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Informal social support following bereavement: A scoping review of provider and recipient perspectives of helpful and unhelpful interactions

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ABSTRACT

Informal social support can both aid coping and be a source of distress following bereavement, prompting calls for investigating the features inherent in interactions between informal social supporter providers and the bereaved. Studies were identified by searching Medline, PsycINFO, CINAHL, ProQuest, and ProQuest (dissertations and theses) to 18th January 2024. A total of 23 papers underwent quality appraisal and data extraction. Intended supportive interactions were significantly associated with perceived supportive interactions in 93% of the 14 quantitative studies. A narrative synthesis identified key components of helpful (e.g., aligning with the needs of the recipient) and unhelpful informal social support (e.g., provider discomfort). These results are incorporated into a proposed Interaction Model of Informal Social Support following Bereavement (IM-ISSB) to integrate the identified factors associated with helpful and unhelpful informal social support. This model presents a novel approach to understanding support interactions following bereavement.

Bereavement, the experience of losing a loved one to death, is widely recognized as one of life's most severe stressors (Holmes & Rahe, 1967). This profound loss often leads to significant biopsychosocial consequences, including disruptions in immune systems (Knowles et al., 2019), an increased risk of cardiovascular disease (Mostofsky et al., 2012), and higher morbidity (Shor et al., 2012). Bereavement also precipitates psychological issues, such as emotional dysregulation (Titlestad et al., 2020) and prolonged grief disorder (Lundorff et al., 2017). Additionally, there can be financial hardship (Stephen et al., 2015).

Bereaved individuals typically employ various coping strategies to manage their distress, with social support seeking being a primary strategy (Cohen & Wills, 1985). The literature consistently identifies the beneficial effects of social support for grief and fostering psychological adaptation to bereavement (e.g., Aoun et al., 2015; Chen, 2022; Lobb et al., 2010; Schoonover et al., 2022; Scott et al., 2020). However, despite its recognized importance, social support can paradoxically exacerbate psychological distress (Bolger

& Amarel, 2007), with one-third of grieving individuals reporting disappointment due to unmet expectations or insufficient support (Aoun et al., 2020). This contradiction underscores the complex and multifaceted nature of social support, especially in the context of bereavement, revealing a critical gap in understanding how these interactions can both help and harm those who are grieving. Further, the literature identifies the bereaved as predominantly relying on their social networks for support (e.g., Aoun et al., 2015), yet there is a paucity of studies (both in number and methodological rigor) that detail how and why social support is perceived as helpful or unhelpful (Logan et al., 2018).

Cobb (1976) originally defined social support as information that helps individuals feel cared for, valued, and connected in a network of mutual obligations. Despite extensive research in bereavement contexts, social support remains inconsistently conceptualized, defined, and measured (Scott et al., 2020). Wang et al. (2017) identified 11 distinct conceptualizations, highlighting the field's complexity and diversity. This is further complicated by numerous

measurement methods, each emphasizing different aspects and psychometric qualities (Scott, 2021).

Social support is broadly categorized as informal or formal. Informal support includes instrumental, emotional, and informational assistance from one's social network (family, friends, colleagues), whereas formal support comes from professionals like psychologists (Aoun et al., 2018). Informal support is seen as the main alleviator of bereavement-related distress (Chen, 2022; Lobb et al., 2010; Scott et al., 2020). Researchers distinguish between received support (actual support provided) and perceived support (satisfaction with available support) (Kaplan et al., 2022). The challenge is aligning these elements as debates continue whether broad measures capture the key components of effective support for psychological well-being (Hupcey, 1998; Scott et al., 2020).

The informal social support process is influenced by factors related to the deceased, the bereaved, and the support provider (Logan et al., 2018). Effective support requires the provider to understand the bereaved's needs and offer support that the bereaved recipient perceives as helpful (Rando, 1993). However, this process often falters: providers may lack empathy, offer empty gestures, avoid the bereaved, feel unsure how to help, and be concerned about protecting the privacy of grievers (Breen, 2021; Breen & O'Connor, 2011; Grindrod & Rumbold, 2018; Logan et al., 2018). Providers may also struggle with their emotions, and some bereaved individuals find it difficult to recognize, request, or accept support (Breen et al., 2017; Smith et al., 2020).

Thus, informal social support can aid in coping with bereavement or add to distress. Although most studies focus on the bereaved's support needs (e.g., Schoonover et al., 2022), few examine the support provider's experience. Research shows that providers' anxiety and fear can hinder effective support, leading to negative outcomes for the bereaved (e.g., Dungan et al., 2021; Hooghe et al., 2011; Toller, 2005). Scholars have called for more research to understand informal support mechanisms from both recipient and provider perspectives (e.g., Dyregrov et al., 2018; Hupcey, 1998; Lehman et al., 1986).

Several models of social support following bereavement (e.g., Baddeley & Singer, 2009; Dyregrov, 2004; Li & Chen, 2016; Maciejewski et al., 2022; Stelzer & O'Connor, 2021) emphasize specific aspects of support but often fail to capture its full complexity. They may focus narrowly on negative outcomes (Dyregrov, 2004), predefined roles (Maciejewski et al., 2022), personal emotional regulation (Stelzer & O'Connor, 2021), or certain forms of expression (Baddeley & Singer, 2009),

and overlook the evolving and interactive nature of support. These limitations highlight the need for a dynamic, reciprocal framework that addresses both the support provider and recipient experience, accentuating how relationships adapt and mutually influence one another throughout the support process.

Hupcey (1998) first proposed the need for an interactional model of bereavement support, arguing that traditional models neglect the bereaved's active role. This model would recognize support as a two-way process, with mutual influence between the bereaved and their networks. Dyregrov et al. (2018) sought to capture these relational dynamics using Relational Regulation Theory (Lakey & Orehek, 2011) but faced limitations due to cultural constraints, focus on post-trauma, and bias toward positive support. These issues underscore the need for a flexible, dynamic framework to understand bereavement support better.

Therefore, we aimed to address the constraints of current models by increasing the understanding of the complexities of interactions between informal social support providers and bereaved recipients. Importantly, we were intentional in ensuring that both provider and recipient perspectives were considered whether based on real experiences or hypothetical scenarios. Given the scarcity of studies that equally incorporated both provider and recipient perspectives of informal social support following bereavement, including studies with hypothetical scenarios was the only viable approach to ensure both perspectives were represented in the review. The inclusion of hypothetical perspectives in the studies offered several important advantages. For instance, hypothetical scenarios provide insight into how individuals expect to give or receive support following bereavement. As such, these studies could reveal underlying assumptions, beliefs, and norms that influence actual behavior in real-life support interactions. Including hypothetical perspectives could assist in identifying potential barriers and/or facilitators to effective support provision that may not emerge in real-world studies due to social desirability bias or the limitations of actual experience. Furthermore, hypothetical studies allow researchers to control and manipulate specific variables, such as the type of support offered or the nature of the relationship between the provider and recipient, which can be difficult to achieve in observational studies. As such, the objectives of this review are to:

- a. Identify societal factors influencing the informal social support exchange process following bereavement,

- b. Identify provider and recipient attributes associated with either helpful or unhelpful informal social support interactions following bereavement, and
- c. Develop a model illustrating how societal factors and provider and recipient attributes influence helpful and unhelpful informal social support interactions following bereavement.

Methods

This scoping review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology for scoping reviews (Peters et al., 2022), preregistered with the International Platform of Registered Systematic Review and Meta-analysis Protocols (INPLASY202380067), and reported in line with the scoping review extension of the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA-ScR; Tricco et al., 2018). A preliminary search of MEDLINE, the Cochrane Database of Systematic Reviews and JBI Evidence Synthesis was conducted and no current or underway systematic review or scoping review on the topic was identified.

Search strategy

An initial limited search of Google Scholar was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy for MEDLINE, PsycINFO, CINAHL, ProQuest Central, and ProQuest Dissertations and Theses. Searches were conducted on 22nd June 2023 and 18th January 2024. The search strategy, including all identified keywords and index terms, was adapted for each included database (bereave* or grief or griev* or mourn* or death) AND (social support* or social network* or social relationship* or peer support* or family support*) AND (provider* or recipient* or interaction* or perspective*; [Supplementary Table 1](#)). The reference list of all included sources of evidence was screened for additional studies. Studies published on any date and in English language only were included.

Eligibility criteria

Inclusion and exclusion criteria were defined according to the Participants, Concept, and Context structure design (PCC; Pollock et al., 2023; [Supplementary Table 2](#)). As this is an emerging area of research, the population (aged 18+ from any country) and study

criterion (any primary quantitative or qualitative study) were kept broad. Given the varied conceptualizations in the literature of helpful and unhelpful support, the terms “intended supportive interactions” and “perceived supportive interactions” were adopted to measure the Concept parameter.

“Intended supportive interactions” were defined as the informal social support provider’s (real or hypothetical) intention to engage in a supportive interaction with a bereaved individual (real or hypothetical). Any objective or self-reported measure of an intended supportive interaction was assessed either concurrently or longitudinally. “Perceived supportive interactions” were defined as the bereaved person’s (real or hypothetical) perception of helpfulness of an informal social support interaction (real or hypothetical). This was assessed either concurrently or longitudinally. The full text of selected citations was assessed in detail against the inclusion criteria by one independent reviewer (JT), with a second reviewer (KR) assessing 10% of the articles to achieve inter-rater reliability ($\kappa = .80$). Any disagreements between reviewers were discussed until arriving at a consensus.

Data extraction

A standardized data extraction template was developed by (JT) and adapted from the Cochrane data collection grid (Higgins et al., 2023). Data extracted included specific details about the participants, concept, context, study methods, and key findings relevant to the review question. The information was entered into Microsoft Excel and Word templates for data synthesis. Study data was extracted by one author (JT) and verified by one independent rater (KR) according to the standard template which included identifying information (author, year, country), study characteristics (design, aims, sample size), population characteristics (age, gender), measurement tools used for intended and perceived supportive interactions, and findings relevant to this review’s objectives. As an emerging field, high methodological heterogeneity was anticipated. Eligible articles were grouped according to study design. All 23 articles ([Supplementary Table 3](#)) underwent this process of data extraction.

Critical appraisal of evidence

The JBI Critical Appraisal Checklists for Analytical Cross-Sectional Studies, Cohort Studies, Qualitative Research, and Quasi-Experimental Studies were used to assess the quality of the 23 articles (Aromataris et al., 2024). The function of these appraisals is to

evaluate the methodological quality of the studies and to establish whether bias in design, conduct, and analysis has been properly addressed (Aromataris et al., 2024). Each of the 23 studies was assessed against their respective appraisal checklists (Supplementary Table 4). Critical appraisal was conducted by (JT), with a second reviewer (HM) assessing 20% of the articles to achieve inter-rater reliability ($\kappa = .85$). Any disagreements between reviewers were discussed until arriving at a consensus.

Narrative synthesis

A narrative synthesis employing reflexive thematic analysis (Braun & Clarke, 2022) was conducted to account for the heterogeneity in study designs, samples, and measurements across the 23 included studies. The analysis was conducted using NVivo 14 Software, with an inductive approach to coding. The process began with familiarization with the data, where JT thoroughly read and re-read the 23 papers to immerse herself in the content. Initial codes were generated based on meaningful segments of text that related to specific references to informal social support, psychosocial outcomes, grief characteristics, or psychological adaptation. Codes were systematically applied across the dataset and were continually refined as new patterns were developed. Both semantic (e.g., helpful and unhelpful support) and latent (e.g., intra- and interpersonal attributes) themes were identified during the analysis, allowing for a comprehensive understanding of the data. The research team reviewed and organized themes to meet the review objectives (Supplementary Table 5).

The research team recognized that their subjectivity and context could influence the study. JT kept a reflexive journal, and team discussions focused on critically examining personal experiences with bereavement support. The team's diverse backgrounds enriched the analysis by highlighting both explicit content and underlying themes. An iterative coding process, supported by NVivo 14, ensured the analysis remained evidence-based rather than shaped by researcher positionings.

Results

The initial search on June 22, 2023, returned 5,068 articles. After removing 1,453 duplicates, 3,615 titles and abstracts were screened, excluding 3,414 articles and leaving 201 for full-text review. A Google Scholar search and reference list check added six more articles. Citations were imported into *Endnote*

20. Figure 1 illustrates the final identification, screening, and inclusion process according to the PRISMA-ScR flow diagram (Tricco et al., 2018). In total, 23 studies met eligibility criteria and were included in this review. An updated search was conducted on 18th January 2024, yielding 229 articles. After removing 16 duplicates, 213 articles were screened for eligibility via title and abstract. None met inclusion criteria.

Study and sample characteristics

Across the 23 studies, a cumulative sample of $N=2,479$ participants was studied (69% female, $M_{\text{age}} = 34$ years), with sample sizes ranging from 2 to 510. The studies recruited participants from the United States (65%), Norway (13%), Australia (8%), Canada (8%), and England (4%). Of the seven studies that described participants' ethnicity, all reported a predominantly ($\geq 71\%$) White/European sample. Two studies were cross-sectional, five studies were mixed methods, eight studies were qualitative, one study was longitudinal, and seven studies were quasi-experimental. There was a wide time frame between studies, ranging from 1984 to 2022. Eleven of the studies' samples were undergraduate students, one study's sample was recruited via MTurk, three of the studies' samples were the bereaved, one study's sample included support providers, six of the studies' samples included both the bereaved and support providers, and one study's sample was recruited from emergency room settings. A variety of measures was used to assess intended supportive interactions and perceived supportive interactions, ranging from standardized and non-standardized self-report questionnaires to semi-structured interviews and focus groups.

Only six (26%) of the 23 studies included the perspectives of both actual support providers and bereaved recipients in their samples (Costa et al., 2007; Dyregrov, 2004; 2006; Dyregrov et al., 2018; Urbanowicz, 1992; Wagner & Calhoun, 1992). Eleven (48%) studies included hypothetical support providers (Bath, 2009; Calhoun et al., 1984; Kahler et al., 2021; Lehman et al., 1986; Range & Thompson, 1987; Tedrick Parikh, 2014; Thompson & Range, 1991; Vickio et al., 1990; Weir, 2016; White et al., 2008; Woodford, 2002). Six (26%) studies included actual support providers (Dyregrov, 2004; 2006; Dyregrov et al., 2018; Huisman & Lemke, 2022; Urbanowicz, 1992; Wagner & Calhoun, 1992). Seven (30%) studies included hypothetical bereaved recipients (Eisenberg, 2002; Kahler et al., 2021; Piazza-Bonin et al., 2015; Scott, 2021; Vickio et al., 1990; Weir, 2016; White

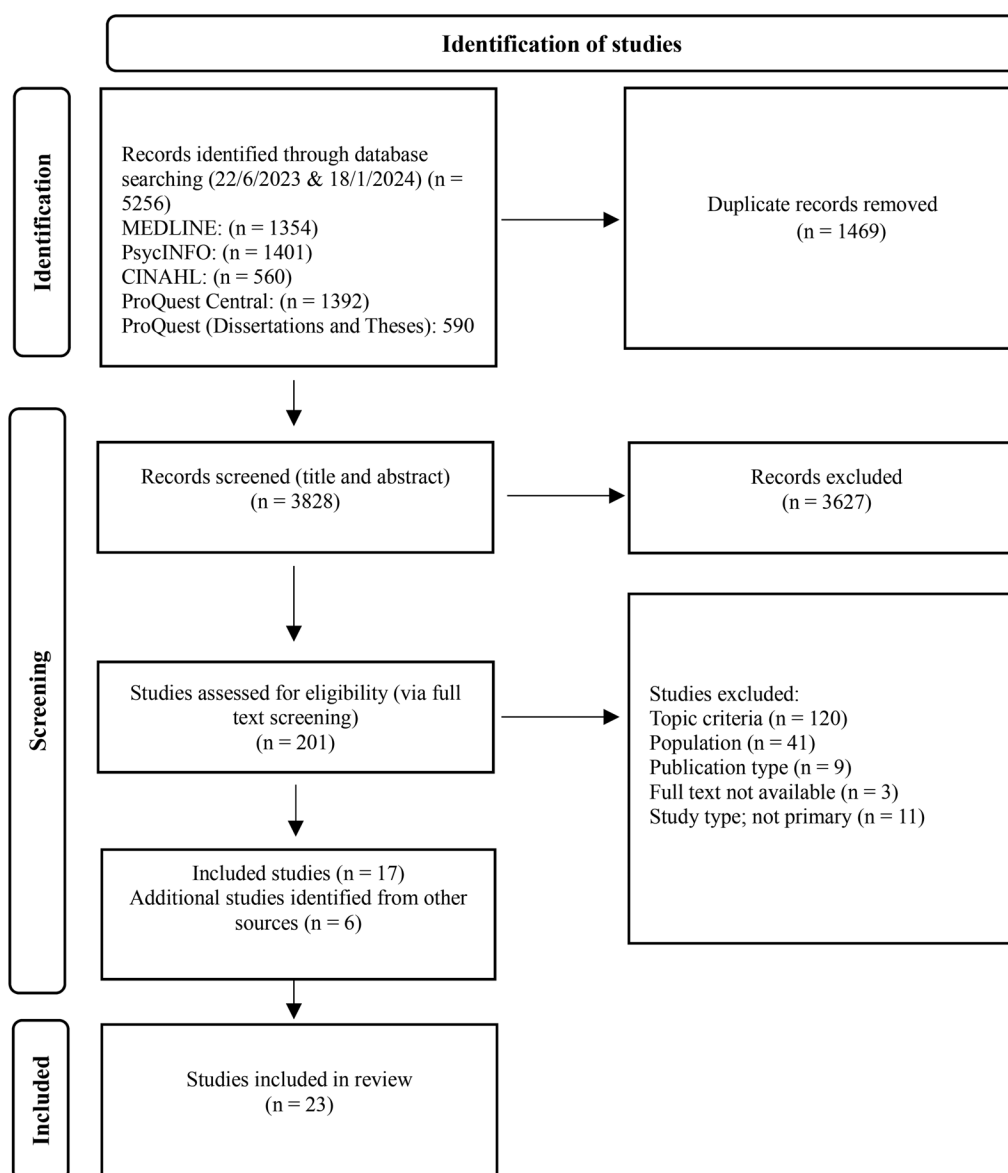


Figure 1. Scoping review PRISMA flowchart (Tricco et al., 2018).

et al., 2008). Eleven (48%) studies included actual bereaved recipients (Costa et al., 2007; Dyregrov, 2004; 2006; Dyregrov et al., 2018; Eisenberg, 2002; Huisman & Lemke, 2022; Range & Thompson, 1987; Thompson & Range, 1993; Tian, 2021; Urbanowicz, 1992; Wagner & Calhoun, 1992). As such, 17 (74%) of the 23 studies recruited both hypothetical and actual support providers and bereaved recipients in their samples to assess intended and perceived supportive interactions. Incorporating these mixed studies into the review was essential to ensure sufficient data for robust findings.

Fourteen studies used quantitative analyses that assessed intended and perceived supportive interactions with self-report tools (Bath, 2009; Calhoun et al., 1984; Eisenberg, 2002; Kahler et al., 2021; Lehman et al., 1986; Range & Thompson, 1987; Tedrick Parikh,

2014; Thompson & Range, 1991; 1993; Tian, 2021; Urbanowicz, 1992; Wagner & Calhoun, 1992; Weir, 2016; Woodford, 2002). Due to the emerging nature of this field, most quantitative studies (93%) used adapted scales to assess intended and perceived supportive interactions (Supplementary Table 6). Seven of the 14 quantitative studies used validated scales and six measured intended and perceived supportive interactions in a valid and reliable way with an average Cronbach's alpha of $\alpha = .82$, ranging from $\alpha = .68$ (fair) to $\alpha = .96$ (excellent; Cronbach, 1951). The 14 quantitative studies provided a numerical context to the association between intended and supportive interactions and were examined to give some idea of the magnitude and power of correlations as informed by Cohen's (1988) guidelines. The use of 55 scales

across the 14 quantitative papers, of which only 25% were validated, signified the plethora, variability, and psychometric weakness of measures employed to assess intended and perceived supportive interactions in bereavement.

The remaining eight qualitative studies and one longitudinal study assessed intended and perceived supportive interactions via theme detection arising from semi-structured interviews constructed and conducted by the authors, apart from Vickio et al. (1990) who used open-ended questions in a written survey, and Costa et al. (2007) and Dyregrov (2006) who conducted focus groups. The findings from all 23 studies are synthesized into the following comprehensive narrative summary.

Narrative synthesis

Conceptual and methodological heterogeneity of the quantitative studies precluded consideration of meta-analysis and necessitated narrative synthesis of all data to determine robust findings in this review. Overall, 55 themes were identified from the 23 papers, which were divided into 12 categories and separated into two overarching domains associated with informal social support in bereavement. These included (1) the societal factors influencing the support exchange process, and (2) interactions and outcomes. The interactions and outcomes domain comprised two subdomains: helpful and unhelpful. The helpful and unhelpful interactions and outcomes subdomains had three categories: provider attributes, recipient attributes, and type of interaction and resulting relationship respectively. Additionally, the provider and recipient attributes had two sub-attributes: intrapersonal and interpersonal. Below is a discussion of each domain and its related factors.

Societal factors influencing the support exchange process

The first domain concerned the societal factors influencing interactions and outcomes of informal social support. This domain was informed by the common incidence of negative affective states observed in both provider and recipient experiences of bereavement support interactions, as described in 19 studies (83%; Calhoun et al., 1984; Costa et al., 2007; Dyregrov, 2004; Dyregrov, 2006; Dyregrov et al., 2018; Kahler et al., 2021; Lehman et al., 1986; Piazza-Bonin et al., 2015; Range & Thompson, 1987; Scott, 2021; Thompson & Range, 1991; Thompson & Range, 1993; Tian, 2021; Urbanowicz, 1992; Vickio et al., 1990; Wagner & Calhoun, 1992; Weir, 2016; White et al., 2008;

Woodford, 2002). Importantly, seven (30%) of the included studies reported similarities between provider and recipient expectations of helpful support, indicating that although providers generally understood what constituted helpful support, they encountered difficulties when trying to implement it (Costa et al., 2007; Lehman et al., 1986; Thompson & Range, 1993; Urbanowicz, 1992; Vickio et al., 1990; Wagner & Calhoun, 1992; Woodford, 2002).

These findings highlighted the negative experiences that occur in bereavement support interactions, despite the shared expectations between providers and recipients on what constitutes helpful support. It may be that societal expectations adversely affect the quality and outcomes of informal social support interactions following bereavement. Since bereavement support occurs within a broader societal context, participants' thoughts, feelings, and behaviors during these interactions are likely shaped by prevailing bereavement norms. Such societal norms have a role in influencing bereavement support interactions and perceptions of helpfulness.

Interactions and outcomes

The second domain derived from the review was the interactions and outcomes between informal social support providers and bereaved recipients. This domain comprised two subdomains—helpful and unhelpful—with each subdomain including categories of provider attributes (intrapersonal and interpersonal), recipient attributes (intrapersonal and interpersonal), and type of interaction and resulting outcome.

Regarding the interactions between informal social support providers and bereaved recipients, helpful provider attributes were identified in 21 studies (91%; Bath, 2009; Calhoun et al., 1984; Costa et al., 2007; Dyregrov, 2004; Dyregrov, 2006; Dyregrov et al., 2018; Eisenberg, 2002; Huisman & Lemke, 2022; Kahler et al., 2021; Lehman et al., 1986; Tedrick Parikh, 2014; Piazza-Bonin et al., 2015; Scott, 2021; Thompson & Range, 1993; Tian, 2021; Urbanowicz, 1992; Vickio et al., 1990; Wagner & Calhoun, 1992; Weir, 2016; White et al., 2008; Woodford, 2002) and helpful recipient attributes were reported in six studies (26%; Calhoun et al., 1984; Dyregrov, 2004; Scott, 2021; Urbanowicz, 1992; Wagner & Calhoun, 1992; White et al., 2008). These provider and recipient attributes resulted in a helpful interaction reported in eight (35%) of the studies (Costa et al., 2007; Dyregrov, 2006; Dyregrov et al., 2018; Scott, 2021; Tian, 2021; Vickio et al., 1990; White et al., 2008; Woodford, 2002).

These provider and recipient attributes broadly included the provider *openly* acknowledging both their discomfort and the recipient's loss (intrapersonal; Costa et al., 2007; Dyregrov, 2006; Dyregrov et al., 2018; Scott, 2021; Tian, 2021; Vickio et al., 1990; White et al., 2008; Woodford, 2002), which facilitated support in harmony with the bereaved's needs (interpersonal; Bath, 2009; Costa et al., 2007; Dyregrov, 2004; Dyregrov, 2006; Dyregrov et al., 2018; Eisenberg, 2002; Huisman & Lemke, 2022; Lehman et al., 1986; Tedrick Parikh, 2014; Scott, 2021; Urbanowicz, 1992; Vickio et al., 1990; Wagner & Calhoun, 1992; Weir, 2016; White et al., 2008; Woodford, 2002). This resulted in the recipient feeling safe and supported during the interaction (intrapersonal; Dyregrov, 2004; Piazza-Bonin et al., 2015; Tian, 2021; Woodford, 2002), thus, allowing them to be *open* and honest (Dyregrov, 2004; Dyregrov et al., 2018; Urbanowicz, 1992; Wagner & Calhoun, 1992) and subsequently reinforcing contact with the provider (interpersonal; Dyregrov et al., 2018; Urbanowicz, 1992).

In contrast, unhelpful provider attributes were reported in 18 studies (78%; Calhoun et al., 1984; Costa et al., 2007; Dyregrov, 2004; Dyregrov, 2006; Dyregrov et al., 2018; Kahler et al., 2021; Lehman et al., 1986; Piazza-Bonin et al., 2015; Range & Thompson, 1987; Scott, 2021; Thompson & Range, 1991; Tian, 2021; Thompson & Range, 1993; Urbanowicz, 1992; Vickio et al., 1990; Wagner & Calhoun, 1992; White et al., 2008; Woodford, 2002) and unhelpful recipient attributes were identified in six studies (26%; Costa et al., 2007; Dyregrov et al., 2018; Piazza-Bonin et al., 2015; Scott, 2021; Thompson & Range, 1991; Thompson & Range, 1993). These provider and recipient attributes led to an unhelpful interaction, which was found in seven (30%) of the studies (Dyregrov, 2004; Dyregrov et al., 2018; Eisenberg, 2002; Scott, 2021; Tian, 2021; Vickio et al., 1990; Wagner & Calhoun, 1992).

These provider and recipient attributes generally included the provider feeling *anxious* interacting with the bereaved (intrapersonal; Calhoun et al., 1984; Costa et al., 2007; Dyregrov, 2004; Dyregrov, 2006; Dyregrov et al., 2018; Kahler et al., 2021; Lehman et al., 1986; Range & Thompson, 1987; Scott, 2021; Urbanowicz, 1992; Vickio et al., 1990; Wagner & Calhoun, 1992; White et al., 2008; Woodford, 2002), resulting in them either being insensitive and judgmental (interpersonal; Costa et al., 2007; Dyregrov, 2004; Dyregrov, 2006; Dyregrov et al., 2018; Range & Thompson, 1987; Scott, 2021; Thompson & Range, 1991; Tian, 2021; Urbanowicz, 1992; Vickio et al., 1990; Weir, 2016; Woodford, 2002) or *avoiding* the

bereaved altogether (Kahler et al., 2021; Scott, 2021; Urbanowicz, 1992; Wagner & Calhoun, 1992; White et al., 2008). This caused the recipient to become disappointed in the support provided (Dyregrov et al., 2018; Scott, 2021; Thompson & Range, 1991; 1993) and *anxious* their grief response did not match societal norms (intrapersonal; Costa et al., 2007; Piazza-Bonin et al., 2015), ultimately resulting in them *avoiding* the provider (interpersonal; Dyregrov et al., 2018; Scott, 2021; Urbanowicz, 1992; Thompson & Range, 1991; Thompson & Range, 1993).

Regarding the outcomes of the interactions between informal social support providers and bereaved recipients, helpful provider attributes were identified in one study (4%; Dyregrov, 2006) and helpful recipient attributes were reported in five studies (22%; Bath, 2009; Costa et al., 2007; Dyregrov, 2004; Scott, 2021; Thompson & Range, 1993). The main outcome of this helpful interaction was a *stronger relationship* between the provider and recipient which was reported in five studies (22%; Dyregrov, 2006; Scott, 2021; Vickio et al., 1990; Wagner & Calhoun, 1992; Woodford, 2002). This included the provider developing confidence in their supportive ability (intrapersonal; Dyregrov, 2006) which created closer personal ties with the bereaved (interpersonal; Dyregrov, 2006). Simultaneously, the recipient had a greater understanding of the grief process and how to successfully support others (intrapersonal; Costa et al., 2007; Dyregrov, 2004), thus facilitating empathy for, and communication with providers (interpersonal; Dyregrov, 2004; Scott, 2021).

Conversely, unhelpful provider attributes were found in three studies (13%; Costa et al., 2007; Dyregrov, 2006; Scott, 2021), and unhelpful recipient attributes were identified in five studies (22%; Costa et al., 2007; Dyregrov et al., 2018; Scott, 2021; Thompson & Range, 1991; Thompson & Range, 1993). The main outcome of this unhelpful interaction was *avoidance* by both the provider and recipient, which was reported in seven (30%) of the studies (Costa et al., 2007; Dyregrov, 2006; Dyregrov et al., 2018; Scott, 2021; Thompson & Range, 1991; 1993; Urbanowicz, 1992). This included the provider experiencing emotional, logistical, and physical strain (intrapersonal; Dyregrov, 2006; Scott, 2021), which resulted in them avoiding the recipient (interpersonal; Costa et al., 2007; Dyregrov, 2006; Scott, 2021). Simultaneously, the recipient internalized provider judgment and avoidance, which resulted in negative self-evaluations about their grief response (intrapersonal; Costa et al., 2007; Dyregrov et al., 2018) and subsequent avoidance of the provider (interpersonal;

Dyregrov et al., 2018; Scott, 2021; Thompson & Range, 1991; Thompson & Range, 1993).

Importantly, a reciprocal interaction was identified in this review, with providers and recipients typically mirroring each other's thoughts, feelings, and behavior (Dyregrov, 2004; Dyregrov et al., 2018; Eisenberg, 2002; Huisman & Lemke, 2022; Piazza-Bonin et al., 2015; Scott, 2021; Tian, 2021; Urbanowicz, 1992; Woodford, 2002). Both providers and recipients perceived the interaction as helpful when their thoughts, feelings, and behavior improved, and conversely unhelpful when the opposite occurred. For example, Dyregrov et al. (2018) reported bereaved parents appreciated network members who were honest about their discomfort but still attempted to provide support, yet were hurt by those who tried to avoid the topic. As a result, the bereaved parents reciprocated the honest providers' openness by being open themselves and avoided the avoidant providers. This relational reciprocity was a consistent theme found within the included studies.

Study quality

There was substantial variation in study quality, ranging from 55% (Piazza-Bonin et al., 2015) to 90% (Scott, 2021), with an average study quality of 74% (Supplementary Table 4). Given the limitations of the included studies, such as conceptual and operational heterogeneity of informal social support interactions, lack of psychometrically robust measures, predominantly basic statistical analyses (e.g., correlational analyses that cannot determine causation or direction), limited consideration of confounding variables, difficulty in disentangling comorbidity, and absence of representative samples, conclusions drawn from this review should be approached with caution. However, despite these limitations, each study was deemed methodologically and psychometrically adequate, considering the nascent status of this field.

Discussion

The 23 studies in this review, exclusively from Western countries, incorporated 2,479 adult participants, who were primarily White. Despite the conceptual and methodological heterogeneity of the 14 quantitative studies, all studies bar one reported a significant association between intended and perceived supportive interactions. Small-to-medium effect sizes were reported for both positive and negative associations between intended and perceived supportive interactions, depending on the variable in question. The

quantitative measurement established the connection between intended and perceived supportive interactions but could not capture the intricacies of the variables that influenced these interactions. As such, a narrative synthesis of both quantitative and qualitative data was undertaken to identify how intended and perceived interactions combined to produce either helpful or unhelpful informal social support.

The synthesis of quantitative and qualitative data identified two domains comprising an informal social support bereavement interaction: (1) societal factors, and (2) interactions and outcomes. The second domain had helpful and unhelpful components, which contained both provider and recipient attributes, delineated as either intrapersonal or interpersonal. These results are integrated into a proposed Interaction Model of Informal Social Support following Bereavement (IM-ISSB). The IM-ISSB contains two overarching domains with accompanying subdomains and factors associated with informal social support bereavement interactions as presented in Figure 2. This model endeavors to incorporate the results of the review findings with their possible theoretical foundations. It provides a potential framework for conceptualizing the characteristics of an interaction that facilitates either helpful or unhelpful informal social support following bereavement in Western society.

The IM-ISSB aims to explain the common unhelpful interactions between informal social support providers and bereaved recipients highlighted in this review, by documenting the social context in which these interactions occur. Accordingly, the first domain proposed in the model is based on Western society's bereavement norms which are typically informed by grief denial (Macdonald, 2019) and death denial (Zimmermann & Rodin, 2004). Grief denial refers to societal responses to the bereaved which appear to fear the "uncontrollable, uncontainable, and messy" attributes of grief (Macdonald, 2019, p. 126). This fear results in a societal grief-denying discourse that aims to suppress, control, and reject the existence of grief (Macdonald, 2019). Death denial, as posited by Becker (1973), has its origins in Rank's (1930) theory that unconscious forces prevent individuals from thinking about death to minimize death anxiety. As provider and recipient anxiety and discomfort are prominent in this review and repeatedly reported in the bereavement support literature (e.g., Dyregrov et al., 2018; Hooghe et al., 2011; Lehman et al., 1986; Toller, 2005), death anxiety could be hypothesized as a potential barrier to helpful interactions following bereavement.

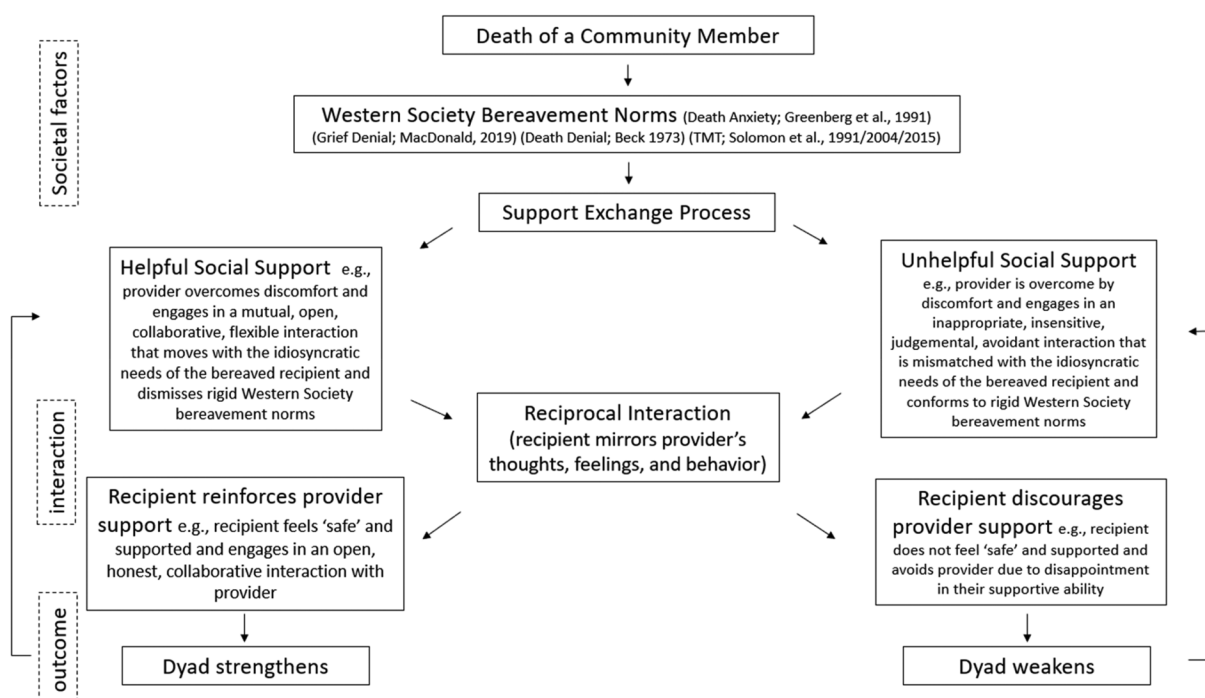


Figure 2. Proposed interaction model of informal social support following bereavement (IM-ISSB).

Death anxiety describes the distress caused by awareness of one's mortality (Greenberg et al., 1994). It is a universally experienced phenomenon (Pandya & Kathuria, 2021) and is thought to originate from ancient limbic structures that are fundamental for human survival (Panksepp, 1998). In Western culture, death anxiety is managed through systems that obscure sickness, aging, and death (i.e., death denial; Martz & Livneh, 2003) and by bereavement practices that limit mourning to short, socially accepted periods (i.e., grief denial; Gudmundsdottir & Chesla, 2006; Umphrey & Cacciato, 2011). For instance, the bereaved are expected to “recover” quickly and return to “normalcy” (Walsh, 2019). However, such expectations mean that many bereaved people are compelled to suppress their grief over time (Kenny et al., 2019). Meanwhile, informal support providers are expected to provide effective support that satisfies the bereaved's needs (Kaplan et al., 2022). Yet, providers often experience anxiety and fear during support interactions, leading to tension, problematic communication, and avoidant behavior (Dyregrov et al., 2018; Lehman et al., 1986; Moreton et al., 2023). Ultimately, providers and recipients endeavor to meet societal bereavement expectations to achieve the self-esteem typically derived from conforming to societal norms. According to Solomon et al. (1991, 2015), this social validation alleviates both the provider's and recipient's anxiety (Terror Management Theory; TMT). Conversely, low self-esteem results when providers and recipients fail

to conform to societal bereavement norms, thus intensifying their anxiety.

However, unhelpful interactions often occur when providers and recipients rigidly adhere to these norms, typically disrupting the support process. As such, societal expectations may be considered inherently unattainable because they are grounded in unrealistic views shaped by grief- and death denial, conceivably undermining the support process from the very outset. Future research confirming this interpretation is important as it could assist providers and recipients in understanding the forces underlying support exchange processes following bereavement. Qualitative, longitudinal, and experimental studies involving support provider and bereaved recipient dyads, alongside cross-sectional research, would be valuable for accomplishing this.

The second domain in the IM-ISSB attempts to delineate the specific features of interactions and outcomes between informal social support providers and bereaved recipients during the *support exchange process*. These interactions and outcomes are demarcated as either helpful or unhelpful. Consistent with the first domain of the IM-ISSB, this domain attempts to integrate the review findings with relevant theories.

Based on the review findings, the IM-ISSB proposes that the provider overcomes the discomfort generated by Western society bereavement norms and is consequently open to the needs of the recipient in a helpful informal social support interaction. This openness

could be attributed to high self-esteem according to TMT, defined as the positive self-evaluation of meeting internalized standards of a social role (Solomon et al., 1991, 2015). According to the IM-ISSB, this positive self-evaluation manifests as the provider's confidence in their ability to provide effective support, consequently increasing their self-efficacy and buffering their anxiety. These provider attributes facilitate their ability to provide *helpful social support*, including mutual, open, collaborative, and flexible communication that moves with the idiosyncratic needs of the recipient and dismisses the rigid grief- and death-denial norms that Western society uses to buffer death anxiety (i.e., the expectation of the recipient to rapidly adapt to their loss).

The IM-ISSB posits helpful informal social support produces a positive *reciprocal interaction* between provider and recipient where the recipient mirrors the provider's thoughts, feelings, and behavior. Consequently, the interaction prompts the *recipient to reinforce the provider's support* due to their positive self-evaluation resulting from the provider's supportive behavior. This positive interaction increases the recipient's self-efficacy, buffers their death anxiety, and results in a strengthened provider and recipient dyad. As the *dyad strengthens*, the provider's self-esteem and self-efficacy augment their next encounter with the bereaved recipient, further facilitating helpful social support.

Based on the review findings, in an unhelpful informal social support interaction, the IM-ISSB proposes that the provider may be overcome by the discomfort triggered by Western bereavement norms. This discomfort could be attributed to low self-esteem as defined by TMT (Solomon et al., 1991, 2015), which is the negative self-evaluation by an individual of not meeting internalized standards of their social role. According to the IM-ISSB, this negative self-evaluation manifests in the provider's perceived inability to be an effective support provider, consequently reducing their self-efficacy and exposing their anxiety. These provider attributes result in the provision of *unhelpful social support*, which is typically a mismatch between rigid Western society's grief- and death-denial norms and the idiosyncratic needs of the bereaved recipient. This unhelpful social support characteristically manifests in insensitivity, judgment, and/or avoidance of the recipient.

The IM-ISSB proposes unhelpful informal social support produces a negative *reciprocal interaction* between provider and recipient, where the recipient mirrors the provider's thoughts, feelings, and behavior. Consequently, the interaction results in the *recipient discouraging the provider's support* due to their negative

self-evaluation as provoked by the provider's unhelpful behavior. The recipient's negative self-evaluation ultimately reduces their self-efficacy and intensifies their anxiety. The negative interaction results in a weakened provider and recipient dyad, which culminates in avoidance by both parties. As the *dyad weakens*, the provider's low self-esteem and low self-efficacy impair their next encounter with the bereaved recipient, further manifesting in unhelpful social support.

Importantly, gaining comprehensive qualitative data from both providers and recipients could confirm, dispute, or broaden the proposed reciprocal nature of the bereavement support process found in this review. The understanding gained from these studies could then prompt experimental research on the role of reciprocal communication elements in bereavement support interactions.

Implications

The findings of this review, combined with an analysis of Western bereavement norms, have resulted in the development of the IM-ISSB model. The IM-ISSB contributes to bridging the gap in current conceptualizations of informal social support following bereavement. By focusing on nuanced provider and recipient attributes within Western bereavement norms, the IM-ISSB aims to enhance helpful support, reduce harmful interactions, and promote grief literacy (Breen et al., 2022), which could boost self-efficacy in both providers and recipients. This self-efficacy may counter negative societal norms and foster beneficial support outcomes. Furthermore, the IM-ISSB integrates biological, psychological, and social features, offering a comprehensive framework for bereavement support interactions.

Validating the IM-ISSB in community and clinical settings is crucial. Studies including provider-recipient dyads could clarify changes in support experiences over time and identify enduring support forms. Semi-structured interviews, both separate and joint, could clarify the reciprocal support process, allowing researchers to confirm or expand on findings. Experimental and cross-sectional studies on factors affecting support (e.g., anxiety, confidence) could reveal the impact of Western bereavement norms on informal support. Future research should also consider cultural, age, and relational influences on bereavement interactions.

Strengths and limitations

The included studies showed conceptual and operational variability and psychometric weaknesses, limiting replicability and comparability. However, most

quantitative studies reported modest effect sizes ($r = .20$ to $.30$), which, though small, can have significant real-world implications (e.g., Kotov et al., 2010). A review limitation was the reliance on hypothetical perspectives from providers or recipients due to a lack of balanced studies, underscoring the need for future research that prioritizes both perspectives equally. Additionally, all studies were from Western countries, limiting cultural diversity and calling for cross-cultural research. The review's strength lies in its dual focus on provider and recipient perspectives, the first to intentionally balance both sides of bereavement support. The developed IM-ISSB model captures the dynamic, reciprocal nature of interactions in bereavement support and acknowledges the role of cultural norms and individual differences, offering a universally applicable framework. No previous model of informal social support has addressed these interactive features.

Conclusions

This scoping review is the first to examine both the intended and perceived supportive informal social support interactions following bereavement, from the perspectives of both providers and recipients. It reveals a small to moderate reciprocal relationship between these interactions, highlighting two primary domains: societal factors that shape support exchanges and intra- and interpersonal attributes of both parties that influence outcomes. These domains support the IM-ISSB model, which uniquely accounts for Western bereavement norms, personal attributes, and the dynamics of helpful versus unhelpful support interactions. The IM-ISSB model has practical potential to inform community psychoeducation, enhancing support for the bereaved, yet future research validating the IM-ISSB in community and clinical settings is essential.

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Data sharing statement

Data is available upon reasonable request.

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