

# Grief Experiences in Response to the Death of a Significant Other among Undergraduates of University of Jos, Nigeria

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## Abstract

This study investigates grief experiences in response to loss of a significant other among undergraduates in University of Jos, Nigeria adopting an ex post facto survey. A total of 45 students (27 males and 18 females) with mean age of 20 and half years completed the Texas Revised Inventory of Grief (TRIG). Three hypotheses were tested using a two way ANOVA (Amos SPSS 21) analysis, results showed significant differences on the main effect of Nature of Relationship (NoR) ( $F(1,39)=1062.08, p=0.00$ ); with a large effect size (partial eta squared=0.90), but not for Type of Death (ToD) ( $F(2,39)=1.60, p=0.21$ ) and interaction effect (NoR\*ToD) ( $F(2,39)=0.93, p=0.40$ ) at the significant level of  $p \leq 0.05$ . Comparison of the mean grief score for the intimate group ( $M=81.62, SD=6.71$ ) also indicated to significantly differ from the Non-intimate group ( $M=27.33, SD=4.11$ ). The import of this result is that majority of students experience grief at moderate and high levels particularly to a significant other they have intimate relationship with before death. It is concluded that the NoR between deceased and bereaved student is a good determinant of grief experiences. Recommendations are made to students to learn how to respond appropriately to bereavement to avoid complications, and education stakeholders of young people to intensify bereavement education and support in order to prevent adverse change in health and functioning.

**Keywords:** Bereavement; Grief experiences; Significant other; Undergraduates; Nigeria

## Introduction

Every one of us, right from childhood tend to learn easily to respond appropriately to the ups but it seems unnecessary or very difficult to learn to go through the downs of life. The typical response to any loss or disappointment is grief and bitterness, but if not taken too far or the quicker we are able to turn away from the bitterness, the better and more experienced we become. Indeed, the death of a loved one can make or mar our existence. It is therefore, a great disservice to humanity that this inevitable and essential aspect of loss education is often neglected in family and community teachings and worse of it, not included in our formal school curriculum in Nigeria.

Loss is a fundamental feature of human existence, particularly loss involving death. Previous studies [1-6] indicated that bereavement is associated with suffering for many, and with extreme mental and physical health consequences for many. Indeed, death of a significant fellow is traumatic and causes the bereaved to respond with intense physical and psychological distress. Commonly reported effects agreed by most of these researchers include among others; disruption of a long-term bond; changes in status and roles; financial hardships and loss of major support.

Undergraduates comprise adolescents and young adults transiting from secondary school system to an entirely new one with multiple demands of study and assignment datelines, challenges of social isolation, financial independence, and detachment from family relationships to forming new bonds and what have you. The death of a significant other, especially one with whom strong attachment bond

exist at this time may be upsetting and traumatic to the student in the light of unsettled adaptation to university life.

To strengthen the preceding position, Balk [7] opined that 22 to 30 percent of undergraduate students have experienced the death of a close family member or friend within the past 12 months. Similarly, the percentage of bereaved students rises to between 35 and 48 per cent when the timeframe is broadened to 24 months [8]. Fletcher et al. [9] and Social Security Administration in their separate studies estimate that nearly 8% of those under age 25 years report having lost a sibling and approximately 3.5% of young adults have lost a parent before the age of 18 years. For many such students the death represents their first experience with significant loss. Knox [10] suggests that often these individuals lack experience with grief and may be ill prepared to deal with the intense emotions that it invokes. To buttress students' estranged relationship, it is noted that many college students live away from home and the support system afforded by family and long-standing friendships. This creates the need to work through their grief alone in an environment that rarely supports the needs of grieving students.

Mathews and Servaty-Seib [11] point out that when the deceased individual played a central role in the life of the bereaved, the death results in an increased need for introspection, reorganization and potentially the reassessment of values and life priorities. Balk [12] suggests that bereavement causes individuals to restructure their understanding of self, their connection to the world, and their relationships with others. Bereavement, therefore, has the potential to profoundly affect a student's ability to accomplish the day-to-day tasks and developmental transitions associated with young adulthood. Furthermore, student grief reactions have the capacity to undermine student academic success and may ultimately have a negative effect on

the student's ability to persist in college and to accomplish their goal of graduation. Student dropout prior to graduation has implications for both the affected student and for the college or university they attend. For this reason, addressing issues of grief and bereavement as they affect students has potentially significant consequences from both a caring view and from a retention perspective for universities.

In Nigeria today, even without accurate death statistics, deaths resulting from HIV/AIDS, spate of suicide bomb attacks added to incessant violent communal clashes, motor traffic and air plane fatalities, already deplorable conditions of child and maternal health, paints a gloomy picture of high death toll figures. For each of these deaths, bereaves or survivors are left behind, all of whom are at high risk of detrimental mental, social and physical health effects. In order to arrest the devastating effects of death on bereaves, most societies develop conditions that would enable sufferers of death loss cope favourably. Concern for the bereaved becomes hugely magnified when grief over the death of a loved one is compounded by related tragedies as in the case of bomb or herdsmen attacks, when one person alone survives the loss of an entire family, when personal injury adds to suffering or when the violent or brutal death of a loved one is witnessed, or when homes and livelihoods are also lost. Bereaves or survivors of such terrible losses are particularly vulnerable to long term adverse effects and are in special need of support and care.

Considering the intensity of the death loss experience, the large number of people it affects, and the systematic variations with which its consequences are distributed across populations, it can be concluded that bereavement has far reaching implications. It affects at some point every family and raises logistic and policy issues for social and health service agencies of every community. The concern expected of us (professionals) in this regard is one that goes beyond the boundaries of clinical interest.

Bereavement research has drawn its impetus from clinical interests. It suffices to say that studies done in this area and knowledge derived from them have helped in increasing human wellbeing. However, most of these research interests are restricted to the developed industrialized sections of the world and none has tested the relationship between bereaves and type of death. Aside the efforts of few scholars [13-15], little is done in Africa in general and Nigeria in particular. The interest to undertake this study is one such effort aimed at providing evidence based information and fostering understanding of the grief processes and reactions to bereavement. It is believed that insights gained through this study will empower bereaves attain psychological growth and avoid adverse health consequences. Three hypotheses were formulated to guide the study. These include H1: There is a significant difference between types of bereavement on students' grief experiences. H2: The nature of relationship to deceased will provide the basis for significant differences in students' grief experiences, and H3: Both type of bereavement and nature of relationship will determine significant differences in students' grief experiences.

## Theoretical framework

The relevant theory upon which this study hinges is the Stroebe and Schut [16] Dual Process Model of Bereavement (DPM). Many theorists over the years have tried to refine their propositions in an attempt to describe more accurately how people grieve, mourn and cope with loss, even though each theory holds similar or differing perspectives to one another. For example, Lindemann [17], Sullivan [18] and Bowlby [19] are adherents of "maintaining bonds with the deceased". "Working through grief" is Freud's concept, while "tasks of mourning" is

favoured by Worden [20] and Rando [21]. Rosenblatt [22] and Sanders [1] both consider "grief as an emotional role" whereas Stroebe and Schut [23] and Bonanno and Kaltman [24] favour the "integrative" model. It is a common consensus among bereavement scholars that the field has seen a shift from more traditional stage theories of grief to more postmodern or constructivist theories [25-27].

Stroebe and Schut [6,16,23] have attempted a different type of integration and proposed a "dual process" theory of coping with bereavement. According to this theory, the bereaved person undertakes in varying proportions (depending on individual as well as cultural variations) both loss-oriented and restoration-oriented coping behaviours. By its emphasis on both these aspects of coping behaviour, the dual process model is not stuck in an "either/or" framework that seems to mandate that the bereaved either "let go" of the deceased or "hold on" to memories as theorised by adherents of "grief work" and "maintaining attachments". Instead, there is an "Oscillation" between the two poles of coping behaviour. Stroebe and Schut [28] assert that the DPM provides a framework for understanding forms of complicated grief, such as chronic, or absent, delayed, inhibited grief [17,29] in a way that was not nearly so differentiated or explicit in the previous models, with chronic grievers focusing on loss, absent grievers on restoration-oriented activities, while those who suffer a complicated form of traumatic bereavement might be expected to have trouble alternating smoothly between loss-and restoration-orientation, manifesting extreme symptoms of intrusion and avoidance. For a student to experience positive outcome from grief, s/he must alternate (oscillate) smoothly between the two orientations (loss and restoration). This is diametrically presented below (Figure 1):

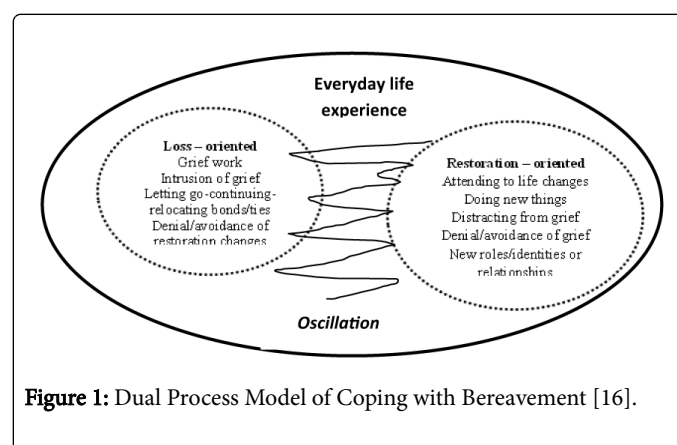


Figure 1: Dual Process Model of Coping with Bereavement [16].

According to Stroebe and Schut [30] a scientific model like DPM cannot be useful if not implemented. As a theoretical construct, the DPM of coping has a very broad range of applications [31-33]. Particularly important is its ability to help explain patterns of grief in diverse cultural settings as well as at different times within the same individual. It is perhaps, the most value-free model of grief presented to date, and it promises to be an important tool for furthering our understanding of the many ways people respond to loss. This is the more reason why it has been adopted for use in explaining how students respond to loss of a significant other. It is expected that the theory is used in this study as a tool for understanding grief, rather than as a rigid structure from which to interpret participants' bereavement experiences.

## Empirical review

Bereavement is the state of grieving the death of a person with whom the bereaved individual has shared a significant relationship and must now endure the loss. Relationships with persons we care for combine both tangible and intangible elements, which must be severed. According to Balk [12], what matters is acceptance of the fact that the person is gone forever, which places us in a state of loss (bereavement), eliciting complex reactions (grief), and finding expression in a myriad of ways (Mourning).

Research and theory in the area of bereavement has revealed that the human response to loss is a complex and varying process. The diversity that exists across cultural, religious, and intrapersonal contexts contributes to a wide range of human experiences related to loss [34,35]. An individual's response to the loss of a loved one is strongly shaped by their temperament, previous experiences, and environment [36]. Bee [34] suggested that grief is a variable process, implying that it is affected by personality and by coping strategies. Similarly, Lewis and Trzinski [37] indicated that an individual's response to death depends on many factors, including access to social support, family dynamics, sex, culture/ethnic heritage, personality, cognitive capacity, and past coping resources. In addition, existential factors such as religion and spirituality can impact the way individuals grieve. In a quantitative study of widows and widowers, Fry [38] discovered that spirituality, personal meaning, and religiosity have a demonstrated impact on well-being after the loss of a spouse.

Some scholars have emphasized that the vulnerability of this age group (i.e., 18-25-year-olds) to bereavement. Psychological responses to loss of a family member or friend are complex and vary in intensity and types of symptoms [39]. Grief, to this group is associated with academic difficulties and may interfere with the developmental, occupational, and social tasks associated with young adulthood [40-42]. In fact, bereaved young adults often experience intense and prolonged grief, decrement in health, increased physician visits for both physical and emotional problems, and increased drug, alcohol, and tobacco use after loss [29,43-45].

For most individuals, the experience of losing a loved one represents a profound and transformative life event [34]. While current research reveals a broad range of emotional, behavioural, cognitive, and spiritual responses to grief [36], there are also several universal factors [35]. For example, in most cultures, it is common for individuals to express feelings of sadness and loss in response to the death of someone significant [35]. Fry [38] noted the universality of ceremonies and rituals associated with grief. In addition, Lobar, et al. [46] found that, across cultures, bereavement is heavily influenced by religious and spiritual beliefs.

Schwartzberg and Janoff-Bulman [47] found that the college student who had lost a parent exhibited a world view that differed from that of students who had not experienced such a loss. The study demonstrated that bereaved students see the world as less meaningful. It further suggested a positive connection between the grief intensity and randomness and a negative correlation between beliefs associated with justice, controllability and self-worth. Students experiencing bereavement may encounter a wide array of grief reactions. Balk and Vesta [40] explain that the symptoms of grief may affect the bereaved individual over a number of dimensions, including physical, behavioural, social, cognitive, emotional and spiritual elements. The intensity and relative intricacy of the grief experience are affected by a number of variables. Balk [40] explains three factors that influence

cognitive appraisal of a crisis: 1. Background and personal factor (e.g., family history in dealing with crises). 2. Event-related factors (e.g., the extent to which the crisis was anticipated). 3. Environmental factors (e.g., the quality of social support).

Balk maintains that cognitive appraisal triggers coping skills as well as adaptive tasks. The severity of bereavement-associated symptoms can be viewed on a continuum from minimal and transitory to intensely disruptive and persistent. According to Balk et al. [48], complicated grief results when an individual suffers significantly negative symptomology that culminates in an inability to successfully adjust to the loss of their loved one.

Research has also demonstrated that there are many factors correlated to an individual's ability to successfully adjust to a grief and loss experience [49]. In their longitudinal study of 125 bereaved individuals, Henderson et al. [50] identified several coping factors related to grief and loss. Self-efficacy was strongly correlated to adjustment and an individual's belief in his or her ability to cope with loss; those who reported higher levels of self-efficacy appeared to adjust better to the loss of a loved one [50]. In addition, the presence of social support for bereaved individuals was correlated with successful coping [50]. Finally, an individual's mental and physical health prior to the grief experience is significantly correlated with healthy adjustment to grief and loss [50]. In conclusion, students suffering the loss of a close friend or family member may experience effects across multiple dimensions. In the midst of bereavement, students may feel unsupported, isolated, or disconnected from the college experience. These effects have the potential to negatively impact the student's ability to succeed in their coursework and other endeavours.

## Methods

### Research design

A cross sectional ex post facto survey was adopted to collect data from the students. This research design was considered most appropriate because cross sectional surveys enable researchers to study a phenomenon at one time or to gather data from multiple groups at the same time and the ex post facto is a non-experimental design that is used to investigate causal relationships by examining whether one or more pre-existing conditions could possibly have caused subsequent differences in groups of subjects without manipulation of conditions. In a study like this where bereavement as a state of having lost someone significant applies to all the students, these characteristics uphold the assumption of pre-existing conditions which warrants the choice of ex post facto design. This enables the researcher to discover whether differences between groups have resulted in an observed difference in the independent variable.

### Participants

The purposeful sampling strategy concept based sampling was adopted for participants in this study. Participants were bereaved students (n=45) who had lost a parent (33.3%; n=15), sibling (35.6%; n=16), or a relative/close friend (31.1%; n=14) within the past 3 years. Thirty one percent experienced death within 1 year, thirty eight percent in two years and thirty one in 3 years. They comprised males (60%; n=27) and females (40% n=18) aged between 15 to 29 years, with average mean age of 20 and half years stratified in groups of 5-year interval with average mean age of 24 years, from different ethnic groups: Hausa/Fulani (24% n=11); Igbo(27% n=12); Yoruba (27%

n=12) and others, (22% n=10) and religion: Islam (29% n=13); and Christianity(71% n=32).

### Instrument

The Faschingbauer et al. [51] Texas Revised Inventory of Grief (TRIG) was used to measure grief experiences of undergraduates. The TRIG has two subscales: Present Emotional Feelings (13 items) and Past Behaviour (eight items). Items contain sentences of personal description to which the participant responds on a five-point scale (1=completely false to 5=completely true). Examples of Present Emotional Feelings items are 1) "I still cry when I think of the person who died. 2) I still get upset when I think about the person who died. "While examples of Past Behaviour items are: 1) "After this person died I found it hard to get along with certain people. 2) I found it hard to work well after this person died." A higher score indicated higher intensity of grief and vice versa. Neimeyer [6] summarized the TRIG's psychometric qualities. Internal consistency for the two subscales ranges from 0.77 to 0.87 (Current Grief) and 0.86 to 0.89 (Past Disruption). In the original manual, Faschingbauer [51] reported the use of exploratory factor analysis to achieve construct validity and select items with factor loadings greater than 0.40. Convergent validity is supported by a coefficient of 0.87 with the Inventory of Traumatic Grief.

### Procedures

The lecture rooms were venues for administration of questionnaires. Permission was sought from the lecturer before commencement of lecture. Participants were informed that they would be asked to participate in the study if they had experienced a recent loss, as the study is interested in how relationships with the deceased affect how people grieve. Those who experienced loss within the past three years and willing to respond raised their hands and were served the questionnaire. Participants were notified that they could withdraw at any point in the study without penalty or loss of course credit. After completion of the questionnaires; the participants were debriefed, and thanked for their time. Participation lasted between 5 to 10 min.

### Approach to statistical analyses

Differences among students' grief between Type of Death (ToD) (Parent, Sibling and other) and Nature of Relationship (NoR) (Intimate and Non-intimate) were evaluated through descriptive analysis (frequency distribution) and two-way ANOVA. Statistical analyses were conducted using SPSS Statistics 21 (IBM Corporation, 2012).

## Results

The following section presents all the results generated from data beginning with descriptive to inferential analysis.

### Descriptive analysis

Descriptive Statistics					
Dependent Variable: Total grief experience score					
Type of death (deceased)	NOR to deceased	Mean	Std. Deviation	N	
Parent	Intimate	82.2857	5.96418	7	
	Non-intimate	27.75	4.46414	8	
	Total	53.2	28.60619	15	
Sibling	Intimate	84.3333	7.96869	9	
	Non-intimate	27.4286	2.69921	7	
	Total	59.4375	29.77912	16	
Other	Intimate	78	4.47214	8	
	Non-intimate	26.6667	5.50151	6	
	Total	56	26.78404	14	
Total	Intimate	81.625	6.71023	24	
	Non-intimate	27.3333	4.11501	21	
	Total	56.2889	27.95583	45	

**Table 1:** Summary means and standard deviations of ToB and NOR are presented.

Table 1 above presents the means, standard deviations and number of participants in each group of Type of Death based on the Nature of Relationship. Parent has an Intimate mean of 82.29 and SD of 5.96; and Non-intimate mean of 27.75 and SD of 4.46. Sibling has an Intimate mean of 84.33; SD of 7.97 and Non-intimate mean of 27.43; SD of 2.70. Finally, Other Intimate mean stood at 78.00, SD of 4.47 and Non-intimate mean of 26.67 and SD of 5.50.

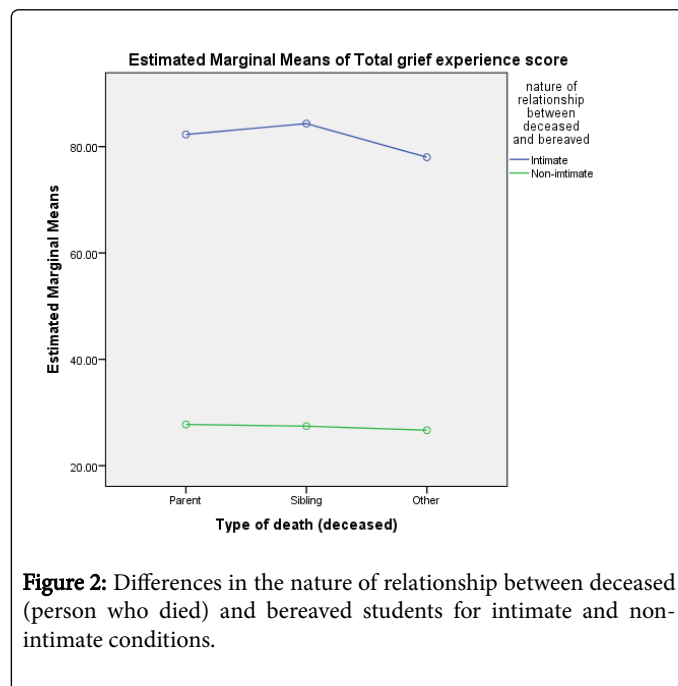
Dependent Variable: Total grief experience score						
Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	33191.268a	5	6638.254	216.469	0	0.965
Intercept	131014.1	1	131014.1	4272.284	0	0.991
TOD	98.42	2	49.21	1.605	0.214	0.076
NOR	32569.85	1	32569.85	1062.081	0	0.965
TOD * NOR	57.014	2	28.507	0.93	0.403	0.046
Error	1195.976	39	30.666			



Total	176967	45			
Corrected Total	34387.24	44			
a. R Squared=0.965 (Adjusted R Squared=0.961)					

**Table 2:** Tests of between-subjects effects.

In Table 2 above, a two-way between-groups analysis of variance was conducted to explore the impact of Type of Death (ToD) and Nature of Relationship (NoR) on levels of grief as measured by the Texas Revised Inventory of Grief (TRIG). Participants were divided into three groups according to the deceased status [Parent, Sibling or Significant Other (Friend/Aunt/Uncle)]. The interaction effect between ToD and NoR was not statistically significant,  $F(2,39)=0.93, p=0.40$ . There was neither statistically significant main effect for ToD,  $F(2,39)=1.60, p=0.21$ , However, there was statistically significant main effect for NoR,  $F(1,39)=1062.08, p=0.005$ . Using the commonly used guidelines proposed by Cohen: 0.01=small effect, 0.06=moderate effect, 0.14=large effect, this result suggests a very large effect size (partial eta squared=0.96). Post-hoc comparisons using the Tukey HSD test indicated that the mean score for the group that lost a Parent ( $M=53.20, SD=28.60$ ) was significantly different from the group that lost a Sibling ( $M=59.43, SD=29.77$ ). The group that lost a Significant Other ( $M=56.00, SD=26.78$ ) did not differ significantly from either of the other groups (Figure 2).



**Figure 2:** Differences in the nature of relationship between deceased (person who died) and bereaved students for intimate and non-intimate conditions.

## Discussion and Conclusion

The study sought to determine whether the type of death and nature of relationship with deceased influenced the grief experiences of undergraduates. Three hypotheses were tested. H1: There is a significant difference between types of bereavement on students' grief experiences. H2: The nature of relationship to deceased will provide the basis for significant differences in students' grief experiences, and

H3: Both type of bereavement and nature of relationship will determine significant differences in students' grief experiences.

Results of the study did not support the 1<sup>st</sup> and 3<sup>rd</sup> hypotheses, but supported the 2<sup>nd</sup> hypothesis which purports that the nature of relationship to deceased will provide the basis for significant differences in students' grief experiences. This means that people experience some amount of grief in response to the death of a significant other but the intensity of the grief is explained by the degree of relationship between the deceased and bereaved. The more intimate the student is to the deceased, irrespective of type of death, the more grief s/he experienced; and the less intimate, the less the amount of grief.

Classifying the total grief scores into a categorical binned variable of low, moderate and high, the results indicated that only 35% fell within low category, the remaining 65% of scores fell within the moderate and high scores. This demonstrates that majority of undergraduates are grossly affected by the loss of a significant other and undergo moderate to high levels of grief which could be detrimental to their academic performance and wellbeing in general. This finding is consistent with the views of Zisook and Lyons [39] in which they averred that psychological responses to loss of a family member or friend are complex and vary in intensity and types of symptoms. Also, this finding is in agreement with the views of some scholars [40-42] who have highlighted vulnerability of undergraduates to bereavement. The scholars attributed academic difficulties to grief that have tendency to interfere with other critical areas of life for this group if not properly resolved.

As suggested by Bee [34], Fry [38], and Lewis and Trzinski [37], grief is a variable process affected by many factors. The finding of this study has suggested the contribution of nature of relationship with deceased as an essential factor to the relationship dynamics in determining grief responses to death, thereby filling a void in the body of literature on grief experiences especially among students.

In conclusion, even though an individual's response to death depends on many factors, including access to social support, sex, culture/ethnic heritage, personality, cognitive capacity, and past coping resources, as well as existential factors such as religion and spirituality, family dynamics (relationship with the deceased) has shown to greatly influence students' grief responses to the death of a significant other more than sex. Students are encouraged to seek counselling services at the slightest notice of grief problems, while university authorities should partner with health professionals to organize bereavement education seminar and intensify grief counselling strategies as this would help reduce adverse effect of bereavement on students.

## References

1. Sanders CM (1989) Grief: The mourning after. Dealing with adult bereavement John Wiley and Sons, New York.

2. Rubin N (1990) Social networks and mourning: A comparative approach omega. *J Death Dying* 21: 113-127.
3. Stroebe M (1991) Coping with bereavement: A review of grief work hypothesis. *J Consult Clin Psychol* 59: 57-65.
4. Brenner A (1993) Mourning and mitzvah: A guided journal for walking the mourner's Path through grief to healing. VT Jewish Lights Publishing, Woodstock.
5. Casdagli P, Gobey F (2001) Grief, bereavement and change. Heinemann, Oxford.
6. Stroebe M, Schut H (2001) Meaning making in the dual process model of coping with bereavement. In: Robert Neimeyer (Edr.), Meaning reconstruction and the experience of loss. American Psychological Association Press, Washington, DC.
7. Balk DE (2008) A modest proposal about bereavement and recovery. *Death Stud* 32: 84-93.
8. Balk DE (2001) College student bereavement, scholarship, and the university: A call for university engagement. *Death Stud* 25: 67-84.
9. Fletcher J, Mailick M, Song J, Wolfe B (2013) A sibling death in the family: Common and consequential. *Demography* 50: 803-826.
10. Knox D (2007) Counseling students who are grieving: Finding meaning in loss, Special populations in college counseling: A handbook for mental health professionals.
11. Mathews LL, Servaty-Seib H (2007) Hardiness and grief in a sample of bereaved college students. *Death Stud* 31: 183-204.
12. Balk DE (2011) Helping the bereaved college student. Springer Publishing Company, New York.
13. Feely-Harnik G (1984) The political economy of death: Communication and change in malagasy colonial history. *Am Ethnol* 11: 1-19.
14. Lawuji OB (1988) Obituary and ancestral worship: Analysis of a contemporary cultural form in Nigeria. *Sociological Analysis* 48: 372-379.
15. Ukeh MI (1997) Grief experiences in response to the Death of a Significant Other among University of Jos Undergraduates. Unpublished B.Sc. Project, University of Jos, Nigeria.
16. Stroebe M, Schut H (1997) The dual process model of coping with bereavement. Paper presented at the fifth international conference on grief and bereavement in contemporary society. Washington, DC.
17. Lindemann E (1944) Symptomatology and management of acute grief. *Am J Psychiatry* 101: 141-148.
18. Sullivan HS (1956) The dynamics of emotion. In: HS Sullivan (Edr.), Clinical studies in psychiatry. Norton and co., New York.
19. Bowlby J (1980) Attachment and loss: Loss, sadness and depression. Basic Books, London.
20. Worden JW (1991) Grief counselling and grief therapy: A handbook for the mental health practitioner. Springer, New York.
21. Rando TA (1993) Treatment of complicated mourning. Resin Press, Champaign, Ill.
22. Rosenblatt PC (1988) Grief: The social context of private feelings. *J Soc Issues* 44: 67-78.
23. Stroebe M, Schut H (1990) The dual process model of coping with bereavement: Rationale and Description. *Death Stud* 23: 197-224.
24. Bonanno G, Kaltman S (1999) Towards an integrative perspective on bereavement. *Psychol Bull* 125: 760-776.
25. Archer J (1999) The nature of grief: The evolution and psychology of reactions to loss. Routledge, London.
26. Gillies J, Neimeyer RA (2006) Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *J Constr Psychol* 19: 31-65.
27. Neimeyer RA (2001) Meaning, reconstruction and the experience of loss. American Psychological Association, Washington, DC.
28. Stroebe M, Schut H (2008) The dual process model of coping with bereavement: Overview and update. *Grief Matters: The Australian Journal of Grief and Bereavement* 11: 1-4.
29. Parkes CM, Weiss R (1983) Recovery from bereavement. Basic. New York, NY.
30. Stroebe M, Schut H (2010) The dual process model of coping with bereavement: A decade on. *Omega (Westport)* 61: 273-289.
31. Lund DA, Caserta MS, de Vries B, Wright S (2004) Restoration during bereavement. *Generations Review* 14: 9-15.
32. Shear K, Frank E, Houck P, Reynolds C (2005) Treatment of complicated grief: A randomized controlled trial. *JAMA* 293: 2601-2608.
33. Richardson VE (2007) A dual process model of grief counseling: Findings from the changing lives of older couples (CLOC) study. *J Gerontol Soc Work* 48: 311-329.
34. Bee HL (2000) Journey of adulthood. Upper saddle river, Prentice Hall, NJ.
35. Papalia DE, Sterns HL, Feldman RD, Camp CJ (2002) Adult development and aging. McGraw-Hill, Boston.
36. Wheeler-Roy S, Amyot BA (2004) Grief counseling resource guide: A field manual.
37. Lewis MM, Trzinski AL (2006) Counseling older adults with dementia who are dealing with death: Innovative interventions for practitioners. *Death Stud* 30: 777-787.
38. Fry PS (2001) The unique contribution of key existential factors to the prediction of psychological well-being of older adults following spousal loss. *Gerontologist* 41: 69-81.
39. Zisook S, Lyons L (1988) Grief and relationship to the deceased. *Int J Fam Psychiatry* 9: 135-146.
40. Balk DE, Vesta LC (1998) Psychological development during four years of bereavement: A longitudinal case study. *Death Stud* 22: 23-41.
41. Hardison HG, Neimeyer RA, Lichstein KL (2005) Insomnia and complicated grief symptoms in bereaved college students. *Behav and Sleep Med* 3: 99-111.
42. Janowiak SM, Mei-Tal R, Drapkin RG (1995) Living with loss: A group for bereaved college students. *Death Stud* 19: 55-63.
43. Mash H, Fullerton CS, Shear K, Ursano RJ (2014) Complicated grief and depression in young adults: Personality and relationship quality. *J Nerv Ment Dis* 202: 539-543.
44. Melhem NM, Day N, Shear MK, Day R, Reynolds CF III, et al. (2004) Traumatic grief among adolescents exposed to a peer's suicide. *Am J Psychiatry* 161: 1411-1416.
45. Stroebe W, Zech E, Stroebe M, Abakoumkin G (2005) Does social support help in bereavement? *J Soc Clin Psychol* 24: 1030-1050.
46. Lobar SL, Youngblut JM, Brooten D (2006) Cross-cultural beliefs, ceremonies, and rituals surrounding death of a loved one. *Pediatr Nurs* 32: 44-50.
47. Schwartzberg SS, Janoff-Bulman R (1991) Grief and the search for meaning: Exploring the assumptive words of bereaved college students. *J Soc Clin Psychol* 10: 270-288.
48. Balk DE, Lampe S, Sharpe B, Schwinn S, Holen K, et al. (1998) TAT results in a longitudinal study of bereaved college students. *Death Stud* 22: 3-21.
49. Servaty-Seib HL (2004) Connections between counseling theories and current theories of grief and mourning. *J Ment Health Couns* 26: 125-145.
50. Henderson JM, Hayslip B, King JK (2004) The relationship between adjustment and bereavement-related distress: A longitudinal study. *J Ment Health Couns* 26: 98-124.
51. Faschingbauer TR, Zisook S, Devaul RA (1987) The texas revised inventory of grief. In: S Zisook (Edr.), Biopsychosocial aspects of bereavement. American Psychiatric Press, Washington DC.