THE UNDERGRADUATE SEMINAR ON BEREAVEMENT:
A MULTI-METHOD APPROACH

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Synopsis

Teaching an integrated approach to bereavement combining academic and clinical psychology represents a challenging opportunity. This paper describes a method where academic rigor was combined with the power and poignancy of the human experience of loss. The principles involved: 1) The field of bereavement has sufficient theoretical and empirical literature as to merit serious scholarship. 2) The study of interpersonal loss is intertwined with the field of interpersonal relationships. A context emphasizing the process of adjustment to and resolution of bereavement (Rubin, 1984) will require forays into the attachment process and the nature of interpersonal relationships. 3) An investigation of phenomena associated with loss is enhanced by student contact with bereaved persons. 4) The emotional responses of students enrolled in a bereavement course require an appropriate forum for the expressions of personal reactions to the experience. 5) A course designed to include contact with bereaved persons must satisfy the ethical requirements involved (Rubin, in press).

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Academic instruction in the area of bereavement in a university setting is a relative rarity. While the topic may be regarded as a specialized one in an undergraduate psychology program, a focus on loss can provide a fresh vantage point for the understanding of human relationships. The study of bereavement has the potential to instruct students on basic issues in the area of interpersonal relationships, development, personality, psychological processes, theory and research methodology. Furthermore, when the academic focus on bereavement is joined to an experiential-interpersonal component, the learning process can take on additional dimensions for the participants.

As educators, our goals and philosophies have relevance for what we teach and what our students learn from us. The Boulder model of clinician-teacher-researcher remains one appropriate model for the clinical psychologist in academia. With this in mind, the question of how to synthesize these
components into an integrative course experience arose naturally. By dint of personal interest and educational philosophy, I side with those who deem it useful to have psychology courses that utilize the interpersonal experience of students for learning. Contextually, academic psychology departments have not always been receptive to the Weltanschauung of the clinical psychologist and not necessarily supportive of attempts to bring the interpersonal world into the academic setting. These tensions are as familiar to many faculty members at other institutions as they are to my colleagues and I at the University of Haifa. At the University of Haifa, however, there is a faculty willingness to encourage students to integrate learning from alternative settings outside the university. For example, a supervised practicum externship is required of all senior undergraduate students. A total of 4 hours a week is spent with a person or institution where the student’s presence is meaningful.

In accord with the orientation described, a course combining academic and clinical features of the study of bereavement was offered. The course was organized as a seminar and as a group learning experience to accentuate several features of the learning process. The orientation of the course was to ensure an active learning experience for students in the atmosphere of a group seminar. The nature of the material and the work skills of the clinical instructor allowed the acknowledgement of participants and emotions (as well as intellect) while providing a forum for their containment. To a certain extent, the emotions engendered assisted the group in understanding the phenomena under study. Along the way, some of the artificial gaps between academic and clinical psychology were bridged as features of theoretical, empirical, and interpersonal dimensions of learning were combined. One goal of the clinical teacher at advanced levels of instruction is to facilitate the ability of the student to teach him or herself. In contrast to many nonclinically oriented courses the students were encouraged to pay attention to emotional reactions of themselves and others, were taught interviewing skills, and devoted time to listening actively to case material. The learning that these features stimulated combined with the more traditional academic understanding of material to produce an educational foray into the academic-clinical interface.

Self-Selection and Emotional Response of Students

Students who attended the course did so for a number of reasons. These included: a) an interest in breaking the routine of experimentally oriented courses; b) an interest in adding credits; c) personal experience with grief; d) a wish to take a course with the author; e) an interest in clinical courses; and f) the topic was very meaningful for them.

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naturally. By dint of those who deem it personal experience of clinical psychologists is essential to many faculty colleagues and I at the other, there is a faculty member from alternative supervised practicum settings. A total of 4 hours student's presence is necessary to ensure that their emotional needs did not overwhelm the learning forum.

It is rare that one speaks to general or semiprofessional audiences on this topic without there being several individuals, who attend because of personal reasons. That is, they are responding to working through or reworking through aspects of their response to loss. The presence of students in similar circumstances was anticipated but not easily resolved. To deter those who sought a forum for their own grief, the academic requirements of the course were stressed as primary. For other students, less aware of their motives or less easily discouraged, a measure of clinical sensitivity can allow for an early meeting with the student and joint consideration of the appropriateness of the selection. For those contemplating teaching such a course for the first time, it is valuable to consider how to deal with the potentially vulnerable participants. A brief interview, a questionnaire and/or a reasonable amount of sensitivity are among the means to gauge the extent of these complicating features in participants. In some cases, it can be advisable to suggest to some students that they delay participation in the course until a later time.

Structure of the Course

The course was designed to meet in an intensive format for 4 academic hours per week over the course of 14 weeks. The first half of each meeting was designated as the lecture session and the second half was the laboratory section. The theoretical orientation of the course was primarily psychodynamic but the empirical and phenomenological features of loss were examined across theoretical orientation. This overarching focus was in keeping with a view of bereavement as a special branch of the area of interpersonal relations (object-relations).

The seminar format was maintained for the course. Academically, students were required to stay abreast of all the readings, to summarize and lead discussions for one session, and to submit a concluding paper on a topic in the field. On the experimental didactic side, several formats have been tried. One year, students were required to interview a bereaved individual two times, to present a portion of the interview and background material in a
laboratory section of the class, and to write a case report paper on the individual interviewed. Another year, one group of sessions were devoted to the analysis of case material presented by graduate student researchers. The undergraduate students were then given research protocols containing anonymous data and taped interviews for analysis as a second term paper.

As is true for courses and groups in general, there was an evolving process to both the lecture and laboratory sections of the course. The lecture session began traditionally. From the outset, we gathered to discuss the readings of the week. Initially the instructor, and later the students, led the discussion of the assigned material. In general, a synopsis of the assigned material combined with clarification of basic issues constituted the presenter's task. The instructor functioned as a copresenter with the student. The instructors activity level varied according to the difficulty of the material and the talents and efforts of the student presenter. Motivation was high and students came prepared for class. As the semester progressed, the level of discussion became more sophisticated. Students were able to draw on their experience of the clinical cases of the laboratory section and their knowledge gained from readings and discussions.

The laboratory section evolved as well. At the outset, the participants experience with loss and their reasons for taking the course were solicited. Following this, the focus of the laboratory to understand via case material and exposure to the experiences of the bereaved occupied the major portion of the time. The emotional responses of students remained a legitimate topic for the section and was dealt with as an expected byproduct of dealing with this emotion laden area.

In a course dealing with the fundamental human experience of loss, one would expect that the material would at times induce feelings of anxiety, sadness and discomfort among participants. Analyses of interviews with bereaved persons and a confrontation with issues of vulnerability and humanity were particularly emotion laden for the students. In response to their feelings, a range of responses arose. Identification with bereaved persons, an intellectualized analysis of bereaved persons anxiety, laughter and gloom were behavioral features of students’ responses to the material. Opportunities to explore these feelings and relate them to the stimuli engendered by the material facilitated student understanding of their own emotions and those of the bereaved. The clarifying-supportive nature of the laboratory section provided a counterbalance to the anxiety and sadness encountered with the bereaved.

**Academic Readings**

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the bereaved’s relationship to the deceased. Following the author’s distinction of a two track model of response to bereavement (Rubin, 1981; 1982; 1984), readings in line with this conceptualization were assigned.

The course syllabus covered a range of authors and topics. A preponderance of psychodynamic and phenomenological material was included, although a range of theoretical positions were considered. A partial selection of authors included: Averill, 1968; Bowlby, 1980; Freud, 1917; Furman, 1974; Kubler-Ross, 1969; Lamm, 1969; Lindemann, 1944; Lifton, 1967; Mawson, et. al., 1981; Parke, 1972, 1983; and Rubin, 1981, 1982, 1984a, 1984b, 1985. Topics included the grief and mourning process; normal and pathological variants of bereavement; adult and child loss; dying; crosscultural phenomena; intervention, rehabilitation and outcome; and the resolution of bereavement. The material was extensive but students came prepared.

Contact with Bereaved Persons
Clinical, Ethical and Practical Issues

The heart of the course was contact with bereaved individuals. As is true for hearts in general, they need a body and framework to support them. It is also recognized that in the absence of the body and framework, the heart cannot be utilized. Similarly, contact with bereaved individuals alone is not a learning experience but benefits from being grounded in a supportive learning framework.

To learn about how people respond to loss, there is no substitute for talking to them and listening carefully to what they say. The question of how to afford students this opportunity while maintaining a responsible and ethical stance required planning. Ultimately, two alternative approaches were tried. In one course sequence, direct student contact with non-recently bereaved persons was adopted, and in the second sequence, indirect exposure to bereaved persons was substituted. The latter is favored by the author.

In exploring the direct student contact method, careful attention was paid to the potential power of the experience. Despite all the preparation, it is not possible to say that participation for either the interviewer or interviewee will not be upsetting. The decision to afford exposure to bereaved individuals was taken with attention to minimizing negative aspects to participation and allowing people to tell their stories. A number of measures were undertaken to protect the students and their interviewees. These included:

a) At the outset, students were exposed to interviewing techniques and role play in the laboratory section. Primum non nocere, — in the first place do no harm — was stressed. Empathic listening, gentle questioning, and understanding the power of the emotional experience for the bereaved
persons were discussed. Understanding the feelings and anxieties of the interviewer received attention.

b) Students were required to locate interviewees on their own and to explain to them they were in a course that required them to interview someone who had lost a loved one.

c) Criteria for exclusion: No one who was bereaved for less than one year; was a relative or close friend of the interviewer or classmate; and no one who the student would be in more than occasional contact could be interviewed.

d) Informed consent: Each interviewee read and signed an informed consent form. The wording indicated that the interview was conducted as part of a BA course requirement; that the interviewer was a student fulfilling the course requirement; and that participants in such interviews typically responded with emotion to the topic. Guarantee of the anonymity of participants and their right to withdraw without prejudice were included on the form. Finally, they were told that no benefit was designed to accrue to participants. Despite all this, there were no serious difficulties in locating interviewees.

e) Participants were interviewed twice and the interviews were tape recorded. When possible, a portion of the interview material was presented to the class in the laboratory section. This allowed for the refinement of interview techniques for students and allowed an indirect means of assessing the response of participants. In cases where professional intervention may have been required, the instructor functioned as a resource person for a decision on the necessity of intervention and suggestions as to where such services may be obtained.

To date, this resource has not been necessary.

Our experience with this method showed it to be workable. The range of student and bereaved responses were such that interviews were unique and interesting. While not all students functioned as empathic interviewers the additional stage of reviewing the material in class did serve as a check on both student and interviewee.

A major alternative course sequence substituted primarily indirect contact with bereaved persons for the direct interviews described above. In this variation, a number of laboratory section meetings were devoted to presentations of case material by research-clinicians working with the author on the area of bereavement. Following this stage, several bereaved individuals came and spoke to the class allowing the students a first hand look and the opportunity to engage in direct contact with bereaved persons. Lastly, the students were given research protocols and tape recorded interviews and required to submit a written summation of one to two cases of response to bereavement. The increased protection of human subjects afforded by this latter method was the major reason for its adoption.

Evaluation

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Conclusions

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Feelings and anxieties of thebereaved persons, degree of adaptation or maladaptive response to the loss with regard to function, relationship to the deceased and resolution of bereavement (Rubin 1980; 1981; 1984a; 1984b; 1985). The interviewer's technique and the emotional response of the class were also considered.

The contribution of the clinical material to the course was considerable. In either variation, direct or indirect contact, experiencing people describe their responses to loss and learning criteria to evaluate these responses was a major avenue for psychological learning.

The value of a clinical component to a course such as this is reasonably clear. Alternatives to the formats suggested range from the creation of a video tape library to instructor interviews to the the analysis of characters in biographies, films and novels. The balance of direct contact, indirect exposure and analog material adopted is a function of the instructor's preferences, resources and value choices.

Evaluation

A course evaluation is a useful means of learning from students what works and what does not. In this course, criticisms, suggestions and general feedback were solicited via verbal and written form. All participants felt that the course had been a unique learning experience for them. The students cited the academic organization, intimacy of the group's small size, the clinical material and the instructor's background as clinician and teacher as major features in their experience in the course.

From the perspective of the instructor, the students maturity, seriousness of purpose, motivation and freedom to learn contributed to the success of the course.

Conclusions

In this paper, two levels of discourse are addressed. The value of a combined academic and clinical approach to courses in undergraduate psychology represents one domain of discussion. The application of these tenets to an undergraduate course on bereavement, with a highlighting of the practical, didactic and ethical issues encountered represents a second level of discussion. The former, suggesting that theory and exposure to clinical material can be combined for a powerful learning experience may be a minority viewpoint but is not likely to stir controversy. In the second domain, perhaps the one issue deserving of further consideration is the author's early use of direct student contact with "normal" nonrecently
bereaved individuals. Although the entire procedure was conducted in accord with great regard for the protection of participants, this procedure was later modified in order to afford stricter safeguards. The undergraduate course variation where indirect student contact with bereaved persons is the major vehicle for experiential learning, is currently favored by the author. It is the ubiquitousness of the experience of loss in the normal course of human existence that reverberates throughout my consideration of the issues grappled with in this course.

References


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