

# **HOLISTIC GRIEF EFFECTS, MENTAL HEALTH, AND COUNSELING SUPPORT IN BEREAVED COLLEGE STUDENTS**

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This study examined the relationships between holistic grief effects experienced by college students, mental health, and the use of various counseling supports. A total of 1,092 college students completed an online survey about their losses, holistic grief effects they experienced, and the various types of counseling support they utilized while grieving. Students also shared prior diagnoses of depression, eating disorders, insomnia, attention-deficit/hyperactivity disorder (ADHD), and post-traumatic stress disorder (PTSD). Of the 842 students who experienced a loss, students reported emotional, cognitive, behavioral, physical, interpersonal, and world assumption grief effects. Approximately 10% of students utilized off-campus professional counseling support, and 8% used campus counseling center support. An even smaller number of students utilized face-to-face peer support groups or online support groups. Students who utilized on-campus counseling and off-campus professional counseling reported significantly more holistic effects in all areas. Students who utilized online support groups reported significantly more physical grief effects, and students who utilized face-to-face support groups reported significantly more physical, cognitive, behavioral, and interpersonal grief effects. Statistically significant associations were found for students diagnosed with depression and their use of both off-campus professional counseling and campus counseling center support, as well as previous ADHD diagnoses and use of campus counseling center support. Implications for universities is addressed and recommendations for future research are also discussed.

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The profile of college students is changing in a variety of ways, specifically regarding mental health. The World Health Organization (WHO) recently revealed in their WHO World Mental Health International College Student project that mental health disorders among college students are rising. Commonly diagnosed disorders include major depression, mania/hypomania, anxiety, panic, as well as alcohol and drug abuse. Approximately 31% of students met diagnostic criteria for at least one of these disorders. The WHO report also indicated that campuses often do not have the resources to meet the demand for services (Auerback et al., 2018). Campus counseling centers provide services for these disorders and others with insufficient means to meet all student needs for counseling.

Another reason that students seek counseling is for grief support. Approximately 35% of undergraduate students and 25% of graduate students are within 24 months of bereavement (Pollard, Varga, Wheat, McClam, & Balentyne, 2017; Varga, 2015; Varga & Varga, 2019; Walker, Hathcoat, & Noppe, 2012). Grieving undergraduate and graduate students are most likely to have experienced the death of a family member and experience various grief effects following a loss.

The Holistic Impact of Bereavement illustrates the multi-dimensional effects of grief on college students, including physical, cognitive, behavioral, interpersonal, emotional, and spiritual/world assumption effects (Balk, 2011). Both undergraduate and graduate students have reported various grief effects, primarily emotional and cognitive effects (Balk, Walker, & Baker, 2010; Pollard et al., 2017; Varga, 2015; Walker et al., 2012). The landmark study on college student loss showed depression as the most frequent emotion followed by emptiness and anger (LaGrand, 1981). Emotional reactions reported by students in research have consistently included sadness or depression, anger, shock, disbelief, fear, and denial (Balk, 1997; Balk & Varga, 2018;

Vickio, Cavanaugh, & Attig, 1990).

Physical grief effects are also outlined in college student bereavement research. Crying is the most frequent physical reaction, followed by headaches and insomnia (LaGrand, 1981). Insomnia in bereaved students is particularly important because those experiencing insomnia are also at risk of developing complicated grief symptoms (Hardison, Neimeyer, & Lichstein, 2005).

Bereaved college students can experience cognitive grief effects. College students have shown to have statistically significantly lower grade point averages during the semester of a loss experience when compared to peers (Servaty-Seib & Hamilton, 2006). Students who were close to the deceased were more likely to experience changes in motivation and concentration. Furthermore, the closer students are with the deceased, the more academic struggles they encountered (Walker et al., 2012).

Bereaved college students can also experience behavioral grief effects. These effects include high-risk behaviors, such as problematic alcohol consumption, tobacco use, drug use, or disordered eating (Balk, 2011; Balk & Vesta, 1998; Beam, Servaty-Seib, & Mathews, 2004). Increased death awareness is also linked to increases in high-risk sexual behavior (Taubman-Ben-Ari, 2004).

Bereaved college students can also experience interpersonal grief effects, including isolation and loneliness (Balk, Tyson-Rawson, & Colletti-Wetzel, 1993). Varying expectations in grief recovery between bereaved and non-bereaved peers can occur, thus impacting interpersonal connections (Balk, 1997). Students can perceive grief as the increasing closeness of relationships, decreasing closeness, or straining relationships (Vickio et al., 1990). Change in peer relationships can be perceived more by grieving students with mental health difficulties (Cupit et al., 2016). Even though peers often want to support their bereaved friends, non-bereaved peers can become uncomfortable when finding out their friend

has experienced a loss and is grieving (Balk et al., 1993; Parikh & Servaty-Seib, 2013).

Spiritual, religious, and philosophical/world assumption effects can be experienced by bereaved students. Recent studies have shown that college students report their world assumptions being affected by their loss (Pollard et al., 2017; Varga & Varga, 2019). World assumptions are "changes in thoughts regarding religion or spirituality" (Pollard et al., 2017, p. 7). Students engage in religious practices as a means to cope with loss (Balk, 1997; Balk, 2008). Schwartzberg and Janoff-Bulman (1991) found that bereaved students believed in a less meaningful world than non-bereaved students. Bereaved students also reported believing that events happen more by chance and lacked control.

Overall, there are a variety of adverse grief effects college students can experience when losing a loved one. For students struggling with negative grief effects, campuses and communities are equipped with counseling services to support them, although students report they are more willing to talk about their grief with peers than counselors (Balk, 2008; Servaty-Seib & Taub, 2010). The purpose of this study was to examine the holistic grief effects students experience, whether students utilize counseling support while grieving, and if differences exist between students who use various counseling supports and those who do not.

The research questions guiding this study were:

1. What holistic grief effects do college students experience?
2. What incidence of college students utilize counseling support while grieving?
3. What is the relationship between holistic grief effects and grief counseling support?
4. Is there a statistically significant association between previous mental health diagnoses and the use of various grief counseling supports?

The researchers hypothesized that college students would experience holistic grief effects in all six dimensions outlined in the Holistic Impact of Bereavement, primarily in the dimensions of emotional and cognitive effects, and that a small number of students would utilize counseling services for grief support. The researchers also hypothesized that there would be no significant relationship between holistic grief effects and grief counseling supports.

### **Methods**

This study utilized an online cross-sectional survey research design. The site for this study was a university located in the Southeast United States with a student population of approximately 12,000 students. Once the Institutional Review Board and the Division of Student Affairs approved the study, the Office of Information Technology granted permission to access student email addresses. An online survey invitation was emailed to all students at the institution who provided consent to have their email address shared for research purposes. Prior to the survey, students were given an informed consent statement that included an overview of the study, the voluntary nature of participation, safeguards taken to protect anonymity, and contact information for the researchers and the Institutional Review Board. Given the sensitive nature of the topic, contact information was provided for counseling services located on the university campus and for a local 24-hour mental health provider.

### **Instrumentation**

The survey for this study consisted of questions developed by the researchers regarding grief experiences, holistic grief effects experienced, and counseling supports utilized to help cope with grief. Students also shared prior diagnoses of depression, eating disorders, insomnia, attention-deficit/hyperactivity disorder (ADHD), and post-traumatic stress disorder (PTSD). Loss was defined as a "death-related loss" or the death

loss of a person or pet (Corr, Corr, & Doka, 2019, p. 215). Students who did not experience a death loss were directed to the end of the survey. Those who did experience grief were asked the remaining survey questions. Students answered specific questions about the person or pet they lost, including the date, cause, relationship, and closeness. If they experienced multiple losses, students were asked to answer questions pertaining to the loss they considered they grieved the most.

Students reported holistic grief effects they experienced outlined in six dimensions created from the Holistic Impact of Bereavement (Balk, 2011). The dimensions were listed, along with examples for each one, which included 1) feelings of sadness, anger, guilt, regret, etc. (emotional); 2) fatigue, illness, headaches, insomnia, etc., (physical); 3) difficulty concentrating, studying, paying attention in class, etc. (cognitive); 4) cry-

ing, smoking, drinking, sexual promiscuity, irrational outbursts, etc. (behavioral); 5) changes in thoughts regarding religion or spirituality, searches for life meaning, etc. (world assumptions); and 6) relationship changes with others, feelings of isolation, etc. (interpersonal). Students responded to each dimension on a scale of "Not affected at all" to "Significantly affected" with an additional option "Prefer not to respond." Students were also asked to respond to whether they used various counseling supports, including professional counseling support (off-campus), counseling center on-campus, online support groups, and face-to-face peer support groups. Students selected "Used this support" or "Did not use this support."

### Sample

The sample for this study consisted of 1092 college students. The majority of stu-

**Table 1**  
*Student Loss Experiences*

Time of Loss	N	Percentage
0-6 months ago	117	14%
7-12 months ago	88	10%
13-24 months ago	116	14%
25-36 months ago	93	11%
More than 36 months ago	420	50%
<b>Deceased Relationship</b>		
Grandparent	335	40%
Parent	167	20%
Aunt/Uncle	97	12%
Friend	92	11%
Other	71	%
Sibling	26	3%
Cousin	36	4%
Pet	18	2%
<b>Cause of Death</b>		
Illness	555	66%
Accident	95	11%
Advanced age – not due to illness	21	2%
Suicide	38	5%
Murder	34	4%
Unsure	66	8%
Drugs/Alcohol	18	2%
Other	15	2%
<b>Expected Nature of Death</b>		
Expected	301	36%
Unexpected	537	64%
<b>Closeness</b>		
Very close	495	59%
Close	212	25%
Somewhat close	114	14%
Not close at all	13	2%

N = 842 student participants

dents who completed the survey were female ( $n = 889$ , 82%) and identified as white, not of Hispanic origin ( $n = 688$ , 63%). When asked about specific diagnoses, 8% of students ( $n = 91$ ) indicated having an ADHD diagnosis. Students also reported being diagnosed with depression ( $n = 207$ , 19%), eating disorders ( $n = 30$ , 3%), insomnia ( $n = 67$ , 6%), and post-traumatic stress disorder ( $n = 46$ , 4%). Most students ( $n = 842$ , 77%) reported experiencing a loss, with most occurring more than 36 months ago ( $n = 420$ , 50%). Although the most common cause of death was illness ( $n = 555$ , 67%), most losses were unexpected ( $n = 537$ , 49%). The most common relationships to the deceased included grandparents ( $n = 335$ , 40%). When asked how close they were to the person they lost, more than half of the students reported being "very close" to this person ( $n = 495$ , 59%). Table 1 outlines all student grief experiences.

## Results

### Grief Effects

The first research question for this study was: What grief effects do college students experience? Effects were measured on a five-point scale ranging from "Not affected at all" (score of 1) to "Significantly affected" (score of 5). Students reported emotional grief effects as the strongest followed by strong cognitive, behavioral, physical, and interpersonal grief effects. Moderate world assumption effects were also reported (see Table 2).

Grief effects were also examined for students who reported diagnoses of ADHD, depression, insomnia, PTSD, or eating disorders (see Table 3). Students who reported ADHD, depression, insomnia, and PTSD diagnoses reported stronger grief effects in all six dimensions when compared to the overall population. Students with eating disorder diagnoses reported stronger cog-

**Table 2**  
*Grief Effects Experienced by College Students*

Dimension	<i>n</i>	Mean	SD	Skewness	Kurtosis
Emotional	817	4.56	0.85	-1.98	3.62
Cognitive	280	3.46	1.42	-0.39	-1.31
Behavioral	814	3.33	1.53	-0.31	-1.32
Physical	814	3.19	1.48	-0.18	-1.09
Interpersonal	816	3.03	1.55	-0.13	-1.44
World Assumptions	812	2.92	1.60	0.11	-1.47

*Note.* 1 = Not affected at all, 2 = Slightly affected, 3 = Affected, 4 = Moderately affected, 5 = Significantly affected

Table 3

*Grief Effects Experienced by College Students with Mental Health Diagnoses*

Dimension	ADHD		Depression		Eating Disorder		Insomnia		PTSD	
	n	Mean	n	Mean	n	Mean	n	Mean	n	Mean
Emotional	70	4.73	155	4.74	22	4.50	52	4.65	35	4.83
Cognitive	70	3.99	156	3.85	22	3.95	51	3.69	35	4.14
Behavioral	70	3.66	157	3.85	22	3.27	52	3.46	35	3.91
Physical	70	3.43	157	3.70	22	3.82	52	3.88	35	4.00
Interpersonal	70	3.34	155	3.60	22	3.55	51	3.37	34	4.10
World	70	3.13	157	3.56	22	3.55	52	3.33	35	3.82

*Assumptions*

*Note:* 1= Not affected at all, 2 = Slightly affected, 3 = Affected, 4 = Moderately affected, 5 = Significantly affected

nitive, physical, interpersonal, and world assumption grief effects when compared to the overall population.

### Counseling Support

The second research question for this study was: What incidence of college students utilize counseling services for grief support? Students reported their use of professional counseling support, student counseling center on-campus, online support groups, and face-to-face peer support groups (see Table 4). Of the 842 students who experienced a loss, only 10% ( $n = 85$ ) of students utilized professional counseling support (off-campus), and 8% ( $n = 69$ ) used campus counseling center support. An even smaller number of students utilized face-to-face peer support groups ( $n = 44$ , 5%) or online support groups ( $n = 13$ , 1%).

### Grief Effects and Counseling Support

The third research question sought to answer, What is the relationship between holistic grief effects and grief counseling support? Relationships were examined specifically for professional counseling support (off-campus), campus counseling, online support groups, and face-to-face grief support groups. A Mann-Whitney U test was conducted to compare differences in holistic grief effects based on the use of each support. A Mann-Whitney U test was utilized because the data violated the assumption of normality, as assessed by Shapiro-Wilk's test. A 95% confidence level was used for this statistical test ( $\alpha = .05$ ). The results of the Mann-Whitney U tests reveal statistically significant differences in scores for professional counseling use on emotional ( $p = .000$ ), physical ( $p = .000$ ), cognitive ( $p = .000$ ), and behavioral ( $p = .005$ ), world as-

Table 4  
*Counseling Supports Utilized by Grieving College Students*

Support	Utilized this support	
	Frequency	Percent
Professional Counselor (Off-campus)	85	10%
Campus Counseling Center	69	8%
Face-to-Face Support Group	44	5%
Online Support Group	13	2%

sumptions ( $p = .000$ ), and interpersonal ( $p = .000$ ) holistic grief effects (see Table 5). A Mann-Whitney U test also revealed statistically significant differences in scores for campus counseling use on emotional ( $p = .002$ ), physical ( $p = .000$ ), cognitive ( $p = .000$ ), and behavioral ( $p = .000$ ), world assumptions ( $p = .000$ ), and interpersonal ( $p = .000$ ) holistic grief effects (see Table 6). Statistically significant differences in scores were found for online support groups use on physical grief effects ( $p = .030$ ) (see Table 7). Finally, statistically significant differences in scores for face-to-face support groups use were found for physical grief effects ( $p = .004$ ), cognitive ( $p = .000$ ), behavioral ( $p = .043$ ), and interpersonal ( $p = .022$ ) holistic grief effects (see Table 8).

### **Previous Mental Health Diagnoses and Grief Counseling Support**

The final research question examined whether there was an association with previous mental health diagnoses (ADHD, depression, eating disorder, insomnia, and PTSD) and use of various grief counseling supports (professional counseling off-campus, on-campus counseling center, online support group, and face-to-face support group). A chi-square test of independence was conducted between previous mental health diagnoses and each grief counseling

support. The expected frequencies professional off-campus counseling, on-campus student counseling center, ADHD diagnoses, and depression diagnoses were greater than five, indicating an adequate sample size to run each chi-square test. Online support groups, face-to-face support groups, eating disorders, insomnia, and PTSD did not have an expected frequency of five or greater and were eliminated from analysis.

The chi-square test of independence run for ADHD diagnoses and use of off-campus professional counseling showed no statistically significant association between ADHD diagnoses and use of off-campus professional counseling,  $\chi^2(2) = 1.85$ ,  $p = .369$ . There was a statistically significant association between ADHD diagnoses and use of on-campus counseling centers,  $\chi^2(2) = 9.485$ ,  $p = .009$ , although the association was small (Cohen, 1988), Cramer's  $V = .111$ . There was also a statistically significant association between depression diagnosis and use of off-campus professional counseling,  $\chi^2(2) = 47.80$ ,  $p = .001$ , with a small to moderate association (Cohen, 1988), Cramer's  $V = .247$ . Lastly, there was a statistically significant association between depression diagnosis and use of on-campus counseling centers,  $\chi^2(2) = 7.917$ ,  $p = .019$ , with a small association (Cohen, 1988), Cramer's  $V = .101$ .

Table 5

*Off Campus Professional Counseling Support and Holistic Grief Effects*

	Emotional	Physical	Cognitive	Behavioral	World Assumptions	Interpersonal
Mann-Whitney U	20846.5	18975.0	19514.5	22772.5	18158.5	17391.0
Z	-4.745	-4.907	-4.629	-2.828	-5.096	-5.80
Asymp. Sig. (2-tailed)	.000	.000	.000	.005	.000	.000

Table 6

*Campus Counseling Support and Holistic Grief Effects*

	Emotional	Physical	Cognitive	Behavioral	World Assumptions	Interpersonal
Mann-Whitney U	18986.0	13340.5	13128.5	16919.0	16112.0	14146.5
Z	-3.037	-5.834	-5.991	-3.501	-3.822	-5.36
Asymp. Sig. (2-tailed)	.002	.000	.000	.000	.000	.000

Table 7

*Online Support Groups and Holistic Grief Effects*

	Emotional	Physical	Cognitive	Behavioral	World Assumptions	Interpersonal
Mann-Whitney U	4485.5	3063.5	3541.0	3856.5	3332.0	3549.0
Z	-.328	-2.174	-1.533	-1.104	-1.816	-1.529
Asymp. Sig. (2-tailed)	.743	.030	.125	.270	.069	.126



**Table 8**  
*Face-to-Face Support Groups and Holistic Grief Effects*

	Emotional	Physical	Cognitive	Behavioral	World Assumptions	Interpersonal
Mann-Whitney U	14229.0	10992.0	9911.5	12141.5	12622.0	12102.0
Z	-.871	-2.893	-3.937	-2.028	-1.884	-2.295
Asymp. Sig. (2-tailed)	.384	.004	.000	.043	.060	.022

### Discussion

The findings from this study indicate that a majority of college students surveyed have experienced a loss. Furthermore, students experienced holistic grief effects as a result of their loss in various dimensions, including emotional, cognitive, behavioral, physical, interpersonal, and world assumptions. These results are consistent with previous research on college student grief. Students consistently report grief effects in all dimensions with emotional and cognitive effects as the most affected (Balk et al., 2010; Polard et al., 2017; Varga, 2015; Walker et al., 2012). Since grief can manifest in students in many ways, it is important for students to be aware of the various effects experiencing a loss can have on them. It is also imperative for higher education faculty, staff, and counseling support to identify these effects as well. Accurately identifying causes of student behavior can ensure proper ways to determine support and healthy coping trajectories. As the number of mental health issues rises in college students, the importance of addressing these grief symptoms also increases. Prolonged grieving disorders have been associated with bereaved students with mental health issues (Mash, Fullerton, Shear, & Ursano, 2014; Salloum, Bjoerke, & Johnco, 2019). Grief effects, such as insomnia, have been specifically linked to

prolonged or complicated grief (Hardison et al., 2005). The more aware college student personnel are of the connections among grief and these effects, the more vigilant they can be to assist bereaved students.

Students do not always need an abundance of support while grieving. Students have previously reported preferring support from peers, especially other bereaved peers, instead of counseling or other supports (Balk, 2008; Servaty-Seib & Taub, 2010). These preferences, combined with the fact that campus counseling centers are overwhelmed and understaffed, call for universities to recognize other appropriate and welcomed grief supports for students. One approach is social media grief support. Students have shown utilizing social media as grief support in various ways and report that support as helpful (Balk & Varga, 2018; Varga, 2015; Varga & Varga, 2019). For students needing other support, college student personnel can assist in various ways.

As university faculty, staff, and counseling support become more aware of the various ways that grief can affect students, the more targeted they can come in providing support. College campuses are already dedicated to helping students in holistic ways that complement the Holistic Impact of Bereavement (Balk, 2011). Students have suggested increasing sensitivity on college

campuses for grieving students (Cupit, Servaty-Seib, Parikh, Walker, & Martin, 2016). This can be accomplished in many ways. Faculty, academic advisors, and academic support programs that target student academic success can be trained to become aware of cognitive effects related to grief (e.g., decreasing grades, difficulty concentrating, inability to complete assignments, etc.). Judicial offices, who are responsible for addressing student conduct issues such as those related to behavioral grief effects (e.g., drug use, alcohol use, etc.), are positioned in a way to potentially uncover the cause of those behaviors. Student affairs staff, especially those who interact with students on a regular basis, can identify students whose social interactions change (e.g., isolation from friends, peers, etc.), possibly due to interpersonal grief interactions. Both student affairs staff and faculty members could benefit from training on how to respond to bereaved students (Servaty-Seib & Taub, 2008). Finally, student health centers and wellness programs can identify grief effects in students in all dimensions, especially physical effects (e.g., trouble sleeping, eating, headaches, etc.). Campuses willing to take a holistic approach to address grief effects can support grieving students during these difficult times in their lives.

### **Limitations and Recommendations for Future Research**

Although this study provides insight into the holistic ways that students experience grief, there are limitations to the findings. First is the limitation of self-report. Students who are reflecting on their grief experiences may not be cognizant of the ways in which their grief affected them. Additional insight from non-bereaved peers, family, university faculty, staff, and counseling support would strengthen the findings. Secondly, the study was limited to students at one institution. Expanding the study to include students from multiple institutions would make the findings more generalizable. Furthermore,

the sample of students who participated in the study were majority female (82%), thus not adequately representing students who identify as males. Finally, holistic grief effects were measured using one self-report measure. Including additional measures, such as those related to depression, complicated grief, disordered eating, and insomnia would provide additional measures and concurrent validity. Additional holistic measures, such as the Multidimensional Wellness Inventory, would provide a more in-depth understanding of the relationship between multi-dimensional wellness, grief, and mental health diagnoses (Mayol, Scott, & Schreiber, 2017). Wellness is a holistic, self-determined way of living that includes occupational, social, intellectual, physical, emotional, and spiritual dimensions (Hettler, 1980; National Wellness Institute, 2019). The World Health Organization (WHO) has adopted this multi-dimensional approach to wellness, rather than the mere absence of disease (WHO, 2013). The six dimensions of wellness are interrelated and predictive of successful transition to college, stress management and resilience, and health behavior regulation (Baldwin, Towler, Oliver, & Datta, 2017; Biber & Ellis, 2017; Conley, Travers, & Bryant, 2013). Unfortunately, students in higher education have reported poor wellness across all six dimensions, including high prevalence of obesity, chronic disease, and physical inactivity, inadequate sleep, financial instability and student loans, as well as elevated stress, depression, anxiety, and suicide (Downes, 2015; Lau et al., 2013; Montalto, Phillips, McDaniel, & Baker, 2019; Twenge, Joiner, Rogers, & Martin, 2018). This is important because unbalanced and deficient holistic wellness is predictive of mental health disorders in college (Keyes et al., 2012; Kosyluk, et al., 2016; Prigerson et al., 2018). While wellness predicts college student transition, health behaviors, and retention, there remains a gap in how wellness may buffer against grief and enhance grief coping (Baldwin, et al., 2017; Mayol et al., 2017).

Longitudinal quantitative studies or in-depth qualitative studies, such as ethnographies, could provide specific insight on students as they go through the grieving process and the transition of loss in real-time. These long-term studies would also encompass the impact of multiple loss events over time, which can result in significantly more grief effects (Schwartz, Howell, & Jamison, 2018). Students who fail to cope with grief effects properly may exhibit other problematic behaviors such as drug use, sexual activity, and risky behavior. Understanding the relationship between grief and problem behaviors also becomes paramount for understanding student success.

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