

## UNDERSTANDING COMPLICATED GRIEF FROM THE PERSPECTIVE OF LOCAL COMMUNITY BEREAVEMENT FACILITATORS AND EMERGING ADULTS ON A COLLEGE CAMPUS

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### **ABSTRACT**

Bereavement is the experience of losing to death a person to whom one is attached, while grief is the emotional distress associated with bereavement (Zhang et al., 2006). The concepts of healthy and unhealthy courses of grief are very difficult to generalize, particularly because our ideas and opinions of grief are not concrete, but are socially constructed (Raskin & Lewandowski, 2000, as cited in Neimeyer, 2005b). In an attempt to evaluate the various dimensions and understandings of grief, including normal and complicated aspects, a study was conducted in local communities of New Jersey and Pennsylvania. In addition, a study was also conducted at a New Jersey liberal arts college to assess how bereavement is experienced by the emerging adult, exploring in particular an understanding of Complicated Grief. This research involves discussions of bereavement, both normal and complicated, of definitions of the developmental span, emerging adults, and how bereavement is understood by college students at a local campus. Finally, the author makes a correlation between this study and professional literature assessing bereavement in the Emerging Adulthood Span of Development and a discussion of the benefits of supporting grieving students on college campuses.

### **BEREAVEMENT**

As an important component of this introductory research on Complicated Grief, I visited and observed various bereavement support groups in New Jersey and Pennsylvania, including hospitals, funeral homes, hospices, and churches. These bereavement support groups are open to the local community and offered free of charge. These groups are neither counseling nor therapy, but provide social support and information about the grief process. In the sessions, group members help one another by discussing their own experiences of grief and how they are adapting to their new life situations. This helps individuals gain support and validation while fostering additional coping strategies. The facilitators' purpose is to allow the group a forum for the expression of grief, and to monitor group interaction. By interviewing these facilitators, insights were gained about their experiences and observations in working with the bereaved. The experience of the facilitators ranged from 2 months to 19 years, with an average of 11 years.

### **NORMAL GRIEF**

Grief is a natural human response to loss. Most individuals experiencing the death of a loved one grieve in a normal, adaptive, and healthy way. Bonanno (2004) remarks, "Large numbers of people manage to endure the temporary upheaval of loss or potentially traumatic events remarkably well, with no apparent disruption in their ability to function at work or in close relationships, and seem to move on to new challenges with apparent ease" (p. 20). Rando (1993, 1984) uses the term *uncomplicated* to describe the experience of a normal process of grief in contrast to Complicated Grief (CG), a maladaptive grieving process. She has conceptualized this progression of normal grief and mourning as three phases: Avoidance, Confrontation, and Accommodation. The Avoidance Phase includes the time period following the loss, when the survivor learns of the death, experiences shock, and may feel numb, confused, dazed, bewildered, and overwhelmed. Once the individual begins to recognize that the loss

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has occurred, the shock decreases and denial or disbelief increases. These emotions act as a helpful buffer for the individual's psyche. The survivor is able to begin to process her or his loss slowly because of the "emotional anesthesia" that denial provides (1993, p. 33). Many members of the bereavement support groups I attended voiced this phenomenon and indicated that they did have or are having more trouble with the loss a few months after the death rather than immediately after. Facilitators also noticed this pattern, indicating that many bereaved individuals begin to have difficulties between three and five months after the loss. Zhang and colleagues (2006) found that disbelief typically diminishes within the first two months after the loss, though generally speaking, usually within the first five months after the death, shock begins to wane. At this time survivors begin to confront the reality of their loss and begin to experience the intense pain of their grief. Many attempt to handle this painful time with avoidance behaviors, or simply trying to keep busy in order to avoid feeling the pain (Rando, 1993). One facilitator termed this phenomenon "the too muches," since too much of anything, such as eating or sleeping, can be detrimental to the grieving person. To an extent, keeping busy is a normal coping mechanism but "too much" may indicate complication.

Rando's Confrontation Phase represents the time during bereavement in which the individual experiences the intense pain of the loss. Simply put, they are confronting the loss with the full force of the reality. Survivors acknowledge the separation between themselves and the loved one by pining for, yearning for, and searching for connections to the deceased loved one. Collier (2001) describes this acute grief as an emotional "roller coaster" (p. 8). Bereaved individuals are cognitively, emotionally, psychologically, physically, behaviorally, and socially reacting to the reality that their loved one is no longer physically present in their lives and that change is inevitable. Veteran support group members – those who are farther along in the grief process but continue to attend group sessions to support the newly bereaved – also emphasize that grief will seem to get worse before it begins to get better. Again, acute grief during this period does not usually start until after the period of shock wears off, typically between three and six months after the death. Facilitators noted that a common difficulty bereaved individuals face during confrontation is believing that their grief is abnormal. They expect to feel sad but not *this* sad. They are crumbling on the inside but put on a brave face. They do not understand the ups and downs of grief and assume that their downward spiral a few months after the loss is cause for concern. In reality, this seemingly delayed reaction is right on track. Veteran members also commented that over time, and with a lot of hard work, the intense pain diminishes and occurs less often. This seemed to ease the anxiety of group members whose grief was newer.

The Confrontation Phase transitions to the Accommodation Phase, which involves a lessening of the pangs of grief and a reinvestment in one's own life. The survivor makes necessary adjustments for functioning and identity, and begins to establish a new relationship with the deceased. Like the scar of a deep physical wound, the memory of the event is ever-present and may occasionally ache, but over time, the immediate and acute pain subsides (Engel, 1961). Overall, the individual looks forward and has hopes for the future. Veteran support group members are usually in this phase of grief. Facilitators indicate that some veterans' loved ones died years ago, but these individuals continue to come to the support group to "get their occasional fix." The occasional visit to the support group reminds the veterans that support is there when they need it, as well as to give them a boost of strength and confidence in their ability to continue adapting to their new reality. As noted above, they also return to assist new members. These dedicated individuals are especially prevalent in church bereavement groups. When evaluating the phases of grief, it is important to note that they are not progressive steps; individuals may revert back to previous phases while still considered to be on a normal path of grief (Rando, 1993).

It is also important to note that Rando (1993) has also expanded the Three Phases of Grief and Mourning further into what she terms the "Six R Processes." These are defined as "the processes whereby the mourner moves from an initial recognition of the loss through eventual reinvestment in other sources of gratification" (p. 16). The processes include recognizing the loss, reacting to the separation, recollecting and re-experiencing the deceased, relinquishing old attachments, readjusting, and reinvesting.

Social support, when available, satisfactory, and sufficient, can act as a buffer, or safeguard the individual from the negative impact of life stressors. Social support helps the individual adjust to the loss (Cohen & Wills, 1985 as cited in Goodkin et al., 2005), and reduces the likelihood of maladaptive coping methods and depression (Ogrodniczuk et al., 2003 as cited in Zhang et al., 2006). This support throughout the bereavement process facilitates not only better adjustment, but better physical health (Stylianos & Vachon, 1993 as cited in Piper, Ogrodniczuk, Joyce, & Weideman, 2009), less anxiety and depression (Gluhoski et al., 1997 as cited in Piper, et al. 2009; Prigerson et al., 1993 as cited in Piper et al., 2009), and lower use of psychotropic medication (Mor et al., 1986 as cited in Piper et al., 2009). Bereaved individuals often have access to support through friends and family. Some research suggests that there is a direct relationship between amount of family support and grief symptoms; however too much support may lead to over-dependency which can slow down recovery (Piper et al., 2009). It is important to stress, the right amount of social support is invaluable in facilitating bereaved individuals' grief processes. However, too much attention and support can hinder the individual from successfully adapting to their new life situation.

### **COMPLICATED GRIEF**

Rando (1993) describes the outcomes of Complicated Grief as symptoms, syndromes, diagnosable disorders, or death. The symptoms of CG include being "stuck" in the grief process with manifestations characterized as severe, distressing, disabling, or dysfunctional. If only a few symptoms are present and do not last a significant amount of time, it is not considered a syndrome. Complicated Grief is a broad, umbrella term including seven different and more specific complications an individual can experience: Absent, Delayed, Inhibited, Distorted, Conflicted, Unanticipated, and Chronic mourning. In general, Rando encompasses all aspects of CG in two types: 1) denying, repressing, or avoiding aspects of the loss, its pain, and the full realization of its implications for the mourner; and 2) failure to relinquish the living relationship with the deceased loved one (p. 149).

Just as there are factors that predispose individuals to grieve normally, there are also factors that predispose some individuals to experience CG reactions. Rando (1993) identified seven specific factors contributing to an increased risk of CG. These include sudden, unexpected death associated with traumatic circumstances; a death associated with an overly lengthy illness; the death of a child; a death perceived as preventable; a premorbid relationship with the deceased that was markedly angry, ambivalent, or dependent; concurrent mental health problems; and the mourner's perceived lack of support. Other researchers support these factors. Neimeyer (2005a) expanded the notion of the premorbid relationship to include insecure attachments due to childhood neglect and abuse, suggesting it could lead to the development of CG. Neimeyer also described CG as a "hallmark of bereavement for those who lost loved ones by traumatic means" (p. 49). Langner and Maercker (2005), as well as Zhang and colleagues (2006) found that the nature of the relationship with the deceased has a strong impact on grief. Zhang and colleagues agree that a history of attachment difficulties, being unprepared for the death, or being unsupported after the death would predispose a bereaved individual to complication. Bereavement support group facilitators observe that the most common predisposing factors among the populations they have worked with are level of progress in past coping experiences; preexisting mental health conditions including substance abuse; the nature of the death, preparedness, and trauma; as well as the nature of the relationship with the deceased. Only one facilitator included "lack of social support" as a predisposing factor, probably because observations are made in support groups where individuals are receiving social support.

Other research seems to support the presence and prevalence of CG. Raphael (1983 as cited in Rando, 1993) estimated that approximately 33% of individuals suffer from maladaptive forms of grief. More recent estimates include that 10-20% of bereaved individuals experience complication (Prigerson, 2004 as cited in Zhang et al., 2006; Prigerson & Jacobs, 2001 as cited in Boelen & Spuij, 2008). Bereavement group facilitators' observations support the research in their collective 5-33% estimate.

## **EMERGING ADULTS**

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Before we can begin to discuss bereavement, as it affects college students, we must first acknowledge a seemingly ambiguous developmental stage. Traditionally, young adulthood began when individuals finished school, began fulltime jobs, got married, and started their own families (Balk & Corr, 1996). Furstenberg, Kennedy, McLoyd, Rumbaut, and Settersten (2004 as cited in Walter & McCoyd, 2009) found that these events are happening later in life for younger generations and that development stages need to be revised to account for this alteration. The approximate period of age 18 to 24 is rapidly becoming its own category, known as *emerging adults*. These individuals are no longer seen as adolescents but not yet as independent and mature as adults. They are likely to be in college or to have begun work. Emerging adults are focused on career opportunities, intimate relationships, and individualizing themselves apart from their family of origin, specifically defining themselves apart from their parents (Balk & Corr, 1996). For the purpose of this research, the terms *teen* and *adolescent* will be used interchangeably to indicate individuals on the brink of age 18. *Emerging adults* will refer to individuals ages 18 to 24. The term *college students* will pertain specifically to those emerging adults in the unique college setting.

Because of developmental issues in the emerging adult, bereavement is predisposed to be complicated. This is due to a multitude of factors, including those cited by Rando (1993) such as the death being unexpected, traumatic, seemingly preventable; if there was an unsettling premorbid relationship with the deceased; or a lack of social support.

Balk and Corr (1996) indicate that unanticipated life events complicate adolescence because of the unstable maturity level of the individual. For example, bereavement following the death of a parent or sibling, an unanticipated life event, may cause more complication than the death of a grandparent, a normative life event. More mature individuals are more likely to cope effectively with the loss, than their less mature peers. Unanticipated deaths could impede the developmental process of immature adolescents.

The leading cause of death among individuals ages 18 to 24 is unintentional injuries. Motor vehicle accidents accounted for 64.6% of these injuries (CDC, 2006). This statistic is not surprising as most emerging adults obtain their driver's license slightly before, or during this age bracket. Homicide and suicide were the second and third leading causes of death, respectively (CDC, 2006). Should an emerging adult's loved one die suddenly from any of these traumatic causes, realization of mortality is thrust upon them. Their assumptions of a just world are shattered at a more abrupt rate than would have occurred naturally during the developmental process. "Losses can overturn their taken-for-granted assumptions that the world is predictable, that the universe is benign, that important attachment relationships can be counted on, and that they are competent to face life's demands" (Edmonds and Hooker, 1992 as cited in Neimeyer, et al., 2008, p. 30). This confusion could cause bereaved individuals in this age group to be more susceptible to Complicated Grief.

The dynamic of the premorbid relationships of the emerging adult and the deceased is also a factor contributing to the bereavement of emerging adults. There is a well-known understanding that adolescents can often have unsettling and even hostile relationships with family members, especially with their parents. One facilitator interviewed works with both bereaved adults and adolescents. One teen in particular, whose father had died, stated that he has no feelings and was forced by his mother to attend the support group. The facilitator later discovered that the teen had been arguing with his father the day of the fatal accident. The facilitator suspected the teen's alleged lack of feelings was actually a defense mechanism to mask debilitating feelings of guilt.

The factor most affecting bereavement in emerging adults is a lack of social support. The teen years are often a time of distant and unsettling relationships between the adolescent and parents. These individuals are trying to define themselves as individuals rather than as part of the family system, which can include rebelling from parents. Adolescents are most influenced by and seek social support from their peers, rather than family members. Deaths within immediate families cause difficulties for the adolescent because of their desire to connect with their remaining family members as well as to break away from their family system. In this case, many teens either turn to friends for support, or try to handle the situation alone. Doka (2002) explains the "disenfranchised" nature of adolescent bereavement finding that teens report a lack of understanding from their peers. Teens are also naturally reluctant to

show vulnerability. In times of bereavement, they may try to hide their grief and not obtain necessary social support. Rask, Kaunonen, and Paunonen-Ilmonen (2002 as cited in Walter & McCoyd, 2009) found that those who grieve privately experience more fear of death and loneliness, hindering their grief. Walter and McCoyd (2009) explain that losing a parent as an emerging adult, does not coincide with the normal trend of life events since most individuals of this age do not expect a parent to die at this time. College students may experience a lack of social support since their peers are not sharing the same life event. This continued lack of social support can lead to CG.

Part of identity development includes developing mature lasting relationships with others. Erikson (1959 as cited in Taub & Servaty-Seib, 2008) cites young adults' developmental task as intimacy vs. isolation. For many emerging adults in bereavement, this may be their first experience with the death of a loved one. By the nature of grief, the individual must become self-absorbed in order to cope with the stressful situation. For emerging adults, this new experience of bereavement combined with grief's natural egocentrism could hinder the development and continuation of relationships because of the seemingly one-sidedness. Intimacy may further be hindered as individuals completely avoid intimate relationships out of fear of losing another loved one (Walter & McCoyd, 2009). College students in particular are excited about their relationships and forming new ones. The idea of death or the ending of these relationships is not on their minds, causing the experience of loss to "seem offensive and shocking" (Rickgarn, 1996).

## **METHOD**

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### **Participants**

Participants were 200 male and female undergraduate students in the emerging adulthood span of life, enrolled at a medium-sized liberal arts college in New Jersey.

### **Materials**

Materials included a consent form, a survey on topics of grief, and a debriefing form. The survey included questions about students' understanding and experiences with grief. It also included questions describing manifestations of CG. Anticipating that most students would not know what CG involves, a statement was included at the beginning of the survey describing aspects of CG, as defined by Schumer (2009).

### **Procedure**

Following Institutional Review Board approval of the study, a random sample of students surveyed was obtained by the primary researcher at the campus Student Center. At such a location, the researcher had the opportunity to survey all types of students, including residential and commuter, various majors, various class standings, gender, and cultural. Specific demographics were not recorded because they were not pertinent to this research, however it is understood that there was a greater diversity of students in the specific location. The researcher obtained all necessary permissions from the Office of Student Activities to station a table in the Student Center and invite passing students to participate in the study by answering a questionnaire.

Agreeing students were provided with a consent form. Signed consent forms were placed in a large clasp envelope. Next, participants were provided with the paper questionnaire to be filled out with pen or pencil. Students understood, as indicated by informed consent, that they were to fill out as much or as little of the survey as they wanted. Surveys with skipped questions were included in the research statistics. Finished questionnaires, whether complete or not, were turned back in to the researcher and placed in a box, faced down, separate from the consent forms. The participant was then provided with a debriefing form and a candy bar, as a token of appreciation. It is also important to note that the Faculty Sponsor was present throughout this portion of the research, available for any difficulties or problems that arose regarding procedures or content of the questionnaire.

## **RESULTS**

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Descriptive statistics were performed on data for each question of the survey. The number of participants (*n*) for each question indicates those students who provided an answer for the individual question. Questions were asked to gain information about students' personal experiences with death. Of 199

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students, 101 (50.8%) report that death is discussed openly in their family, and 55 (27.6%) report death as being discussed with some sort of discomfort. Students were asked who the first person was who died that the student can remember and how old the student was at this time. Of 198 respondents, the majority ( $n = 99$ , 50.0%) responded “grandparent” and “other family member” ( $n = 66$ , 33.3%, see Table 1). Of 189 respondents who indicated an age at the time of their first loss, the mean age was 8.67 (SD = 4.041).

**Table 1**

*First Experience with the Death of a Loved One*

Loved One	Total	Percentage
Parent	5	2.5%
Grandparent	99	50.0%
Sibling	0	0.0%
Other family member	66	33.3%
Friend	7	3.5%
Public figure	6	3.0%
Animal	15	7.6%

*Note.*  $N = 198$ . Total is the number of participants who experiencing each loved one’s death as their first.

Of 200 participants, 99 (49.5%) knew one to two people who had died in the past two years, and 50 (25.0%) knew no one personally. Of 200 participants, 82 (41.0%) attend funerals most of the time or when they can, while 68 (34.0%) attend only if they were close to the person.

The following questions were based on the student’s perceptions and personal opinions. Of 200 participants, 60 (30.0%) believe that the earliest age at which a person could experience grief is between three and five, while 55 (27.5%) believe the earliest age is five to nine. Of 196 participants who indicated what death means to them, 67 (34.2%) believe that death is a transition and beginning of a life after death, while 58 (29.6%) believe that death is the end or final process of life. Of 196 participants, 107 (54.6%) believe that mourning and grief rituals are extremely important to the survivors, while 67 (34.2%) believe that these rituals are somewhat important. In the event of a loss at this time, 187 participants indicated to whom they would most likely turn for support. Of these participants, 107 (57.2%) would turn to a family member, while 55 (29.4%) would turn to a friend. If a friend experienced the death of a loved one and came to the participant for support, 196 participants indicated their level of comfort in the situation. Of these participants, 90 (45.9%) would feel somewhat comfortable, while 70 (35.7%) would be very comfortable.

Of 196 respondents, 191 (97.4%) believe people do grieve the death of a pet. Of 196 respondents, 192 (98.0%) believe people do grieve a miscarriage. Of 194 respondents, 136 (70.1%) believe people can grieve the death of a celebrity. Of 199 respondents, 193 (97.0%) believe people can grieve a failed relationship, such as a breakup, divorce, or loss of friendship.

Following the death of a close family member, students indicated how long they would expect the survivor to grieve. Of 198 students, 60 (30.3%) expect the duration of grief to be six months to one year, while 48 (24.2%) expect over two years. Following the death of a close friend, students indicated how long they would expect the survivor to grieve. Of 199 students, 66 (33.2%) expect the duration of grief to be six months to one year, while 44 (22.1%) expect over two years. In reference to the previous two questions, students were asked to consider their responses and indicate whether, after these time periods, they would worry that the survivor could be experiencing CG. Of 199 respondents, 42 (21.1%) would definitely worry, 139 (69.8%) do not know and believe it depends on the situation, and 18 (9.1%) would not worry and think the survivor is still grieving normally. Of the 42 students who feel they would definitely worry about the presence of CG in response to the death of a close family member, 15 (35.7%) would worry if another’s grief lasted six months to one year, while 11 (26.1%) would worry if another’s grief lasted one to two years. Of the 42 students who feel they would definitely worry about the presence of CG in response to the death of a close friend, 14 (33.3%) would worry if another’s grief lasted six months to one year, while 11 (26.1%) would worry if another’s grief lasted one to two years.

Results were very similar for both family member and friend indicating that the premorbid relationship with the individual matters more than the title of the relationship. Of 198 participants, 68 (34.4%) believe “society” would expect the survivors to grieve for three to six months, while 65 (32.8%) believe the duration of grief is six months to one year. Of 197 participants, 189 (96.0%) believe social support is an important component in the experience of grief.

Students were asked to rate three experiences in order of most to least traumatic. Of 189 students, 134 (67%) feel that “experiencing the death of a loved one suddenly” is the most traumatic, over “knowing your loved one will die in under a year due to terminal illness” and “knowing your loved one will die due to terminal illness but not knowing when they will die.” Of the 189 students, 94 (47%) feel that “knowing your loved one will die due to terminal illness but not knowing when they will die” is the least traumatic of the three scenarios.

Of 192 respondents, 104 (54.2%) believe that in times of bereavement, people seek the support of others. Of 196 respondents, 81 (41.3%) feel 11-25% of the population have experienced Complicated Grief. Of 198 respondents, 92 (46.5%) somewhat agree that a grieving process is facilitated by social support, while 79 (39.9%) strongly agree.

Finally, participants were asked questions regarding grieving students on college campuses. Of 199 students, 109 (54.7%) feel it is very important for college communities to support grieving students, while 62 (31.2%) feel it is somewhat important (see Table 2). Of 195 students, 100 (51.3%) are undecided whether their campus community supports grieving students, while 55 (28.2%) somewhat agree (see Table 3).

**Table 2**  
*Importance of College Communities' Support for Grieving Students*

Degree of Importance	Total	Percentage
Very important	109	54.7%
Somewhat important	62	31.2%
Undecided	22	11.1%
Somewhat unimportant	4	2.0%
Not important at all	2	1.0%

*Note.* N = 199. Total is the number of participants indicating each degree of importance.

**Table 3**  
*This Campus Community's Support for Grieving Students*

Degree of Agreement	Total	Percentage
Strongly agree	25	12.8%
Somewhat agree	55	28.2%
Undecided	100	51.3%
Somewhat disagree	9	4.6%
Strongly disagree	6	3.1%

*Note.* N = 195. Total is the number of participants indicating each of agreement.

## **DISCUSSION**

LaGrand (1982 as cited in Rickgarn, 1996) found that college students are not strangers to loss by any means. His study reported that 28.4% of college students lost a loved one to death, 25.4% ended a love relationship, 10.8% ended a friendship, and 9.1% experienced separation from loved ones. Balk (2008) focused on bereavement in college students and reported strikingly similar results. He found that anywhere from 22-33% of college undergraduates are in the first twelve months of bereavement. The current research supports this literature in that students are in fact experiencing losses. Of a possible 200 students, 198 (99%) indicated that they have already experienced the death of a close loved one, with their first experience at an average age of eight to nine years old. It is not surprising then, that this cohort of students (57.5%) believes that the earliest age a person can experience grief is between the ages of three to nine years old. Seventy-five percent of the students have experienced the death of at least one loved

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one in the past two years. Some students reported that five or more of their loved ones died in the past two years. The participants have experienced their share of bereavement and a large majority (92.5%) does attend funeral services.

Survey findings also support the literature in that most participants' first experience with the death of a loved one was a grandparent's death, a normative life event. As described earlier, unanticipated life events can complicate adolescence because of the teen's unstable maturity level. In some cases, the death of loved ones, such as a parent, a sibling, or a friend, are unexpected and quite traumatic, causing the survivor's grief to be complicated. The death itself may have been disturbing or the fact the death was sudden could be a trauma for the survivor. The current research supports that the way in which a person dies has an impact on the survivor. Specifically, unexpected deaths are more traumatic than anticipated deaths, such as terminal illness. Especially to emerging adults, who are more impacted by unanticipated life events, sudden and traumatic deaths put these young survivors into a sort of "double jeopardy," increasing their risk of CG.

Approximately 64% of the participants feel that death is either a beginning or an end (34.2% and 29.6%, respectively). Depending on what death means to each individual, the grief process will lead the survivor to his or her own "meaning" of the death of their loved one. Most likely, the survivor will use this meaning and come to a sense of peace. In many cultures, rituals are common in bereavement, such as a funeral or memorial service. It is not surprising that approximately 89% of participants in this study feel that rituals are important to the survivor. Especially for emerging adults, who are still in the later phase of constructing their identity, these customs provide support during the difficult experience of losing a loved one. For a bereaved college student, this may be the individual's first experience of losing a loved one. Without having previously successful coping strategies to depend on, he or she may be unsure how to react and focus their pain. These rituals provide direction while the emerging adult tries to comprehend this difficult and painful experience.

Rando (1993) describes chronic mourning, also known as prolonged mourning, in which the survivor's acute grief does not come to an end. The survivor does not relinquish old attachments to the deceased and has severe difficulties adjusting to a world without their loved one. Rando considers Chronic mourning to be the most common of the Complicated Grief Syndromes. Of participating students, 86% reported that society believes a survivor's grief does not extend past one year, suggesting that society's priority in cases of bereavement is for the survivor's grief to be uncomplicated. Grief lasting longer than one year is viewed as maladaptive. However, students feel differently. A majority (77%) of the students feel that grief resulting from the death of a close family member could last from six months to beyond two years. In the case of a close friend, students feel the duration of grief would be about the same, if not a few months shorter than that of a close family member. If an individual's grief lasted longer than the students' expected durations, most students (just under 70%) would still be undecided if CG is present. Other survey responses correlate with these results, indicating that the students do not reach a consensus on whether the duration of grief would define grief as complicated or not. This suggests the students' understanding that duration of grief is only one factor in determining whether grief is complicated.

Based on the literature and the present research, the most prevalent factor associated with maladaptive forms of grief is a lack of social support. Especially for emerging adults, who are deprived of a solid level of support naturally, CG could be more prevalent. The majority of college students on this campus (78.4%) come from families that talk about death, even though there may be discomfort. The fact that death is being addressed in these emerging adults' homes indicates that they are already receiving some social support, by seeing that this is a topic worth discussing. The literature suggests that adolescents are more likely to turn to friends for social support, rather than family members. Interestingly, most emerging adults surveyed (57.2%) said that they turn to family members for support in times of bereavement, rather than friends (29.4%). This disparity across age groups could indicate a rise in the maturity of relationships with family members as the emerging adult ages. The current research also supports this change in maturity in that a majority of college students surveyed (82%) would feel comfortable supporting a friend through their grief process. Also, in support of the literature indicating a lack of social support among adolescents, most (56%) of the support-giving college students



reported that they would be somewhat comfortable, rather than very comfortable. Interestingly, an overwhelming majority (96%) of the college students indicated that social support is an important component in grief, and that approximately 86% agree, to various extents, that a grieving process is facilitated by social support. Balk (2008) states, "Seeking help is the exception rather than the rule" (p. 8). The college students surveyed emphasized the importance of social support; however, a dissonance arose when the question changed to the actual act of seeking support. Only 54% believe that bereaved individuals seek the support of others, as opposed to coping with their grief alone. This leads us to the obvious question: If social support is significantly recognized as important in grief, why are people not seeking support?

Perhaps the answer lies in the disenfranchised nature of college bereavement. College student bereavement was not studied until the early 1980s by researchers such as Rupert, Shneidman, and LaGrand. LaGrand called this population "hidden mourners," given that society did not validate their bereavement. College is viewed as "the best years of your life." Any experience not correlating with this assumption, like death, is disregarded by society (as cited in Rickgarn, 1996). Support is in turn not provided and the individual is left to cope alone. Examples of disenfranchised grief experiences include the death of a pet, loss of friendships, the death of a sports team member, and the end of romantic relationships. Also, the griever may not be recognized in their present environment, such as the very young, the elderly, or the disabled (Doka, 1989 as cited in Rickgarn, 1996). College students certainly fall into this category of disenfranchised grievers, in that their grief or the relationship to the deceased is not recognized by society as significant. When polled about different loss experiences and the ability of individuals to grieve over these experiences, the college students' responses were essentially one-sided. A large majority of the students believe individuals can grieve the death of a pet, a miscarriage, a failed relationship, and the death of a celebrity, which can all be considered disenfranchised grief experiences.

Combining the data that college students are experiencing socially acceptable losses, such as deaths of loved ones, as well as validating disenfranchised losses, it would seem that college communities foster support and empathy. When asked how important it is for college communities to support grieving students, approximately 86% of participants reported it was either very or somewhat important. When asked if they feel *their* campus community supports grieving students, only 41% either strongly or somewhat agree. Almost 8% of students either somewhat or strongly disagree that support is provided. Over half of the students reported that they were undecided about the level of support from their college community, indicating that these students have probably not experienced the death of a loved one since they enrolled in college.

Through this research, and the research of others, it is evident that populations of emerging adults, especially college students, are experiencing grief. However, the prevalence of CG is difficult to determine, as there is no widely accepted diagnostic criteria at this time. According to findings, as stated earlier, the prevalence of CG can range anywhere from 5-33% of the bereaved population. A majority (72%) of participating students also believe that anywhere from 3-25% of the population experiences CG. At this time it is difficult to discern the presence of a Complicated Grief Syndrome from a normal grief pattern, based on the individual circumstance. Whether there will or will not be official diagnostic criteria for CG in the future, it is important to recognize the particular effects of bereavement on the college student population.

Overall, emerging adults, particularly college students, who have not yet developed their general sense of purpose in life, may have a more difficult period of bereavement including higher intensity and more persistent symptoms (Edmonds and Hooker, 1992; Pfof, Stevens and Wessels, 1989; Schwartzberg and Janoff-Bulman, 1991; Stevens, Pfof, and Wessels, 1987 as cited in Taub & Servaty-Seib, 2008). Balk (2008) found similar results and identified different dimensions of life that could, and usually are, affected as a result of bereavement in college students. Manifestations could occur in each of the following dimensions: physical, behavioral, interpersonal, cognitive, emotional, and spiritual. College students may also experience higher levels of intense shock, disbelief, and sense of loss (Lattanzi-Licht, 1996), making them particularly prone to experience difficulties in many of the above dimensions of their lives.

### **WHAT CAN CAMPUSES DO?**

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Based on the present research and the research of others, college administrators might want to consider the following information regarding bereaved students. Rather than clearly identifying grief as the main cause of their struggles, students experiencing difficulties are more likely to present to counselors or professors as having impaired concentration, alcohol or drug use, or insomnia (Taub & Servaty-Seib, 2008). Hardison and colleagues (2005 as cited in Balk, 2008) found that the most popular symptom related to complications with grief among emerging adults is insomnia. Students experiencing complications in their grief were prone to sleep disturbances, indicating that this may be interrelated.

Taub and Servaty-Seib (2008) stress the importance of encouraging students' continued connection with their deceased loved one, as this supports a healthy grieving process. Also, in cases of a violent or sudden death, college campuses should pay particular attention to the surviving students' progress in making meaning. Vickio (2008) stresses the benefits of workshops on grief and loss for college students on topics such as making meaning of the loss, feeling validated in their experience, finding successful coping options, and gaining support from their peers. Training faculty and residence assistants on topics of grief, loss, transition, and disenfranchised grief can benefit students in providing a resource to assist healthy grief processes.

Most campuses have response procedures in place for when a death occurs that directly relates to the campus community, such as when a student or faculty member dies. These systems are growing in popularity as campus communities are realizing more and more the emotional support that grieving community members need in order to continue functioning academically and socially (Rickgarn, 1996). However, when individual students experience the death of a loved one that does not affect the campus community at large, this student is left to grieve without significant support nor the comfort that those around them are sharing the same experience. The University of Minnesota initiated a Death Response Team (DRT) in 1984 including counselors, residence life staff, the office of the Vice President for Student Affairs, police department, campus religious centers, and public health faculty. The team offers more personal support for students to make sure they are coping effectively and to provide additional support when students are having difficulties (Rickgarn, 1996).

Finally, there are concurrent benefits to the school community when colleges support their bereaved students. Balk (2001) states: "One of the primary functions of a university is to provide a learning environment in which students may succeed academically and socially. Difficulties with grief produce severe problems in concentrating, studying, completing assignments, passing courses, staying in school, and taking advantage of the multiple opportunities offered in a university's diverse social milieu. Universities that help bereaved students increase retention and graduation rates and produce loyal alumni" (p. 81). Bereavement is a difficult experience for anyone. Because of their developmental span, bereavement can have a negative impact on college students' identity development, potentially precipitating CG. It is therefore imperative that emerging adults feel supported in order to cope with loss at a stage in development that naturally does not support a normal grief process. For the general wellbeing, including academic, social, and emotional success of its students, campus communities have an extraordinary opportunity and obligation to support bereaved students on campus.

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