Supporting Student Grief
The Attitudes and Beliefs of Residence Life Professionals when Responding to Student Bereavement

By:

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Abstract

Roughly one quarter of university students in North America experienced the death of a friend or family member within the last year. However, many universities do not have systems to support bereaved students. This study examines Residence Life professionals’ (RLPs’) attitudes and beliefs when responding to student grief. Twelve experienced RLPs representing 11 university campuses in Ontario were interviewed. The participants were given a hypothetical scenario in which a student who was living in residence had died. The participants answered questions about how they would respond to the physical, emotional, behavioural, interpersonal, cognitive, and spiritual impacts of grief. Ten of the 12 RLPs interviewed had been directly involved in supporting grieving students after a student’s death on their campus. The participants described how they would support students, however, most indicated that they have not received training on student bereavement, nor was training offered at their institution.
“Being heard
is so close to being loved
that for the average person
they are almost indistinguishable.”

David Audsburger
Table of Contents

Abstract ........................................................................................................................................ii
Table of Contents ........................................................................................................................iv
Introduction ......................................................................................................................................1
Literature Review ............................................................................................................................2
The Role of Student Services .........................................................................................................2
Residence Life ................................................................................................................................3
Bereavement and Grief ....................................................................................................................5
Complicated Grief ............................................................................................................................6
Responding to the Death of a Student on Campus .................................................................6
How Grief Affects Students ..........................................................................................................8
Physical Effects of Grief ...................................................................................................................9
Emotional Effects of Grief .............................................................................................................10
Cognitive Impacts of Grief ............................................................................................................11
Behavioural Effects of Grief ........................................................................................................11
Interpersonal Effects of Grief ..........................................................................................................12
Spiritual Effects of Grief ................................................................................................................13
Cultural Differences of Grief ..........................................................................................................14
The Impact of Social Media on the Grieving Experience .......................................................15
Method ..........................................................................................................................................16
Participants .....................................................................................................................................16
Precautions ....................................................................................................................................18
Study Design ..................................................................................................................................18
Data Collection and Analysis ......................................................................................................21
Results ...........................................................................................................................................22
Participants’ Professional Experience ........................................................................................22
Participants’ Definition of Grief ....................................................................................................24
Major themes ...............................................................................................................................24
1. Culture .......................................................................................................................................27
2. Memorial .....................................................................................................................................28
3. Physical .......................................................................................................................................29
4. Event ...........................................................................................................................................30
5. Facebook ....................................................................................................................................31
6. Personal Story ............................................................................................................................32
7. Spirituality ...................................................................................................................................33
8. Supporting a Colleague ............................................................................................................34
9. Roommate ..................................................................................................................................35
10. Self-care .....................................................................................................................................36
11. Advice ........................................................................................................................................37
Final Questions ..............................................................................................................................38
Conversations about Bereavement ...........................................................................................39
Previous Training .........................................................................................................................39
Access to Helpful Resources .......................................................................................................39
Discussion .......................................................................................................................................40
Introduction

Approximately one quarter to one third of university or college students across North America are within the first year of grieving a death (Balk, 1997; Balk, Walker, & Baker, 2010; Hardison, Neimeyer, and Lichstein, 2005; Servaty-Seib & Hamilton, 2006). The prevalence of grief on campus is being referred to as a ‘silent epidemic’ by grief researchers (Fajgenbaum, Chesson, & Lanzi, 2012; Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008). Researchers who study grief argue that university environments are not conducive to the bereavement process, due to rising academic pressure, lack of peer support, separation from family members, and the students’ expectation of having fun while in college or university (Balk, 1997, 2001; Matthews & Servaty-Seib, 2007; Ringler & Hayden, 2000). Bereavement impacts many areas of students’ lives, including academic performance, social interaction, and the likelihood of graduation (Balk, 2011; Matthews & Servaty-Seib, 2007). Despite the prevalence of student bereavement on university and college campuses, and the effect it has on student success and retention, it has largely gone unnoticed and unsupported within North American higher education (Balk, 1997; Fajgenbaum, Chesson, & Lanzi, 2012). Many institutions fail to provide training for Student Services staff on student grief and bereavement (Balk, 2001). There is also a lack of emphasis on bereavement support in on-campus counseling centres, and there are very few bereavement support groups on university campuses (Balk, 1997, 2011; Janowaik, Metial, & Drakin, 1995).

While research on the bereaved student experience has increased in recent decades, primarily in the United States by researchers such as Balk, Neimeyer, and Servaty-Seib, very little research has been done on how grief affects students living in residence after a peer dies, and how Residence Life staff can respond within that situation.

Due to the prevalence of grief on campus, there has been an increased demand for further research on how bereaved students are supported within the university setting (Balk, 1997). Grief researchers have stated that faculty members and Residence Life professionals can play an important role in responding to student bereavement (Servaty-Seib & Hamilton, 2006). The purpose of this current study is to understand the attitudes and beliefs about bereavement and grief held by Residence Life professionals across Ontario. The study is designed to explore how
Residence Life professionals would respond to the holistic impacts of grief, and how they have learned to support student bereavement.

**Literature Review**

There have been significant research efforts in recent decades to understand the nature of grief and its effects on the bereaved, much of which is focused on American public and private colleges. Additional research on the bereaved student experience and the grief support that exists within Canadian higher education is needed. This literature review will introduce the mission of Student Services, and the organizational structure of Residence Life departments to demonstrate the role of higher education professionals in supporting student success. Bereavement, normal grief, and complicated grief will be defined and the current literature on how grief affects college and university students will be explored. Finally, the questions used in the qualitative interviews in this study focused on the holistic impacts of grief. This literature review will address these holistic impacts of grief and the relevance of these impacts to Residence Life professionals.

**The Role of Student Services**

There is an understanding among universities and colleges across Canada that Student Services should be directly involved in supporting students who encounter hardship throughout their studies. Why an institution should feel compelled to support a grieving student community is understood when reviewing the history and current mission statement of Student Services and Residence Life departments.

Initially, higher education was reserved for the elite, but universities have since then moved to educate vastly diverse populations (McIntire, 2003). Among the first diverse group of students to attend higher education were the World War II veterans. When veterans returned from Europe, many were looking to start new careers in Canada and the United States, and many enrolled in post-secondary studies to prepare themselves for new career paths. As higher education enrolment increased significantly over the 1950’s, the model in which academics provided oversight of residences, recruitment, and counseling was no longer feasible; additional support was required to provide for the influx of non-traditional students (Hardy-Cox & Strange, 2010). Staff members were hired to facilitate the registration, orientation, and housing services offered
to all students, including incoming veterans. From that time on, universities have added administrative positions to serve the needs of historically underrepresented populations in Canada entering university, including women, visible minorities, Aboriginals, and students with disabilities (Canadian Association of College and University Student Services, 2011; Hardy Cox & Strange, 2010).

Student Services now provides administrative oversight to the recruitment, orientation, housing, engagement, and counseling of undergraduate and graduate students in Canadian post-secondary institutions (Hardy Cox & Strange, 2010). To meet these needs, separate offices within higher education were established; however, today there is an integrated approach to the programs and services offered to enhance overall student success on campus (Seifert, 2014). For example, Residence Life departments now work closely with counseling services and mentorship programs to meet the needs of their residents.

“The Mission of Student Services”, a document developed by the Canadian Association of College and University Student Services (CACUSS) in 1989, specifically addresses the role Student Services plays in supporting students. This document highlights the values and assumptions that define Student Services, including the importance of providing a stable social and physical environment for students, respect for diversity, and holistic development (CACUSS, 1989). One of the premises for Student Services is that “An atmosphere which provides a balance of support and challenge for enhancing achievement should be established and maintained” (CACUSS, 1989, p 2). It is clear, therefore, that supporting students is foundational to the mission of Student Services within Canadian universities.

**Residence Life**

One of the roles of Student Services is the oversight of on-campus residences for universities and colleges, managed specifically by Residence Life departments. Through these departments, institutions provide housing options for students who wish to live on campus. While the name of these departments can vary across institutions, from Housing Department, Residence and Housing, Residence Life, and so on, the central objectives are similar. There are no overarching mission statements for the Residence Life departments that span Ontario or Canada, as each
Residence Life department has its own mission statement which is generally comprised of similar themes. For example, the University of Waterloo’s mission statement for residence reads: “Our mission is to foster meaningful growth and learning opportunities by providing a safe, accessible, clean and supportive home where all students succeed personally and academically” (Waterloo Residences, 2015). Likewise, the mission statement for the Residence Life management team at McMaster University states: “Residence Life supports student success by encouraging growth, educating character, and enhancing the university experience” (McMaster University Residence Life, 2015).

In order to meet the goals listed in their mission statements, Chief Housing Officers provide leadership to the Residence Life department and supervise diverse staff teams comprised of both full-time professional staff members and student staff, who are also referred to as para-professionals. Often the para-professionals will take on roles such as residence assistant (RA), also referred to as residence advisor or don, while they complete their undergraduate or graduate studies. RAs are required to live in the residence they are supporting and are usually charged with 4 major tasks: 1) maintaining residence halls or dormitories, 2) enforcing guidelines and policies, 3) providing programming and support systems to enhance community development, and 4) assisting students (Healea, 2005). Often RAs are required to support students in difficult circumstances, playing the role of either the counselor or policy enforcer within a community (Wu & Stemler, 2008). As counseling centres on college and university campuses across North America continue to address increased demand for mental health support, RAs are also being trained to respond to the mental health needs among the residents on their floor (Mowbray, Megivern, Mandiberg, Strauss, Stein, Collins, Lett, 2006; Watkins, 2011). Programs such as Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST) are used to facilitate mental health training for both para-professional and professional staff members. This training emphasizes the prevention of self-harm and suicide. While mental health training has become more robust in recent decades, very few professionals working in Residence Life programs are adequately trained in grief theory or bereavement support (Balk, 1997, 2001; Servaty-Seib & Taub, 2008). Additionally, due to the live-in nature of the position, there is an increased risk to Residence Life professionals of ‘burn-out’ or ‘compassion fatigue’. Compassion fatigue is referred to as the cost of caring for others who are in emotional pain which can lead to
exhaustion, decreased productivity, unhappiness, and anger (Lester, 2010). Given the high-demand of the services offered in this role, Residence Life professionals are encouraged to maintain a healthy work-life balance, and to model this balance to other students (Hardy-Cox & Strange, 2010). Often employees at a public university or college will have access to the Employee Assistance Plan (EAP). The EAP is offered to employees at many universities in Ontario, and provides assistance to staff and faculty members if they encounter stressful life events that cause detrimental effects to their personal lives or work performance. Confidential emergency telephone assistance, time off work, and referrals to counselling are often included within the EAP. This service has been put in place to protect and support employees who are often called to respond to difficult student crises.

One of the goals of this study is to understand the training Residence Life professionals in Ontario receive on student grief and bereavement and to explore the ways in which Residence Life professionals support the para-professional staff members who are at the highest risk of burn-out.

**Bereavement and Grief**

Bereavement is the experience of losing a loved one to death, and grief is the response to bereavement (Shear, 2015). Bereavement has been described as “a severe stressor that typically incites painful and debilitating symptoms of acute grief that commonly progresses to restoration of a satisfactory, if changed, life” (Shear, Simon, Zisook, Neimeyer, Duan, & Keshaviah, 2011, p 103). Currier, Holland, and Neimeyer (2009) state that responses to loss are often as unique as the individuals who experience them, and yet other research has concluded that understanding the commonalities of grief is helpful both to the bereaved and the practitioner (Murray, 2001). There are ongoing debates surrounding how to define common or normal grief; however, there are some commonalities that occur across the various definitions, regardless of the culture or background of the bereaved (Bonanno & Kaltman 2001; Currier, Holland, & Neimeyer, 2006; Yeong, 2005). Common signs of grief include sadness, fear, guilt, anxiety, confusion, or a sense of isolation, and grief can be associated with physical symptoms including insomnia and headaches (Balk, 2011; Fajgenbaum et al., 2012; Germain, Caroff & Buysse, 2005; Murray, 2001). The accepted time frame for these symptoms can range from 2-4 months to 6-12 months.
Supporting Student Grief

Alicia Flatt

(Schnider, Elhai, & Gray, 2007; Yeong, 2005). The definition of grief has been debated over the centuries and differing views still exist. Therefore, for the purpose of this study, participants were asked to provide their own personal definition of grief.

Complicated Grief

Eighty to 85 percent of bereaved individuals follow a “common grief pattern”, but roughly 15 percent of bereaved individuals will experience what is referred to as complicated grief (Bonanno & Kaltman, 2001, p. 709). Complicated grief is defined as grief that does not dissipate after the commonly projected time frame and causes significant functional impairment (Shear, 2015). Often, a bereaved individual is thought to have complicated grief if symptoms of grief occur 2 years or more after the death of the loved one (Yeong, 2005). Currier, Holland, and Neimeyer (2006) found that individuals are more at risk for complicated grief if the death was violent or caused by suicide, or if the individual is having significant difficulty making sense of the loss. In a study conducted by Simon, Wall, Keshaviah, Dryman, LeBlanc, and Shear (2011), 6 symptoms of complicated grief were identified: 1) yearning and pre-occupation with the deceased, 2) bitterness and anger, 3) disbelief and shock, 4) social isolation or estrangement from others, 5) intrusive thoughts and hallucinations of the deceased, and 6) changes in social behaviour. In a study on complicated grief among college students, Hardison, Neimeyer, and Lichstein (2005) found that complicated grief can also be associated with insomnia. Though these responses could be seen as understandable reactions to a significant death, these responses can lead to an increased risk of cancer, heart attack, or suicide ideation (Yeong, 2005). Another concern with complicated grief is psychiatrists may run the risk of either under- or over-diagnosing this disorder, as both pathologizing normal grief experiences and discounting serious complicated grief symptoms can disadvantage the bereaved individual significantly (Shear et al., 2011).

Responding to the Death of a Student on Campus

Responding to the death of a student is an unfortunate reality for post-secondary institutions. The mortality rate for traditionally aged college students (18 to 23 years of age) is 6 to 7 deaths per
10,000 people in Ontario (Statistics Canada, 2009). According to Statistics Canada (2010), from 2000 to 2009 there were, on average, 12 suicides per year per every 100,000 people between the ages of 20 and 24. This means that each year a university campus with 50,000 students between the ages of 18 and 24 could reasonably expect to experience up to 35 student deaths, including 6 student suicides. Accidental deaths in North America are one of the reasons why the student death rate for college and university students is so high. For example, each year the National Institute of Alcohol Abuse and Alcoholism in the United States estimates that 1,825 college students between the ages of 18 and 24 die from alcohol related injuries, including drunk driving (National Institute on Alcohol Abuse and Alcoholism, 2012).

The entire post-secondary institution is affected when a student on campus dies. Zinner (1985) was the first to call on higher education institutions to prepare postvention strategies in response to the death of a student, later echoed by Andriessen (1996), Balk (1997) and Streufert (2004). Karl Andriessen, a Belgian grief scholar, defined postvention as “activities developed by, with, or for suicide survivors, in order to facilitate recovery after suicide, and to prevent adverse outcomes including suicidal behaviour” (1996, p. 125). The term has now been used to encompass efforts to facilitate recovery after any kind of death or traumatic event that occurs within a campus community.

Postvention strategies include the formation of a Death Response Plan, which includes delegating a variety of tasks including the notification of family, faculty, and staff, maintenance of the privacy of student records, media releases, and the oversight of student support and counseling services (Cusick, 2008). Researchers encourage all institutions to have a Death Response Plan, which would be carried out by members of a Death Response Team. The Death Response Team should be comprised of individuals who represent various roles within the institution, including faculty members, Student Services professionals, and members of the administration. All members of the Death Response Team should be provided with training and resources to inform decision making (Cusick, 2008; Streufert, 2004). These teams are especially instrumental when planning for unusual circumstances, including the evacuation of a residence hall building, or preventing copy-cat suicides following a student’s death by suicide (Streufert, 2004). The Death Response Plan should include increasing counseling support and care, the
organization of on-campus grief support groups, as well as memorials or events associated with grieving as a community (Balk, 1997, 2011). The final level of institutional postvention strategy falls to faculty members and Student Services professionals, including Residence Life professionals, who have a close relationship with students (Sevaity-Seib & Taub, 2008). These individuals are responsible for responding to students’ inquiries and requests, referring students to on-campus resources, and monitoring student wellbeing following the student death. Further research should be done on the postvention strategies used within higher education institutions within Canada.

How Grief Affects Students

Many college and university students are within one year of experiencing the death of a family member or friend. Balk (1997) found that in 1000 students, over one-third were in the first year of grieving the death of a family member, and 47 percent had experienced a family death in the last 2 years. Balk (1997) also found that 27 percent of students surveyed were grieving the loss of a friend who had died in the last 12 months. A subsequent study by Balk, Walker, and Baker (2010) found that within a sample of 118 randomly selected students, 30 percent were within one year of grieving a death and 39 percent were within 2 years of grieving a death. Problematically, students studying in higher education, particularly those living away from their families, are in an environment that has been described as “not conducive to the exploration and expression of grief” (Matthews & Servaty-Seib, 2007, p. 185). One of the reasons why higher education is seen as not conducive to the grieving process is because students often live on their own for the first time when they enter post-secondary education. Being in a supportive family environment ameliorates the symptoms of grief; however, many students find themselves grieving the death of someone while far from the support of their families (Matthews & Servaty Seib, 2007). In fact, a sense of social isolation while on campus is common, as many students report being unable to discuss the death of a loved one with their peers (Balk, 1997, 2011). For example, Balk (2011) recounts the response of a young woman interacting with two peers at work. When asked how many siblings she had, she responded that she had a brother, but that he had died that summer. Unsure of how to respond, her two peers simply walked away from her.
Feeling a sense of connection to the community plays an important role in student retention (Owen & Rodolpha, 2009) and it is unsurprising, therefore, that many students within the first year of bereavement are at risk of dropping out (Fajgenbaum et al., 2012). Bereaved students are also more likely to experience a significant decline in academic success, as the physical and cognitive impacts of grief affect their ability to sleep, concentrate, and recall subject matter for their courses (Balk, 1997, 2011; Matthews & Servaty-Seib, 2007; Monk, Germain, & Reynolds, 2008). Also, depressive symptoms and lack of motivation caused by grief impact the bereaved individual’s ability to maintain strong grades (Balk 2011; Matthews & Servaty Seib, 2007).

College and university are also places where having fun is heavily emphasized by Student Services professionals, and students may feel an inability to properly express their emotions in that environment or feel guilty if they have fun when they believe they ought to be grieving (O’Neill & Fry, 2013). Unsupervised drinking is also common, which may lead to risky behaviour such as binge-drinking, risky sexual behaviour, and drug use as a means to relieve grief symptoms (Balk, 2011). Given the prevalence of grief on university campuses, and the mission of Residence Life departments to provide safe environments which promote both academic and personal growth, it is imperative that Residence Life professionals evaluate how Residence Life communities can respond to student grief, and what measures should be put in place to support student success.

Balk (2011) specifically outlines 6 areas of a college student’s life that are affected when grieving: 1) physical, 2) emotional, 3) cognitive 4) behavioural 5) interpersonal and 6) spiritual. Each of these holistic impacts of grief and relevant themes will be discussed in turn.

Physical Effects of Grief

Grief can express itself through a number of somatic symptoms. Those who are grieving have been found to be more likely to report physical health complaints including headaches, dizziness, chest pain, and indigestion (Stroebe, Schut & Stroebe, 2007), as well as shortness of breath, heart palpitations, restlessness, and insomnia (Bonanno & Kaltman 2001; Hardison et al., 2005). For some, the grief experience can also trigger a loss of appetite and weight loss (Hensley & Clayton, 2008). Additionally, some students report diarrhea and feeling chills, and many suffer from a
suppressed immune system within the first 6 months of bereavement (Balk, 2011). The physical symptoms can detrimentally affect students’ academic success. Due to the somatic symptoms associated with grief, many students may be unable to attend all classes or focus on their studies to the best of their ability (Balk, 2001). Insomnia, or a dramatic change in sleeping habits, can also impact optimal brain function and the ability to concentrate (Hardison et al., 2005). Students often do not feel the need to seek help when bereaved (Balk, 2011) and so are more likely to seek assistance with physical ailments, including insomnia (Hardison et al., 2005). In cases like this, Residence Life professionals can discuss the source of the physical symptoms, and refer students to services offered on campus that support both physical and mental wellbeing.

**Emotional Effects of Grief**

Students experience a variety of emotions when coping with the death of a family member or friend, which include sadness, guilt, anger, self-doubt, and confusion (Fajgenbaum et al., 2012; Matthews & Servaty-Seib, 2007). The type of grief response also varies depending on how the loved one died (Stroebe, Schut, & Stroebe, 2007). For instance, individuals are more likely to feel anger and guilt if the death was by suicide (Balk, 2011). In his 1997 study, Balk recorded the responses of students who were grieving the death of a peer. Nearly all of those interviewed said that the grief they experienced was harder, lasted longer, and left them feeling sadder than they would have expected. Students in college and university are also prone to feeling lonely when grieving, and often have a difficult time interacting with their peers, exacerbating their loneliness (O’Neill & Fry, 2013).

Researchers continue to note the importance of differentiating between depression and grief (Shear, 2015). Though grief and depression may appear to be similar, those who have experienced depression earlier, who then later experienced the death of a friend or relative were able to differentiate between the two (Balk, 2011). One of the largest debates surrounding bereavement theory includes the removal of the grief exemption from the recently published DSM-V, which states that an individual may be treated for Major Depressive Disorder, even if the symptoms originated from experiencing a loss (Shear, 2015). This is not to say, however, that grief is a pathology, or that depression is a common effect of bereavement (Shear, 2015; Shear et al., 2011; Simon et al., 2011). The fact that grief and depression can be so quickly confused,
even though the approaches used to respond to grief and depression differ, would suggest that the provision of training for Residence Life professionals on the difference between depression and bereavement would be beneficial.

**Cognitive Impacts of Grief**

As has been discussed previously, bereaved individuals may experience trouble concentrating, and may experience intrusive thoughts while grieving (Balk, 2001, 2011; Bonanno & Kaltman, 2001). Some students experience a type of absent-mindedness related to their grief, realizing only after they finished reading a whole page in a book that they were unable to recall what it said (Balk, 2011). Servaty-Seib and Hamilton (2006) found that bereaved students reported a lower grade point average in the first semester of their grief than other non-bereaved individuals. This decline in academic success can cause further anxiety and worry. Academic policies may allow students to retroactively withdraw from a semester, receive extensions on assignments, or participate in extra credit to support their grades. In 2001, Balk called for further support of bereaved students on campus, particularly in regard to supporting their academic progress. Ten years later, Balk recognized that important steps had been made, but universities and colleges still have much they can do to continue the support of bereaved individuals’ academic success on campus (Balk, 2011).

**Behavioural Effects of Grief**

Bereaved individuals may develop a change in behaviour while grieving. Crying is common during bereavement, as is worrying about the future and visualizing what life will look like without the deceased (Balk, 2011; O’Neil and Fry, 2013). Some bereaved individuals will participate in risky behaviours, such as drinking, drugs, and promiscuous sex as a way to alleviate their symptoms of grief (Balk, 2011). University and college residences are often places in which students are experimenting with these risky behaviours in an unsupervised capacity, which may make it easier for the bereaved students to participate (Huang, Jacobs, & Derevensky, 2010).
Bereaved students also report having difficulty creating career or personal goals for themselves (Balk, 2001; Boelen, 2011). Within higher education, students are continually asked to plan ahead for future semesters and terms; however, if they are within the first 6 months of bereavement, they may be less likely to apply for positions in student research and leadership, external employment, or plan their future courses. Additionally, if the student is currently in a para-professional role or involved in extracurricular activities while grieving, they may experience difficulty fulfilling their duties or planning for future events.

**Interpersonal Effects of Grief**

Bereaved individuals may benefit from the support and care of others; however, finding supportive networks when grieving can prove difficult, especially outside of a family environment (Balk, 2011; Matthews & Servaty-Seib, 2007). As discussed previously, many students can feel alone in their grief experience, and in order to fit in, students will stifle their grief when interacting with peers (Balk, 2011). When students do choose to talk about their grief with others, they may feel judged or offended by some of the well-intentioned, but misguided, comments made by their peers. In a study on social support and bereavement conducted by Breen and O’Conner (2011), participants recounted that some who offered support had assumptions about grief that led to hurtful comments. Those who believe that grief is linear, rather than cyclical, made remarks indicating their surprise that the bereaved had not “gotten over it yet” or stated, “You should be over that now, it was 3 months ago” (p. 108). This assumption of the linear nature of grief may also make bereaved individuals feel guilty if they are caught smiling or laughing too soon after the death. Other statements, often associated with the desire to help the bereaved find meaning in the death, led family, friends, or colleagues to say, “This was meant to be” or “at least you got 20 years with him” or “This is part of God’s plan” (Breen & Connor, 2011, p. 109). These comments can also be hurtful, confusing, or frustrating for the bereaved. Not all attempts to support a bereaved person are misguided, and many bereaved individuals in the study remarked on how helpful cards, visits, small gifts, and acts of service were (Breen and O’Connor, 2011). While it is important to be aware of personal assumptions before offering guidance or advice to bereaved individuals, it is also important for those living within a residence community to make an effort to interact with those who are grieving to counter the effects of social isolation, which is commonly associated with
Supporting Student Grief  

Alicia Flatt

bereavement (Balk, 1997, 2011). To do this, Residence Life professionals can provide resources and training to RAs to support positive, encouraging, and intentional conversation in the residence hall.

**Spiritual Effects of Grief**

Spirituality in the context of grief can be understood as the desire to find meaning when faced with a significant loss (Stroebe, 2004). When confronted with the death of a loved one, many bereaved individuals will find themselves trying to make sense of or find meaning in the death (Balk, 1999, 2011; Burke & Neimeyer, 2014). Bereavement can be seen as a life crisis that provokes reflection on the human existence and the presence of a higher power, and may lay the ground for spiritual change (Balk, 1999). While some researchers have found that spiritual care can be beneficial during bereavement (Dyer & Hagedorn, 2013), and some researchers have found that those who search for meaning through organized religion struggle more than those who do not search for meaning (Burke & Neimeyer, 2014), other studies argue that a full understanding of the positive and negative affects of religious coping are complex, as the variables in question are often difficult to isolate (Stroebe, 2004). Ultimately, very few individuals who encounter the death of a loved one move on from grief without the death having an impact on their spiritual understanding of who they are, their role in the world, and their interactions with others (Balk, 2011). Indeed, though grief has the potential to yield very negative effects, grief is also often marked as a time of great change and transition, and for many it can spark a positive new outlook on life which emphasizes altruism, and can lead to “new ideals, new capacities and new kinds of relationships with the dead” (Berzoff, 2011, p. 264).

Searching for meaning has been considered a common and important aspect of grieving (Balk, 2011; Dyer & Hagedorn, 2013; Stroebe, 2004). Yet, assuming a bereaved individual has arrived at a sense of meaning that incorporated spirituality or organized religion led to unhelpful and even hurtful comments in previous studies (Breen & O’Connor, 2011). Due to the diversity of spiritual beliefs, spirituality can feel difficult to discuss on public university campuses, and could be why spirituality is not a common aspect of grief care in counseling centres and therapeutic support (Dyer & Hagedorn, 2013). Residence Life professionals should be provided guidance and training for discussing spirituality with bereaved individuals, as researchers caution against
making assumptions when working with those who are grieving (Stroebe, 2004). The role of spiritual support need not fall solely on Residence Life professionals. Fortunately, chaplaincy offices are available through Student Services to provide additional support for those seeking spiritual care on campus.

**Cultural Differences of Grief**

Cultural traditions and practices surrounding death, and the way in which individuals differ in grieving processes due to their culture or background, are topics that have undergone continued research. Within this body of research, two major themes emerge: 1) individuals will differ in grieving responses and practices due to their cultural backgrounds (Bonanno, Papa, Lalande, Zhang & Noll, 2005; Hardy-Bougere, 2008; Lalande & Bonanno, 2006), and 2) there is a commonality in the bereavement process that extends across cultural boundaries (Clements et al., 2003; Cowles, 1996).

A study conducted in 2005 compared the religious coping methods of 61 American individuals to 58 individuals from the People’s Republic of China (Bonanno et al., 2008). The study found that while increased attachment to the deceased within the first 4 months of death negatively impacted American grievers, the same rates of attachment positively impacted Chinese grievers. In a subsequent study, Bonanno and Lalande (2006) compared the grief practices of bereaved individuals in Pakistan to those in the United States and found that Pakistanis have more rituals and religious ceremonies surrounding the death and derive a strong sense of comfort from these rituals. The study also found that Pakistani men were far less likely to discuss their emotions regarding grief with each other or with researchers. Other studies suggest that different cultural origins will impact the display of grief, the desire to seek help or talk about grief, and the likelihood of seeking spiritual care (Hardy-Bougere, 2008; Oltjenbruns, 1998).

Ceremonies and rituals can be used across cultures to support bereaved individuals. Yeong (2005) found that rituals and traditions provide a script to follow which alleviates a sense of confusion or uncertainty following a death. Memorial ceremonies, for example, allow individuals to grieve in community with others, and many claim the experience is rewarding and helpful (Stoebe, 2004). Researchers continue to emphasize the need for practitioners to remember the cultural differences at play when working with bereaved individuals so as not to offend them or
misinterpret their grief responses as problematic or severe (Hardy-Bougere, 2008; Oltjenbruns, 1998; Yeong 2005).

Conversely, researchers also strive to emphasize that bereavement and grief are universal experiences (Cowles, 2006) and will affect all individuals differently, even if they identify as belonging to the same religious or cultural background (Clement et al., 2004). Some researchers have referred to this as “respecting diversity within diversity” (Lopez, 2011, p. 11). In one study on the cultural diversity of grief, those who identified as a member of a minority group would encourage the understanding that grief is a “part of being human” and “we all feel the same” (Cowles, 2006, p. 289). Balk (2011) argues Residence Life professionals should be aware that those from diverse cultural backgrounds are often able to identify for themselves the types of supports they would like to have made available to them.

The Impact of Social Media on the Grieving Experience

In 2013, Facebook reported that it has 1.1 billion active users, and an extremely high percentage of college and university students use Facebook on a regular basis (Frost, 2014). Since the emergence of popular social media sites like Facebook, what has been referred to as ‘virtual grief’ has increasingly shaped the bereavement experience for individuals around the world (Carroll & Landry, 2010). From the revelation of the death of a loved one, to publically accessed Facebook memorial pages, to the way in which college students communicate their bereavement experience, Facebook has changed how individuals grieve, shifting grief from a uniquely private experience to an overtly public one (Frost, 2014; Lingel, 2013; Morehouse, 2014).

In 2005, Facebook created a ‘memorializing policy’ that allows access to Facebook pages even after the ‘owners’ have died (Stone, 2010). The privacy of the deceased is maintained on these memorialized sites, as no new friends can join the page after the ‘owner’s’ death, and the deceased will not appear on the “People You May Know” sidebar (Frost, 2014). Facebook also encourages friends of the deceased to create separate pages which can be publically accessed for the purpose of providing funeral information, and allows the public to post comments on that page. These publically accessed pages can be viewed not only by family and friends, but also “emotional rubbernecker” or those who do not know the deceased but wish to post on the public pages (Degroot, 2014). In response to the demand for memorial pages, and the questions that
emerge once a Facebook user has died, Facebook introduced in 2015 what it has called a “Legacy Contact”. Facebook users can now select the person who will be able to write a final message on the deceased person’s Facebook wall, distribute information, and change the profile and cover pictures (Facebook, 2015). This recent addition to Facebook’s policies demonstrates that Facebook has become an important tool in communicating a death and also shows how public communication regarding death is changing.

There is ongoing research on the effects of social media use when grieving, with some researchers arguing that the shared grief experience and the provision of an outlet of grief is helpful to mourners (Carroll & Landry, 2010; Pennington, 2013), while others have found that the 24 hour reminder of the death of a loved one may have detrimental effects for the bereaved, including high stress and avoidant coping (Lingel, 2013). One of the significant benefits of virtual grief, however, is that it allows those who may not otherwise seek help to communicate their experience with grief and aids in finding helpful resources online (Pennington, 2013). Those working within the college and university setting commonly use Facebook as a way of communicating important information to students. Those working in Residence Life may also find that any online community spaces will be affected in the case of the death of a student on campus, and can review the online posts to determine whether one of their residents may be in need of additional grief support based on what the Facebook user is posting.

This study aims to understand the attitudes and beliefs of Residence Life Professionals on supporting students after a student death. The purpose of the study is to identify how Residence Life professionals respond to the different ways grief affects students and the training or professional development they received on responding to bereaved students.

**Method**

**Participants**

Semi-structured interviews were conducted with 12 Residence Life professionals to determine their attitudes and beliefs regarding supporting a grieving community after a student death. The recruitment of participants targeted professionals who were employed within Ontario and had at
least 5 years of experience working specifically within a Residence Life Department. The reasons for recruiting professionals with at least 5 years of experience are twofold: 1) professionals with at least 5 years of experience are more likely than new professionals to have experience supporting student grief and therefore represent an information-rich, purposeful sample, and 2) the questions touch on sensitive subject matter, and it is hypothesized that experienced professionals would be well aware of the resources at their own institution if they required support after they completed the study.

The participants were recruited through a poster distributed throughout the Ontario Institute for Studies in Education (OISE) building at the University of Toronto. The call for participation was also distributed electronically through the LHAE Weekly, which is an email bulletin sent to all students enrolled in graduate programs in the Leadership, Higher, and Adult Education Department at OISE. The call for participation was also distributed to organizations including the Association of College and University Housing Officers – International (ACUHO-I) and the Canadian Association of Christians in Student Development (CACSD). A 30 dollar bookstore gift card was offered to those who participated in the study. The call for participation used in this study is in Appendix A.

The desired sample size for this study was 6 to 10 participants. Twenty-nine Residence Life professionals responded by email to the call for participation; 17 of these responded within 48 hours. Those who responded in the first 48 hours were sent pre-screening questions to determine whether they met the requirements of this research. The remaining respondents were notified via email that based on time constraints only a limited number of participants would be interviewed, and only if the sample size were increased would they be contacted to participate in the present study. The pre-screening interview questions were as follows:

- Have you worked within a Residence Life Department?
- Did you work in Residence Life when you were a student? If so, how long?
- Have you worked in Residence Life as a full-time position after graduation? If so, how long?
- How many institutions have you been employed with as a Residence Life professional?
- Are you currently working in a Residence Life Department in Ontario?
Of the 17 participants that were sent the screening questions, 15 participants met the requirements of this study. Each participant then received a Letter of Consent. Twelve participants submitted a signed copy of the Letter of Consent and were scheduled for a 30 minute telephone interview. The 12 participants self-disclosed the institution at which they were currently employed, and represent 11 campuses across Ontario. The Letter of Consent is included in Appendix B.

**Precautions**
Due to the sensitive nature of student death and bereavement studies, extra measures were taken to ensure that the participants were well informed regarding the nature of the study and were aware of the services offered at their institution to support those affected by the death of a student. In addition to Research Ethics Board approval, the interview was also screened by two Student Services professionals with a Master of Social Work who had studied bereavement support. Based on their advice, before the commencement of the interview all participants were asked if they had supported a grieving community after the loss of a student recently. Participants were then asked if they would feel comfortable completing the interview in light of their recent experiences. All participants who were involved in supporting a community after the death of a student were advised again that they could stop the interview at any time. Additionally, a script was created for use in the event that a participant in the study demonstrated signs of emotional distress during the interview. If this were to be the case, the following statements would be made: I sense this interview was difficult for you. Do you have access to resources to support you at your institution?

None of the participants in the study stopped the interview, nor did they demonstrate signs of emotional distress during the interview.

**Study Design**
The telephone interview was designed to take 30 minutes to complete and is comprised of 3 distinct sections: 1) a personal definition of grief defined by the interviewees; 2) the description
of a hypothetical situation and 11 interview questions on how the Residence Life professional would respond within the scenario; and 3) follow up questions about professional development in the area of bereavement support.

The interview questions were developed as vignettes, a methodology often used within social-work and nursing research (Hughes & Huby, 2002). With this approach, the researcher can forgo costly and often impractical observational methods and instead gain an understanding of attitudes and beliefs of research participants based on self-reports. The use of vignettes, or descriptions of hypothetical situations, is especially useful when studying potentially sensitive subject matter, as it allows the participants to distance themselves emotionally from the difficult topic (Barter & Reynolds, 2000). Additionally, the use of vignettes in this study allowed the participants to discuss how they would respond in the situation based on their judgment as professionals, rather than as representatives of their institution.

As has been noted by many researchers, the way a person dies impacts the bereavement experience (Balk, 2001; Bonanno & Kaltman, 2001; Drenth, Herbst, & Strydom, 2010; Fajgenbaum, Chesson, & Lanzi, 2012). Death by suicide, for example, may require a different type of care for survivors than a natural death, or death caused by a car collision. Therefore, the hypothetical scenario was written with an understanding that the cause of death in the vignette could impact the way in which participants responded. A car collision was used as it is not considered a violent death, like suicide or homicide, and would not put students at a high risk for complicated grief (Drenth, Herbst, & Strydom, 2010), but was common enough that participants could readily understand the nature of the death and how they would respond without needing further information. The hypothetical scenario was:

You are working in the Residence Life Department at a mid-size university in Ontario. The Winter Reading Break is now over and students are returning to campus after being away. You are aware that one of your first-year students died tragically in a car collision while they were home for Reading Break. This student lived in residence, was well known by the students, and was highly involved as a student leader.
The 11 questions following the hypothetical scenario were developed based Balk’s (2011) six areas of students’ lives that are impacted by grief: physical, behavioural, interpersonal, cognitive, emotional, and spiritual. Table 1 shows how each question in the vignette is designed to highlight one or more of the holistic impacts of grief.

### Table 1

**Questions and Areas of Impact**

<table>
<thead>
<tr>
<th>Question</th>
<th>Holistic Impact of Grief</th>
</tr>
</thead>
</table>
| Imagine there is a student in the residence who was close to the deceased. This student is from a culture you are not familiar with. What would you do? | • Spiritual  
  • Behavioural |
| Students come to you hoping to set up a memorial service for the student. How do you respond?                                         | • Behavioural  
  • Emotional  
  • Spiritual  
  • Physical |
| A student leader who was close to the deceased is complaining about insomnia and a sore neck and back. How do you respond?          |                                             |
| Imagine there is a large event planned for the students in residence two weeks after the student’s death. The student leaders have been planning it since January. Do you continue to throw the event? | • Interpersonal |
| The student who died was a residence leader who had a Facebook profile to answer student questions. The students in the Residence continue to post messages on the Facebook profile expressing feelings of sadness, loss, and grief. What would you do? | • Behavioural  
  • Emotional  
  • Interpersonal |
| A student comes to you to discuss how they feel after losing their friend to the car collision. You remember a personal story of grief. Do you tell your story? | • Interpersonal |
| Would you refer bereaved students to seek spiritual care offered on campus?                                                               | • Spiritual |
You notice that one of your fellow professional staff members in the Residence Life Department seems to be quite affected by the loss of the student. They are often seen crying and describe feeling anxious in the wake of the student death. How do you respond?

- Interpersonal
- Emotional
- Behavioural

The roommate of the deceased is often seen laughing with friends. Two weeks after the death of the student’s roommate, one of her professors remarks they have seen no change in the student’s behaviour in the classroom and they that they scored very highly on test taken recently. How do you respond?

- Cognitive
- Behavioural

You find that after two weeks you as a professional are feeling emotionally and physically exhausted. How do you support yourself?

- Physical
- Emotional
- Interpersonal

A Residence Assistant comes to you asking for advice on how to support the floor following the student death. What advice would you give him or her?

- Could touch on any of the holistic impacts of grief

Some aspects of the relevant literature on grief are not addressed specifically within the interview questions. For example, though physical and cognitive impacts of grief directly impact the academic success of students, a specific question on how the Residence Life professional would support academic success was not included in the interview. It is hypothesized that those who are have received training in grief response among students would be more likely to address the academic impact of grief on students, and would be more likely to suggest how they might help a student who needs academic support.

**Data Collection and Analysis**

All telephone interviews were recorded and transcribed verbatim by the researcher. Upon completion of the transcription process, the data were entered into a Microsoft Word document to facilitate manual first-cycle coding, followed by entry into an Excel spreadsheet to facilitate second-cycle coding and analysis.
The data were coded using the structural coding method, as described in Saldana’s *The Coding Manual for Qualitative Researchers* (2009). As shown in Table 1, the questions had been developed to address specific holistic impacts of grief described by Balk (2001). Thematic analysis of the responses to specific questions was subsequently used to uncover patterns and themes within the responses. The thematic analysis was coded based on frequency of responses among participants, the results of which can be found in Table 3 in the Results.

**Results**

**Participants’ Professional Experience**

Information regarding the professional experience of the participants is listed in Table 2.

**Table 2**

*Participants’ Residence Life Experience*
Each participant was currently employed at a public university in Ontario at the time of the interview. The participants had on average 2.25 years of experience working in Residence Life in a student role and 9.3 years of experience working in Residence Life after graduation. When including both professional and para-professional experience, the average participant had 12 years of experience. The years of experience ranged from 5 and 23 years. Of the 12 participants who were interviewed, 10 Residence Life professionals had experience supporting a grieving community after a student death, 3 of whom had supported a bereaved community in the past 6 months. The most recent student death experienced by a participant occurred one month prior to the interview. As the participants responded to questions in this study, it became clear that every

<table>
<thead>
<tr>
<th>Participant</th>
<th>Years of student experience as RLP</th>
<th>Years of post-graduate experience as RLP</th>
<th>Cumulative years of experience</th>
<th># of institutions employed at</th>
<th>Experience with student death (Yes/No)</th>
<th>Years since most recent student death</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3</td>
<td>6.5</td>
<td>9.5</td>
<td>3</td>
<td>Y</td>
<td>2</td>
</tr>
<tr>
<td>B</td>
<td>3</td>
<td>13</td>
<td>16</td>
<td>3</td>
<td>Y</td>
<td>3</td>
</tr>
<tr>
<td>C</td>
<td>8</td>
<td>5</td>
<td>13</td>
<td>3</td>
<td>N</td>
<td>-</td>
</tr>
<tr>
<td>D</td>
<td>3</td>
<td>10</td>
<td>13</td>
<td>4</td>
<td>Y</td>
<td>2</td>
</tr>
<tr>
<td>E</td>
<td>3</td>
<td>7</td>
<td>10</td>
<td>1</td>
<td>Y</td>
<td>2</td>
</tr>
<tr>
<td>F</td>
<td>0</td>
<td>11</td>
<td>11</td>
<td>2</td>
<td>Y</td>
<td>4</td>
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<tr>
<td>G</td>
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<tr>
<td>H</td>
<td>3</td>
<td>7</td>
<td>10</td>
<td>4</td>
<td>Y</td>
<td>&lt; 1</td>
</tr>
<tr>
<td>I</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>2</td>
<td>Y</td>
<td>2</td>
</tr>
<tr>
<td>J</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>1</td>
<td>Y</td>
<td>&lt; 1</td>
</tr>
<tr>
<td>K</td>
<td>2</td>
<td>23</td>
<td>25</td>
<td>2</td>
<td>Y</td>
<td>2</td>
</tr>
<tr>
<td>L</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>Y</td>
<td>&lt; 1</td>
</tr>
</tbody>
</table>
participant had experience supporting bereaved students even if the deceased person had not been a student at that institution. For instance, many participants recounted supporting students who had lost a family member soon after moving into residence.

**Participants’ Definition of Grief**
At the beginning of the interview, each participant was asked to provide their own personal definition of grief. There were four themes that came from the responses. According to the participants, grief is: 1) a reaction to loss; 2) an emotional expression of loss; 3) the period of time after losing a person, an idea, or a reality; or 4) a physical, spiritual, and emotional process after losing someone. All 12 participants used the word “loss” when discussing grief, and 7 participants specifically referenced the emotional impact of grief when stating their own definition. Six participants clarified that grief does not only come after losing a loved one; grief can occur, for example, after a family divorce or moving away from home. None of the participants explicitly discussed the holistic nature of grief in their definition. Participants were also given an opportunity to add to or change their definition at the conclusion of the interview. It was hypothesized that changing the definition of grief would indicate that participants may have been unsure as to what grief really meant, or had learned something when reflecting on the hypothetical scenario. None of the 12 Residence Life professionals interviewed felt the need to change their definition; however, 5 Residence Life professionals added or restated at the end of the interview that grief affects everyone differently.

**Major themes**
There were 6 major themes that were evident throughout the participants’ responses to the hypothetical scenario questions. The major themes within the participants’ responses were: 1) universities should provide a list of on-campus resources; 2) RLPs should consult with the family members of the deceased; 3) RLPs should listen and ask open-ended questions; 4) every grieving person is different; 5) every situation is different, and 6) RLPs should ‘go with their gut’.

The hypothetical scenario questions were designed to specifically address a problem or circumstance that would be common to the Residence Life experience while supporting a bereaved community following a student death. The responses to each question will be addressed in turn. In Table 3, each question is listed along with the most common responses, and the
frequency of those responses. In certain cases, if one person responded in a way that significantly differed from other responses, it was also included on this table. This is why in the “Frequency of responses” column there is a frequency of “1” for some questions. This allows the reader to see how some of the participants’ responses opposed some of the major themes.

**Table 3**

*Common Responses to Hypothetical Questions*

<table>
<thead>
<tr>
<th>Question</th>
<th>Most common and unusual responses</th>
<th>Frequency of response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Imagine there is a student in the residence who was close to the deceased. This student is from a culture you are not familiar with. What would you do?</td>
<td>List resources</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Access resources specifically for international students</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Ask the student what they need</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Treat all students the same</td>
<td>3</td>
</tr>
<tr>
<td>2. Students come to you hoping to set up a memorial service for the student. How do you respond?</td>
<td>Provide resources to support the event/memorial</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Consult the family</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Encourage students</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Listen to students</td>
<td>3</td>
</tr>
<tr>
<td>3. A student leader who was close to the deceased is complaining about insomnia and a sore neck and back. How do you respond?</td>
<td>Encourage counseling and/or medical help</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Listen and show empathy</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Ask open ended questions</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Monitor the student</td>
<td>3</td>
</tr>
<tr>
<td>4. Imagine there is a large event planned for the students in residence two weeks after the student’s death. The student leaders have been planning it since January. Do you</td>
<td>Yes I would run the event</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Check in with leaders/support them</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>“Life goes on”</td>
<td>5</td>
</tr>
<tr>
<td>Question</td>
<td>Most common and unusual responses</td>
<td>Frequency of response</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>continue to throw the event?</td>
<td>Commemorate deceased at the event</td>
<td>4</td>
</tr>
<tr>
<td>5. The student who died was a residence leader who had a Facebook profile to answer student questions. The students in the Residence continue to post messages on the Facebook profile expressing feelings of sadness, loss, and grief. What would you do?</td>
<td>Provide resources to students who are having a difficult time</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Facebook is a healthy outlet</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Contact the family</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Monitor the posts on Facebook</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Create a memorial page</td>
<td>2</td>
</tr>
<tr>
<td>6. A student comes to you to discuss how they feel after losing their friend to the car collision. You remember a personal story of grief. Do you tell your story?</td>
<td>No, I wouldn’t tell my story</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>It’s about them</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>It depends</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Yes, I would tell my story</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>I don’t want to be triggered</td>
<td>1</td>
</tr>
<tr>
<td>7. Would you refer bereaved students to seek spiritual care offered on campus?</td>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>If they wanted it/were affiliated with a faith</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Don’t force them</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>8. You notice that one of your fellow professional staff members in the Residence Life Department seems to be quite affected by the loss of the student. They are often seen crying and describe feeling anxious in the wake of the student death. How do you respond?</td>
<td>Take them out, talk and listen</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Notify their supervisor</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Colleague may need time off</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Employee Assistance Plan</td>
<td>4</td>
</tr>
<tr>
<td>9. The roommate of the deceased is</td>
<td>I would do frequent check-ins</td>
<td>7</td>
</tr>
</tbody>
</table>
Supporting Student Grief

<table>
<thead>
<tr>
<th>Question</th>
<th>Most common and unusual responses</th>
<th>Frequency of response</th>
</tr>
</thead>
<tbody>
<tr>
<td>often seen laughing with friends. Two weeks after the death of the student’s roommate, one of her professors remarks they have seen no change in the student’s behaviour in the classroom and they that they scored very highly on test taken recently. How do you respond?</td>
<td>People grieve differently</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>I would not be concerned</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>I would be concerned</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Let them know of the resources</td>
<td>1</td>
</tr>
<tr>
<td>10. You find that after two weeks you as a professional are feeling emotionally and physically exhausted. How do you support yourself?</td>
<td>Take a day off</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Talk to support network</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Talk to supervisor</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>I/We are the worst at this</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Seek counseling if needed</td>
<td>3</td>
</tr>
<tr>
<td>11. A Residence Assistant comes to you asking for advice on how to support the floor following the student death. What advice would you give him or her?</td>
<td>Bring counselors/chaplains onto the floor</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Bring the floor together</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Ask the RA “What do you think is best?”</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Say, “You don’t have to do this alone”</td>
<td>2</td>
</tr>
</tbody>
</table>

1. Culture

Imagine there is a student in the residence who was close to the deceased. This student is from a culture you are not familiar with. What would you do?

When asked how the Residence Life professionals should respond to a student from a different cultural background, responses varied. The participants debated within their own responses as to whether a student from a different culture should be treated differently from the other students in
residence. All 12 participants indicated that they would provide a list of resources that were available for the student. Many on-campus resources were cited when discussing how to best support the student, including referring students to grief or bereavement circles, multi-faith centres, counseling, and the international student office on campus. Four participants indicated that they would do some research on the cultural background of the student, while 3 participants specifically noted that they would not do any additional research on the culture. Five participants discussed working with the on-campus international student office, and said they would either meet with someone from that office or refer the student to the international student office.

One participant noted the importance of family support:

> If we are looking at somebody who is from a culture different from our own, part of what would come into it would be: are they an international student or a domestic student? And are they open to parental support? Have they brought this to their parents? Do they feel family is a good resource for them? Is there someone they are leaning on for support? – So that we have an understanding of what their network of support is and then we can fill in the necessary pieces for them.

Four of the participants said they would ask the student to identify what they felt they needed. One participant clarified that the goal of Residence Life programming is to empower students to solve problems, and asking a student to list what he or she needed would be an example of how to do so. “They know best what they need” or a similar statement was the response of 3 participants.

2. Memorial

Students come to you hoping to set up a memorial service for the student. How do you respond?

There was unanimity among the participants regarding how to respond to students who wanted to plan a memorial service for the deceased. Every participant indicated that they would respond to the students who approached them with this request with encouragement and positivity, asking
the students what they wanted to see happen and why. These responses included a stated understanding that many other people within the institution would have to be involved in planning a memorial. According to the majority of participants in this study, the Residence Life professional’s first responsibility is to make the students who come forward feel heard and understood. Following that, participants noted that connecting with the family of the deceased, Residence Life supervisors, and the chaplain’s office would be recommended. Eleven of the participants specifically discussed the importance of working with the family of the deceased to ensure that the family’s wishes were being respected. One participant who had recently supported a grieving community after the death of the student not only summarized the major themes that arose among the participants, but addressed some of the complexities associated with planning a memorial:

This is so exactly the case that happened. So, number one is listening to them when they talk. You have to be there for the student. So as a Residence Life professional you have to be there and you have to be a real person. You listen to them, you talk to them, and if they want to set up a memorial, again, I am not an expert on memorial, so I would find out what they are looking for and then I consult again with spiritual services on campus, and you connect with different people who run events on campus as well. And then we hold that, and that can be a complicated process as well. I have experienced it. Who talks, who doesn’t talk? I’d foster their ideas and their engagement and giving them the opportunity to grieve. But also I should add that we would contact their parents or whatnot, or family to see what their thoughts are on having that. We don’t want to do anything to upset those family members as well.

Ultimately, the participants reacted favourably to the idea of a memorial, but added that many people would have to be involved in order for the memorial to run smoothly and effectively.

3. Physical
A student leader who was close to the deceased is complaining about insomnia and a sore neck and back. How do you respond?
Every Residence Life professional who was interviewed understood that grief could manifest itself through physical symptoms. Four of the participants specified that they would ensure the student understood that insomnia, aches, and pains were normal responses to bereavement and stress. The participants emphasized listening to the student and asking open-ended questions to understand the student’s situation better. Being approached by a student who has identified a problem is very positive, as one participant stated: “Number 1: Listen to the student. If they are talking to me that is a good thing.” Nine of the 12 participants discussed how they would refer the student to medical and counseling services if the student was agreeable to that idea. Others noted that the physical symptoms could have an impact on more than just their health, as one participant stated: “Talk to them about what that looks like from an academic prospective; is it impacting their academics? If they are not sleeping, are they not attending class?” While the participants could understand the fact that the physical symptoms could be related to grief, only two participants discussed how insomnia might impact the experience in academics or in residence.

4. Event

Imagine there is a large event planned for the students in residence two weeks after the student’s death. The student leaders have been planning it since January. Do you continue to throw the event?

Seven of the participants initially stated that yes, they would continue to run an event 2 weeks after a student living in residence died. All participants indicated that consideration would be given to the nature of the event and whether there was a connection between the event and how the student died. If the nature of the event seemed to be disrespectful of the student, the participants indicated that canceling the event would have to be reconsidered. Examples of when a Residence Life professional may cancel the event included if the student died in a car collision and the event was to watch the movie “Crash”, a horror movie, or if the event were Halloween themed. One participant noted how relevant this question was for Residence Life professionals, saying, “We had a death over Christmas break and then we had our biggest event at the beginning of February, so this is a conversation we had.”
One participant also discussed special considerations that need to be made when planning a student event for a grieving community:

… I think my concern as an administrator if the event moves forward is knowing that we might have people at the event who are in a heightened emotional state and that that might play out in a variety of different behaviours. Especially if the event were to include alcohol or pre-drinking, to recognize that might look very different if the students are still pretty raw around their grief. …Throw a little alcohol in there and any of the feelings that are being repressed, you know, anger, or sadness, or whatever, are more likely to emerge, and recognize that that might be part of the picture. And if we go ahead with that event, how do we minimize those kinds of things? …How do we prepare students for it?

Participants most commonly gave 4 reasons as to why students and staff should continue throwing the event: 1) ‘life goes on’; 2) it could be a helpful way to bring the students together to renew the sense of community; 3) not everyone knew the deceased well and should be given the opportunity to enjoy their university experience; and 4) money was already spent on planning the event. Four participants noted that the event may be an appropriate time to commemorate the student by dedicating the event to the student’s memory or offering a moment of silence before the event begins. The majority of participants also emphasized the need to support the student leaders who were planning the event, and indicated they would take on some of the responsibilities of planning the event if some of the student leaders said they needed assistance.

5. Facebook

The student who died was a residence leader who had a Facebook profile to answer student questions. The students in the Residence continue to post messages on the Facebook profile expressing feelings of sadness, loss, and grief. What would you do?

When discussing how they would respond to students posting messages of grief on Facebook, 4 participants specifically stated how ‘tricky’ or ‘complicated’ social media can make responding
to a community. Half of the participants indicated that they believe Facebook to be a healthy outlet for feelings related to grief. One participant said, “In my time, when someone did something in residence, or was sick or passed away, people would post things on a door. It was a pre-digital way to do the exact same thing. I think some of these things are okay and healthy.” Six participants also said that a Facebook memorial page could be created in order to provide important information regarding helpful on-campus resources or to communicate upcoming visitation and funeral information. Three participants said that the family should either be consulted or informed of the Facebook page and the comments the Facebook page receives. Finally, 3 participants indicated that they would monitor the Facebook page for any indication of students experiencing significant distress who may need further assistance. One participant discussed how some students who may not feel comfortable approaching someone in Residence Life may discuss their distress in an online format, making Facebook an important tool in assessing the needs of a student group. It was generally acknowledged that even if the Residence Life professional were not aware of the ways in which students were communicating online, they knew that such communication was natural and expected.

6. Personal Story
A student comes to you to discuss how they feel after losing their friend to the car collision. You remember a personal story of grief. Do you tell your story?

Asking whether or not a Residence Life professional should share their personal story of grief prompted the most divided response among participants. Six of the participants said that they would not discuss their own experiences of grief, while 2 indicated they would, and 4 stated that they may share their personal story, but that would depend on the student and the circumstances. When clarifying why a personal anecdote would not be appropriate, 5 participants indicated that the discussion should be about the student, not about the staff member. One participant stated they would not want to have their own emotions triggered when meeting with a student. One participant discussed what they would do instead of sharing:

No, I would use active listening, paraphrase what they are saying and allow for silence, for the ability for them to really flesh out how they are feeling and then I would make some decisions based on what they were saying. That may mean
referring them to a counselor because I am not specifically trained, or allowing them to have a conversation. I wouldn’t bring up what I have experienced.

Those who would consider sharing their story indicated they would do so as a way to make the student feel less alone in their grief, or to reassure them that ‘it gets better’. One participant who would consider sharing her story stated the following reason for doing so:

I do think that personal element in the student understanding that you are human too and have experienced grief can establish rapport and make them feel less isolated. I would wait until we have gone through the emotions they are feeling and the thoughts around that.

One participant discussed how she would not refer to her own experiences of grief, but would make statements like, “Some students I have spoken with who have lost a loved one describe grief like this,” and then give an example of what other students have said, “Would you say that is how you are feeling, too?” The participant suggested that by citing other students’ experiences, the Residence Life professional can normalize the grieving experience for the student without bringing his or her own experiences into the discussion. She also indicated that if a student does not relate to the past experience of students, they are often comfortable correcting the person they are speaking with, and letting him or her know how they really feel.

7. Spirituality
Would you refer bereaved students to seek spiritual care offered on campus?

There were diverse responses when participants were asked whether they would refer a bereaved student to seek spiritual care on-campus. Seven participants indicated that they would include spiritual care in the list of resources they provide students. Four participants stated that when working with a student they would first note whether the student belonged to a religion or faith before suggesting a visit to the multi-faith centre or chaplain’s office. One participant said that he would not refer a student to seek spiritual care offered on-campus, stating ‘No, I wouldn’t. It wouldn’t be my knee-jerk reaction. It is not a referral I frequently give. It is a great thought,
through’. One participant reflected on the secular nature of the campus when addressing students’ spiritual questions:

Absolutely, and with that being said, trying to be respectful of our secular nature in higher education. Spirituality, it can be 2 things. So there is the religious world, seeking comfort in a known religion that they are already working with or identify with. But also the spiritual aspects of reflection and equanimity and things like that that capture the whole being and the whole self. There would be 2 different resources that I would connect them with in that way if I felt that it was appropriate, but I do feel like spirituality is a part of the holistic piece that often is neglected and not talked about by professionals.

Another participant who had experienced the death of a student on campus noted that the chaplain was a really helpful resource when supporting bereaved students. Finally, one participant stated that not everyone needs spiritual support, just as not everybody needs counselling while grieving. Though the responses differed, ultimately the majority of participants agreed that spiritual care can be helpful, so long as it is something the student is actively seeking or is open to, and should never be forced.

8. Supporting a Colleague

You notice that one of your fellow professional staff members in the Residence Life Department seems to be quite affected by the loss of the student. They are often seen crying and describe feeling anxious in the wake of the student death. How do you respond?

Every participant in the study voiced an understanding that if a colleague were in distress, they had a role to play in supporting that person as a Residence Life professional. ‘Crying is not unprofessional’ remarked one of the participants, and many other participants noted that grief is okay for Residence Life professionals too, but that such outward signs of bereavement may indicate that the colleague could benefit from extra support. Ten of the participants discussed taking an active role in supporting their colleague and engaging in conversation. Two participants mentioned the importance of finding a staff member who had a pre-existing close relationship to the distressed colleague who could provide the most meaningful support for that
person. Five of the participants indicated that the way they would support a colleague would not differ drastically from how they would support a student. The way most participants said they would support the colleague was taking them out for coffee to listen and see how the colleague was doing. The Employee Assistance Plan was discussed by 4 participants, who said they would remind their colleague that this service was available to staff members who encountered stressful life events. Finally, 5 of the participants indicated that they would let their direct supervisor know that the staff member was having a difficult time with the loss.

9. Roommate

The roommate of the deceased is often seen laughing with friends. Two weeks after the death of the student’s roommate, one of her professors remarks they have seen no change in the student’s behaviour in the classroom and they that they scored very highly on test taken recently. How do you respond?

The roommate of the deceased is often seen laughing with friends. Two weeks after the death of the student’s roommate, one of her professors remarks they have seen no change in the student’s behaviour in the classroom and they that they scored very highly on test taken recently. How do you respond?

The question of how to support a student who is doing well allowed the participants in this study to discuss their attitudes and beliefs regarding the diversity of the grief experience. Six participants used the phrase ‘people grieve differently’ when describing how they would respond to a professor who is worried about a student who is demonstrating a high level of functioning subsequent to a student death. There were 4 participants who indicated an understanding that grief can be triggered at different times, and therefore, the student could end up exhibiting outwards signs of bereavement later on. Four participants said that they would not be concerned about the student. This was either because they thought the student may not have had a close relationship to the deceased, because the student was resilient, or because this may not be the first or most important death the roommate had experienced in their lives. One participant was vocal as to why Residence Life professionals should not try to make a student outwardly conform to a specific grief pattern:
I would keep doing the same things I would do from the start with different people, which is keeping the finger on the pulse of the community and with all the people who would be involved. …If someone is acting normally or okay, the kneejerk reaction is to say “Oh you are burying this, or you are not dealing with it.” I think we need to be just as cautious approaching that type of issue as with someone who is really having a hard time dealing with it right. We need to respect how each individual person is dealing with it.

In contrast, one participant said that they would be concerned, and suggested that the student might be in denial.

Regardless of whether the student was in denial or coping well, 10 of the participants indicated that due to the fact that the student was the roommate of the deceased, the residence assistant on the floor would be instructed to closely observe how the student was doing over the course of the semester, have frequent follow-up conversations, and provide the same list of resources as was provided to other students.

10. Self-care

You find that after two weeks you as a professional are feeling emotionally and physically exhausted. How do you support yourself?

Nearly every participant indicated that the concept of self-care and setting boundaries as a professional was important, and that these were prominent areas of discussions in their working life. However, 4 participants indicated that they struggled with self-care, and 5 participants indicated that this line of work made it especially difficult to distance themselves from their responsibilities. As one participant said,

It’s not like doing dishes, you are never done. You can’t just check off boxes, it’s bigger picture stuff that you are never done. It’s knowing what the priorities are, being able to delegate, and being able to let things go. One of my colleagues told me a long time ago, it’s learning how to care less. It’s not that you don’t care
about things, but it’s knowing that some things can’t get done when you’re burnt out.

All 12 participants indicated that taking a day off was one of the ways that they would practice caring for themselves after the crisis was over. Others discussed leaning on a network of social support, including family, significant others, and friends outside of the Residence Life community. Five participants indicated that they would talk to their supervisor if they felt they needed to, and 3 participants said that they would consider counselling. One participant noted that finding ‘life-giving’ activities is an important way to practice self-care. Examples of such ‘life giving’ activities were given by a number of participants, and included physical exercise, like running or yoga, participating in hobbies, or attending church.

11. Advice
A Residence Assistant comes to you asking for advice on how to support the floor following the student death. What advice would you give him or her?

The final question in the study was intentionally broad in order to encourage the participants to discuss specific ideas regarding how to best support a grieving community. Four of the participants discussed bringing grief counselors or chaplains onto the residence hall for increased support. Two participants explicitly stated that they would caution the resident assistant to not take on too much, as it is not their responsibility to care for the floor on their own. “I would not put that burden on them. Some things are too heavy and intense. We would need to take some of that burden from them”. Other ideas to support the RA included bringing another RA onto the floor to accommodate the increased needs of students, or bringing therapy dogs onto the floor in a designated area, as spending time with animals is linked to lowered stress levels. Other participants used the opportunity to draw on the wisdom of the student leader who is asking for advice. By asking open ended questions, the participants felt they could get an understanding of what the student leader or fellow residents were already hoping to occur on the floor. For example, one participant stated:

I would first ask if they had any good ideas, to see if there was something they wanted to do for that. For 2 reasons, I think they know their floor better than I do.
I think they have some really good ideas and I would like to validate and support that. And then talk to them about some of the things they could be doing. What does support look like? Reiterate that everyone is going to deal with this a little differently. There is probably not a one size fits all way to be supportive. The floor may want to come up with something. I would say – a ritual is not the word I would use, but something like that. Does the floor want to send something to the family? Do they want to write something about that person? Do they want to – maybe there is some sort of activity that would honor that person that would allow them to channel their energy around that person. It gives a space for people to talk about it for those who really want to talk about it. There are also some people who want to do something about it but don’t want to talk about it.

Three participants suggested planning activities that would bring the residence floor together as a community, including planting a tree in honour of the deceased, creating a care package for the family of the deceased, or sharing a meal together as a floor to boost morale. One participant also brought up the importance of educating the floor on normal reactions to bereavement:

And maybe it means a little education, so it could be that part of the way that we support the floor is to do some passive programming around typical mental, emotional, physical reactions to grief, again, to get that normalization piece out. It is a little normal to be distracted. It is normal to get sick because your immune system goes down. If any of this happens to you, that is normal, it usually doesn’t last a long time, and if it does we can look at that. So just those sorts of things, and then just to have a discussion about the individual.

When asked to clarify about passive programming, the participant indicated that education on grief patterns could be as simple as hanging up posters in the bathrooms following the death of the student. The general focus of the responses was how best to support the RA, who or what could be added to the floor to provide assistance, and how to engage the creativity of the residents themselves.

**Final Questions**

Following the hypothetical scenario, participants were asked to comment on whether they discuss supporting student grief with anyone, and if so, whom? They were also asked about the
level of professional development they received in this area, and whether they were aware of any helpful resources on grief or supporting student bereavement.

Conversations about Bereavement
Every participant reported feeling they had a supportive community they could talk to regarding bereavement and loss. This community included friends, family members, colleagues at their institution, and colleagues affiliated with residence life organizations like the Association of College and University Housing Officers International (ACUHO-i) and the Canadian Association of College and University Student Services (CACUSS).

Previous Training
Each participant was asked to discuss the training they received on death, bereavement, or student grief. Only 2 participants had received training specifically on bereavement or grief. For those 2 participants, their grief training was delivered in a classroom setting, as they had voluntarily enrolled in a thanatology course offered at their institution. The course was not required for their position. Every participant in this study reported that they received standard Residence Life training which included seminars on reducing self-harm, Applied Suicide Intervention Skills Training (ASIST), and Mental Health First Aid. Therefore, unless participants actively sought out their own training due to personal interest, specific training on grief, supporting the bereaved, or student death response was not provided or encouraged by their institutions. The 2 professionals who had specific training in thanatology were more likely to make statements that were drawn directly from grief literature, including statements like, ‘grief is not a pathology’ or ‘grief is not linear, it is circular’ which demonstrates a deeper understanding of theories and research about grief specifically, rather than a general understanding of how to support a student in crisis.

Access to Helpful Resources
Participants were asked if they were aware of any resources that might be helpful when supporting student grief. Only one participant in the study could provide a specific resource on
bereavement, or loss. One other participant was aware of pamphlets available outside the on-campus counselling centre. Five of the participants reported that the most helpful resources on campus were the professional staff who could provide expertise in this area. The 5 remaining participants indicated that they were unaware of any helpful resources related to supporting bereavement or student grief.

Discussion

Limitations of the Study

Only Residence Life professionals employed in public universities in Ontario participated in this study. Residence Life professionals employed at public colleges or private universities across Ontario were also invited to participate, however, no Residence Life professionals from these institutions responded to the call for participants. This could be due to the relatively small number of Residence Life professionals working at public colleges or private universities in Ontario. Further research can be done to understand the similarities and differences in the attitudes and beliefs of Residence Life professionals working at these institutions.

Responding to a student death on campus is complex, and involves a number of different levels of oversight. This study focuses on supporting students within the Residence Life department only, specifically on the interaction between the students and the para-professionals and professionals who live on campus with the students, or work closely with the students on a day-to-day basis. Further research should be done to understand the impact of student death on all the different departments of the institution and how each department responds to the death. Further research could explore how, in the case of a student death, policies and procedures are followed, how the institutions relate to the media, and also how provision of counselling, death response teams, and crisis management teams are put in place, and to what effect, in a Canadian context.

Discussion of Results

The goal of this study is to understand the attitudes and beliefs Residence Life professionals when responding to a grieving community within Ontario universities, and specifically, whether
Supporting Student Grief

Residence Life professionals in Ontario are able to support the various holistic impacts of grief on students, and how they learned how to do so.

The study found nearly all of the participants who were interviewed have experience supporting bereaved students, with 10 of the 12 Residence Life Professionals having responded directly to a bereaved community in the wake of a death of a student who lived in residence. All 12 Residence Life professionals had experience supporting a bereaved individual, even if the individual was grieving the death of someone who was not a student at their current institution. In some cases, participants had responded to the death of a student in their residence more than once in their career so far. This suggests that responding to a student death is very likely to be part of a Residence Life professional’s experience if he or she works within the residence system long enough. Every participant commented that they found the topic of bereavement support to be an important one, and made comments on how relevant the questions in the hypothetical scenario were to their own lived experiences.

One of the goals of the study was to evaluate whether the Residence Life professionals interviewed would be able to address the 6 holistic impacts of grief on students, as outlined by Balk (2011). When responding to the hypothetical scenario, all Residence Life professionals demonstrated an ability to address the 6 holistic impacts of grief. There was a strong understanding that grief can manifest itself in different ways, as was shown in the recurrence of responses like: ‘every person is different’ or ‘grief is different for everyone’. For example, the Residence Life professionals were aware of the psychosomatic effects of grief, and were able to connect symptoms of insomnia and back pain to the grieving experience, could draw the connection between spiritual care and bereavement, and were aware of the emotional and behavioural impacts of grief.

There are a number of prominent topics in the grief literature that were not specifically addressed within the questions following the hypothetical scenario. Even so, the participants were able to address some of these major themes within their responses. Most notably, some participants discussed the importance of family, the impact of bereavement on academic performance, and the increase of risk taking behaviours and alcohol use.
One of the major themes within the responses was that Residence Life professionals should be in contact with the family of the deceased following the student’s death. This is consistent with the research that demonstrates the importance of family when a student is grieving (Matthews & Servaty Seib, 2007). However, the responses regarding the role of family were mostly related to the role of the family of the deceased, not of the bereaved. Though there was an understanding that the family of the deceased should be involved in planning the memorial or communicating the death over social media, with the exception of one participant discussing the role of an international students’ family, none of the participants discussed the importance of family support for the bereaved students themselves. In fact, one participant stated that she was troubled by the fact that many of the residents went home to their families following the death of a resident on campus. Her concern was that by leaving the residence building for the weekend, the students missed the opportunity to grieve as a community. Residence Life professionals are trained to enhance community development (Healea, 2005), and are well versed in communicating the positive effects of living on residence while in university. This could explain why there may not be as prominent an emphasis on receiving family support after a crisis, as some of the detrimental impacts of living on residence would not be as openly discussed in training programs. Grief researchers have specifically noted that aspects of living in student residence away from family are not conducive to the grief experience (Balk, 1997, 2001; Matthews & Servaty-Seib, 2007; Ringler & Hayden, 2000). The lack of understanding of the role of family support in creating a safe space for grieving supports the argument that additional bereavement training for Residence Life professionals would be beneficial.

Within the study, there were no questions that specifically asked Residence Life professionals to discuss the connection between declining rates of academic achievement and student bereavement. It was hypothesized that some of the Residence Life professionals would address academics independently. Two of the participants discussed academics in connection to the student’s complaint of insomnia and when students are discussing their desire to set up a memorial for the deceased. Interestingly, one of the participants who addressed academics had previously taken a course on thanatology. This connection supports the argument that Residence
Life professionals would benefit from receiving additional grief training and resources to support students.

One of the participants addressed the connection between student bereavement and the propensity towards risk-taking behaviour, including the overconsumption of alcohol. This is significant, as there is a prominent area of the grief literature that addresses how grief can lead to self-medication through alcohol or drugs as a coping mechanism. Alcohol and drugs were not addressed within the vignette used in the study, and it is possible that other participants are aware of the effect of alcohol on bereaved students, even though they did not discuss risk-taking behaviour explicitly in their responses.

Some of the participants indicated their lack of knowledge or ability surrounding certain aspects of grief support. These ‘blind spots’ include setting up a memorial, social media, and self-care. In cases where the Residence Life professional indicated the lack of ability or understanding, they were able to identify resources on campus that were able to more adequately address that aspect of grief support. For instance, when discussing social media, one of the participants did not have Facebook, and 5 of the participants voiced their lack of awareness of the memorialization policies on Facebook. In these cases, the participants were able to identify a department or a specific person within their institution who would be able to provide knowledgeable support and guidance. The most common response within this study was to list the resources available for students. This is consistent with the research that discusses how Student Services departments are well connected to other departments within universities (Seifert, 2014).

Finally, one of the goals of this study was to understand how Residence Life professionals were trained in responding to student bereavement. Every participant drew upon their own previous professional or personal experiences of supporting bereavement in their responses. Two of the themes of the study were: 1) that every situation is different, and 2) to follow your instincts when supporting a student. Many of participants reported that they were able to talk about the subject of grief with other professionals in their field, but the majority of participants were unable to reference a resource that they found helpful regarding student bereavement. While understanding
that grief can take on many different forms, and that the best responses are often context-dependent, is important, the inability to draw on helpful resources could impair informed decision making and strong student support. Additionally, given the long wait times for counselling services at most universities (Watkins et al., 2001), it is important that Residence Life professionals are prepared to support bereaved students to the best of their ability.

Despite the lack of previous training on student bereavement, overwhelmingly, the Residence Life professionals interviewed in this study demonstrated understanding, competence, and creativity when responding to bereaved students. It could be argued that due to the quality of the responses represented in this study, it is evident that further training on student bereavement is not necessary for Residence Life professionals in Ontario. However, there are other ways to interpret the strength of the responses. The sample in this study was comprised of professionals with an average of nearly 10 years of professional experience, and nearly 12 years of combined para-professional and professional experience. It is more likely that the participants were able to provide thorough and thoughtful responses based on their years of experience supporting students, and in many cases, responding to student deaths. Within the field of Residence Life, those who are in contact with bereaved students are most often the para-professionals with the least amount of experience or training. Additional research should be done to understand the experiences of residence assistants, for example, who provide one-on-one daily care of bereaved students.

Furthermore, in this study the participants were given a lot of information to support their responses, as they were told that a student had died, that there were students who were voicing specific concerns, or were given a description of the specific symptoms of grief a student was experiencing. Grief, however, has been described as a ‘silent epidemic’ and the bereaved on campus may not recognized or given adequate support (Fajgenbaum, Chesson, & Lanzi, 2012; Hardison, & Currier, 2008; Neimeyer, Laurie, Mehta). This study explored supporting a grieving community specifically, but many of the themes can be applied to supporting grieving students generally. Further training could prompt Residence Life professionals to identify signs of bereavement in cases where the fact that students may need support is not so obvious. Additional
research could be done on the experiences of bereaved students who are grieving the loss of family members or friends outside of the Residence Life community.

Finally, self-selection bias may have influenced the responses in this study for three reasons. First, only those who responded to the call for participants within the first 48 hours were given the opportunity to participate in the study. Therefore, this study is comprised of those who are eager to take on additional responsibilities and are vocal within their field. Secondly, many of the participants learned about the study because they were members of the Association of College and University Housing Officers – International (ACHUO-i). Those who voluntarily engage in an association dedicated to professional development of Residence Life professionals may be better prepared to address scenarios involving student crisis. Thirdly, the call for participation clearly stated that the focus of the study was related to student bereavement. Those Residence Life professionals who are not comfortable discussing student bereavement would not likely sign up to participate in the study.

The Residence Life professionals within this study had years of experience to support their responses. There is much that can be learned from the senior level Residence Life professionals within Ontario. Further efforts can be made to share this understanding of student grief so that those who are entering the field may benefit as well.
References


Supporting Student Grief

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Supporting Student Grief

Alicia Flatt


Appendix A

Are You a Residence Life Professional?

What: We are seeking residence life professionals for an interview about supporting bereaved students in residence.

We will describe a fictional scenario and ask you to tell us how you would respond.

Why: To help us understand the attitudes and beliefs of Residence Life professionals regarding student bereavement.

Who: Residence Life professionals with at least 5 years of experience in their current or a similar position within Ontario.

When: It only takes 30 minutes, scheduled at your convenience.

You will receive a $30 Chapters/Indigo gift card for your time.

How: Please contact Alicia Kruisselbrink Flatt at:
Alicia.Kruisselbrink@mail.utoronto.ca
Supervised by Dr. Ruth Childs
Dear participant,

Thank you for your interest in this study.

The purpose of this interview is to help us understand the attitudes and beliefs of Residence Life professionals regarding student grief caused by the death of a student.

If you agree to participate in this telephone interview you will be given a fictional scenario, and will then be asked follow up questions to see how you would respond to students within the scenario.

This interview is designed to take less than 30 minutes to complete. The data will be stored on a secure online storage site and will only be accessed by principle investigator Alicia Kruisselbrink Flatt, and the research supervisor Dr. Ruth Childs. The answers you provide to these questions will be kept confidential. Neither your personal identity nor the institution you work for will be disclosed. Also, be aware that we are interested in understanding your views as professional, and not necessarily the views of your past or present employer.

Please note that the questions in this interview touch on difficult and sensitive subject matter. At no time will you be judged or evaluated based on your responses. You are free to skip questions or stop the interview at any time if you choose.

This research is being conducted under the supervision of Dr. Ruth Childs. This study has been approved by the Research Ethics Board of the University of Toronto (file # 30844). If you have any questions related to your rights as a participant in this study or if you have any complaints or concerns regarding how you have been treated as a research participant, please contact the Office of Research Ethics at ethics.review@utoronto.ca or 416-978-3273.

The telephone interview will be tape recorded and transcribed. Please sign below to indicate your consent of the recording.

Name:__________________________________________________________

Date:__________________________________________________________

Signature: ______________________________________________________

Thank you again for your willingness to participate.
Alicia Kruisselbrink Flatt