

I The author offers evidence that 22 to 30 percent of college undergraduates are in the first year of bereavement, reviews the effects of their grieving, and addresses implications for colleges and universities.

Grieving: 22 to 30 Percent of All College Students

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At any given time, 22 to 30 percent of college undergraduates are in the first twelve months of grieving the death of a family member or friend. This conclusion, startling to some but accepted by others, comes from a variety of sources at academic sites in the United States and Europe. Information about the prevalence rate resulted from clinical observations and anecdotal reflections and from empirical studies using convenience samples. No carefully designed study using random sampling has examined bereavement's prevalence among college students, but conviction that the 22 to 30 percent figure is correct is growing. Some researchers have begun examining the effects of college student bereavements, effects that unfold as bereavement extends from the first twelve months.

In this chapter, I examine the formal and informal bases for beliefs in the 22 to 30 percent prevalence rate and consider what empirical studies have uncovered about manifestations of bereavement in the lives of college students. I conclude by posing the question "What relevance, if any, does this information have for universities and colleges?" and offer some initial answers.

Data Sources for Prevalence Assertions

Anecdotal Evidence. In the late 1980s and early 1990s, most college administrators and faculty members I knew expressed skepticism that 22 to 30 percent of college undergraduates were in the first year of bereavement.

They considered the survey findings (officially reported in Balk, 1997, but informally discussed from the early 1990s) a fluke and, because the findings came from convenience rather than random sampling, doubted that the 22 to 30 percent assertion offered a true picture. Then, one day in 1993 in conversation with the president of Kansas State University, I mentioned my interest in college student bereavement and asked, "President Wefald, what percentage of undergraduates do you think are in the first year of bereavement?" He responded, without hesitation, "Oh, about 25 percent." When in astonishment I confirmed this estimate and asked how he knew, he simply stated, "David, I've been intimately connected with higher education and college students for too many years not to know." Since that conversation, a few other college administrators have indicated that it does not surprise them that empirical studies have uncovered a 22 to 30 percent prevalence rate. It has become clear to me, however, that many persons' responses to learning there is such a high proportion of bereaved students is "So what?" These persons have experienced bereavement themselves, know that they worked through it, and consider it a human misfortune for which people do not need professional care. In this reaction, they agree with Freud ([1917] 1957), who maintained that normal bereavement is not a pathological disturbance requiring professional intervention.

Clinical Observation. Counselors and other mental health professionals at college counseling centers have remarked that issues of loss affect a significant percentage of the students who come to them for help. These counselors worked at four universities where I have taught: Kansas State University, Oklahoma State University, City University of New York at Brooklyn College, and the University of Arizona. Students did not see, however, that issues of loss were problems to bring to a counselor's attention. Loss, often unresolved, simply formed the story of the students' lives, and knowledge of the loss came out as the skilled helpers allowed the students to tell their stories. Counselors at all these institutions expressed confidence that bereavement was a defining issue in the lives of no less than 40 percent of the students on the campus but was not a matter needing professional help. They believed that only a small proportion of students, somehow stuck in their grief, would benefit from counseling.

Empirical Study. Mortality rates on college campuses provide one source of data from which to infer the prevalence of bereavement among college students. Wrenn (1991) noted that annual rates of death of students ranged from 4 to 15 per 10,000 students, and extrapolating from the total student population in the United States, he inferred that anywhere from 5,000 to 18,750 students die each year. Most of these deaths are due to vehicular accidents, but there is alarm over the rising incidence of college student suicides (Haas, 2004): 7.5 suicides for every 100,000 college students. Alcohol is thought to have a role in many of these deaths (Hingson and others, 2002), and alcohol-related deaths are likely to continue as a

result of binge drinking among college students (Hingson, Heeren, Winter, and Wechsler, 2005).

In addition to the family members who grieve the death of a college student, the lives of students who knew the deceased are likely to be affected; in cases of student deaths due to driving under the influence, approximately one million students might also be left with physical injuries (Hingson, Heeren, Winter, and Wechsler, 2005). Effects of deaths of students on others thus account for part of the 22 to 30 percent bereavement prevalence rate.

LaGrand (1985, 1986) was the first to publish comprehensive empirical data on college student bereavement. He conducted a survey of college students in the state of New York and identified a variety of losses in many of their lives, among them the deaths of family members and friends. The deaths of loved ones accounted for nearly 30 percent of all the losses reported. LaGrand (1986) asserted that the public in general and the college community in particular dismiss the serious and continuing impacts that unresolved bereavement impose on young adults.

A study done over five semesters (1988 to 1991) at Kansas State University produced further empirical support that college student bereavement is more widespread than many persons had realized (Balk, 1997). Students enrolled in a human development course were invited to participate in a survey that included questions about bereavement; 994 students (68.8 percent of those enrolled) agreed to participate in the survey.

Most of the students (81.8 percent) indicated that a family death (most were of grandparents or great-grandparents) had occurred. Nearly 20 percent reported multiple family deaths. For example, one twenty-two-year-old undergraduate reported that her father, sister, brother, and grandparent had all died. Although the average time since a family member's death was 4.4 years, 29.4 percent of participants reported that a family member had died within the previous twelve months, and 47.2 percent said one or more family members had died within the previous twenty-four months. Most of the deaths (83 percent) had been due to illness.

About three-fifths of the survey respondents (59.8 percent) indicated that a friend had died, and many of these students (46.6 percent) said they had been close or very close to the person who had died. On average, it had been 2.5 years since the friend's death, and 27 percent of the students surveyed (268 of the 994 respondents) said the death had been within the past twelve months. Over 38 percent (549 students) said that a friend had died within the past twenty-four months. Most of the deaths (62.4 percent) had been due to vehicular accidents, 18 percent to illness (primarily cancer), 11.3 percent to suicide, and 6.2 percent to homicide.

Eighteen students in the survey volunteered to participate in an in-depth follow-up interview. Most of these students were in the first year of bereavement following the death of a family member or of a friend. All of the students acknowledged that students unaffected by the death underestimated

the intensity and duration of their grief reactions; they also reported that prior to their own bereavement, they would not have thought grief could be so intense or last so long.

This study's limitations—it was conducted at one midwestern land grant university; used cross-sectional, convenience sampling techniques; included few in-depth follow-up interviews; and had an ethnically homogeneous sample (94 percent white)—have not deterred faculty and counselors at other universities from acknowledging that the findings about the prevalence of student bereavement mirror their experiences.

Manifestations of Bereavement in the Lives of College Students

Scholarly examination of college student bereavement has been scanty but is increasing. To this small body of literature we can add information gathered from clinical and other interventions with bereaved students. Most of what we know about the phenomenon of college student bereavement is framed in terms of psychological reactions. We know that the cascading effects of bereavement present difficulties for eighteen- to twenty-three-year-old college students and enduring obstacles for those whose mourning is complicated. We know some bereaved students seek help at student mental health centers, but the overall ratio of student enrollment at the university to caseloads at counseling centers indicates that seeking help is the exception rather than the rule.

A holistic template about bereavement's effects describes the multifaceted impacts that irreparable loss can have in the life of the grieving student. This holistic template identifies six areas affected by grief: the physical, behavioral, interpersonal, cognitive, emotional, and spiritual. This template is formed from frameworks including Lindemann's acute grief syndrome (1944), Attig's existential phenomenological analysis of grief (1996), Bowlby's use of attachment theory (1980), the emerging import given to meaning-making (Jordan and Neimeyer, 2003; Neimeyer, Prigerson, and Davies, 2002), and the surge of attention toward continuing bonds in the life of the bereaved (Klass, Silverman, and Nickman, 1996).

Physical Effects of Bereavement. Bereavement often has physical effects on college students (Balk and Vesta, 1998; Hardison, Neimeyer, and Lichstein, 2005; King, 1998; Oltjenbruns, 1996). One of these involves sleep problems.

Insomnia has been identified as a significant somatic symptom of college students in the first and second year of bereavement; insomnia has been found to be particularly characteristic of the experience of college students with higher scores on a standardized inventory measuring complicated grief (Hardison, Neimeyer, and Lichstein, 2005). It is not surprising that bereaved college students, exhausted from lack of sleep, talk about how much effort and energy were required for what used to be normal activities such as climbing three flights of stairs to a classroom (see Balk and Vesta, 1998).

Behavioral Effects of Bereavement. Lindemann (1944) noted that a major behavioral effect of bereavement is loss of patterns of conduct. In line with this finding, bereaved college students have difficulty staying organized, managing their time, and meeting deadlines (Balk, Tyson-Rawson, and Colletti-Wetzel, 1993; Balk and Vesta, 1998). Some bereaved students engage in religious practices, such as praying and reading scriptures, behavior that could be seen to spill over into interpersonal aspects (Bible study and prayer with others) and cognitive effects (searching for meaning via religious frameworks) (Park, 2005).

Interpersonal Effects of Bereavement. What is known about effects of bereavement on college students' interpersonal relationships? Unanticipated negative outcomes of bereavement for college students include secondary losses and incremental grief as unaffected friends dismiss the intensity and duration of grief, find a person's ongoing grief both disquieting and wearisome, and shun the griever (Balk and Vesta, 1998; Oltjenbruns, 1996).

Cognitive Effects of Bereavement. Problems concentrating, studying, and remembering, with subsequent effects on grades and even college persistence, are the most obvious manifestations of cognitive effects of bereavement in the lives of college students (Balk, 2001; Balk and Vesta, 1998). Servaty-Seib and Hamilton (2006) noted that bereaved students' grades dropped significantly in the first semester of bereavement. Given the immediacy of the impact of poor grades on the bereaved student and given the impact of poor academic performance on student completion of degree programs and pursuit of professional careers, timely institutional responses to meet these academic needs seem warranted and consistent with the university's mission to facilitate student development.

Emotional Effects of Bereavement. An anecdote from a twenty-year-old woman whose fiancé had died vividly illustrates the emotional effects. One evening a few weeks after her fiancé's death in a high-speed car crash, Karen was sitting on her bed and burst suddenly and violently into tears. She didn't want to be crying but couldn't stop herself and gasped for breath as she sobbed and wept. The intensity and duration of this first crying spell frightened her, and similar spells occurred numerous times thereafter. As with nearly all bereaved college students I have met, Karen reported that her friends did not appreciate how intensely painful her emotional reactions were and did not understand why these reactions continued for months following her loss.

Spiritual Effects of Bereavement. People suffering the spiritual effects of bereavement are looking for answers to the existential question "Why?" This questioning reveals that the bereaved person is reassessing assumptions about reality. Questions about goodness, purpose, fairness, and meaning emerge, as well as questions about interrelatedness and isolation (see Attig, 1996).

Clinical Interventions and Other Responses. Loss occurs as both background information and as a presenting problem when students seek help at student counseling centers (Floerchinger, 1991), and results from pilot studies with support group interventions and counseling groups indicate,

albeit tentatively, positive effects in the lives of bereaved students (Balk, Tyson-Rawson, and Colletti-Wetzel, 1993; Berson, 1988; Dodd, 1988; Janowiak, Mei-Tal, and Drapkin, 1995). These interventions need to be studied with randomized clinical trials and must respond to the concern in some circles that interventions to assist the normally bereaved are in reality unpredictable: beneficial for some persons, negligible for some, and potentially harmful for others (Jordan and Neimeyer, 2003). Questions about the effectiveness of grief counseling with the normally bereaved are based on inadequate analytical techniques and on faulty data, and clinical experience in a variety of settings supports the value of grief counseling with the normally bereaved (Larson and Hoyt, 2007a, 2007b).

Recommendations

I have four recommendations for addressing the legitimate question “So what?” when university faculty and administrators learn the prevalence rate of bereavement among college students. My recommendations focus on (1) research programs; (2) a center for bereavement research, intervention, and education; (3) review of bereavement response efforts on campuses; and (4) assessment of bereaved students’ needs.

Research Programs. I recommend studies using carefully designed stratified random sampling to examine the assertions that have come mostly from convenience sampling. Will the 22 to 30 percent prevalence rate hold up to better research design? We need longitudinal research to follow the trajectory of bereavement among college students; we need to overcome the reliance on cross-sectional studies. We could test, for instance, whether student bereavement trajectories form the three distinct patterns Bonanno (2006) has reported: resilience for most, recovery for a large plurality, and extended distress for a small minority. Research is one of the core values of the university, and rigorous research on college student bereavement speaks directly to what matters at a university.

Campus-Based Bereavement Center. A campus center devoted to bereavement research, intervention, and education should be established with links to college students, alumni, faculty, administrators, and the wider community. The center’s mission would be threefold: to discover knowledge about bereavement; to design, implement, and evaluate the effectiveness of interventions to assist the bereaved; and to educate about bereavement. The center would address major university goals: producing substantive scholarship, gaining notable extramural funding for sponsored programs, developing efficacious interventions and taking them to multiple sites, and engaging in partnerships with diverse stakeholders in the communities both on and beyond the campus.

One crucial task such a center can accomplish (in consort with university administrators) is to develop guidelines that require that campus counseling staff be trained in the treatment of grief, with professional workshops

offered at the center. Although making referrals to counseling center staff is frequently the first suggestion to address the needs of bereaved students, skepticism among grief counseling practitioners whom I know are skeptical that most counseling center staff members are sufficiently and appropriately prepared to understand and deal with the issues presented in bereavement.

Part of preparing counseling center staff to deal with students' bereavement can consist of helping staff develop techniques for collecting loss histories from students. As mentioned earlier, experiences with loss—including divorce, breakups, and other nondeath losses—form the backstory of many students' lives. Tamina Toray informed me that in her experience, "Although the student's presenting problem may not focus on a current or past loss, such losses may have important ties or clues to the current issue facing the student, and thus it is worth the effort of ascertaining such connections."

Conversations with students have taught me that even if they would never consider going to a counseling center for help, they are willing to talk informally with an interested and informed peer. The center can develop a curriculum to train students to become peer counselors who would be given certificates upon completing the curriculum. The university can advertise the peer counseling program and make available a list of peer counselors for students to contact informally.

The bereavement center can examine its offerings by commissioning evaluations to examine the full range of programs the center offers (Stake, 2004). It can then use the findings to make appropriate adjustments to these programs. In addition, as Jeffrey Kauffman pointed out to me, by including a clear action plan examining intervention efforts, the center will not need to do the research first as to what is the best intervention strategy, because service delivery will have a research component, making the practical services the centerpiece.

Review of Bereavement Assistance Efforts on Campuses. Two examples of university responses that readily come to mind are Georgetown University's student-led efforts to provide assistance to bereaved students and the efforts at the University of Western Sydney to put in place a planned, responsive, structured approach when a student dies.

Georgetown University's efforts are called the National Students of Ailing Mothers and Fathers (AMF) Support Network. The organization's Web site (<http://www.StudentsofAMF.org>) states that its "mission is to support all grieving college students, empower all college students to get involved in service, and raise awareness about the needs of grieving college students." The organization has obtained wide institutional and even national support. What is impressive is both that the organization has maintained systemwide involvement and that it began as a grassroots movement inspired by the desire of bereaved students to make a difference. It has been addressing head-on the "So what?" response by interacting with college administrators and bereavement professionals across the country (Fajgenbaum and Chesson, 2007).

The University of Western Sydney (UWS) developed its Student Death Response Plan (SDRP) to provide a structured protocol detailing what the university needs to do after a student dies (Cusick, 2007). The SDRP acknowledges the efforts at such places as the University of Minnesota (Rickgarn, 1987, 1996) in which selected teams of individuals sensitive to the needs of the bereaved are mobilized on campus when a student dies, but UWS counters that an institutionwide, coordinated response is needed because “the student is a member of a complex, highly regulated, strategically driven organization” and therefore a student’s death “needs a multifaceted, coordinated and targeted institutional response that may go well beyond the scope of a dedicated team” (Cusick, 2007, p. 4). Wrenn’s pioneering work (1991) at the University of Arizona is credited for its seminal influence on the plans devised by the UWS.

Both the efforts at Georgetown and the efforts at UWS exemplify significant responses to the organizational mission and goals of the higher education institution. Somehow these specific responses to death and bereavement on a university campus have found ways that speak to the core of each institution. Involving these universities systemwide addresses directly the “So what?” question not by arguing that university engagement is the altruistic or sensitive thing to do but rather by framing the university’s involvement within the central mission of an institution of higher education: to reach out compassionately when life crises obstruct individuals and groups from engaging in the academic and scholarly *raison d’être* for the university (Balk, 2001; Pelikan, 1993).

Needs Assessment. What has not been discussed in this chapter but is a logical next step is determining what bereaved college students need and asking whether colleges should play a central role in meeting the needs of bereaved students. Needs assessments should take into account the empirical findings calling into question whether interventions assist the normally bereaved (Jordan and Neimeyer, 2003, 2007).

1. Rather than deciding that bereaved college students are on their own and merely wishing them good luck, we should make the effort to determine whether appropriate institutional responses can be put in place to help students get beyond a life event that can obstruct their best academic performance and may ultimately affect a school’s retention and graduation rates (Balk, 2001; Servaty-Seib and Hamilton, 2006). As Tamina Toray told me, “Referral to appropriate student services offices can provide grieving students much needed information to help them cope with their grief. Making academic changes such as dropping a course after deadlines have passed requires permission from the registrar or dean of student’s office. There are times when a complete yet temporary break from the rigor of academia (medical withdrawal) is needed by bereaved students, yet these students are often so overwhelmed by their loss that they simply walk away from their classes, leaving a record of failing grades to contend with upon return. Often bereaved students are unaware of such policies that can lighten their load or are too overwhelmed to take the necessary steps to implement them.”

2. Rather than bemoaning the lack of coordinated institutional responses to help bereaved students, we should determine what efforts, if any, will be of help.

3. We should ground needs assessment of bereaved students in the overall context of the university's mission and assess how such university engagement will benefit both the students and the university.

4. We should establish regular means to identify bereaved students. Jeffrey Kauffman suggested to me administering brief questionnaires during orientation, including the question "Have you experienced the death of anyone close to you in the past year (or two years)?" Combining such assessment with an educational component about mourning could help remove the stigma associated with bereavement and normalize the grief process so that students feel more comfortable seeking services.

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