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# Grief and Bereavement among College Students

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## ABSTRACT

This study examines the impacts of grief and bereavement among undergraduate students enrolled at Abilene Christian University. Research indicates that bereavement is a significant matter in the lives of no less than 40% of the students on the campus (Balk, 2008). Grief and bereavement affects students holistically, impacting their emotional, cognitive, physical, social, and spiritual/religious state. Because of these impacts, it is extremely important for university faculty and administration to recognize the frequency of grief on campus. It is crucial for the university to understand how to respond to students who are grieving to ensure that we retain students. To determine how students at ACU are affected by grief and bereavement, university engagement, and retention, a survey providing a holistic grief scale and supplemental questions was administered to all undergraduates. Results indicated strong relationships between scores on the Holistic Grief Scale and academic engagement variables (i.e., considering withdrawal from the university, missing classes, and a decrease in GPA). Implications include increasing efforts to identify, and offer various forms of support to, students who are experiencing grief-related academic issues. In essence, offering such support could have a significant effect on student retention.

Grief and Bereavement Among College Students

A Thesis

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The Faculty of the Graduate School

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Of the Requirements for the Degree

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By

Kaitlin Roberts

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I dedicate this thesis to my family, fiancé, professors and classmates for encouraging me these past two years. I am so very thankful for every one of you.

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## CHAPTER I

### INTRODUCTION

The life of a college student is full of competing demands that stem from campus engagement, academic performance, social belonging, athletic pressures, and the transition from moving away from home. While college students are at risk of having many stressors, there is an added component to take into consideration: death. Elisabeth Kubler-Ross (1969) stated, “Death is still a fearful, frightening happening and the fear of death is a universal fear even if we think we have mastered it on many levels” (p. 5). Death is a natural part of life, and research has shown it is not abnormal for a student to experience the loss of a loved one while in college. Balk (2008) suggested approximately 22-30% of college undergraduates may have experienced the loss of a loved one within the previous 12-month period, and 47% are in the first 24 months of the grieving process.

Faculty and staff of numerous universities have specified that bereavement is “a defining issue in the lives of no less than 40% of the students on the campus” (Balk, 2008, p. 6). Servaty-Seib, Hamilton and Schuh (2006) noted that grieving students reported difficulty with concentrating and studying for assignments, as well as poorer grades affecting their overall degree completion. The impact of a death loss on academic and social integration “acts as a catalyst for students to re-evaluate their commitments and may lead to decreased educational performance, academic probation, academic dismissal, or voluntary withdrawal” (Servaty-Seib, Hamilton & Schuh, 2006, p. 224).

This percentage of college students experiencing a death is in part due to the later age of pregnancy by the students' parents, as well as the increasing life expectancy of parents and grandparents. While many deaths are family members, the death of classmates and friends at the university are also a percentage of the population to take into consideration. Grief and bereavement are two terms that encompass the experience of losing a loved one. Both are important to discuss while exploring the multi-faceted projection of a college student and his or her experiences of death. This paper evaluates the holistic effects of grief and bereavement on students enrolled at Abilene Christian University and draws implications on the overall university engagement and impact on retention.

## CHAPTER II

### LITERATURE REVIEW

A search of existing literature was conducted using EBSCOhost Web, using the following search terms: “grief AND bereavement,” “universities OR colleges,” “grieving students,” “academic performance AND bereavement,” “university engagement,” “retention,” “impact of grief AND bereavement,” “grief AND religion,” “grief AND physical effect,” grief AND emotional effect,” grief AND cognitive effect,” “grief AND social effect,” “bereavement AND gender,” “ bereavement AND culture.” The literature was reviewed for research to establish information on the effects of grief and bereavement among college students and its overall impact on retention.

Christ, Bonanno, Malkinson, and Rubin (2003) state that bereavement is a “broad term that encompasses the entire experience of family members and friends in the anticipation, death, and subsequent adjustment to living following the death of a loved one” (p. 554). It is a completely natural experience that all humans will endure at some time in their lives. Bereavement entails the internal psychological understanding of the loss and the anticipated adjustment. The automatic and most common reaction endured by the bereaved individual is known as grief.

#### **Grief**

Grief is more specific than bereavement in that it includes a “complex set of cognitive, emotional and social difficulties that follow the death of a loved one. Individuals vary enormously in the type of grief they experience, its intensity, its

duration, and their way of expressing it” (Christ et al., 2003, p. 555). Grief is sometimes categorized into four severity-related trajectories that include: resilience, chronic grief, depressed improved, and chronic depression. Arizmendi and O’Connor (2015) define resilient individuals as those who express “very little outward grief after a loss, and instead show a consistent low level of distress or absence of grief altogether” (p. 58). A chronic grief pattern exists when the bereaved individuals experience significant emotional pains related to the loss and continue longing for the deceased (Arizmendi & O’Connor 2015).

While three of the four grief trajectories are characterized by decreased emotional, cognitive, or social functioning, the individual showcasing the depressed improved pattern actually improves after the loss. These individuals have an “improved ability to gain comfort from positive memories of the deceased, find meaning in the loss, and show increased perceived benefits from dealing with the loss” (Arizmendi & O’Connor 2015, p. 59). The last trajectory is known as continued chronic depression and is described by high pre-loss depression levels. Reasonably, instead of recovery after the loss, depression endures and may even intensify as a result of the loss (Arizmendi & O’Connor, 2015).

### **Common Diagnoses**

There are multiple terms that have been coined to fit the symptoms that extend past the normative frequency, duration, and severity of normal grief. It is important to note the complexities of diagnosing a disorder associated with grief. Shear et al. (2011) states that “a clinician evaluating a bereaved person is at risk for both over-and under-diagnosis, either pathologizing a normal condition or neglecting to treat an impairing disorder” (p. 103). While some of these are in fact recorded in the DSM-V, there are

many that need to be further researched to indicate their validity. The most common diagnoses for grief and bereavement are complicated grief, prolonged grief disorder, persistent complex bereavement disorder, and major depressive disorder with a specifier as bereavement.

Within the past decade research has highlighted the difficulties that accompany complicated bereavement. Balk (2011) notes, “various terms have been proposed for this phenomenon: traumatic grief, pathological grief, complicated grief, and complicated mourning are some of the more common terms, while the term prolonged grief disorder has been proposed in place of the term complicated bereavement ”(p. 8).

When the symptoms of grief extend beyond depression or anxiety, the individual could be diagnosed with prolonged grief disorder (PG). Prigerson, et al. (2009) state that the core symptoms of PG include “persistent and distressing yearning for the deceased, shock and disbelief, difficulty accepting the reality of the loss, an absence of meaning and purpose in life, identity confusion, bitterness and loss of trust, and avoidance of reminders” (p. 1). Prolonged grief disorder affects at least 10% of the bereaved population and impacts the individuals significantly with impaired interpersonal and behavioral functioning, suicidality, increased use of tobacco and alcohol, and increased rates of cancer and heart disease (Prigerson et al., 2009).

The DSM-5 has a proposed criteria for diagnoses that have a need for clinical attention, including persistent complex bereavement disorder. Persistent Complex Bereavement Disorder, as termed by Robinaugh, LeBlanc, Vuletich, and McNally (2014) is a “bereavement-specific syndrome characterized by prolonged and impairing grief” (p. 510). This diagnosis was added to Section III, “conditions for further study,” of the

DSM-5 . Based on Gotlib and LeMoult (2014), the diagnostic criteria for PCBD include “persistent yearning/longing for the deceased, preoccupation with the deceased or circumstances of the death, or intense sorrow and emotional pain, which is accompanied by at least six symptoms reflecting reactive distress (e.g., ongoing feelings of disbelief that the person is gone) or social/identity disruption (e.g., difficulty trusting others since the death) for at least 12 months after the death (6 months for children)” (p. 201).

Grief and depression have historically been recognized as separate entities with overlapping emotions, especially among bereaved individuals. College students experiencing the loss of a loved one are at an increased risk of developing depression within the grieving process. Schultz, Boerner and Hebert (2008) argue that approximately 30% of bereaved caregivers, following the death of their loved one, experience depression or excessive grief. Two models exist for describing the relationship between grief and depression – a medical and social science perspective.

Francis, Kypriotakis, O’Toole, Bowman, and Rose (2015) state the medical perspective “argues that when the expression of grief overlaps with depression, grief should be diagnosed and treated as a form of depression” (p. 352). According to this model, grieving individuals who meet criteria existing in the DSM-V for major depressive disorder in early bereavement suffer psychopathology (Kendler, Myers, & Zisook, 2008). The social science perspective, in contrast, states that grief is a normal response to a profound loss and emphasizes cultural constructions of emotion (Francis et al., 2015). According to this perspective, the bereaved individual is normatively distressed and not mentally ill.

One of the recent changes made to the DSM-5 is the bereavement exclusion of major depressive disorder. This has caused much controversy and subsequently resulted in further research to decipher what this exclusion would do to bereaved individuals. The decision to exclude the bereavement specifier was to validate the reliability of the diagnosis of major depressive disorder. The “common feature of all depressive disorders remains the same: the presence of sad, empty, or irritable mood, accompanied by physical and cognitive symptoms, that significantly impairs functioning” (Gotlib & LeMoult, 2014, p. 203). The DSM-IV included a footnote that “cautions clinicians to differentiate between normal grieving associated with a significant loss and a diagnosis of a mental disorder” (American Psychiatric Association, 2013, p. 161).

### **Symptoms**

The loss of a loved one, especially while in college, can be one of the most stressful and debilitating events to take place in a student’s life. This death can precipitate depressive symptomatology, resulting in feelings of distress, negative behaviors, self-harm, substance use, and eating disorders (Walker & Shaffer, 2007, p. 67). It is important to note that grief and bereavement symptoms are unique to each individual. There is no clear-cut line on what exactly a person should experience while grieving the loss of a loved one. However, there are certain areas of a person’s life that can be affected more than others. Grief and bereavement take on a holistic impact, affecting one’s emotional, cognitive, physical, social and spiritual/religious self.

### **Emotional**

Intersecting and contradictory feelings lead grieving people to experience emotional distress and confusion. Maciejewski, Baohui, Block, and Prigerson (2007) and

Kubler-Ross (1969) express that the emotions of grief are identified by traditional stage models: disbelief, denial, depression, anger, and acceptance. Students who are grieving often exhibit a state of utter shock. This coincides with the concepts of disbelief and denial. The individual has not fully grasped that his or her loved one is permanently gone from this world. Faculty members and professionals struggle due to this lack of realization.

As illustrated by Becvar (2001), in our society “many of the typical expressions of grief include feelings of confusion and despair, forgetfulness, sleep disturbances, and extended periods of crying” (p. 37). Students who are suffering from dealing with the loss of a loved one may experience a feeling of isolation or loneliness as if no one understands how they are feeling. This can be magnified by spurts of unintentional crying and/or long periods of time spent by themselves. Other common symptoms involve sudden acts of anger, irritability, and even hostility towards others. Consequently, this behavior shows a lack of understanding from the bereaved about the normal reactions to grief.

The emotional effects of grief and bereavement are often seen by university faculty as worrisome and a cause for intervention. At times this anger and hostility is masked with a label of collegiate behavioral probation. This is because many faculty members assume a level of appropriate coping to take place among the bereaved individual. Faculty and staff members must remember that symptoms of grief and bereavement are specifically unique to the student. This allows for a better environment for the student to heal and to grasp what the next steps for their personal life and education are.



Acceptance is the comprehension that the loved one is not going to return. This is an emotional state that can at times take the longest to develop; however, some people may never reach this point. Prigerson and Maciejewski (2008) identify that the features associated with grief may in fact largely reflect an emotional inability to accept the loss. Subsequently, grief may involve the experience of emotional unrest and frustration associated with wanting the possession that is ultimately unobtainable. By contrast, “acceptance may represent emotional equanimity—a sense of inner peace and tranquillity that comes with the letting go of a struggle to regain what is lost or being taken away” (Prigerson & Maciejewski, 2008, p. 435).

While cognitive and emotional acceptance of the loss of a loved one is essential, spiritual acceptance is key to acknowledge. Chaturvedi (2009) points out that “spiritual acceptance of grief will help the grieved to understand the meaning and purpose of the loss” (p. 561). As stated in Chaturvedi’s research, Victor Frankl indicates that “suffering ceases to be a suffering as soon as it finds a meaning” (as cited in Chaturvedi, 2009, p. 102).

### **Cognitive**

Bereaved college students are at an increased risk for negative cognitive effects. Battle, Greer, Ortiz-Hernandez, and Toddd (2013) state that from a developmental perspective “a primary developmental task of adolescence is individualization, the process of establishing an autonomous identity separate from parents and other caregivers, while still maintaining a close connection to them” (p. 363). Developmentally, traditional college students, who range in age from 18-22, are in the process of individuation. This process is inherently stressful because those in this age

range are trying to find their purpose and form lasting relationships (Balk & Vesta, 1998, p. 25). Students who are currently enduring the aspects of grief often question their identity formation with thoughts of competence and self-worth. Balk (2001) noted, “individuals experience considerable difficulty recovering from grief and thereby endanger the prospects of gaining the maturity needed to lead lives filled with a sense of autonomy, direction, and intimacy”(p. 69). Therefore, the death of a parent or caregiver can be a significantly challenging event in a student’s life. A college student who experiences a loss may not be developmentally accustomed to dealing with loss and, as a result, may experience life stage-related challenges in making sense of the transitions. (Battle, et al., 2011).

The cognitive responses to grief for college students are centered on trust. Many students after experiencing grief view the world as unpredictable and recognize the “salience of being able to rely on someone else and others’ being able to count on him/her” (Balk, 2011). The self-realization of trustworthiness marks the idealized sense of self for the individual. Consequently, the recognition that bereavement has set them apart from others is also a response. Bereaved college students gain peace and hope from feeling included amongst others that are coping with the same stressors of grief. Being able to express their emotions and feelings with others allows for a sense of belonging to emerge.

Cognitively, the student may experience images or thoughts of the deceased loved one. These thoughts may bring about happiness in remembrance but could also be linked to turmoil and intrude on their consciousness. Dreams and nightmares may begin to appear in the bereaved individual’s nightly routine. The intensity and type relate to the

extent that grief is endured during the coping stages. Students who experience the negative effects of bereavement may question their sanity due to these images, vivid dreams, or nightmares. These individuals often find it hard to understand these symptoms and do not feel they can adequately illustrate them to others. These losses can “undermine an individual’s self-confidence and threaten the person’s self-image” (Balk, 2001, p. 70). Bereaved students sense that expressing thoughts and symptoms related to grief will directly impact what others think of them. It is increasingly important for the “bereaved college student to maintain (or regain) a sense of personal control and to believe they can achieve the outcomes they want” (Balk, 2001, p. 70).

The stressors of college are difficult and include academic pressures such as assignments, tests, and deadlines that are overwhelming for many students. The demands of college are at times overwhelming in the midst of being away from family, and many students take on part-time or full-time jobs in order to pay tuition and fulfill basic needs. Not only are the bereaved individuals affected emotionally but they also show problems concentrating, studying, and remembering which affects their overall academic performance. Servaty-Seib and Hamilton (2006) stated that bereaved students’ grades were significantly lower during the first semester of the loss. College students who have experienced the loss of a loved one have difficulty managing their time and staying organized. These individuals often have a hard time maintaining the academic expectations provided by professors. Professors sometimes extend assignment dates and let the student make up tests; however, students are still in the midst of grieving when these assignments are due. Many bereaved students will neglect to initiate quality time on assignments and turn them in just for completion and the idea of being done.

## **Physical**

The physical effects of grief and bereavement are at times overlooked because this is often not a presenting complaint to be discussed in conjunction with seeking help. Janowiak, Mei-Tal, and Drapkin (1995) propose that students are likely to have difficulty concentrating and studying, a decrease in motivation, and sleep disorders, which can be falsely attributed to stress instead of complications related to bereavement. Stroebe, Schut, and Stroebe (2007) suggest that individuals who have recently experienced the loss of a loved one have higher rates of disability, medication use, and hospitalization than other non-bereaved counterparts (p. 1963).

Research has shown that “high intensities of grief may in fact increase the risk to develop severe physical health disorders such as cancer or heart attack” (Stroebe et al. 2007). The physical effects of bereavement are manifested through “chills, diarrhea, fatigue, and profuse sweating” (Balk, 1999, p. 486). An associated risk also exists for bereaved individuals to develop heart disease, suicidal thoughts, and cirrhosis of the liver (Ott & Lueger 2002). Insomnia has been identified as another effect and has been determined “as a significant somatic symptom of college students in the first and second year of bereavement” (Balk, 2008, p. 8). Grieving is difficult and requires abundant effort from the individual. Therefore, it is not abnormal for a college student who is stressed from school to be exhausted from lack of sleep and explain that the energy used for normal daily activities seems harder since the loss. College students who are currently grieving the loss of a loved one are at an increased risk to develop an eating disorder. This can potentially end up being a severe and often times a prolonged disorder.

## **Social**

Not only do college students face physical effects from losing a loved one they also experience negative social effects. University environments do not always provide the tools to assist students in recovering from a loss. Bereavement impacts “social relationships as outsiders to the grief become noticeably uncomfortable when around the bereaved” (Balk, 1999, p. 486). The individual is among other students who are not always accustomed to dealing with death and loss. It does not take much for a bereaved individual to grasp that others who are unaffected do not understand. Consequently, this leaves the bereaved individual feeling isolated socially from campus engagement. Holt and Espelage (2005) explain that adolescents can indulge in the beneficial effects of reduction in anxiety level from the support they get from a number of people such as family, friends, teachers, or neighbors.

Many campus settings include students who “spend much of their nonacademic time socializing and having fun with peers, often leading to a party oriented atmosphere from which bereaved students feel disconnected” (Battle, et al., 2011). Bereaved students tend to feel unsupported and may grow further from recovering from the loss. If the individuals experience low levels of social support, then the chances of developing depression increase. While the loss of a loved one is painful, students may also experience unanticipated negative interpersonal effects. Often times secondary losses and incremental grief are associated with unaffected friends dismissing the intensity and duration of the grief and finding the grieving individual disquieting and wearisome (Balk, 2008).

## **Spiritual/Religious**

As concepts and spiritual beliefs differ across religions, the effects of religious and spiritual suffering from bereavement may also differ significantly. Spiritual struggle is common in the midst of a stressful event. For bereavement, negative religious and spiritual coping involves the understanding of events as God's punishment, feelings of abandonment by God, expressions of confusion about personal relationship with God, and reinterpretations of outcomes as acts of evil (Lee, Roberts, & Gibbons, 2013). Students who experience spiritual effects from bereavement often are searching for "answers to the existential question of why and have continued thoughts of "purpose, fairness, and meaning" (Balk, 2008, p. 9). It is not abnormal for the above appraisals to be dissettling due to the potential for thinking about a negative relationship with the divine.

C. S. Lewis (1961) explicitly explains his experience with grief during the death of his wife in his book, *A Grief Observed*.

Meanwhile, where is God? This is one of the most disquieting symptoms. When you are happy, so happy that you have no sense of needing Him, so happy that you are tempted to feel His Claims upon you as an interruption, if you remember yourself and turn to Him with gratitude and praise, you will be-or so it feels-welcomed with open arms. But go to Him when your need is desperate, when all other help is in vain, and what do you find? A door slammed in your face, and a sound of bolting and double bolting on the inside. After that, silence. You might as well turn away. The longer you wait, the more emphatic the silence will become. There are no lights in the windows. It might be an empty house. Was it

ever inhabited? It seemed so once. and that seeming was as strong as this. What can this mean? Why is He so present a commander in our time of prosperity and so very absent a help in time of trouble? (p. 17)

Students who lose a loved one are often apt to question the afterlife or heaven. They start to ponder the ideas and notions of what is thought to be heaven and try to visualize if their loved one is really there. For Christians, the history of their loved one's sins become problematic in trying to distinguish their chances of entering the "holy gates." For many people, heaven is the end of pain and suffering; therefore, if the individual lacks deliverance in believing their loved one was set free, the anguish of worrying takes over. Others who attempt to comfort the grieving individual often use the "in a better place" statement to assist the individual with their heartache. Unfortunately, students end up angered by the attempts of students trying to console them. Christians or students of any faith find themselves in a push-pull battle with two expressions: "the deep pain of losing a loved one and the joy of believing that he or she is in a wonderful place beyond the reach of earthly suffering" (McConnell, *Christians in Grief*, p. 41).

Spiritual struggle has negative implications for psychological wellbeing and predicts greater depression, suicide ideations, and a diagnosis of PTSD (Wortmann, Park, & Edmondson, 2011).

### **Gender**

There is no doubt evidence that both females and males experience grief; however, it often presents differently in both genders. There is an increased interest in researching the differences in the characteristics and coping mechanisms of females and males. Stroebe (1998) identified that "women not only have higher distress and

depression rates but also higher rates on physical illness indices such as doctor's visits, whereas men have higher mortality rates" (p. 6). This is especially important for universities because of the demand to provide services for these individuals. The counseling center, staff, and faculty need to understand the differences in coping between females and males in order to appropriately meet their needs. Research indicates that women are more distressed and depressed by bereavement than men; however, this emulates the rise in depression rates of women compared to men and the more expressive style of women in general (Stroebe, 1998). Due to personality differences, it is evident that there is in fact variation between genders and coping with loss. Studies conducted on gender and bereavement determined that "emotional distress and alcohol use have recently been viewed as gender-linked responses to the same stressful experience, with men increasing alcohol intake but not reporting emotional distress during severe stress, while women encounter the opposite" (Stroebe, 1998, p. 8).

There are multiple factors that play a role in reasoning why differences exist. Females take on a caregiver and mediator role when it comes to tasks provided after the loss of a loved one. Sandler and colleagues (2003) suggested that "girls are more likely than boys to experience increased caregiving responsibilities after parental loss and that this burden may account for bereaved girls having higher levels of mental health problems than boys"(p. 487).

### **Cross-Cultural Perspective**

In order to effectively provide any type of services to students on a university campus, we must recognize that the students enrolled come from diverse backgrounds



and cultures. Lopez (2011) established that “traditions of mourning may vary for such practices as decisions about burial or cremation, funeral or memorial services, acceptable lengths of time for grieving, expressions of grief and emotional responses of griever, use of customs and rituals, and help-seeking behaviors” (p. 10). It is important to be informed of the varying practices, beliefs, and values that different cultures adhere to. As a university, preparing faculty and staff as well as students how to appropriately communicate and intervene across cultures is vital. This method will eliminate the unintentional acts of offending students through disregard or insensitivity. Many college campuses pride themselves on accumulating a diverse population of students. Whether this be because of sports, academics, or scholarship opportunities, many students come from all over the world to attend specific universities. Accompanying this challenge lies within the United States “through immigration and exposure to diverse cultural groups, patterns of mourning and accepted practices of grieving have changed over time and will likely continue to change” (Lopez, 2011, p.10).

Grief is experienced differently across cultures and ethnicities. It should be taken into careful consideration in order to negate imposing beliefs on people whose cultural background is constructed on other values. One important culture to examine in terms of coping with grief is the Latino/a Americans. For Latinos, the practice of expressing their feelings to anyone outside of the family is not frequent. Schoulte (2011) determined that they “will consult with other family members before important decisions are made, issues that might cause shame or guilt may not be shared and are even more rarely expressed to individuals outside the family” (p. 13). Research suggests that the intensity of the grief endured is much higher for individuals who lose their loved one unexpectedly. Mourning

the loss of a loved one is a sociocultural construct and therefore the issue of racism is important to discuss. University staff needs to understand the cultural aspects of oppression including violence, poverty, and access to healthcare in order to establish a plan of action moving forward. In addition to racism, Falicov (2000) included that circumstances surrounding death, religious influences, and spiritual beliefs may also affect the overall grieving process for Latino Americans.

Another significant culture and ethnicity to examine in terms of coping with grief is African Americans. There are many concepts that may influence the experience of mourning for this culture, such as spiritual beliefs, social class, geographic location, family influences, and political contexts. Barrett (1995) explained that traditionally African Americans transition their loved ones to the afterlife by prayer and meditation. Many Christian traditions hold true to the African American culture of bereavement. In the eyes of this ethnicity, “death is viewed not as the end of life but as the beginning of a new type of life” (Schoulte, 2011, p. 15). Many African Americans hear spirits in their dreams or feel the presence of their loved one among them. Like many cultures, the African Americans attend funerals to acknowledge the passing and to pay their respects. Grief may be freely expressed among African Americans especially at funerals and events of gathering. Jackson (2006) described the free expression as a form of falling out and characterized this as a dissociative reaction, dizziness, or fainting spell during much psychological distress.

Research established that Chinese people of Taiwan emphasize the importance of family. Rosenblatt (2008) stated that among the Taiwanese “women worked together to reconnect with a deceased husband/father through maintaining the status quo that existed

before the death, restoring the image of the deceased to the place occupied before the death, and communicating with the deceased” (p.12). The ways in which the Taiwanese cope with loss is seen as a family effort in hopes to provide wholeness for all involved.

As a university, it is imperative to decipher the culturally specific forms of coping demonstrated of grief. The above cultures and ethnicities experience unique ways of mourning and, therefore, provide barriers in which staff and administration feel unprepared to manage. The high percentage of diverse students at a university allows for these numerous styles of coping to be exalted on campus. If we are not culturally sensitive to these students, we might in fact view their actions as pathological and not normal. It is especially vital for staff to assess the role of spirituality in student lives. This could be a beneficial route in order to appropriately understand their actions and provide services.

### **Retention**

With all of the above effects and appraisal for university engagement, the concept of retention is important to address. When students withdraw prematurely, the university experiences decreased revenue, and increased spending, for universities. Bishop (2010) identified several factors that necessitate increased spending to maintain enrollment. Such factors, in the words of Bishop, include "academic failures, financial concerns, socioemotional problems, and other issues that may cause students to leave the institution" (p. 252). Furthermore, retaining students stabilizes tuition revenue while preventing unnecessary expenditures on efforts to recruit students to replace those not retained. The goal of retention is to keep students at the university in order to negate having to recruit them.

When researching grief and bereavement among college students, retention plays a vital role in university support programs. If a student is affected by the death of a loved one and does not receive support and assistance from the university, he or she is likely to not return. Research reports that students are more likely to stay committed and finish at a university when they are in their junior and senior years of college. Boyraz, Horne, Owens, and Armstrong (2013) note that “most of the dropout from four-year institutions occurs during the first year of college” (p. 583). This dropout increases when there is a traumatic event such as the death of a loved one that occurs during the student’s time at the university.

It is essential for faculty and administration to adhere to the student’s overall needs while the student is enrolled in the university. Balk (2001) identifies the rationality of developing and implement interventions to help grieving students because of the effects bereavement has. These effects increase the risk of doing poorly in their studies and may in fact assist in them not returning to the university. It is apparent that “if for no other reason than a university’s interest to increase student retention, graduation, and long-term alumni support, it makes sense for a university to engage systematically in efforts to assist bereaved students” (Balk, 2001, pg. 73).

### **University Engagement**

It is understood that the experience of losing a loved one for college students cannot be prevented. However, it can be ensured that individuals affected are appropriately and adequately cared for during that time. The university plays an instrumental role in making certain the bereaved students are assisted and feel supported on campus. Most college campuses offer counseling or institutional interventions for

students, although some universities have begun using outside community resources to help in supporting. It is important to point out the high level of stigma that is attached to a counseling center or the idea of receiving psychological help. Most of the time students who are grieving turn to classmates, roommates, and friends in the search for support and understanding (Cox, Dean, & Kowalski, 2015). While a recently bereaved individual lacks the knowledge to appropriately cope, the peers of the student are also not equipped to navigate through the holistic impact grief takes on.

One important task towards helping students who are in the midst of bereavement is training university faculty and staff. Professors, university administrators, and staff should be trained in the treatment of grief and how to appropriately approach a student who is grieving.

## CHAPTER III

### METHODOLOGY

If grief and bereavement impact a student's life holistically, affecting their emotional, cognitive, physical, social and religious/spiritual being, there is a big need for university engagement and support. Therefore, if support and assistance is not provided to students, the issue of retention arises. In order to effectively understand a student's experience of grief on campus, this researcher surveyed the undergraduate population at Abilene Christian University.

#### **Research Design**

This study focused on the frequency of students and their experiences with grief while attending the university. This study also explored the impact of university engagement as well as factors associated with grief and retention. A non-random, cross-sectional, survey design was used in this study. The study explored the frequency of undergraduate students at ACU who have experienced the loss of a loved one and its impact on retention. The survey was conducted online using Survey Monkey. Students were given the option to participate in an anonymous survey. Students indicated their consent by selecting "Next" at the bottom of the Consent to Participate page of the survey and were directed to the holistic grief scale, developed by David Fireman, LCSW.

#### **Participants**

This survey utilized the current population of undergraduate students at Abilene Christian University. Participants were required to be currently enrolled as a student at

ACU during the Spring semester 2016 and at least be 18 years of age. A list of undergraduate student email addresses was obtained from the director of the SOAR program who had access to that data. An email invitation to participate in the study, by completing an online questionnaire, was sent to this list using blind carbon copy (bcc).

### **Data Collection and Measurement**

Survey items consisted of 32 items on the Holistic Grief Scale. This scale measured emotional, cognitive, physical, social, and spiritual/religious components of grief. Participants indicated their experience of, and severity of, each item by rating the item on a 10-point scale, where 1 means they have not experienced the symptom and 10 means they have experienced the symptom to a severe degree. This scale was developed by David Fireman of the Center for Grief Recovery and Therapeutic Services and was used with permission from David Fireman. Several additional items were added to the questionnaire to help evaluate the relationships between grief scores and academic issues arising because of grief (see Appendix B). All data was anonymous, and analysis and reporting was at a group level. Data was secured by storage in password-protected locations. Such locations included

- The Survey Monkey server.
- A password-protected electronic file (Microsoft Excel or other format suited for storage of such data) located on a password-secured device (USB drive or computer hard drive).

Only the researcher and supervisor know the username and password combinations for these locations. When the study was completed, data was destroyed.

## **Analysis**

For statistical purposes, approximately 100 responses indicating some experience of grief were desired. This implies that a much larger number of total responses were anticipated. To truly represent the student population, since random sampling is not used, a response rate of 70% to 80% was desired. The primary method for data analysis used a linear model of statistical analysis. This included bivariate or multivariate procedures to identify the existence of significant linear relationships between grief scores and academic variables (e.g., grades dropping, missing classes, considering withdrawal, etc.). Descriptive statistics was also used to describe characteristics of respondents. Computer hardware and software was used to perform the statistical tests. As SPSS is widely available on the ACU campus, this software was used for data analysis. Microsoft Excel was used to prepare tables and graphics to facilitate presentation of results. Such equipment, software, and procedures are widely accepted methods for data analysis of survey data.



## CHAPTER IV

### RESULTS

There were 272 total respondents who said yes to having experienced a loss of a loved one while enrolled at Abilene Christian University. Table 1 shows the demographic characteristics of respondents. Of the total sample, 53 were freshman, 49 were sophomore, 86 were juniors, and 84 were seniors. As Table 1 displays, the majority of respondents were female, making up 76.90% of the total sample. The table below shows that 205 (75.10%) respondents were White or Caucasian, and the lowest percentage was American Indian or Alaskan Native at 0.40%. The highest percentage of respondents identified themselves as being Christian at 153 (58.20%) and the lowest as Presbyterian 1 (0.40%).

Table 2 below displays the emotional, cognitive, physical, social and spiritual/religious components in relationship with academic performance. Based on respondent's answers, grief scores were significantly associated with students expressing that a decline in academic performance had occurred. A total odds ratio of 1.59 indicated that, for every increase of one on the Holistic Grief Scale, the odds of a student answering that a decline in academic performance occurred increased 1.59 times.. Cognitive components had the largest effect on academic performance with an odds ratio of 1.69. As the table indicates, each component of the Holistic Grief Scale was a significant predictor of response to the academic performance question.

Table 1

*Demographic Characteristics of Sample (N = 272)*

<b>Variable</b>	<b>Frequency</b>	<b>Percent</b>
Classification		
Freshman	53	19.50%
Sophomore	49	18.00%
Junior	86	31.60%
Senior	84	30.90%
Gender		
Female	210	76.90%
Male	63	23.10%
Ethnicity		
White or Caucasian	205	75.10%
Hispanic or Mexican or Puerto Rican or Cuban	31	11.40%
Black or African American	26	9.50%
Asian or Pacific Islander	6	2.20%
Other	4	1.50%
American Indian or Alaskan Native	1	0.40%
Religion		
Christian	153	58.20%
Church of Christ	29	11.00%
Non Denominational	29	11.00%
Baptist	20	7.60%
Catholic	10	3.80%
None/Agnostic	9	3.40%
Pentecostal	5	1.90%
Other	3	1.10%
Methodist	2	0.80%
Lutheran	2	0.80%
Presbyterian	1	0.40%

Table 2

*Did Academic Performance Suffer?*

Holistic Grief Subscale	B	S.E.	Wald	Exp(B)	95% CI	
					Lower	Upper
Emotional Components	0.35	0.08	18.52*	1.42	1.21	1.67
Cognitive Components	0.52	0.10	28.97**	1.69	1.40	2.04
Physical Components	0.37	0.07	28.86**	1.45	1.27	1.66
Social Components	0.37	0.07	25.94**	1.45	1.26	1.67
Spiritual Components	0.25	0.06	17.28*	1.28	1.14	1.45
Total	0.46	0.09	27.07**	1.59	1.33	1.89

\* $p < .05$ , \*\* $p < .001$

Table 3 below displays the 5 holistic components and their relationship with missing classes while grieving. It was found that grief does play a role in students missing class evident by the total odds ratio of 1.92. The emotional components had the highest impact on missing class with an odds ratio of 1.84 followed closely by the cognitive components with 1.82.

Table 3

*Have You Missed Classes Because You Were Grieving?*

Holistic Grief Subscale	B	S.E.	Wald	Exp(B)	95% CI	
					Lower	Upper
Emotional Components	0.61	0.10	40.65**	1.84	1.53	2.22
Cognitive Components	0.60	0.10	38.99**	1.82	1.51	2.19
Physical Components	0.43	0.07	39.01**	1.54	1.34	1.76
Social Components	0.46	0.07	38.61**	1.59	1.37	1.84
Spiritual Components	0.37	0.07	27.55**	1.44	1.26	1.65
Total	0.65	0.10	44.16**	1.92	1.58	2.33

\* $p < .05$ , \*\* $p < .001$

Table 4 below presents the emotional, cognitive, physical, social and spiritual/religious components in relationship to the question “did your GPA decrease because of your loss”? The table identifies that there was in fact a relationship with grief and GPA with an odds ratio of 2.10. Of the respondents, the cognitive components had the biggest effect on GPA with an odds ratio of 2.02.

Table 4

*Did Your GPA Decrease Because of Your Loss?*

Holistic Grief Subscale	B	S.E.	Wald	Exp(B)	95% CI	
					Lower	Upper
Emotional Components	0.42	0.09	23.50**	1.52	1.28	1.80
Cognitive Components	0.51	0.10	28.12**	1.67	1.38	2.02
Physical Components	0.40	0.07	30.90**	1.48	1.29	1.71
Social Components	0.41	0.08	29.77**	1.51	1.30	1.75
Spiritual Components	0.29	0.06	21.72**	1.33	1.18	1.51
Total	0.55	0.10	33.23**	1.74	1.44	2.10

\* $p < .05$ , \*\* $p < .001$

Table 5 demonstrates the relationships between considering withdrawal from the university and the 5 components of the Holistic Grief Scale. As the table shows, there was a statistically significant relationship between each of these components and consideration of withdrawal from the university. The odds ratio of 2.02 for the total Holistic Grief Scale indicates that, for every unit increase in the Holistic Grief Scale total score, the ratio of students who considered withdrawal is 2:1. Very similar odds ratios were observed on the emotional components and on the cognitive components subscales.

Table 5

*Did You Consider Withdrawing From the University?*

Holistic Grief Subscale	B	S.E.	Wald	Exp(B)	95% CI	
					Lower	Upper
Emotional Components	0.70	0.11	40.88**	2.02	1.63	2.50
Cognitive Components	0.68	0.11	37.74**	1.98	1.59	2.45
Physical Components	0.44	0.07	34.49**	1.55	1.34	1.80
Social Components	0.44	0.08	31.74**	1.55	1.33	1.81
Spiritual Components	0.41	0.07	35.01**	1.50	1.31	1.72
Total	0.70	0.11	41.89**	2.02	1.63	2.50

\* $p < .05$ , \*\* $p < .001$

Tables 6, 7, and 8 show results for questions pertaining to how the student believed the university responded to them following their loss. Table 6 shows that scores on the Holistic Grief Scale were not statistically associated with losing scholarship money. Similarly, Table 7 shows that scores on the Holistic Grief Scale were not statistically associated with believing the university provided adequate services to help cope with the loss. Finally, as Table 8 demonstrates, Holistic Grief Scale scores did not significantly predict answers to the question "were your professors supportive of you during this time?"

Table 6

*Did You Lose Scholarship Money?*

Holistic Grief Subscale	B	S.E.	Wald	Exp(B)	95% CI	
					Lower	Upper
Emotional Components	0.08	0.12	0.51	1.09	0.86	1.37
Cognitive Components	0.12	0.13	0.89	1.13	0.88	1.46
Physical Components	0.07	0.10	0.61	1.08	0.89	1.30
Social Components	0.15	0.10	2.02	1.16	0.95	1.42
Spiritual Components	0.19	0.09	4.67	1.21	1.02	1.43
Total	0.16	0.12	1.60	1.17	0.92	1.49

Table 7

*Do You Believe the University Provided Adequate Services to Help You Cope With the Loss?*

Holistic Grief Subscale	B	S.E.	Wald	Exp(B)	95% CI	
					Lower	Upper
Emotional Components	-0.05	0.07	0.45	0.96	0.84	1.09
Cognitive Components	-0.11	0.07	2.40	0.89	0.77	1.03
Physical Components	-0.09	0.05	2.92	0.91	0.82	1.01
Social Components	-0.12	0.06	4.37	0.88	0.79	0.99
Spiritual Components	-0.07	0.06	1.43	0.94	0.84	1.04
Total	-0.12	0.07	3.03	0.88	0.77	1.02

Table 8

*Were Your Professors Supportive of You During This Time?*

Holistic Grief Subscale	B	S.E.	Wald	Exp(B)	95% CI	
					Lower	Upper
Emotional Components	0.21	0.09	5.26	1.23	1.03	1.47
Cognitive Components	0.15	0.09	2.67	1.16	0.97	1.39
Physical Components	0.07	0.07	1.19	1.08	0.94	1.23
Social Components	0.08	0.07	1.21	1.08	0.94	1.25
Spiritual Components	0.04	0.07	0.36	1.04	0.91	1.20
Total	0.14	0.09	2.35	1.15	0.96	1.36

## CHAPTER V

### DISCUSSION

This study sought to examine the frequency of grief experienced by students enrolled at Abilene Christian University, as well as the overall impacts of grief holistically impacting the student's emotional, cognitive, physical, social, and spiritual/religious well being. The engagement of university administration and staff was determined as well as the impact of grief on retention.

From this research and paper, it was found that there is a high frequency of students who have experienced the loss of a loved one while enrolled at ACU. In an attempt to provide services for the grieving students at Abilene Christian University, the proposed plan of action is a peer-led grief and bereavement support group. Hope, Dring, & Dring (2005) found that 83% of university students would rather turn to a friend if they have a problem. This suggests that students are more likely to seek support from their peers than formal methods such as counseling. Currently, there is a federal push for peer led support groups in order to cut back costs caused by formally established groups. Therefore, a peer led support group established on campus would be very beneficial for the students who are grieving to seek community among other students who have experienced this same loss. If this group was provided to students, the main goals, also expressed in literature would be (1) to promote social support by connecting students with other grieving individuals, (2) provide psycho-education and stabilization regarding the more common bereavement experiences to help students identify and understand their

feelings, and (3) create an chance for the grieving to honor and celebrate the loved one who died (Battle, Greer, Ortiz-Hernandez, and Toddd (2013).

### **Limitations**

The surveys completed were only by respondents who had experienced the loss of a loved one while enrolled at the university. After analyzing the completed responses, it was found that the results would be more powerful if compared to students who had not experienced the loss of a loved one. The survey was sent out to all undergraduate students but was not sent to graduate students. If sent out to both undergraduate and graduate students, the results could have been compared based on classification. The survey was self-reported and therefore there was no control over who actually completed the questionnaire. In terms of GPA, the responses were not confirmed using an additional data source. There may have been possible sources of bias, such as self-selection bias in which grieving persons were more likely to complete the entire questionnaire.

### **Implications for Social Work Practice**

The percentage of students who have experienced the loss of a loved while enrolled at Abilene Christian University is high, and the overall impacts are alarming. Therefore, it would not be uncommon for a social worker to come into contact with students on campus that are grieving and in the midst of a crisis. A grieving student is affected holistically impacting his or her emotional, cognitive, physical, and social and spiritual/religious well being. Within the college setting, the experiences of grief can be overwhelming and often times debilitating and may cause the student to withdraw from the university. Social workers must be able to assist clients and students who are grieving and help them navigate through some of the more rigorous steps to move forward.

### **Implications for Policy**

Unfortunately, as of now there are no policies in place to outline the specific actions to be taken regarding grieving students. In order to appropriately and adequately provide services for the grieving population on campus, there needs to be policies set forth that help faculty, parents, and students navigate through this process. The development of this proposed policy should take into account the emotional, cognitive, physical, social, and spiritual/religious components of the student. The establishment and implementation of such policies could substantially help the students that unexpectedly encounter a crisis such as the loss of a loved one at ACU.

### **Implications for Further Research**

Based on the findings of this research study, the following are suggestions for further research around the topic of grief and bereavement among college students. Research should be conducted that examines the frequency of grieving faculty and how this may impact their overall teaching experience within the university. Another recommendation for continued research by this student would be to compare the grieving experience of students enrolled at private institutions and public institutions. Research should be conducted in order to fill the gap in current literature on grief and bereavement among college students.



## CHAPTER VI

### CONCLUSION

Overall, it was found that grief has an effect on a person's emotional, cognitive, physical, social, and spiritual/religious wellbeing. Based on the results, this research underlines the importance for grief awareness on Abilene Christian University's campus as well as a call for university engagement involving the grieving student population. One of the biggest factors that could be enacted in order to better assist our grieving students is the creation of a policy for grieving students. Within the university, there are no policies involving services and accommodations for the grieving population enrolled. To best serve the students, policies need to be in place that all faculty, staff, and students are aware of that identify the steps in assisting the grieving.

## REFERENCES

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). Washington, DC: Author.
- Arizmendi, B. J., & O'Connor, M. (2015). What is normal in grief? *Australian Critical Care*, 28(2), 58-63.
- Balk, D. E. (1999). Bereavement and spiritual change. *Death Studies*, 23(6), 485-493.
- Balk, D. E. (2008). Grieving: 22 to 30 percent of all college students. *New Directions For Student Services*, 121, 5-14.
- Balk, D. E., & Vesta, L. C. (1998). Psychological development during four years of bereavement: A longitudinal case study. *Death Studies*, 22(1), 23-41.
- Balk, D. (2011). Adolescent development and bereavement: An introduction. *Prevention Researcher*, 18(3), 3-9.
- Balk, D. (2001). College student bereavement, scholarship, and the university: A call for university engagement. *Death Studies*, 25, 67-84.
- Barrett, R. K. (1995). Contemporary African-American funeral rites and traditions. In L. A. DeSpelder & A. L. Strickland (Eds.), *The path ahead: Readings in death and dying*. (pp. 88-92). Mountain View, CA: Taylor and Francis.
- Battle, C. L., Greer, J. A., Ortiz-Hernandez, S., & Toddd, D. M. (2013). Developing and implementing a bereavement support program for college students. *Death Studies*, 4, 362.

- Becvar, D. S. (2001). *In the presence of grief: Helping family members resolve death, dying, and bereavement issues*. New York: Guilford Press.
- Bishop, J. B. (2010). The counseling center: An undervalued resource in recruitment, retention, and risk management. *Journal of College Student Psychotherapy*, 24(4), 248-260.
- Boyratz, G., Horne, S. G., Owens, A. C., & Armstrong, A. P. (2013). Academic achievement and college persistence of African American students with trauma exposure. *Journal of Counseling Psychology*, (4), 582.
- Chaturvedi, S. K. (2009). Acceptance, grief and meaning. *The British Journal of Psychiatry*, 194(6), 561.
- Christ, G., Bonanno, G., Malkinson, R., & Rubin, S. (2003). Bereavement experiences after the death of a child. In M. Field & R. Behrman (Eds.), *When children die: Improving palliative and end-of-life care for children and their families* (pp. 553-579). Washington, DC: National Academy Press.
- Cox, B. E., Dean, J. G., & Kowalski, R. (2015). Hidden trauma, quiet drama: The prominence and consequence of complicated grief among college students. *Journal of College Student Development*, 56 (3), 280-285.
- Falicov, C. J. (2000). *Latino families in therapy: a guide to multicultural practice*. New York, London: Guilford,.
- Francis, L. E., Kypriotakis, G., O'Toole, E. E., Bowman, K. F., & Rose, J. H. (2015). Grief and risk of depression in context: The emotional outcomes of bereaved cancer caregivers. *Omega-The Journal of Death and Dying (Farmindale)*,4, 351.

- Frankl, V. E. (1985). *Man's search for meaning*. New York: Washington Square Press/Pocket Books.
- Gotlib, I. H., & LeMoult, J. (2014). The ins and outs of the depressive disorders section of DSM-5. *Clinical Psychology: Science & Practice, 21*(3), 193-207
- Holt, M. K., & Espelage, D. L. (2005). Social support as a moderator between dating violence victimization and depression/anxiety among African American and Caucasian adolescents. *School Psychology Review, 34*, 309-328.
- Hope, A., Dring, C. & Dring, J. (2005). College Lifestyle and Attitudinal National (CLAN) Survey. In: Health Promotion Unit. The health of Irish students. Dublin: Health Promotion Unit, Department of Health & Children.
- Jackson, Y. (Ed). (2006). *Encyclopedia of multicultural psychology*. Thousand Oaks, CA: Sage.
- Janowiak, S., Mei-Tal, R., & Drapkin, R. (1995). Living with loss: A group for bereaved college students. *Death Studies, 19*(1), 55-63.
- Kendler, K. S., Myers, J., & Zisook, S. (2008). Does bereavement-related major depression differ from major depression associated with other stressful life events? *American Journal of Psychiatry, 11*. 1449.
- Kubler-Ross, E. *On Death and Dying* (New York: Macmillan, 1969), 45-60.
- Lee, S. A., Roberts, L. B., & Gibbons, J. A. (2013). When religion makes grief worse: Negative religious coping as associated with maladaptive emotional responding patterns. *Mental Health, Religion & Culture, 16*(3), 291-305.
- Lewis, C. S. (1961). *A Grief Observed*. New York, NY: Harber Collins Publishers.
- Lopez, S. (2011). Culture as an influencing factor in adolescent grief and bereavement. *Prevention Researcher, 18*(3), 10-13.

- Maciejewski, P. K., Baohui, Z., Block, S. D., & Prigerson, H. G. (2007). An empirical examination of the stage theory of grief. *JAMA*, *297*, 716-723.
- McConnell, S. (1998). *Christians in Grief*. In K. Doka. Editor & J. Davidson Editor, *Living in Grief: Who We Are, How We Grieve* (pp.39-46). Philadelphia, PA: Brunner/Mazer Taylor & Francis Group.
- Ott, C. H., & Lueger, R. J. (2002). Patterns of change in mental health status during the first two years of spousal bereavement. *Death Studies*, *26*(5), 387-411.
- Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., & ...Maciejewski, P. K. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLOS Medicine*, *6*(8), 1-12.
- Prigerson, H. G., & Maciejewski, P. K. (2008). Grief and acceptance as opposite sides of the same coin: Setting a research agenda to study peaceful acceptance of loss. *British Journal of Psychiatry*, *193*(6), 435-437.
- Robinaugh, D. J., LeBlanc, N. J., Vuletich, H. A., & McNally, R. J. (2014). Network analysis of persistent complex bereavement disorder in conjugally bereaved adults. *Journal of Abnormal Psychology*, *123*(3), 510-522.
- Rosenblatt, P. C. (2008). Recovery following bereavement: Metaphor, phenomenology, and culture. *Death Studies*, *32*(1), 6-16.
- Sandler, I. N., Ayers, T. S., Wolchik, S. A., Tein, J.-Y., Kwok, O-M., Haine, R. A., et al. (2003). The Family Bereavement Program: Efficacy evaluation of a theory-based prevention program for parentally bereaved children and adolescents. *Journal of Consulting and Clinical Psychology*, *71*, 587-600.

- Schoulte, J. C. (2011). Bereavement among African Americans and Latino/a Americans. *Journal of Mental Health Counseling, 33*(1), 11-20.
- Schulz R, Boerner K, and Hebert, R.S. (2008) Caregiving and bereavement. In M.Stroebe, R.Hansson , H.Schut, &W. Stroebe,(Eds.), *Handbook of bereavement research and practice: 21st century perspectives*. (pp.265-285)American Psychological Association Press; Washington, DC:.
- Servaty-Seib, H. L., Hamilton, L. A., & Schuh, J. H. (2006). Educational performance and persistence of bereaved college students. *Journal of College Student Development, 47*(2), 225-234.
- Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., ... & Keshaviah, A. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety, 28*(2), 103–117.
- Stroebe, M. (1998). New directions in bereavement research: Exploration of gender differences. *Palliative Medicine, 12*(1), 5-12.
- Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet, 370*(9603), 1960-1973.
- Walker, P., & Shaffer, M. (2007). Reducing depression among adolescents dealing with grief and loss: A program evaluation report. *Health & Social Work, 32*(1), 67-68.
- Wortmann, J. H., Park, C. L., & Edmondson, D. (2011). Trauma and PTSD symptoms: Does spiritual struggle mediate the link? *Psychological Trauma: Theory, Research, Practice, and Policy, 3*(4), 442-452.

## APPENDIX A

### HOLISTIC GRIEF SCALE

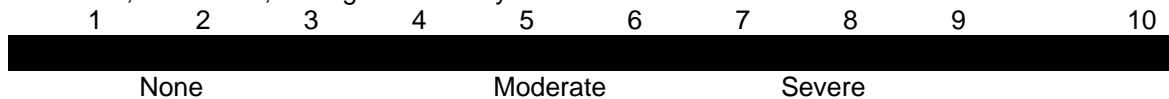
This holistic grief scale is for you to help yourself gain knowledge of your grief, and then to do something with that new awareness.

There are 5 sections in the grief scale. Each section represents a part of being human. They include: emotional, cognitive, physical, social, and spiritual/religious.

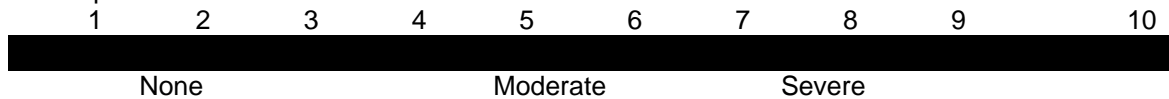
To be able to understand the waves of grief we have ranked each experience from 1 to 10: 1 being the low end of the scale and 10 the most intense. For example, if you have been experiencing helplessness since the death, and it is causing you to feel increasingly incompetent, frozen, or unable to exert your personal power in the world, then you would rate yourself near a 10 on helplessness.

#### Emotional Components

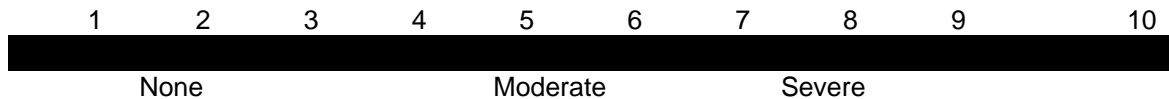
1. Shock, numbness, feelings of unreality



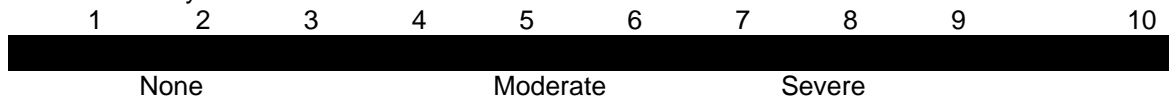
2. Helplessness



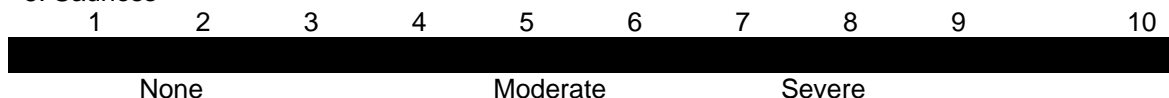
3. Fearfulness



4. Vulnerability



5. Sadness



## 6. Anger, irritability

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

## 7. Emptiness, loneliness

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

## 8. Guilt

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

## 9. Carelessness, harming oneself in any way

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

## 10. Outbursts, euphoria

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

**Cognitive Components**

## 1. Slowed and/or disorganized thinking

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

## 2. Confusion, aimlessness, difficulty concentrating

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

## 3. Preoccupation, rumination

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

## 4. Unaffected, no thoughts at all about the person or circumstances

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

## 5. Dreams, nightmares

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		



6. Decreased self-esteem

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

7. Altered perceptions, sensing the presence of the deceased person

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

**Physical Components**

1. Fatigue, sleep disturbance

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

2. Decreased or increased appetite

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

3. Physical distress, nausea

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

4. Anxiety, hypo- or hyperactivity

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

5. Greater susceptibility to illness

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

**Social Components**

1. Being unaware of others' needs

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

2. Passive

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

3. Withdrawn or avoiding others

1	2	3	4	5	6	7	8	9	10
None									
Moderate					Severe				

4. Decreased work productivity

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

5. Loss of interest in usual pleasures, including hobbies, relationships and/or sex

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

6. Strained relationships, differences in grieving needs between self and others

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

### Spiritual/Religious Components

1. Anger at God

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

2. Crisis of faith

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

3. No longer receive comfort and/or strength from your relationship with God

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

4. Loss of meaning in life

1	2	3	4	5	6	7	8	9	10
[Redacted]									
None			Moderate				Severe		

## APPENDIX B

### SUPPLEMENTAL QUESTIONS

1. What Classification at ACU are you?
2. What is your gender?
3. What is your ethnicity?
4. What religion do you classify yourself as?
5. Have you experienced the loss of a loved one while enrolled at ACU?
6. What classification were you when you experienced the loss?
7. Has your overall academic performance declined because of this loss?
8. Have you missed classes because you were grieving (too upset to go to class)?
9. Did your GPA decrease because of the loss?
10. Did you lose scholarships or financial aid because of this drop in GPA?
11. Do you feel like the university did an adequate job at providing services to you to cope with the loss?
12. Were your professors supportive to you at this time?
13. Did the question of leaving the university because of the impact of this loss come to mind?
14. What do you think the university can do to better meet the needs of students who are grieving?

## APPENDIX C

### INFORMED CONSENT FORM



## Consent Form For Participation in Research Study

### **Grief and Bereavement among College Students**

You are invited to participate in a research study conducted by a graduate student in the Master's of Science in Social Work program at Abilene Christian University. The purpose of this research is to determine the frequency of grief experienced by undergraduate students on campus, and to evaluate the overall university engagement and impact on retention. This study is necessary to the ongoing efforts of ACU administration in order to effectively provide support for grieving students.

Your participation will involve answering a brief survey. The questions provided in the survey are in English; therefore, non-native English speakers may opt out of taking the survey entirely. All participants will remain anonymous.

#### **Risks**

Due to the personal and sensitive nature of some of the questions in this survey, there is a possibility that some mental and/or emotional pain may result. While such mental and /or emotional pain is not anticipated, the potential risk is present.

For those who experience mental and/or emotional pain resulting from this survey, the following resource is available to provide services for coping:

ACU Counseling Center

Located at the northwest entrance of the Royce & Pam Money Student Recreation and Wellness Center.

[counseling@acu.edu](mailto:counseling@acu.edu) (325)-674-2626

**Potential Benefits**

Your participation in this research will assist the university in providing awareness of students who have experienced the loss of a loved one. The information collected from this survey will be used by the researcher and ACU's Department of Student Life to formulate more effective policies and education regarding grief and bereavement.

**Participation**

Your participation in this study is completely voluntary. you may elect at any time to withdraw from the study by not completing the survey. There will be no negative repercussions for those who choose to withdraw from completing the survey.

**Confidentiality**

Your response in this survey will remain confidential. No record will be kept of your email address or of your IP address. To ensure that your email is not identifiable by others, blind carbon copy has been used in order to send out the following email. No identifying information will be collected, and there will be no way to determine which responses are yours.

The principal researcher and thesis chair will be the only person with access to the Survey Monkey data. Once responses are downloaded for further analysis, only the researcher and/or thesis chair will have access to that data. Data will be stored in a password-protected computer in a password-protected file.

**Criteria for Participation**

In order to participate in this survey, participants must be enrolled as an undergraduate student at Abilene Christian university and age 18 or above. The questions on the research questionnaire are only available in English. If English is not your first language, and you do not think you will be able to fully understand or respond to the questions, you may choose to not participate.

**Time required**

Participants who choose to complete the survey will click on the link provided and answer questions. The survey will take approximately 10-15 minutes to complete.

**Informed Consent**

By proceeding with the survey, you attest you are an enrolled undergraduate student at Abilene Christian university and are 18 years of age or older, and by proceeding you acknowledge you have been informed of the purposes, potential risks and benefits of the survey, and are hereby granting consent.

**Contact person/researcher:**

Kaitlin Roberts

ACU School of Social Work Graduate Student

[ker14b@acu.edu](mailto:ker14b@acu.edu)

325-674-2072

## APPENDIX D

### ACU IRB APPROVAL LETTER

#### ABILENE CHRISTIAN UNIVERSITY

*Educating Students for Christian Service and Leadership Throughout the World*

Office of Research and Sponsored Programs  
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103  
325-674-2885



January 26, 2016

Ms. Kaitlin Roberts  
School of Social Work  
ACU Box 27866  
Abilene Christian University

Dear Ms. Roberts

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled **Grief and Bereavement Among College Students**

was approved by expedited review (46.110(b)(1) category 7 ) on 1/25/16 for a period of one year (IRB # 16-004). The expiration date for this study is 1/25/17 . If you intend to continue the study beyond this date, please submit the [Continuing Review Form](#) at least 30 days, but no more than 45 days, prior to the expiration date. Upon completion of this study, please submit the [Inactivation Request Form](#) within 30 days of study completion.

If you wish to make **any** changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the [Study Amendment Request Form](#).

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the [Unanticipated Events/Noncompliance Form](#).

I wish you well with your work.

Sincerely,

*Megan Roth*

Megan Roth, Ph.D.  
Director of Research and Sponsored Programs