same participant noted that as time passes, she has more difficulty obtaining support from her primary social network. Thus, it might be the case that counselling would be helpful after a period of time. At the same time, another participant sought counselling but was dissatisfied with the experience and did not return. It is also possible that participants sought counselling but did not report it. Or it may be that students are unaware of the availability of counselling. Research, which directly asks students about their experience with professional supports, and investigates what stops them from seeking such support, might be helpful.

It is also recognised that the methodological approach can influence the type of results obtained. For example, in asking students to describe what helped and what hindered them in their experience of grief, the present study focused more on coping than on outcomes and grief reactions. Notably, only three participants alluded to a shift in life perspective and goals as being helpful in their grieving. This may be an artifact of the expanded critical incident technique methodology, with its focus on specific experiences. That is, it is possible that more participants experienced a shift but did not talk about it because it is difficult to articulate how intrapsychic experiences are helpful. This may explain why experiences relating to social support were the most commonly mentioned, as these experiences tend to be more concrete
and are therefore easier to describe in detail. Indeed, research on students' experience of grief can be approached from many different perspectives, each of which may yield different findings. For example, a phenomenological approach might be used to examine students' experience of grief; such research might provide more insight into the role of intrapsychic experiences, such as meaning-making, in students' grieving process. Alternately, a narrative approach might provide more insight into the trajectory of students' grieving process. Longitudinal research might also be helpful to track what helps and what hinders students over a number of years. Such findings could provide insight into whether different supports are more or less effective at different points in a person's grieving process. Generally, further qualitative research using alternate approaches is warranted, and the findings would continue to add novelty, scope and depth to the existing body of literature on bereaved university students' grief experience.

Finally, it is hoped that the results of the present study will be used to inform the development of programs to support bereaved students; for example, bereavement groups on campus or programs to train peers and advisors on how to support bereaved students. Further research into the effectiveness of these programs, using a combination of qualitative and quantitative methods would add to the research, and hopefully inform the development of further programs to support bereaved students. Overall, in informing effective support services and policies, the present study can help to promote physical and mental well-being, successful academic adjustment and healthy social functioning among bereaved university students.
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APPENDICES
Bereaved university students' grief experience: What helps and what hinders?

ADVERTISEMENT TO RECRUIT PARTICIPANTS

Dear Sir or Madam:

Lisa Milis is seeking university students who have lost a close family member, partner/spouse, or close friend through death to participate in a research study. The research is being conducted as one of the requirements for a Masters degree in the Faculty of Education at the University of British Columbia.

You are invited to participate if:

- You were a university student at the time of the loss
- You would like to talk about your experience for research purposes

Purpose: The purpose of this study is to develop a better understanding of bereaved university students' grief experience. Specifically, the study will explore the meaning of events or experiences that helped or interfered with students' grieving process.

Study procedures: If you choose to participate in this study you will be interviewed face-to-face by the co-investigator, Lisa Milis, about your grief experience. You will be invited to discuss events and experiences that made it easier or harder for you to grieve.

The interview will be audiotaped and relevant information will be transcribed. The information will then be analysed by the co-investigator for patterns and meanings. You will then be asked to provide feedback on the initial findings. The total amount of time that will be required of you to participate fully in the study is approximately 1.5 - 2 hours.

The findings of this study may be used to develop supports for bereaved students.

Confidentiality: All names and identifying information will be altered in the transcript to protect the confidentiality of your identity and others mentioned in the interview. All documents and audiotapes will be kept in a locked filing cabinet. While the transcribed interview data is on computer, they will be password protected. In any publication resulting from this research, the participants' identities will be kept strictly confidential. The participants will not be identified by the use of names or initials. You may have a summary of the final research findings if requested.
Appendix B: Consent Form
**Consent:** Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study without consequences at any time. By signing below you consent to participate in this study. By signing below, you also acknowledge you have read this consent form, and have been provided a copy of this consent form for your own records.

__________________________  __________________________
Printed name of participant  Date

__________________________  __________________________
Signature of participant      Date
Appendix C: Bereavement Support Resources Handout for Participants
BEREAVEMENT SUPPORT RESOURCES

If you are feeling distressed, or if you feel like you would like to talk to someone, the following low-cost services are available to you.

University Counselling Services

Your university counselling center offers free one-to-one counselling.

University of British Columbia:
Student Counselling Services is located at 1040-1874 East Mall (in Brock Hall)
For further information call (604) 822-3811 or check their website at:
http://students.ubc.ca/counselling/

Simon Fraser University:
The Health, Counselling and Career Centre is located on the ground floor of Maggie Benston Centre, off the Convocation Mall, across from the W.A.C. Bennett Library
For further information call (604) 291-4615 or check their website at: http://www.sfu.ca/hccc/

British Columbia Bereavement Helpline

This is a helpline for referral and support. They can help you find local grief and counselling services to meet your specific needs.

Telephone: 604-738-9950   Toll Free: 1-877-779-2223

Living Through Loss Counselling Society (LTLC)

LTLC has a drop-in group for people who have issues related to loss through death. These sessions focus on sharing experiences, learning about the reaction to grief and loss, and coping mechanisms. The sessions take place Wednesday afternoons from 2:30 – 4:00 p.m. The sessions are free but donations are accepted.

Where: #210 1847 - West Broadway, Vancouver
Telephone: 604-873-5013   e-mail: ltlc@sprint.ca   Website: http://www.ltlc.bc.ca/
Appendix D: Interview Questions and Protocol
Interview questions and prompts

A semi-structured interview was used to gather information on helpful/hindering experiences. The interview questions were adapted from Easton’s (1986) critical incident study on the grief experience of widows.

Orienting statement and background information:

I began by briefly introducing the purpose of the study. At this time, I collected some demographic and background data on the participant’s loss. Rather than giving the participant a questionnaire, I collected this data in person; this process allowed me to establish rapport with the participant. The information gathered at this stage of the interview also yielded important contextual information, which was used when analyzing and interpreting participants’ responses. Thus, before I asked the research questions, I used the following orienting statement:

“The purpose of this study is to gain a deeper understanding of students’ grief experience. Specifically, I would like to find out what helped and what didn’t help you during your experience of grief. Before we begin, I would like to gather some background information. I would like to ask you some questions, which I am asking all participants.

1. What age are you now?
2. What is your ethnicity?
3. Are you currently in school? (If so, what year are you in? What is your program of study?)
4. Have you experienced more than one death of someone close to you? If so, is there one loss in particular that you will be focusing on for this study?
5. Can you tell me a bit about your loved one who died?
• What was his/her name?
• What was your relationship to X?
• How old was X when he/she died?
• When did X die?
• How old were you when X died?

6. Can you share with me some of the circumstances around X’s death?

7. Can you tell me a bit about how X’s death affected you?

I used basic empathy and active listening to explore the participant’s grief experience. Once the participant had shared a bit about their loss, I oriented the participant to the research question:

“Thank you for sharing your story with me. As part of the research, I would like to know in specific detail what you learned or discovered that helped you while you were grieving, as well as specific things that made it difficult for you. These might include things that you did, or that others did, things that happened to you or thoughts that you had”.

I then asked them the following research questions.

Hindering Incidents

“Think back to a specific experience that you felt was difficult or not helpful for you while you were grieving. What was it about the experience that made you feel that way? Take your time to think about a specific experience. When you feel like you’re ready, I’d like you to describe it in as much detail as possible.”

Follow-up questions:

• Can you give me a specific example of a time when...

• How did that experience impact your grieving process?
What was it about that experience that was so difficult?

What was most meaningful to you about that experience?

**Helpful Incidents**

"I’d like you to think back to a specific experience that you felt was helpful for you while you were grieving. What was it about the experience that made you feel that way? Take your time to think about a specific experience. When you feel like you’re ready, I’d like you to describe it in as much detail as possible."

**Follow-up questions:**

- Can you give me a specific example of a time when...
- How did that experience impact your grieving process?
- What was it about that experience that was so helpful?
- What was most meaningful to you about that experience?

After the participant has described each incident in adequate detail, I encouraged the participant to think of another helpful or hindering incident using the above questions and prompts. Participants tended to move back and forth between the helpful and hindering incidents.

Once the helpful incidents had been exhausted, I asked participants one final question:

"We’ve talked a bit about experiences that were helpful or hindering for you. Is there anything that you wished would have happened that would’ve made it easier for you to grieve?"

Finally, I closed the interview by asking the participant: "**Thank you for your participation. Before we end, is there anything else you’d like to add that you think we’ve missed?**"
Appendix E: First letter of contact for follow-up and example of a summary of helpful/hindering experiences that was sent to a participant for feedback
Dear participant,

Below is a summary of the helpful and hindering experiences that you shared with me in the first research interview on [date]. These summaries are intended as a snapshot at the time of the first interview. As such, the summaries will not include any new information or events which have taken place after the date of the first interview.

As a reminder, I include here the principal research question that you were asked at the first research interview: 
*I would like to know in specific detail what you learned or discovered that helped you while you were grieving, as well as specific things that made it difficult for you. These might include things that you did, or that others did, things that happened to you or thoughts that you had.*

**Feedback on the summary of categories and meanings**
The brief summary of the helpful and hindering experiences are a snapshot of the data you provided in the first interview. The individual experiences will be edited and integrated with those of other participants prior to publication of the research.

Would you please review the experiences for the following:
- Has the researcher captured where you were at the time of the interview?
- Can you see yourself in this summary of experiences?
- Has the researcher missed anything of importance to your grieving process at the time of the first interview?
- Is there any information that you would like to revise or omit from the descriptions?
- Do you have anything to add to the summary of experiences?

If you have any questions or would like more information, I would be happy to provide that for you.
OVERVIEW:

Helpful:
1. Support of others
2. Having physical mementos of loved one
3. Sharing experience with others who have also experienced a loss
4. Supportive professors
5. Engaging in meaningful activities
6. Presence of family

Hindering
7. Lack of support
8. School as a hindrance to the grieving process
9. Family politics/tension hindering
10. Encountering reminders
11. Sadness about last moments together and questioning right to grieve

Helpful experiences

Support of others
The experience of being supported by her friends, and particularly her classmate, was helpful. The participant shared some examples of how she experienced this support. First, she appreciated how one of her classmates “jumped in…right away” and helped her out, for example by contacting her professors to let them know what happened and taking notes in the classes she missed. Having this practical support alleviated some of the stress of school, so that the participant was able to focus on herself and her family.

The community’s response was also significant. She talked about how people from her mom’s work, as well as others in the community, pulled together and provided food, flowers, and cards to the family. The participant also appreciated gestures from sympathetic others, such as receiving flowers. She was grateful for the many comforting emails that she received from others, and felt that they were something she could refer back to when she was having a bad day.

She also described how her classmates and close friends allowed her to talk about her cousin’s death and her grief. The key aspect of this support was in being able to talk about her loss with others who were understanding and there for her. This support was congruent with her style of coping, as she describes how she’s an expressive person and that talking helps her work things out. She reports that if she’s unable to express what’s going on for her, then she bottles up the feelings and she becomes “a lot more stressed out”.

She also appreciated how, every once and a while, her classmate asked her how she was doing and continued to acknowledge the participant’s loss and grief. In following up with the participant, the classmate encouraged her to check in with herself about how she was doing. According to the participant, “the follow-up is nice because even though I think that I’m doing ok...you can kind of push it aside. Getting that follow-up and being able to talk about it again, it’s always, I find it helps me”.

The participant also heard from her family how her cousin looked up to her and her husband. This validation of her relationship with her cousin was also helpful for the
participant, particularly since she was questioning her right to grieve and was feeling sad about her last moments with her cousin at Christmas.

Overall, the key aspects of the support were: receiving practical support to alleviate stress of school; being able to express herself, having her grief and her relationship with her cousin validated; having external encouragement to check-in with self; continued acknowledgement of her grief.

Sharing experience with others who have also experienced a loss
The participant found comfort in the shared experience of others who had experienced the death of a loved one. She describes how her friend, having been through grief, was able to talk about what helps, and recommended books that would be uplifting or helpful. In addition to the helpful advice, the fact that her friend actually listened when the participant talked about her experience was significant. She also described her connection with two girls in her program who had lost their mothers to cancer, and to a friend who lost someone close.

The participant expressed how, when she encounters people who haven’t experienced death, she feels that she has to keep it at a surface level. This poses a conflict for the participant, as she said that she “wants to tell them everything about it. So they can understand. But then you think, oh, they don’t really care that much”.

On the other hand, she spoke about how people who’ve experienced the death of someone close can relate because “they know how awful it feels”. Connecting with these people gives her hope, because “they’ve already been through a certain level of grief”, so when they say that it does get better “you can trust them”.

Supportive professors
The participant experienced her professor’s response as very supportive. She spoke about how her professors were compassionate in their response and wanted to hear about what happened and how she was doing. They provided individualised support by accommodating her needs both right after her loss, and also by opening the door for her to approach them at any time in the term. The participant described how one professor had tears in her eyes when she told her of her cousin, and how touched the participant was by this expression of compassion. The professor’s response was helpful because, in addition to feeling supported, the participant had the space to grieve and spend time with family.

Engaging in meaningful activities
The participant expressed that she likes to feel proud of her cousin and to share with others who he was. One of the ways that the participant and her family were able to celebrate his life was through a fundraiser on his birthday to raise money for a scholarship in her cousin’s name. The scholarship was for students interested in Engineering, since her cousin planned to go into Engineering. She described how this event kept her cousin’s memory alive and how, “when I tell people about it...it’s keeping him in my life”, “it’s something you can build on over the years...It’s like a memory of him”. The participant talked about how the fundraiser also allowed the family to try to make something good come of something so tragic. This is consistent with the participant’s way of coping, and she talks about wanting to focus on his life and how wonderful he was.

Physical mementos of loved one
The participant appreciated having a picture of her cousin on hand as a helpful part of her grieving process. It was important for her to share the picture with others when she was
talking about her cousin, so that they were “able to visualise who this person was that I was talking about so that it could become more real”. She also felt that, if she didn’t have a reminder of her cousin in the physical environment, that it would be easy to “get caught up with everything” and she might “go a week or 2 without even thinking about him”. She talked about how it is easy to push the painful issues aside, but at the same time it’s important for her not to forget him. The photo was therefore an important reminder for her.

**Presence of family**
The participant expressed how it was helpful to be around family while coping with the death of her cousin, because “they’re the only ones that would feel the same sort of intensity of emotion as me”. Being around family, who understand the loss “on a different level” allowed her to be real, and grieve with the intensity that she felt.

**Hindering experiences**

**Lack of support**
The participant found it difficult when her sisters were unreceptive. She spoke about how she tries to talk to her sisters about it now “but they’re not really as deep...they’ll talk about it but not really talk about it”. The participant’s experience of being shutdown by her sister when she wanted to talk about the man who had a stroke was hard. She described how, as a result, she “just took it and shut it off and just said, ok, she’s not willing to talk about it right now...then I just shut if off. And then I think it just kind of bottled up inside”.

**School as a hindrance**
The participant described how her professors and friends gave her permission to put school aside and focus on herself, which she felt was helpful. Nevertheless, the participant reported that she was still somewhat conflicted because “school all the time seems to take precedence”, especially in her program, which she found was very demanding and required a high degree of commitment. She was only 1 week into her program when her cousin passed away, so she felt some responsibility not to fall behind. She felt that the stress of school prevented her “from being able to do things that I would want to do to help with grieving”.

Her commitments to school also meant she had to stay in the city, and she found it hard to be away from family at this difficult time. She noted that if she wasn’t in school, she probably would have been home every second weekend, but was unable to go back regularly. Because she has not had the chance to go home very often, when she does return, “it’s still very fresh that he’s not there. I go home and its so much more real”.

**Family politics/tension hindering**
The participant describes how the family politics hindered her grieving by stirring up some regrets about her negative thoughts she’d had about her aunt and uncle. The participant experienced some guilt about these thoughts but felt better after sharing her concerns with her mother.

**Encountering reminders**
The participant described her experience of meeting a man who had survived a stroke in the brainstem. This was a bittersweet experience for the participant. She was able to ask him questions, for example about what was going through his mind at the time of the stroke, and
this helped her resolve some unanswered questions about her cousin’s last moments. At the same time, she was also faced with the tragedy and injustice of her cousin’s death, and wondered whether her cousin might have lived had the circumstances been different.

Sadness about last moments together and questioning right to grieve
The participant expressed some regrets about her last moments with her cousin and felt that the guilt was a hindrance to her grieving process. She recalled how the age difference between herself and her cousin meant that they had different interests, and so she hadn’t paid as much attention to her cousin at Christmas as she’d wished. She therefore felt horrible when he passed away, and questioned her right to grieve. Her guilt and regret at not having the chance to tell him that she loved him also hindered her grieving process. She felt that talking about her cousin helped her to realise how much she did know about her cousin. Recognising that they did have a close relationship despite the age difference has helped.