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**What determines supportive behaviours following bereavement? A systematic review  
and call to action**

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**Keywords:** systematic review; bereavement; grief; community norms; social support

1 **Abstract**

2 Very few factors that impact the grieving process can be modified after the fact to the extent  
3 that social support can. However, social support has received limited research attention,  
4 resulting in little conceptual understanding of the mechanisms behind perceptions of, and  
5 intentions to support, grieving persons. This systematic review aimed to explore bereaved,  
6 decedent, and respondent-related determinants of the provision of social support. The review  
7 yielded 42 studies impacted by various methodological and sampling limitations. This review  
8 poses a call to the field for more rigorous study of social support determinants to better assist  
9 the bereaved and their natural supporters.

10  
11 **Keywords:** systematic review; bereavement; grief; community norms; social support

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## Introduction

27       The provision of helpful, timely social support is one of the strongest determinants of  
28 positive psychosocial outcomes following bereavement (Hibberd, Elwood, & Galovski,  
29 2010). Although a multitude of factors (e.g., attachment to the deceased or cause of death)  
30 may complicate the grieving process (Lobb et al., 2010), very few of these can be modified  
31 *after* the fact to the extent that social support can (Bath, 2009). However, bereaved people  
32 often do not receive the quantity or quality of social support that they would like (Aoun et al.,  
33 2015). For social support to be effective, a need must be recognised, the potential supporter  
34 must be capable and willing, and the gesture must be perceived as helpful by the receiver  
35 (Kaunonen, Tarkka, Paunonen, & Laippala, 1999; Rando, 1993). Doka (1989) was the first to  
36 theorise the provision of social support as a function of ‘grieving rules,’ that is, principles that  
37 govern who should grieve, when, where, how, for how long, and for whom. Bound by these  
38 rules, losses are appraised as either enfranchised and legitimate, or disenfranchised and  
39 illegitimate. While an enfranchised loss promotes offerings of instrumental and/or emotional  
40 support, when a loss is disenfranchised, the grief is not recognised or validated and support is  
41 generally not offered (Doka, 1989).

42       Although the role of informal supports in mediating the grief experience is increasingly  
43 well recognised, efforts to promote and enhance the community’s capacity to provide  
44 bereavement support remain limited (Breen et al., 2015). Within the grief literature, there  
45 appears to be considerable emphasis on the experience of the bereaved, but far less so on the  
46 potential supporter and the mechanisms (i.e., determinants) that drive their perceptions of  
47 grief and intentions to provide social support (Bath, 2009). The authors know of only one  
48 other review that found four decedent-related determinants (cause of death, age, gender,  
49 family composition) and three respondent-related determinants (gender, age, experience with  
50 bereavement) of social support following bereavement (Calhoun & Allen, 1991). However,



76 Studies were considered if they described and/or manipulated one or more determinants  
77 which affect an individual's perception of and/or intended behaviours towards a bereaved  
78 person. Determinants could relate to the bereaved, the decedent, or the study respondent.  
79 Studies had to be published in English or available for English translation and all study  
80 designs and data types were eligible. Only studies that described original research, upon first  
81 publication, were included.

82 Given the focus on community capacity for support, studies were excluded if they  
83 specifically described responses to bereavement from the perspective of a bereaved person,  
84 rather than their potential supporters. Similarly, studies examining specific respondent  
85 populations (e.g., health professionals or teachers) were excluded, in addition to those that  
86 did not clearly demarcate responses of specific populations from the general community.  
87 Studies were also deemed ineligible if full texts were not available once efforts to obtain a  
88 hard copy were exhausted.

### 89 **Search Strategy**

90 An electronic search of databases was performed across PubMed, EMBASE, ProQuest  
91 Central, CINAHL Plus, PsychINFO, and the Cochrane Database of Systematic Reviews.  
92 Further studies were identified through grey literature searches of ProQuest Dissertations and  
93 Theses, NHS Evidence, and OpenGrey. The searches consisted of the keywords  
94 "bereavement" or "grief" AND "social norms" or "judgment" or "social support" or "helping  
95 behaviour" or "expectation or "belief" or "evaluation," with slight variations according to  
96 each database. No date or language restrictions were placed on the search. A reference list  
97 and citation search was also conducted to identify any further articles. Lastly, seven journals  
98 yielding the highest number of articles were hand-searched (Death Studies, Omega, Journal  
99 of Psychology, Journal of Consulting and Clinical Psychology, International Journal of  
100 Palliative Nursing, Bereavement Care, and Journal of Cultural Diversity).

101 **Study Selection and Data Extraction**

102 Title and abstract screening was followed by an inspection of full text articles. A  
103 random 10% of full texts were reviewed by authors one and three with an inter-rater Cohen's  
104 Kappa reliability of .80 indicating substantial agreement (Landis & Koch, 1977).  
105 Disagreements were resolved by consensus and selection of the remaining 90% was  
106 determined by the first author.

107 Data were extracted from each study into a standardised, pre-piloted spreadsheet. Key  
108 variables included study characteristics, sample characteristics, determinant and outcome  
109 measurement, and direction and nature of reported effects. Data extraction of a random 10%  
110 of included studies were independently conducted by authors one and three to ensure  
111 consistency of reporting. Differences were discussed and data in the remaining 90% of  
112 studies were extracted by the first author.

113 **Quality Assessment**

114 A quality assessment of the included studies was performed using the QualSyst quality  
115 appraisal tools (Kmet, Lee, & Cook, 2004). Mixed-method studies were evaluated using both  
116 the quantitative and qualitative checklists. Each study was scored out of 1 with quality  
117 appraised as: limited (less than .50), adequate (.50-.70), good (.70-.80), or strong (greater  
118 than .80). No studies were excluded on the basis of poor quality; however, limitations were  
119 considered in the reporting of findings.

120 **Analysis**

121 Heterogeneity in study designs, samples, and measurement of outcomes precluded the  
122 consideration of meta-analysis. To account for the breadth in study designs, a narrative  
123 synthesis was conducted following the Guidance on the Conduct of Narrative Synthesis in  
124 Systematic Reviews (Popay et al., 2006).

125 **Results**

126 **Study Characteristics**

127 Defining the research question and subsequent search words for this particular review  
128 using the traditional PICOS (population, intervention, comparator, outcome, study design)  
129 criteria proposed by The Cochrane Collaboration (Higgins & Green, 2008) proved  
130 challenging. This was due, in part, to the lack of a comparison/control group and a broad  
131 interest in all study designs, but could also be attributed to the generic nature of the keywords  
132 (e.g., belief, evaluation, judgment) relevant for describing the outcomes of interest.  
133 Consequently, although the authors developed a relatively narrow set of keywords, the initial  
134 database searches still yielded a total of 12967 studies.

135 After duplicates were removed, 9879 studies remained, of which 9769 were excluded  
136 on the basis of their title and/or abstract. Key reasons for exclusion included that the study  
137 did not describe or manipulate at least one variable that determines perceptions of/intended  
138 behaviours towards the bereaved, the sample was specific to one area of the population (e.g.,  
139 teachers), and the study described responses to bereavement from the perspective of the  
140 bereaved rather than their potential supporters (e.g., narratives of how the bereaved recall  
141 being enfranchised/disenfranchised by others). Full texts of the remaining 110 studies were  
142 assessed for eligibility. At this point, 20 additional studies were identified through hand  
143 searches of relevant journals, reference list searches, and citation searches. Of the 130  
144 studies, 88 were excluded leaving 42 studies accepted for inclusion in the review. Reasons for  
145 exclusion were very similar to those described above, with some decisions unable to be made  
146 at the title/abstract screening phase due to a lack of published detail. Studies were published  
147 between 1979 and 2015, with 37 being journal articles and five unpublished  
148 theses/dissertations (see Figure 1).

149 [Insert figure 1 here]

150 The majority ( $n = 31$ ) of included studies were quantitative, three were qualitative, and  
151 eight mixed-methods. There were 21 experimental (19 between-subjects and 2 within-  
152 subjects), 19 cross-sectional survey, and two exploratory qualitative designs. The  
153 experimental studies commonly presented participants with one version of a vignette,  
154 exploring how response outcomes differed dependent on levels of one or more manipulations  
155 in the vignette (as well as specific respondent characteristics). The cross-sectional and  
156 qualitative studies more generally explored participants' perceptions of grief or behavioural  
157 intentions towards grieving persons. The studies originated from: USA ( $n = 34$ ), Australia ( $n$   
158  $= 2$ ), Japan ( $n = 2$ ), Ireland ( $n = 1$ ), Norway ( $n = 1$ ), UK ( $n = 1$ ), and Spain ( $n = 1$ ).

### 159 **Quality Appraisal and Risk of Bias**

160 The included studies varied greatly in terms of study design, standards of reporting, and  
161 quality. The overall quality of the included studies was adequate for the quantitative studies  
162 (and mixed-methods quantitative) with an average score of .68 ( $SD = 0.13$ , range = .43-.95),  
163 and good for the qualitative studies (and mixed-methods qualitative) with an average score of  
164 .74 ( $SD = 0.13$ , range = .55-.90).

165 **Participant selection.** Despite attempting to represent general community experiences,  
166 there was a high likelihood of selection bias across the included studies due to  
167 unrepresentative sampling and mixed response rates. In the majority of cases, participants  
168 were recruited via convenience sampling (e.g., universities, shopping malls, churches, and  
169 schools). Of the 39 quantitative and mixed-method studies, only six reported response rates,  
170 ranging from 45% to 99%.

171 **Confounding bias.** Thirty-three of the studies conducted between-groups analyses, yet  
172 only six studies analysed group differences and of these, only two controlled for extraneous  
173 variables. None of the 21 studies employing experimental factorial designs reported post-  
174 manipulation checks. Post-manipulation checks are advocated as a method of identifying



175 participants who overlook key information to minimise cognitive effort in completing the  
176 task (Krosniak, 1991). Despite the likely influence of confounding variables, only 10 studies  
177 investigated the effects of participants' own experiences of bereavement (bereavement  
178 history) and none included a measure of social desirability.

179 **Power to detect effects.** Sample sizes varied from 9 to 5154 participants. However, of  
180 the 39 quantitative and mixed methods studies, only three reported conducting *a priori* power  
181 analyses to determine adequate sample size to detect potential effects. It is probable that a  
182 large proportion of studies were underpowered, obscuring true findings.

183 **Study heterogeneity.** Heterogeneity in study samples, manipulations, and  
184 measurement instruments limits the comparability of findings across studies and likely  
185 contributed to the dissimilarity in the direction of reported effects. All studies selected  
186 participants from the general community; however, there was a trend towards over-  
187 representation of women and Caucasian people. The mean reported age varied from 17.6  
188 years to 56.1 years. Only 12 studies reported the bereavement history of its participants, with  
189 anywhere between 37% and 99% of samples having grieved one or more losses. Bereavement  
190 response outcomes predominately comprised behaviours or behavioural intentions towards  
191 bereaved people (both of the self and as expected of others), beliefs and expectations about  
192 the grief experience, ratings of appropriateness of specified grief reactions, and interpersonal  
193 reactions towards bereaved people. In general, key outcome variables were poorly defined  
194 and few studies employed the same or similar measures, obfuscating the direct comparison of  
195 study findings. There was also a distinct lack of psychometrically-sound instruments.

196

## 197 **Synthesis of Findings**

198 A summary of the 42 studies is reported across Tables 1-3, with the 41 determinants  
199 summarised under the areas of bereaved, decedent, and respondent.

200           **Bereaved determinants.** Across the bereaved-related category 10 determinants were  
201 identified across 20 studies.

202 [Insert table 1 here]

203           Gender of the bereaved was the most highly studied bereaved-related determinant with  
204 10 out of the 12 studies reporting an effect. Compared to women, men were offered fewer  
205 opportunities to talk (Calhoun, Abernathy, & Selby, 1986), and were perceived to have more  
206 difficulty confronting grief and expressing feelings, especially in later life (Costa, Hall, &  
207 Stewart, 2007). The remaining studies reported interaction effects between gender of the  
208 bereaved and cause of death, gender of the respondent, intensity of grief, anticipation of  
209 death, and time since death (Calhoun et al., 1986; Ginn, Range, & Hailey, 1988; Knight,  
210 Elfenbein, & Messina-Soares, 1998; Kubitz, Thornton, & Robertson, 1989; Miller, 2014;  
211 Penman, Breen, Hewitt, & Prigerson, 2014; Range, Bright, & Ginn, 1985; Thornton,  
212 Whittemore, & Robertson, 1989; Villa, 2010). Two studies found no gender effect for any  
213 response outcome (Calhoun, Selby, & Walton, 1985; Versalle & McDowell, 2004).

214           Time since death received the next greatest attention with all six studies indicating the  
215 expected resolution of grief over time. As time since death increased, grief was perceived as  
216 more maladaptive (Costa et al., 2007), respondents expected fewer grief-related symptoms  
217 (Garson, 1994; Penman et al., 2014) and more recovery-related indicators (Garson, 1994;  
218 Vickio, Cavanaugh, & Attig, 1990), social engagements were rated as more appropriate  
219 (Miller, 2014), the bereaved was offered less social support (Dyregrov, 2005), and  
220 respondents were less willing to talk with the bereaved about the death (Garson, 1994).  
221 Interaction effects were also identified between time since death and gender of the  
222 respondent, bereavement history, gender of the bereaved, and relationship to the deceased  
223 (Garson, 1994; Miller, 2014).

224 Relationship to the deceased was explored in five studies. Greater enfranchisement was  
225 given to bereaved children, spouses, and parents compared with more distant relatives/friends  
226 and less well recognised relationships (e.g., abortion; Costa et al., 2007; Miller, 2014;  
227 Reynolds & Cimboic, 1988; Robson & Walter, 2012; Thornton, Robertson, & Mlecko,  
228 1991). In one study, an interaction was observed between relationship to the deceased and  
229 time since death, with seeking a romantic partner rated as more appropriate over time and  
230 feelings of sorrow for oneself rated as less appropriate for those who lost a spouse than a  
231 child (Miller, 2014).

232 Perception of coping emerged across two studies. One found that, compared with  
233 typical grief, brief and prolonged forms of grief were rated as less common and less healthy,  
234 with an expectation that the bereaved would rate lower in role functioning and be offered less  
235 support (Rosenberger, 1996). The other study showed an interaction between perception of  
236 coping, gender of the bereaved, and anticipation of death (Kubitz et al., 1989). Respondents  
237 generally expected less intense grief for women bereaved by anticipated than sudden deaths  
238 (responding more favourably to those conforming to the norm); no such effect was observed  
239 for men.

240 Perceived social support was identified in two studies. When perceived social support  
241 was high, the bereaved person was assumed to be coping better (Costa et al., 2007) and less  
242 support was offered (Villa, 2010). In addition to the determinants described above, age (Costa  
243 et al., 2007), religion (Costa et al., 2007), affective response (Garson, 1994), disability  
244 (McEvoy & Smith, 2005), and gender stereotypes of grief (Versalle & McDowell, 2004)  
245 were also examined; however, each were only identified in single studies.

246 **Decedent determinants.** The decedent-related category was least represented with  
247 only five determinants across 22 studies.

248 [Insert table 2 here]

249 Cause of death was the single most researched decedent-related determinant with all 17  
250 studies reporting some effect. The cause of death most often researched was suicide, which  
251 was often compared to deaths caused by illness, accident, or natural causes. Specifically,  
252 suicidal deaths were associated with ratings of greater psychological disturbance in the  
253 decedent and the bereaved (Allen, Calhoun, Cann, & Tedeschi, 1993; Calhoun, Selby, &  
254 Faulstich, 1980; Calhoun, Selby, & Faulstich, 1982; Ginn et al., 1988; Range et al., 1985;  
255 Rudestam & Imbroll, 1983; Yamanaka, 2015); less likeability of the bereaved (Calhoun et al.,  
256 1980; Yamanaka, 2015); greater shame, blame, and guilt attributions (Allen et al., 1993;  
257 Calhoun et al., 1980; Calhoun et al., 1982; Calhoun et al., 1985; Rudestam & Imbroll, 1983;  
258 Sand, Gordon, & Bresin, 2013; Yamanaka, 2015); a more difficult grief experience (Calhoun,  
259 Selby, & Abernathy, 1984; Calhoun et al., 1985; Ginn et al., 1988; Villa, 2010); greater  
260 anticipated tension in expressing sympathy to, and interacting with, the bereaved (Calhoun et  
261 al., 1986; Calhoun et al., 1984; Calhoun et al., 1985; Ginn et al., 1988; Villa, 2010;  
262 Yamanaka, 2015); assumptions of less support by others (Range & Thompson, 1987; Villa,  
263 2010); and stronger beliefs about maintaining secrecy around the cause of death (Calhoun et  
264 al., 1980; Calhoun et al., 1982; Calhoun et al., 1985; Ginn et al., 1988). One study reported  
265 death by murder to be equally difficult as death by suicide (Calhoun et al., 1984). Ten of the  
266 studies also reported no effects of cause of death on: psychological disturbance of bereaved,  
267 likeability, blame and guilt attributions, intensity of grief and difficulty of the experience,  
268 anticipated support by others, anticipated tension and difficulty expressing sympathy to and  
269 interacting with the bereaved, and appropriateness of various help sources and helping  
270 statements (Allen et al., 1993; Calhoun et al., 1984; Calhoun et al., 1980; Calhoun et al.,  
271 1985; Ginn et al., 1988; Knight et al., 1998; Penman et al., 2014; Range & Thompson, 1987;  
272 Thompson & Range, 1990; Thornton et al., 1989).

273 Two out of five studies reported a significant effect for anticipation of death. In one  
274 study, anticipated deaths were described as easier to accept and resolve than unanticipated  
275 deaths (Costa et al., 2007). Another study reported an interaction effect between anticipation  
276 of death, gender of the bereaved, and intensity of grief symptoms (Kubitz et al., 1989). The  
277 other three studies found no effect of anticipation of death on perceived helpfulness of  
278 support-intended statements, blame attribution, appropriateness of grief reaction, impact of  
279 event, prediction of post-bereavement outcome, and perceived social support (Range &  
280 Thompson, 1987; Range, Walston, & Pollard, 1992; Thompson & Range, 1990).

281 Gender of the decedent was manipulated in four studies. The only significant finding  
282 showed an interaction effect between deceased gender and gender of the respondent, with  
283 participants expecting to be more relaxed around the bereaved family when the decedent was  
284 the same gender as them (Calhoun, Selby, & Gribble, 1979). There was, however, no effect  
285 of gender of the decedent on psychological disturbance of the deceased or bereaved,  
286 likeability of the bereaved, blame attributions, duration of sadness, and behavioural intentions  
287 (Calhoun et al., 1980; Lester, 1990; Sand et al., 2013).

288 Two studies examined the effect of decedent age on responses to suicide  
289 bereavement. One study observed that parents bereaved by older child deaths were rated as  
290 more psychologically disturbed (yet more likeable) than if the child was younger (Range et  
291 al., 1985). Another study also reported an interaction effect between decedent age and cause  
292 of death; with a child or adolescent death, blame was greater for suicide than illness; with an  
293 adult death, there was no association between cause of death and blame attribution (Thornton  
294 et al., 1989). However, these two studies found no effect of decedent age on psychological  
295 disturbance or role functioning of the parents, blame attribution, severity and duration of grief  
296 reaction, expectations of tension and difficulty when visiting, and usefulness of various help  
297 sources (Range et al., 1985; Thornton et al., 1989).

298 Two studies examined the effect of motive for suicidal death on responses to the  
299 bereaved (Calhoun et al., 1979; Lester, 1990). In Lester's (1990) study, participants believed  
300 it to be more difficult to express sympathy to a person bereaved by suicide where the  
301 decedent expressed self-blame, rather than anger or a desire to escape pain. Both studies  
302 found no effect of motive for death on reactions to the bereaved, expectations of tension,  
303 perceptions of responsibility, blame attribution, or psychological disturbance of the deceased.

304 **Respondent determinants.** The respondent-related category was the most well  
305 represented of all the categories, with 26 determinants across 26 studies.

306 [Insert table 3 here]

307 Gender of the respondent was the most studied respondent-related determinant and  
308 revealed mixed findings across 20 studies. Compared with women, men expected less distress  
309 and shorter recovery time (Alford & Catlin, 1993; Calhoun et al., 1985; Range et al., 1985),  
310 were less likely to expect friends to help the bereaved (Calhoun et al., 1985), endorsed more  
311 inappropriate and unhelpful behaviours towards the bereaved (Blair, 2003; Calhoun et al.,  
312 1986; Knight et al., 1998; Marwit & Carusa, 1998; Minamizono, Motohashi, Yamaji, &  
313 Kaneko, 2008), and offered less sympathy (Versalle & McDowell, 2004). However, in  
314 contrast with women, men were more likely to talk with the bereaved three months post-  
315 death (Garson, 1994) and were less likely to believe the bereaved could have prevented the  
316 death (Calhoun et al., 1985). Other studies reported an interaction between gender of the  
317 respondent and deceased gender, gender of the bereaved, time since death, and cause of death  
318 (Calhoun et al., 1979; Garson, 1994; Knight et al., 1998; Rudestam & Imbroll, 1983; Villa,  
319 2010). The remaining studies found no effect of gender of the respondent on likeability of the  
320 bereaved, blame or shame attributed to the bereaved, psychological disturbance of the  
321 deceased or bereaved, expected sadness and recovery-related symptoms in the bereaved,  
322 acknowledgement of the death, and behavioural intentions towards the bereaved (Allen et al.,

323 1993; Bath, 2009; Calhoun et al., 1980; Calhoun et al., 1982; Garson, 1994; Lester, 1990;  
324 Nathan, 1999; Rudestam & Imbroll, 1983; Sand et al., 2013).

325 The respondent's bereavement history was assessed in seven studies with five  
326 demonstrating a positive effect. Respondents with personal experience of bereavement were  
327 found to show greater empathy (Villa, 2010), acceptance and comfort with grieving (Egnoto,  
328 Sirianni, Ortega, & Stefanone, 2014), endorse more facilitative responses to the bereaved  
329 (Blair, 2003), and rate themselves as having more confidence in supporting grieving persons  
330 (Tedrick Parikh & Servaty-Seib, 2013; Villa, 2010) than those without. In contrast, the  
331 remaining studies found no effect of bereavement history on expectations of grief (Alford &  
332 Catlin, 1993), intentions to support a grieving person (Bath, 2009), or empathy (Nathan,  
333 1999). Similarly, a further three studies examined the effects of current bereavement status on  
334 responses to bereavement. Non-bereaved respondents were less realistic in their assumptions  
335 about bereavement, underestimating grief-related thoughts/feelings (Lehman, Ellard, &  
336 Wortman, 1986) and over-estimating acceptance of the loss (Lehman et al., 1986) and  
337 amount of contact between bereaved and others in the lead up to the death (Thompson &  
338 Range, 1990). There was, however, no effect of bereavement status on impact of event,  
339 prognosis and perceived recovery, and social support (Thompson & Range, 1990; Wagner &  
340 Calhoun, 1991).

341 Four studies examined the effect of normative beliefs about supporting a grieving  
342 peer. This variable was defined as the respondent's strength of belief that others in their life  
343 would endorse their engagement in a particular behaviour (e.g., talking with a bereaved  
344 parent about their loss; Garson, 1994). Garson (1994) found that intentions to support a  
345 grieving person were higher when others endorsed this behaviour, while Villa (2010) found  
346 the opposite. Other studies found that respondents were aware of normative beliefs (Tedrick

347 Parikh & Servaty-Seib, 2013), but these beliefs did not affect intentions to support (Bath,  
348 2009; Tedrick Parikh & Servaty-Seib, 2013).

349 Two studies investigated respondent age. The first study found an association between  
350 age and uncertainty in attitudes towards grieving; younger respondents were more likely to  
351 answer that they didn't know, rather than expressing a potentially appropriate or  
352 inappropriate response to the bereaved (Minamizono et al., 2008). In contrast, Blair (2003)  
353 found that younger respondents were no more likely to endorse facilitative responses to the  
354 bereaved than older respondents. This contrast is most likely the result of sampling variation;  
355 Blair's (2003) study comprised an American college student sample predominately aged  
356 between 17 and 29 years (with only 4.4% aged 30 years or over), while Minamizono and  
357 colleagues' (2008) study was a household survey of Japanese adults aged 30 to 69 years.

358 Familiarity with the cause of death (i.e., knowing someone who died by suicide) was  
359 examined across two studies. Two studies found some association, with higher familiarity  
360 with the cause of death associated with greater anger (Rudestam & Imbroll, 1983) and  
361 uncertainty in attitudes about grieving (Minamizono et al., 2008). Conversely, the latter study  
362 also found that respondents familiar with suicidal deaths were no more likely to hold  
363 appropriate or inappropriate attitudes about grieving than those not familiar.

364 In addition to these six determinants, a further 20 determinants were identified in  
365 isolation across 13 studies. These included country of residence (Alford & Catlin, 1993),  
366 behavioural beliefs (i.e., beliefs about the consequences of supporting a grieving person;  
367 Bath, 2009), control beliefs (i.e., belief that one possesses the necessary skills to support;  
368 Bath, 2009; Tedrick Parikh & Servaty-Seib, 2013), past experience supporting the bereaved  
369 (Bath, 2009), race (Blair, 2003), coping style (i.e., avoids or seeks to understand aversive  
370 events; Blair, 2003), locus of control (i.e., internal or external; Calhoun et al., 1979), religious  
371 affiliation (Egnoto et al., 2014), perceived consequences of supporting (Garson, 1994),



372 affective response (Garson, 1994), education level (Minamizono et al., 2008), depressive  
373 symptomatology (Minamizono et al., 2008), country of birth (Nathan, 1999), income  
374 (Nathan, 1999), past history of counselling (Nathan, 1999), receipt of information about  
375 suicide (Reynolds & Cimboric, 1988), parenting status (i.e., children versus no children;  
376 Rudestam & Imbroll, 1983), sex role (i.e., masculinity versus femininity; Versalle &  
377 McDowell, 2004), and relationship between the respondent and the bereaved (Villa, 2010).

### 378 **Discussion**

379 This is the first systematic and comprehensive review of the literature on what  
380 determines supportive behaviours from the general public following bereavement. In addition  
381 to the seven determinants (four decedent, three respondent) identified by Calhoun et al.  
382 (1991), the present study identified a further 35 determinants (2 decedent, 23 respondent, and  
383 10 bereaved). These data indicate that the provision of social support is based on an interplay  
384 of variables relating to the bereaved, the deceased, and the potential supporter, and it is likely  
385 this complexity that accounts for why some bereaved persons do not consistently receive the  
386 support they require (Aoun et al., 2015). Understanding these factors has clinical significance  
387 in that inconsistent or unsupportive actions and the potential breakdown of social networks  
388 following a death may become a type of secondary loss, compacting and complicating the  
389 nature of the primary loss (Breen et al., 2011).

390 Despite a growing body of research, bereaved persons' perspectives on helpful and  
391 unhelpful support attempts are rarely converted into practical support strategies (Breen et al.,  
392 2015). Most bereaved people grieve within the context of their friend and family networks  
393 and do not seek (or need) formal services (Aoun et al., 2015), these findings indicate  
394 considerable potential for improving community-wide understanding about the individuality  
395 of grief responses and the impact of helpful, timely social support on the grieving process.  
396 As the first of its kind, this review provides a stronger theoretical base for continued

397 exploration of the mechanisms behind support attempts, with a goal of translating these  
398 insights into targeted community education and therapeutic interventions that recognise the  
399 presence (or absence) of social support. Doing so would promote the offer and uptake of  
400 supportive behaviours by those surrounding the bereaved and, therefore, reduce the isolation  
401 and stigmatisation that is often reported by bereaved people (Dyregrov, 2011; Ghesquiere,  
402 2013).

403         It is widely recognised that systematic reviews are only as sound as the evidence on  
404 which they are based. Whilst presenting the first international synthesis of the mechanisms  
405 behind the grieving rules originally proposed by Doka (1989), this review has simultaneously  
406 highlighted the significant methodological flaws and omissions that have plagued this field of  
407 research since its inception. This body of research has proven to be vastly diverse, such that  
408 there has been little recognition within studies of other related studies. The review revealed  
409 considerable variation in the quality of included studies, with a trend towards more recent  
410 studies achieving higher quality appraisal scores. Most studies were conducted on US  
411 samples and therefore little is known about social support elsewhere, student samples  
412 continue to be used to represent the general community, and there have been few attempts to  
413 control for the biases inherent in attitudinal social research (see Henrich, Heine, &  
414 Norenzayan, 2010). We urge that the findings of this review be used to inform more rigorous,  
415 methodologically sound and representative studies, with a goal of overcoming the previous  
416 35 years of highly fragmented evidence.

417         Building on the previous work of Calhoun and colleagues (1991), this review has  
418 offered transparency of process and peer review of methods through the publication of a  
419 PROSPERO systematic review protocol. Quality appraisal, study eligibility, and data  
420 extraction were all conducted through collaboration between two authors, increasing the  
421 verifiability of the review. All identified studies were available for retrieval, thus none was

422 excluded on the basis of accessibility. The review, however, was limited in that no studies  
423 required translation, indicating that some non-English language articles may have been  
424 missed, limiting cross-cultural generalisability. Further, reporting biases (particularly in the  
425 pre-2000 studies) limited the degree to which a full synthesis of the studies could be  
426 conducted. Although a more targeted review of conceptually or methodologically similar  
427 studies might have enabled a more complete synthesis, the purpose of this review was to  
428 conduct a broader examination of the full scope of determinants, irrespective of study quality  
429 or methods employed.

### 430 **Conclusions**

431 Very few factors that impact the grieving process can be modified after the fact to the  
432 extent that social support can, and the greatest responsibility for this role lies within the  
433 informal relationships surrounding the bereaved person. With a comprehensive understanding  
434 of the factors that affect community recognition of and intention to provide social support to  
435 grieving persons, and with greater insight into the conceptual shortcomings of this research  
436 field, this review presents a call to action. We propose that it is not possible to promote and  
437 enhance the community's capacity to provide bereavement support without an understanding  
438 of current grief norms and supportive practices, and it is unethical to speak of these without a  
439 robust research base employing valid and reliable instruments in representative samples.  
440 From the perspective of potential supporters, this review has highlighted the complexity of  
441 processes which influence what motivates everyday people to recognise and respond  
442 empathically to another's distress. These findings provide a strong base for future research on  
443 the experience of social support from the viewpoint of both the giver and the receiver,  
444 suggest avenues for focused community education through highlighting common  
445 misconceptions and assumptions, and offer bereavement practitioners a broader

446 understanding of the secondary losses that may be encountered when a person's grief is not  
447 recognised as legitimate or warranted.

448

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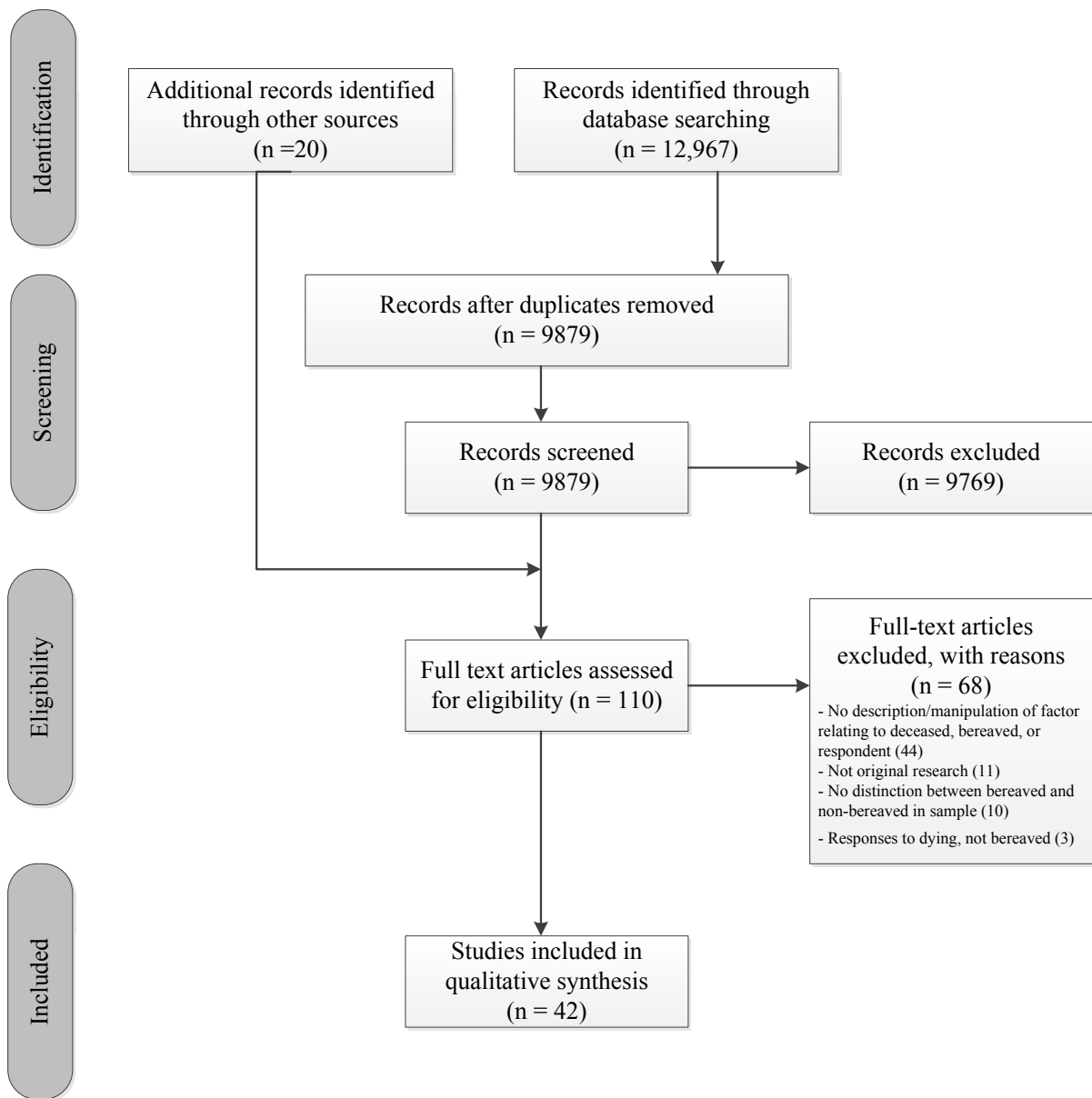
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**Figure 1.** PRISMA flow chart of study selection and results.

**Table 1.** Summary of studies examining the effect of bereaved-related determinants on community responses towards bereavement.

Factor	Reference	Study designs	Sample	Quality appraisal
Gender	Cathoun et al., 1986; Calhoun et al., 1985; Costa et al., 2007; Gimm et al., 1988; Knight et al., 1998; Kubitz et al., 1989; Miller, 2014; 1989; Miller, 2014; Penman et al., 2014; Range et al., 1985; Thornton et al., 1989; Versalle & McDowell, 2004; Villa, 2010	Experimental between-subjects design ( $n=8$ ), experimental within-subjects design ( $n=2$ ), qualitative ( $n=2$ )	University students ( $n=7$ ), general citizens ( $n=2$ ), shopping mall attendees ( $n=2$ ), online responders ( $n=1$ )	.43-.90
	Time since death	Survey design ( $n=4$ ), qualitative ( $n=1$ ), experimental within-subjects design ( $n=1$ ), experimental between-subjects design ( $n=1$ )	University students ( $n=4$ ), supporters of someone bereaved by SIDS or young suicide ( $n=1$ ), parents of school-aged children ( $n=1$ ), online responders ( $n=1$ )	.68-.94
Relationship to deceased	Costa et al., 2007; Dyregrov, 2005; Garson, 1994; Miller, 2014; Penman et al., 2014; Vickio et al., 1990	Experimental between-subjects design ( $n=2$ ), qualitative ( $n=1$ ), experimental within-subjects design ( $n=1$ ), survey design ( $n=1$ )	Sample size range: 9 to 348	
	Perception of coping	Costa et al., 2007; Miller, 2014; Reynolds & Cimbalic, 1988; Robson & Walter, 2012; Thornton et al., 1991	University students ( $n=4$ ), general citizens ( $n=1$ ) Sample size range: 9 to 161	.43-.94
	Kubitz et al., 1989; Rosenberger, 1996	Experimental between-subjects design ( $n=2$ ),	University students ( $n=2$ ) Sample size range: 159 to 172	.61-.68

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Perceived social support	Costa et al., 2007; Villa, 2010	Qualitative ( $n=2$ )	University students ( $n=2$ ) Sample size range: 9 to 25	.85-.90
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**Table 2.** Summary of studies examining the effect of decedent-related determinants on community responses towards bereavement.

Factor	Reference	Study designs	Sample	Quality appraisal
Cause of death	Allen et al., 1993; Calhoun et al., 1986; Calhoun et al., 1984; Calhoun et al., 1980; Calhoun et al., 1982; Calhoun et al., 1985; Ginn et al., 1988; Knight et al., 1998; Penman et al., 2014, Range et al., 1985; Range & Thompson, 1987; Rudestam & Imbroil, 1983; Sand et al., 2013, Thompson & Range, 1990; Thornton et al., 1989, Villa, 2010, Yamanaka, 2015	Experimental between-subjects design ( $n=13$ ), survey design ( $n=4$ ), qualitative ( $n=1$ )	University students ( $n=11$ ), shopping mall attendees ( $n=4$ ), general citizens ( $n=2$ ), online responders ( $n=1$ )  Sample size range: 25 to 348	.43-.90
	Anticipation of death	Costa et al., 2007; Kubitz et al., 1989; Range & Thompson, 1987; Range et al., 1992; Thompson & Range, 1990	Experimental between-subjects design ( $n=3$ ), qualitative ( $n=1$ ), survey design ( $n=1$ )  Sample size range: 9 to 172	University students ( $n=5$ )  Sample size range: 9 to 172
Gender	Calhoun et al., 1979; Calhoun et al., 1980; Lester, 1990; Sand et al., 2013	Experimental between-subjects design ( $n=4$ ), survey design ( $n=1$ )	University students ( $n=2$ ), general citizens ( $n=2$ ), church attendees ( $n=1$ )  Sample size range: 50 to 253	.54-.94



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Age	Range et al., 1985; Thornton et al., 1989	Experimental between-subjects design ( $n=2$ )	University students ( $n=1$ ), shopping mall attendees ( $n=1$ )	.43-.61
			Sample size range: 89 to 90	
Motive for suicidal death	Calhoun et al., 1979; Lester, 1990	Experimental between-subjects design ( $n=2$ )	University students ( $n=1$ ), church attendees ( $n=1$ )	.54-.57
			Sample size range: 91 to 127	

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**Table 3.** Summary of studies examining the effect of respondent-related determinants on community responses towards bereavement.

Factor	Reference	Study designs	Sample	Quality appraisal
Gender	Alford & Catlin, 1993;	Experimental between-subjects design ( <i>n</i> =10), survey design ( <i>n</i> =7), experimental within-subjects design ( <i>n</i> =1), qualitative ( <i>n</i> =1)	University students ( <i>n</i> =10), general citizens ( <i>n</i> =4), shopping mall attendees ( <i>n</i> =3), church attendees, ( <i>n</i> =1), parents of school-aged children ( <i>n</i> =1), high school students ( <i>n</i> =1)	.46-.95
	Allen et al., 1993; Bath, 2009; Blair, 2003;			
	Calhoun et al., 1986;			
	Calhoun et al., 1979;			
	Calhoun et al., 1980;			
	Calhoun et al., 1982;			
	Calhoun et al., 1985;			
	Garson, 1994; Knight et al., 1998; Lester, 1990;			
	Marwit & Carusa, 1998; Minamizono et al., 2008; Nathan, 1999;			
	Range et al., 1985;			
Bereavement history	Rudestam & Imbroil, 1983; Sand et al., 2013;	Survey design ( <i>n</i> =6), qualitative ( <i>n</i> =1)	University students ( <i>n</i> =6), high school students ( <i>n</i> =1)	.68-.95
	Versalle & McDowell, 2004; Villa, 2010			
	Alford & Catlin, 1993;			
	Bath, 2009; Blair, 2003;			
Normative beliefs	Egnoto et al., 2014;	Survey design ( <i>n</i> =3), qualitative ( <i>n</i> =1)	Sample size range: 23 to 349	.68-.95
	Nathan, 1999; Tedrick Parikh & Servaty-Seib, 2013; Villa, 2010			
	Bath, 2009; Garson, 1994; Tedrick Parikh &			

	Servaty-Seib, 2013; Villa, 2010		Sample size range: 23 to 160
Current bereavement status	Lehman et al., 1986; Thompson & Range, 1990; Wagner & Calhoun, 1991	Survey design ( $n=2$ ), experimental between-subjects design ( $n=1$ )	University students ( $n=1$ ), suicide survivors and their social networks ( $n=1$ ), bereaved individuals and matched controls ( $n=1$ )  Sample size range: 22 to 194
Age	Blair, 2003; Minamizono et al., 2008	Survey design ( $n=2$ ),	University students ( $n=1$ ), general citizens ( $n=1$ )  Sample size range: 349 to 5154
Familiarity with cause of death	Minamizono et al., 2008; Rudestam & Imbroll, 1983	Survey design ( $n=1$ ), experimental between subjects design ( $n=1$ )	General citizens ( $n=1$ ), shopping mall attendees ( $n=1$ )  Sample size range: 80 to 5154

**Supplementary Table 1.** Full summary of included studies.

Author(s) and year	Study design	Sample	Factors	Outcomes	Quality appraisal
Alford & Catlin (1993)	Survey design	N = 250 American and Spanish university students	Country of residence, gender of the respondent, bereavement history	Effects of grief on emotions, beliefs, attitudes, self-esteem, trust, and beliefs	.73 (quantitative) .70 (qualitative)
Allen et al. (1993)	Survey design	N = 60 US university students	Cause of death, gender of the respondent	Likeability, blame attribution, shame attribution, and difficulty of encounter	.57 (quantitative) .55 (qualitative)
Bath (2009)	Survey design	N = 160 US university students	Gender of the respondent, bereavement history, past experience supporting bereaved, behavioural beliefs, control beliefs, normative beliefs	Intentions to support bereaved	.95
Blair (2003)	Survey design	N = 349 US university students	Respondent age, gender of the respondent, race, bereavement history, coping style	Responses to the bereaved (facilitative/non-facilitative)	.68
Calhoun et al. (1986)	Experimental design (between-subjects)	N = 237 (study one) and 126 (study two) US university students	Gender of the respondent, gender of the bereaved, cause of death	Appropriateness of supportive behaviours towards bereaved	.54
Calhoun et al. (1984)	Survey design	N = 35 US university students	Cause of death	Description of the bereavement and general perceptions of bereavement	.60 (quantitative) .65 (qualitative)

Calhoun et al. (1979)	Experimental design (between-subjects)	N = 127 US church attendees	Gender of the respondent, gender of the decedent, locus of control, motive for suicidal death	Reactions to bereaved, and expected tension and embarrassment in responding to bereaved	.57
Calhoun et al. (1980)	Experimental design (between-subjects)	N = 119 US citizens	Gender of the decedent, gender of the respondent, cause of death	Psychological disturbance, likeability, blame attribution, duration of sadness, expected tension visiting the bereaved, and difficulty expressing sympathy	.57
Calhoun et al. (1982)	Experimental design (between-subjects)	N = 148 US citizens recruited at a shopping mall	Gender of the respondent, cause of death	Psychological disturbance, blame attribution, and likeability	.57
Calhoun et al. (1985)	Experimental design (between-subjects)	N = 120 US citizens	Gender of the respondent, gender of the bereaved, cause of death	Duration of psychological recovery, psychological disturbance, discomfort visiting the bereaved, appropriateness of responses towards the bereaved, blame attribution, expectation of other supporters, and preventability of death	.57
Costa et al. (2007)	Exploratory qualitative	N = 9 Australians recruited through a university and local council	Gender of the bereaved, bereaved age, bereaved religion, relationship to the deceased, perceived social support, time since death, anticipation of death	Evaluations and expectations of grieving style	.85

Author (Year)	Survey design	N	Time since death	Content of support, positive and negative experiences supporting, and perceived effect of support efforts	Quantitative/Qualitative
Dyregrov (2005)	Survey design	N = 100 Norwegian adults who had supported someone bereaved by SIDS or young suicide			.94 (quantitative) .90 (qualitative)
Egnoto et al. (2014)	Survey design	N = 270 US university students who use social networking sites	Bereavement history, religion	Self-based motivations for online posting, other-based motivations for online posting, perceived normalcy of online posting, and condolence giving	.82
Garson (1994)	Survey design	N = 75 US parents of school-aged children	Gender of the respondent, time since death, affective response of bereaved and respondent, perceived consequences of support, normative beliefs	Expectations of grief, and intentions to support bereaved	.68
Ginn et al. (1988)	Experimental design (between-subjects)	N = 120 US citizens recruited at a shopping mall	Cause of death, bereaved gender	Psychological disturbance, likeability, blame attribution, duration of sadness, preventability of death, difficulty expressing sympathy to bereaved, expected tension visiting the bereaved, shame attribution, expectations of the bereaved's behaviour, and perception of mental health supports for bereaved	.61

Knights et al. (1998)	Experimental design (between-subjects)	N = 198 US university students	Gender of the bereaved, gender of the respondent, cause of death	Helpfulness of support-intended statements	.68
Kubitz et al. (1989)	Experimental design (between-subjects)	N = 172 US university students	Perception of coping, gender of the bereaved, anticipation of death	Social distance	.68
Lehman et al. (1986)	Survey design	N = 194 bereaved US citizens and matched controls	Current bereavement status	Intentions to support the bereaved, beliefs about recovery and acceptance, and perceptions of helpful and unhelpful supports	.77 (quantitative) .85 (qualitative)
Lester (1990)	Experimental design (between-subjects)	N = 91 US university students	Gender of the respondent, gender of the decedent, motive for suicidal death	Perceptions of responsibility, blame attribution, difficulty expressing sympathy to the bereaved, and psychological disturbance	.54
Marwit & Carusa (1998)	Survey design	N = 120 US university students	Gender of the respondent	Helpfulness of supported-intended statements	.68
McEvoy & Smith (2005)	Survey design	N = 38 Irish parents and relatives of individuals with an intellectual disability	Disability	Perceptions of experiences of and reaction's to bereavement, opinions on intervention and support, beliefs about the grieving process in individuals with intellectual disabilities	.70 (quantitative) .55 (qualitative)

Miller (2014)	Experimental design (within-subjects)	N = 161 US university students	Time since death, relationship to the deceased, gender of the bereaved	Appropriateness of grief reactions and post-bereavement behaviours	.73
Minamizono et al. (2008)	Survey design	N = 5154 Japanese citizens recruited by postal survey	Gender of the respondent, respondent age, depressive symptomatology, familiarity with cause of death, education level	Attitudes towards those bereaved by suicide and perceptions of suicide prevention and the promotion of mental health in the community	.82
Nathan (1999)	Survey design	N = 97 US high school students	Gender of the respondent, past history of counselling, bereavement history, country of birth, income	Empathy for bereavement	.77
Penman et al. (2014)	Experimental design (between-subjects)	N = 348 adults recruited internationally	Time since death, gender of the bereaved, cause of death	Expectations of grief symptomatology, and social distance	.77
Range et al. (1985)	Experimental design (between-subjects)	N = 90 (study one) and 90 (study two) US citizens recruited at a shopping mall	Decedent age, gender of the respondent, gender of the bereaved, cause of death	Psychological disturbance, likeability, blame attribution, duration of sadness, expected tension visiting the bereaved, and difficulty expressing sympathy to the bereaved	.61
Range & Thompson (1987)	Survey design	N = 83 US university students	Cause of death, anticipation of death	Responses to bereavement, perceived adjustment of the bereaved person	.73



Range et al. (1992)	Experimental design (between-subjects)	N = 141 US university students	Anticipation of death	Helpfulness of support-intended statements	.50
Reynolds & Cimboric (1988)	Experimental design (between-subjects)	N = 60 US university students	Recipient of information about suicide, relationship to the deceased	Likeability, psychological disturbance, blame attribution, feelings towards the bereaved, expected tension when visiting the bereaved, and difficulty expressing sympathy to the bereaved	.61
Robson & Walter (2012)	Survey design	N = 50 UK citizens	Relationship to the deceased	Expected intensity and duration of grief	.94
Rosenberger (1996)	Experimental design (between-subjects)	N = 159 US university students	Perception of coping	Appropriateness of grief reaction, role functioning, recommended help sources, intentions to support, expectations of others' support, social distance, and expected discomfort when responding to the bereaved	.61
Rudestam & Imbroli (1983)	Experimental design (between-subjects)	N = 80 US citizens recruited at a shopping mall	Gender of the respondent, cause of death, parenting status, familiarity with cause of death	Emotional disturbance, blame attribution, intentions to support, expected tension and discomfort in visiting the bereaved, and difficulty expressing sympathy to the bereaved	.46

Sand et al. (2013)	Experimental design (between-subjects)	N = 253 US university students	Cause of death, gender of the decedent, gender of the respondent	Characteristics attributed to the deceased, and intentions to support the bereaved	.75
Tedrick Parikh & Servaty-Seib (2013)	Survey design	N = 23 US university students	Bereavement history, normative beliefs, perceived capacity to respond	Positives and negatives of various supportive behaviours	.88 (quantitative) .75 (qualitative)
Thompson & Range (1990)	Experimental design (between-subjects)	N = 92 US university students	Current bereavement status, cause of death, anticipation of death	Perceived impact of event, prediction of post-bereavement outcome, perceived social support	.62
Thornton et al. (1991)	Experimental design (between-subjects)	N = 96 US university students	Relationship to the deceased	Personal role functioning, social role functioning, severity of griever's reaction, usefulness of help sources, perception of available social support, and methods of expressing sympathy	.43
Thornton et al. (1989)	Experimental design (between-subjects)	N = 89 US university students	Gender of the bereaved, cause of death, age of decedent	Personal role functioning, social role functioning, perceived responsibility, psychological disturbance, severity of grief reaction, duration of grief, usefulness of help sources	.43
Versalle & McDowell (2004)	Experimental design (within-subjects)	N = 106 US citizens recruited through churches,	Gender of the bereaved, gender stereotypes of grief,	Sympathy for the target figure and appropriateness of the grief response	.75

		civic organisations, and retirement communities	gender of the respondent, sex role of respondent	
Vickio et al. (1990)	Survey design	N = 123 US university students	Time since death	Duration of grief, expected emotional and physical reactions, expected impact of grief on relationships, methods of coping with grief, and emotional reactions of respondent
Villa (2010)	Exploratory qualitative	N = 25 US university graduates and older adults recruited through agencies	Cause of death, relationship between respondent and bereaved, normative beliefs, perceived social support, bereavement history, gender of the bereaved, gender of the respondent	Expectations of others' reactions towards the bereaved, intentions to support, and motivations/influences for offering social support
Wagner & Calhoun (1991)	Survey design	N = 22 US survivors of suicide bereavement and members of their social networks	Bereavement status	Social support, supportive gestures, frequency of supportive activities, and perceived recovery
Yamanaka (2015)	Survey design	N = 134 Japanese university students	Cause of death	Psychological disturbance, blame attribution, expected tension when visiting the bereaved, sympathy for the bereaved, and attributes of the bereaved