Adolescent Experiences with Death: Letting Go of Immortality

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Adolescents increasingly are exposed to death, and the quality of their grief differs from that of adults or children. This article highlights adolescent experiences with death within the context of normative developmental tasks and a consideration of ethnic and gender variations.

Risk-taking behavior among adolescents has been the subject of considerable theory and research during the past decade (Arnett & Balle-Jensen, 1993; Gibbons & Gerrard, 1995; Jessor, 1991). The counterpoint to this stream of exploration has been the efforts of other investigators to identify the factors that promote adolescent resilience to developing serious problems and engaging in excessively risky behaviors (Debold, Brown, Weseen, & Brookins, 1999; Masten, 2001; Roth & Brooks-Gunn, 2000). In light of the tension between death-defying activities, fearless notions of immortality, and unhealthy patterns of behavior on the one hand, and an increasing awareness of death, a developing sense of rationality, and the unfolding of life’s possibilities on the other hand, our chief aim in this article is to establish the context in which adolescents begin to grapple with how to construct meaning in their experiences with death as they come to realize their personal mortality. The first section of our discussion reviews the major developmental tasks and challenges of the adolescent years. Second, we highlight how these changes are reflected in adolescents’ understandings of death as well as how that may differ from the ideas of younger children and adults. Next, the nature of actual adolescent encounters with death are described. Following this analysis, we apply parallel lenses to look at adolescent grief, including similarities and differences with childhood and adulthood. Finally, the potential implications of this knowledge for intervention and clinical practice with adolescents are suggested.

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WHAT IS AN ADOLESCENT?

Although there is no universally accepted definition of adolescence, we generally refer to the second decade of life (and sometimes beyond), which includes at least 40 million individuals in this country. According to the U.S. Census Bureau (2001), there were an estimated 36.6 million 10- to 18-year-olds in the year 2000, and their diversity is comprised of approximately 63% White, 15% Black, 15% Latino, 4% Asian, 1% Native American, and 3% multiethnic individuals. It is also interesting to note that an increasing proportion of American adolescents were born in foreign countries. Lerner and Galambos (1998) have indicated that most of the research that has studied adolescents has depended upon White middle-class samples and, therefore, may be limited in generalizing to minority members. Our discussion refers to research with diverse samples, and we divide the content of the discussion into the physical, cognitive, social, and emotional aspects of development. Obviously, these categories overlap, but they can serve to organize the field and make the information more manageable for mental health counselors to apply in daily work with adolescents.

The physical changes of puberty and their consequent interpretations as body image are among the most dramatic developments of the human life span. Adolescent sexuality represents much more than a biological landmark; it has strong implications for social and emotional growth. Although the sequence of events is fairly standard, there is enormous variability in the timing of pubertal unfolding (Kipke, 1999). Variations by race or gender are not nearly as widespread as between individuals, making the advanced preparation of adolescents a challenge for parents and educators. Graber, Lewinsohn, Secley, and Brooks-Gunn (1997) have cautioned that adolescents who are significantly out of step with their peers in regard to pubertal timing, especially early maturing girls and later maturing boys, may be at greater risk for a host of psychological problems. It is an unfortunate truism that people often react to adolescents in terms of how mature they look rather than how cognitively and affectively mature they actually are.

The reactions of parents, peers, and others to an adolescent’s physical looks contribute to his or her self-perceptions of appearance. This feedback may impact upon adolescents’ decisions about participation in exercise or sports, clothing selection, make-up and jewelry, and eating behaviors. Each of these choices, in turn, influences social interactions, long-term health, sexual relationships, and self-esteem, among other possibilities. Perhaps the most widely publicized potential concern pertaining to physical development, particularly but not exclusively for girls, is the onset of an eating disorder. Striegel-Moore and Cacheflin (1999) have described, for example, the pathway from coping with early female maturation to distorted body image to anorexia or bulimia.
Although only a small percentage of 12 to 18-year-old females have been diagnosed with eating disorders, it is estimated that nearly 20% of girls may participate in unhealthy eating behaviors or the girls are otherwise heavily engaged in worrying about their physical appearance (Douchis, Hayden, & Wilfley, 2001). It is not incidental to the purposes of our analysis, of course, that the more extreme cases of eating disorders can indeed lead to death.

Adolescent cognitive development provides an important foundation for decision making in the realm of risky or unwise activities. Advances in abstract thinking, the ability to see the perspectives of others, a focus on the future, increasing capacities for problem solving, and a decline in absolutist constructions of right and wrong herald a cognitive maturity that eventually culminates in reducing risk-taking behavior. The transition toward achieving this higher level of reasoning, however, is lengthy and fraught with temporary regressions to more primitive cognitive states. Fischhoff, Crowell, and Kipke (1999) have identified a number of strategies for helping adolescents to learn to more effectively evaluate their options. For instance, parents can encourage their teenagers to seek accurate information about the actual prevalence of alcohol and drug use in order to minimize the peer pressures to engage in these risky activities. When guiding their adolescents, parents must be aware that adolescents enjoy argument as a means of practicing their logical abilities, often jump to conclusions to test their effects on listeners, actively seek to discredit or contradict adult positions to bolster their own confidence, yet still feel the need to have adults assist them in critical arenas. Adolescent competence was found to relate directly to the strength of emotional connections with their parents (Ohannessian, Lerner, Lerner, & Eye, 1998).

There are many ways in which adolescents can demonstrate their developing skills and talents. Instead of belaboring deficiencies and weaknesses, teachers and parents need to capitalize on particular areas of strength to promote further cognitive growth in adolescents. Moral judgment, in particular, may also be stimulated by modeling altruistic behavior and by encouraging volunteerism (Eisenberg, Carlo, Murphy, & Van Court, 1995). Imaginative thinking and hypothetical reasoning are not mutually exclusive with the development of logic skills. Adolescents dare to dream about all kinds of possibilities, including those that may be more controversial. Incomplete notions about the meaning of death may be part of the questioning that an adolescent experiences. Just as the uncertainty about physical change may be unsettling, the expectations for greater rationality can also be frightening. For the physically disabled, physical growth is extremely challenging; and for the learning disabled, cognitive lags may be quite traumatic. Svetaz, Ireland, and Blum (2000) have reported that rates of attempted suicide and violent behavior are higher for adolescents who are learning disabled than for the overall adolescent population.
The social world of the adolescent is heavily dominated by the peer group, but also includes the family, the school, the community, work and religious settings, and the mass media. Involvement with peer groups is a primary mechanism for establishing a sense of independence from the family, but that does not mean attachment to parents is less vital (O’Koon, 1997). Long-term evidence has also suggested that acceptance by the peer group in adolescence has implications for lowered risk of poor adjustment in adulthood (Hansen, Giacoletti, & Nangle, 1995). Peer relations seem to become increasingly more meaningful to the adolescent and typically evolve from same-sex to mixed-sex groupings to couples. Although there may be differences in friendship activities between males and females and between ethnic groups, the qualities of honesty and loyalty, and intimacy for girls, appear consistently in the literature (Clark & Ayers, 1993). The social skills to maintain friendships and to avoid isolation and rejection have been demonstrated to be helpful in minimizing delinquency, substance abuse, school dropout, and aggression (Asher & Coie, 1990). New forms of peer interaction such as computer chat rooms, e-mail exchanges, and instant messaging, as well as cyberdating romantic relationships, are ever more significant in the lives of adolescents (Roberts, 2000).

The context of family and school settings is equally important to protecting the developing adolescent from the exaggerated influence of negative peer models. Parents need to provide warmth and understanding, reasonable expectations for behavior, appropriate limits with realistic consequences, and a strong sense of involvement in their children’s lives. Likewise, teachers must be perceived as fair, concerned adults who are able to engage their students in successful achievement of their educational goals. These factors transcend specific family structure, public vs. private school, number of siblings, or teacher-student ratio. Although there is evidence that teenagers from divorced families may have more psychological problems than those from intact families (Conger & Chao, 1996) or that transitions from one school to another can be academically disruptive and lead to school disengagement (Seidman, Aber, & French, in press), there is a surprising degree of resilience for coping with difficult situations. More careful monitoring and supervision of adolescents is often required, particularly in lower socioeconomic status and dangerous neighborhoods (Leventhal & Brooks-Gunn, 2000). Each of these factors interacts with the others to impact the adolescent, may be further compromised by spending long periods at a job (more than 20 hours per week), or may be ameliorated by the positive support of religious institutions (Resnick et al., 1997), particularly for African American boys (Franklin & Franklin, 2000).

Emotional development in adolescents is typically examined with respect to constructing a sense of identity and improving self-esteem. The physical, cognitive, school, and family adjustments that adolescents encounter lead to
uncertainty about who they are and where they are going with their lives. Establishing comfortable goals and values as well as feeling generally positive about one's body, abilities, talents, and personality characteristics are long-term and complex processes. There is no single path to such emotional growth. Plateaus, declines, or improvements may occur along the way, but identity formation is considered to be the most critical task that defines adolescence (Erikson, 1968; Zimmerman, Copeland, Shope, & Dielman, 1997). Experimentation is the chief indicator of the adolescent's identity quest. So long as this exploration does not take a form that is too extreme, it suggests a healthy search for meaning and may be more beneficial in the overall maturation of the individual than a lack of taking advantage of risks and opportunities for growth.

Challenges to finding an identity may be especially burdensome for some adolescents compared to others. Although no formula for predicting such difficulties is available, variations according to gender, ethnic background, and sexual orientation have been investigated in recent years. For example, boys may need more help in controlling anger and expressing love; whereas girls may require greater support to express anger and feel accepting of their bodies. Girls may need considerable assistance to explore nontraditional careers in math and science; whereas boys may require further encouragement to employ noncompetitive strategies in striving for achievements. The values of minority cultures in the United States sometimes conflict with the dominant, White, middle-class perspective. Phinney, Cantu, and Kurtz (1997) suggest that self-esteem is higher among adolescents who identify more strongly with their ethnic background than it is for those who do not appear to be so inclined. Lesbian, gay, and bisexual adolescents have been found to be more likely to be victims of violence as well as at greater risk for suicide than heterosexual teenagers (Remafedi, French, Story, Resnick, & Blum, 1998).

Many commentators on adolescent development have described the normalcy of risk-taking behavior (Dryfoos, 1998; Hamburg, 1997; Ponton, 1997). There is more than sufficient data and media publicity on violent crime, precocious sexuality, and substance abuse to convince people to treat adolescent difficulties seriously. For instance, one-quarter of adolescents smoke cigarettes, and one-half drink alcohol regularly. More than one-third of teenagers have been in a fight during the past year, and one-half will have had sexual intercourse before graduating from high school (Kann et al., 2000). Some of the theories on the sources of risky behavior include the need for exhilaration (Arnett & Balle-Jensen, 1993), peer pressures and group status (Jessor, 1991), and the romanticizing of adult behavior (Gibbons & Gerard, 1995). The adolescents who warrant the greatest concern, however, are those who engage in multiple, repeated risky behaviors rather than those who experiment only briefly and occasionally (Lerner & Galambos, 1998).
ADOLESCENT UNDERSTANDINGS OF DEATH

Throughout life, people struggle to understand death. At the least, a basic understanding of death involves five principal concepts (Brent & Speece, 1993; Corr, 1995): universality (i.e., all people die); irreversibility (i.e., once truly dead, the physical body can never be brought back to life); nonfunctionality (i.e., the living body ceases to engage in activities associated with life); causality (i.e., what truly brings about death); and noncorporeal continuation (i.e., existing in some form after the death of the physical body). Research has shown that children arrive at a mature approach to such concepts at approximately 7 to 9 years of age (Brent & Speece; Nagy, 1948), although experience with death can certainly speed up the timetable (Bluebond-Langner, 1978; Silverman, 2000). These concepts are linked to cognitive development, so it is no surprise that the formal operational thinking of adolescents affords them the opportunity to consider death anew on abstract and hypothetical levels (Koocher, 1974; Noppe & Noppe, 1996). However, it would be wrong to assume that their “mature” concept of death is the same as adults. Adolescents view death through the lens of wisdom accrued through the myriad of life experiences associated with expanded interactions with different people, work settings, and family relationships. Although privy to much knowledge about death through instant communication and increasingly exposed to death, adolescents do not have the social or emotional maturity to fully incorporate and process these experiences into a coherent world view (Rowling, 2002). The purpose of illuminating the tensions that hinder adolescents from dealing with death is not to have adults treat them as children, but to offer a window into the potential ambiguities that are faced in making the transition from childhood thinking toward maturity. Again, we organize these tensions according to the physical, cognitive, social, and emotional clusters. Adult acceptance of the struggles adolescents have in dealing with death may afford some insights into their forays with risky behaviors.

Preservation of life would appear to be the natural instinct of healthy adolescents who are approaching their physical peaks (Noppe & Noppe, 1991). Does excessive risk taking suggest that feeling immortal is the dominant perspective of adolescents? Is it, instead, possible that what is really occurring is that fear of mortality is driving adolescents to test the limits of life by tempting fate with activities that only seem to beg for death? The closer to the edge that one goes, the greater the thrill of defeating death. This defiance may gradually help to overcome the expectation that death is always an instant away. Despite the knowledge that death is inevitable and closer each day, learning to cope with this idea is done by living life to the fullest, which inherently has some risks. Adolescents, consciously or otherwise, may pursue this ambiguity to a greater extent than children or adults, in part, due to brain
development that enhances the need for excitement (Spear, 2000). The overall vibrancy of adolescent biological transformation, exactly the opposite of death, spurs positive feelings that contradict the unnatural causes of death (e.g., accidents, suicide, and homicide) that account for a large proportion of teenage demise (Kann et al., 2000).

Physical risk allows the adolescent to cheat death and simultaneously earn social approval (Noppe & Noppe, 1996). Reckless driving, binge drinking, diving off high cliffs, trying dangerous drugs, fist fighting, highly restrictive eating, using deadly weapons, feats of athletic endurance without proper training, or even thinking about and planning such actions may provide an outlet for dispelling the tensions between fear of death and the embracing of life. Stress can be relieved by compulsive eating, repetitive exercise, viewing extreme videos, watching others, talking with peers, or other behaviors that flirt with boundaries that are sensible and life sustaining. Sexual experimentation, within the shadow of pregnancy, abortion, STDs and HIV/AIDS, also hints at treading the line between developing physical maturity and potentially fatal consequences. Educational programs, increased condom usage, improvements in combating diseases, and related practices may have halted the progression toward increasingly unsafe activities and rising rates of alarming statistics; but these patterns of behavior are still not uncommon for too many adolescents. Adults must understand that, for a teenager, the simple act of smoking a cigarette may not merely be an attempt to gain status or to feel like a grownup but may also represent a snub of their ultimate destiny, which is to die like every other living thing.

Much has been made of the adolescent thinking process becoming more logical and systematic compared to that of children (Piaget, 1972). This cognitive sophistication serves many invaluable purposes; yet it also leads to the adolescent's contemplating death and nonexistence. The clash of life and death can be confusing and depressing for adults to confront. Why should a teenager be expected to accept such ambiguity without any difficulty? For example, in this culture, there is tension between modernist conceptions of coping with death that imply a return to normal functioning as quickly as possible and postmodern notions in which grief and romantic attachments with the bereaved are to be maintained (Stroebe, Gergen, Gergen, & Stroebe, 1992). Adolescents who are searching for their own identity may have more challenging tasks in understanding logical approaches to death and dying than younger children who function at a concrete logical level and can somewhat more easily accept the rules of life and death without being bothered by shades of gray in evaluating alternative meanings to existence. The rituals and accoutrements of death—funerals, cemeteries, and caskets—serve as appropriate distractions for dealing with a death. Adolescents cannot so readily
ignore lingering and mysterious questions of reincarnation, communication with the dead, and other spiritual concerns.

Acceptance of death as the logical conclusion to life may be an almost incomprehensible abstraction (Noppe & Noppe, 1996). In order to avoid this dreaded inevitability, an adolescent might choose to engage in risky behaviors or to play with death phenomena in a more personal manner, for instance, by writing a last will and testament, pondering a type of casket, composing funeral music or poetry, creating morbid art works, exploring internet sites that deal with death, and engaging in other related endeavors. Sometimes the abstractions or games can become quite real in that adolescents are confronted with the death of a grandparent, a friend, a pet, or other loved one. This forces them to place a temporary hold on avoiding the ultimate in despair. Even teenagers who do not directly encounter a death may consider issues like environmental destruction, nuclear warfare, international terrorism, a stray asteroid, and so forth as potential threats that worry them and make life sometimes seem to be too challenging to confront. The natural optimism of adolescents in conjunction with their egocentric perspectives, as described by Elkind's (1967) personal fable concept (in which adolescents believe “nothing can happen to me” or “getting pregnant happens to other girls”), provides a strong underlying tension between embracing life and knowledge of death.

Due to the significance of peer relations during adolescence, the absence of healthy friendships may create a form of social death (Noppe & Noppe, 1996). Isolation or rejection by peers makes the adolescent’s life appear to be meaningless and empty. This painful and dehumanizing process remains a potential threat for any adolescent. There is always a possibility, for those teenagers who have friends, to lose them or to be ostracized by them. Thus, there is a social tension that all adolescents experience at least on a subconscious level. They may do anything to retain the support of their friends, rather than face a situation of loneliness. Such alienation may lead to depression or even suicide attempts. The intense scrutiny of their peer group is what frightens adolescents who may interpret a series of small, interpersonal difficulties as painful little deaths. From their point of view, it might be preferable to go through only one, final death experience than constantly deal with the pressure of repeated instances of social misery, shame or humiliation, and anxiety.

The social contexts of adolescence are quite broad and may present conflicting norms and behavioral standards that are difficult to reconcile (Noppe & Noppe, 1996). Social tensions exist among interactions with friends, classmates, parents, teachers, siblings, and others. The correct patterns of behavior within one context may be distinctly different in another setting. If the
adolescent is caught acting inappropriately, he or she may regard the indiscrections as a form of social death. As a cover for embarrassment, therefore, exaggerated misbehaviors may create even greater social tensions. When contemporary issues of death are part of the conversations and environments of the adolescent, heightened fears and anxieties may arise. The media is filled with references to war, murder, famine, disease, abortion, the death penalty, physician-assisted suicide, accidents, and a myriad of other problems. Adolescents react to these concerns in different ways depending upon their personalities and cultural expectations. Grief, mourning, and reactions to loss exist within the contexts of community, family, religion, peer networks, and other forms of social support. The individuality of each adolescent in comprehending and coping with death is compromised by the significant ambiguities inherent in his or her total social world.

In the realm of emotional development, there are also differences between adolescents compared to children or adults (Noppe & Noppe, 1996). Younger children are not concerned with issues of identity, nor are they as dependent upon peer relationships as teenagers and, therefore, may be less impacted by the concepts of loneliness and ultimate nonexistence. Likewise, adults have a more secure sense of who they are and also are not as controlled by peer expectations as are adolescents. The hypothetical consideration of one’s own death, as part of the threads of the totality of the life cycle, cannot be a comfortable notion for an adolescent to accept. Creating a unified sense of identity and knowing who one is must be reconciled with not being at all. Adolescents encounter this dilemma in the context of a system of values, philosophy of life, and particular spiritual or religious beliefs. Sterling and Van Horn (1989) found that adolescents who were at the psychosocial moratorium, that is, at the peak of the struggle with identity formation, had the highest levels of death anxiety. Research indicates (a) that concerns about death for themselves and significant others is common amongst adolescents (Corr, Nabe, & Corr, 2003), and (b) that death anxiety is relatively high for older adolescents (Thorson & Powell, 1994). Several investigations of adolescent self-esteem, for instance, as defined by greater discrepancy between real and ideal selves (Neimeyer & Chapman, 1980), indicate that lower levels of death anxiety are associated with higher self-esteem.

Achieving a stable sense of self is facilitated by a healthy attachment to parents. With independence looming, the adolescent must negotiate some degree of detachment from the family, provoking feelings of loss. The mourning of childhood is very comparable to the death of the adolescent’s past. Coping with this type of grief forces the adolescent to transfer some elements of the parent-child relationship onto the peer network (Holmes, 1993). Secure attachments can provide an effective base for exploring the world and attempting to establish a mature identity. Adolescence is a critical transition
that marks the death of childhood and the beginnings of adult developmental stages. Emotional reactions to a loss can be devastating to the adolescent, whether the loss is the perceived detachment from parents; actual losses that are literal deaths such as the suicide of a friend; or metaphorical deaths such as breaking up with a boyfriend or girlfriend. In fact, Meshot and Leitner (1993) have observed that the extent of grief is often much stronger in teenagers than in adults. Death is a profoundly important issue for adolescents, whether it is real or merely romanticized. Plopper and Ness (1993), in a content analysis of top-40 music during the last half of the 20th century, found that songs with death-related themes were the most popular.

There is sufficient evidence that adolescents are grappling with life and death contrasts as a normal part of their development (Noppe & Noppe, 1991). Thus, these years help to construct a personal stamp on understanding death because adolescents are (a) engaging in both life affirmation and death acknowledgment, (b) questioning and assuming different belief systems regarding death and the afterlife prior to settling onto a more permanent value system, and (c) incorporating the very reality of personal mortality into their evolving sense of identity. Tensions exist between these polarities, consciously or otherwise, that are distinct for this phase of the life span. The majority of teenagers resolve such dilemmas with generally favorable and healthy outcomes as they make the transition to adulthood. Other adolescents, however, succumb to close encounters with death, if not death itself, through substance abuse, suicide, eating disorders, delinquency, gang violence, and other forms of reckless behavior. The notions adolescents have about the meaning of death, in the contexts of physical, cognitive, social, and emotional growth, highlight the challenges confronting adults and the various types of professionals who work with teenagers on a regular basis.

**ADOLESCENT EXPERIENCES WITH DEATH**

In understanding adolescents’ experiences with death, it will be helpful to consider a specific case. At 15 years old, Laura experienced her first significant death with the loss of her grandmother. In some ways it did not come as a surprise—her grandmother was in her 90s and had not come to visit for quite a while. Yet, her death caught Laura in ways that were new and unexpected, despite the hours of listening to music lyrics about death, her visit to the site of the destroyed World Trade Center, the death themes she read in her books and saw in the movies, and the death content that permeated the lines of her poetry. Laura’s grandmother’s death intensified anew a search for answers about the meaning of life, the value of religion, and the existence of an afterlife. Laura witnessed how the aftermath of death affects a close family. She became painfully aware of death’s affect on her own mother; anxious
over the unknown expectations of participating in the funeral; and self-con-
scious because her grandmother’s death distinguished her from friends not in
the throes of active grief. She was concerned about meeting many unfamiliar
people at the funeral, what to wear, and what all the funeral participants
would think of her. And her grandmother’s death temporarily halted Laura’s
desire to spend time away from her parents; rather, the death brought forth
the need to nurture and take care of them. Although Laura could openly talk
about this experience with her parents, she had other thoughts that she pre-
ferred to keep to herself. So she wrote a long essay, interspersed with poetry,
music lyrics, and insightful reflections, about her feelings about the whole
experience. For her comfort, Laura hung a sign in her room that claimed, “No
death can be as big as a life.” Laura’s concept of death had been adult-like for
several years, but her experiences and response to the loss of her grand-
mother were enmeshed with the tasks and cognitive capacities of her stage of
development, middle adolescence.

Death is commonly associated with the elderly, but it is not rare for ado-
lescents to have many encounters with death. Despite Laura’s sense that her
experience was out of the ordinary, she actually had much in common with
most adolescents her age. A rude awakening to the prevalence of death in the
lives of adolescents came from a survey of over 1,000 high school students by
Ewalt and Perkins (1979), who found that nearly 90% of their respondee
indicated that either a relative or someone else that they had cared about,
including a close friend, had died. Further research on undergraduate stu-
dents has consistently found that at least one-quarter of students surveyed
are either grieving over a deceased family member or friend (Balk, 1997;
Wrenn, 1999). In a study of over 2,000 adolescents from Northern England,
Harrison and Harrington (2001) found that only 7.6% of the teenagers they
surveyed never experienced the death of a relative, friend, or pet.
Furthermore, depression was found to be associated with the loss of a parent
or close friend, regardless of the time elapsed since the death. For the adoles-
cent, as was true for Laura, recovery from the sting of the loss of a grandpar-
ent or aging pet may be aided by the anticipation of such loss (i.e., anticipa-
tory grieving) and the fact that such deaths are considered normative.
However, when an adolescent’s parent dies, either suddenly as from an acci-
dent or from a prolonged illness, coping can be seriously comprised. Such
deaths can make the adolescent stand out as different from his or her peers;
and in the quest for acceptance, the adolescent may hide or deny his or her
feelings, not talk to anyone about the death, or be shunned by peers (Balk,
2000; Christ, Siegel, & Christ, 2002; Harrison & Harrington). Adults such as
parents and teachers frequently treat grieving adolescents in inappropriate
ways as well, because of being unaware of or insensitive to the developmen-
tal needs of the teenager. The adolescent may alternately be treated as a child,
and so not be included in the many decisions and activities surrounding the death of a parent, or be expected to assume adult responsibilities. The teenager may hear, “You are the man of the house now.” When a sibling dies, the adolescent may try to parent his or her own parents (i.e., parental caregiving) as he or she assumes responsibility for managing their grief, while neglecting his or her own (Davies, 1999).

Adolescence is a time of youthful vigor, increased physical capacity, and good health. The top three leading causes of death for adolescents in the 15 through 24-year-old age range are accidents, homicide, and suicide (Minino & Smith, 2001). It is relatively rare for an adolescent or young adult to die from a life-threatening illness. Consequently, the coping skills of bereaved adolescents are seriously tested by the trauma associated with such sudden and tragic losses of their peers. Such deaths usually lead to an intense and acute high grief reaction.

Most of the research that has been conducted on adolescent bereavement has focused on parental or sibling death (Balk & Corr, 2001; Davies, 1999), with only a little work having been done on adolescents’ responses to the death of a friend or romantic partner (Balk & Corr; Oltjenbruns, 1996; Rapheal, 1982). The death of a peer seems to have a lasting impact upon the adolescent’s life (O’Brien, Goodenow, & Espin, 1991); the adolescent may experience survivor guilt but also express a renewed appreciation of life and maturity (Oltjenbruns, 1991, 1996). However, adults may not recognize the severity of the loss to an adolescent when it is a friend who has died (Raphael). They may fail to acknowledge that a companion, source of support, age mate, or romantic partner has left a gap in their teenager’s life, and so may diminish the significance of the bereavement (Rowling, 2002). Typically, support is given to family members of the deceased friend, and the adolescent may become the forgotten griever or may try to hide his or her feelings to protect other friends or family. Thus, the adolescent grief experience becomes disenfranchised (Doka, 2002).

One other type of tragic death that has the potential to profoundly affect the adolescent, particularly in the early adolescent years, involves the loss of a famous personality or hero. Many adolescents’ first experience with grief resulted from the assassination of President Kennedy, the murder of John Lennon, or the fatal crash of Princess Diana. The shared experience of grief mitigated against the potential of disenfranchisement, but there may be differences in how one is expected to grieve in such cases. Doka (2002) refers to grieving rules as expectations of how one is supposed to behave, feel, and think in the face of death. What happens to the adolescent to whom the larger than life personality was a real, tangible figure in his or her daily life? Although the public outpouring of grief lends a temporary air of social support for the adolescent (Bull, Clark & Duszynski, 2002-2003), society’s
grieving rules may not sanction the adolescent’s intense and prolonged grief over such figures. Therefore, the sadness is kept locked away from peers and parents. Validating the significance of such public deaths for the adolescent could go a long way in promoting effective coping with the loss.

**THE NATURE OF ADOLESCENT GRIEF AND ITS MEANING FOR MENTAL HEALTH COUNSELING**

There are two major features of adolescent grief that may be distinguished as different from the grief of adults and should be recognized as normative by mental health counselors. First, it has been noted that adolescents’ grief experience is profoundly personal in nature. They grieve more intensely than adults (Christ et al., 2002; Oltjenbruns, 1996), but the grief may be expressed in short outbursts, or there may be a concerted effort to control emotions. Adolescents generally believe that their experiences are completely unique unto themselves and that everyone is paying attention to them (Elkind, 1967). Much like Laura in the example above, this sense of being alone and special leads adolescents to feel as though their grief is obvious to all but no one could possibly understand how they feel. Such beliefs may lead them either to retreat into themselves by listening to music, reading, writing, or exercising, or to enact angry or antisocial behavior (Worden, 1996). Second, their grief may follow a life-long developmental trajectory. That is, the loss may be continued to be felt throughout the teenager’s lifespan, as he or she graduates high school or college, finds a job, gets married and has children, and grows older than the parent, sibling, or friend who has died (Silverman, 2000). Thus, the relationship that ended with the death will continue on in the thoughts of the adolescent and will be reconstructed throughout the life span. Working towards closure, or putting the death behind, might not be a helpful therapeutic goal. In Laura’s case, her family presented her with a videotape of her grandparents that was filmed several years before her grandmother’s death. Laura did not look at the videotape, but she took solace in the knowledge that she could actually view her grandmother at any time. Grieving adolescents and adults commonly fear that they will forget the person who is lost. Current technology could go a long way in maintaining relationships changed through death.

Understanding these unique features of the adolescent grief experience is necessary in order to provide the social support that has been found to be very valuable in coping with loss (Oltjenbruns, 1996). Certainly adolescents are more sophisticated than children in their understanding and response to death. However, their mourning is not adult-like either. Of course, it is essential to take into consideration who died, how that person died, the significance of the relationship of that person to the adolescent, the family’s
dynamics of open or closed communication patterns, and characteristics of the adolescent. With regard to who died, Laura’s grandmother’s death was not unexpected. Although upsetting, the loss was not devastating to her.

With regard to the personal characteristics of the adolescent, self-esteem was found to be important in adolescents’ responses to loss. Balk (1990) and Hogan and Greenfield (1991) found that adolescents with lowered self-concept scores showed more problems with their grief. Gender has also been found to be an important factor to consider in the adolescent grief experience (Raphael, 1982). The ways in which male and female adolescents respond to the death of a person close to them reflects a history of gender socialization that began early in their lives. More adolescent males than females die suddenly and violently, via accidents, homicides, and suicides (Corr et al., 2003). However, no one knows if, as a consequence, teenage males more than females are grieving over the loss of their same-sex best friend. Parallels between the socialization of males into hiding emotions, being independent, and displaying aggressive behavior when upset are reflected in adolescent males’ grief reactions (Adams, 2001). Bereaved adolescent girls may express more adjustment difficulties (Servaty & Hayslip, 2001), but this may be consistent with the latitude afforded women to talk about their feelings. Oltjenbruns (1996) and Rask, Kaunonen, and Paunonen-Ilmonen (2002) found that social support was one of the most important factors in helping bereaved adolescents cope with their loss. Reaching out to others seems to be easier for females than males (Noppe et al., 2003). However, recent research on masculine models of grief suggests that grieving men seek comfort in directed activity and problem solving (Martin & Doka, 2000). It would not be surprising to observe a bereaved adolescent male avoid a support group but spend hours in competitive sports or rebuilding a car with his father. Mental health counselors, therefore, need to be conscious of the different ways adolescent males and females respond to loss and to intervention efforts.

Age is another factor that is critical for understanding adolescent bereavement and grief. A useful way to organize adolescent adjustment to loss (Fleming & Adolph, 1986; Fleming & Balmer, 1996) is to break down the long span of the adolescent years into early, middle, and late periods, with an examination of the developmental tasks of each period. According to the model of developmental tasks proposed by Fleming and his colleagues, young adolescents (i.e., ages 11 to 14 years) must learn how to emotionally separate from their parents; middle adolescents (i.e., ages 14 to 17) need to develop a sense of mastery, competence, and control; and during the late adolescent years (i.e., ages 17 to 21), the major developmental task involves forming intimacy and commitment with friends and romantic partners. Linked to these tasks are five core issues that must be addressed: emotionally separating from parents, developing a sense of mastery and control, establishing a sense of
belonging, developing a positive self-image, and creating a sense of fairness and justice. Although hints of involvement with such concerns are seen prior to adolescence and vestiges of these issues are certainly evident well into the adult years, it is during the adolescent years that they are prominent and often all-consuming, thereby highlighting what is unique about this period of the life span. It is no surprise that adolescent bereavement is also distinct from childhood or adult bereavement, primarily because of the core issues that are embedded in the grief process.

With regard to the core issue of parental separation, it is important for mental health counselors to keep in mind Silverman’s (2000) point that adolescents do not feel completely independent outside of their relationships. A death occurring just when they are trying to reallocate their emotional investment from their parents to their peers can cause the adolescent to feel incomplete. Although they may wish to pull away from their parents, they feel abandoned if they do (Rowling, 2002). Thus, the mental health counselor has the difficult task of helping the adolescent and his or her parents find the right balance between independence and control during an emotionally vulnerable time for both. Parents who are grieving are consumed by their own emotions and may be understandably unresponsive to their children. Mental health counselors who are working with adolescents may have opportunities to consult with parents and to serve to educate the family about bereavement and grief in the process of offering social support to the bereaved family. Supporting parents and family members by gently coaching them toward recognizing the need to remain available to their adolescent child and being a parent educator about adolescent grief, may be important roles for the mental health counselor.

The adolescent’s developmental tasks of feeling in control, attaining a sense of mastery, and being able to predict events are also seriously compromised by death. In a landmark longitudinal study on the effects of parental death, the “Child Bereavement Study” (Silverman, Nickman, & Worden, 1992; Silverman & Worden, 1992; Worden, 1996), children and adolescents were closely surveyed and observed for 2 years after their loss. Compared to adolescents who had not experienced the death of a parent, bereaved adolescents expressed more anxiety and fear over time and believed that their schoolwork and behavior were inferior to their peers. Perhaps the adolescent engages in risky behavior to test the limits of his or her own mortality as a way to regain a sense of mastery and control (Hogan & DeSantis, 1996). Conversely, feeling out of control may exacerbate the attitude of “Live it up today for tomorrow you may die.” Such attitudes may have serious negative consequences. Mental health counselors need to be alert to changes in behavior that signal an adolescent’s need for control. Restoring order to a life turned upside down may be accomplished by maintaining routines as much as
possible, involving adolescents in decision-making processes, and redirecting the adolescent towards more positive activities. A grieving adolescent may be resistant to the latter, unless they are tied directly to the loss itself. For example, a teenager who has lost a parent due to cancer may be interested in participating in events that raise funds for cancer research. In addition, teenagers frequently find a sense of mastery through self-expression in music, writing, or art. In the case history of Laura and her grandmother's death, controlling overwhelming feelings was attained through Laura's writing and listening to music. Musical taste aside, the mental health counselor may try to facilitate a sense of mastery by providing a safe environment for self-expression.

The normative task of creating an identity and mature self-concept can be undermined by death. This task is intimately tied to the need to be accepted and part of a peer group. Because bereaved adolescents feel different than peers who are not grieving, they may show lower levels of self-esteem, less of a sense of belonging, and become more socially withdrawn (Worden, 1996). They feel out of touch because they feel more mature than their peers. Their lack of experience may also lead them to be self-conscious and worry about how to act when they are grieving (Glass, 1991). Laura, as you may recall, felt temporarily distanced from her friends. She felt that her death experience made her grow up. Many bereaved adolescents have reported that their peer relationships have changed (Servaty & Hayslip, 2001). Thus, participating in a support group may help to remove the sense of isolation experienced by the adolescent and help to create a sense of belonging and identity. This is what may foster higher levels of self-esteem, which is crucial in helping the adolescent negotiate through grief (Balk & Corr, 2001). Although we are not advocating the use of chat rooms, carefully monitored Internet groups may be particularly appealing to this generation of adolescents, who have grown up with instant messaging and e-mail and have learned to rely on computers to maintain connection with others. Ironically, although bereaved adolescents may stand to benefit the most from peer support groups, not much information is available about such groups in the literature. Mental health counselors can consult Tedeschi (1996) for excellent advice as to how to form, facilitate, and structure support groups for bereaved adolescents.

Working with grieving adolescents is challenging. The mental health counselor must be prepared to continually keep in focus how the path of normative development may be deflected by death. Respecting the heightened cognitive powers of the adolescent is also necessary. Adolescents are notorious for constructing hypothetical, ideal worlds as they develop the capability to think in abstract ways. This increased cognitive sophistication leads adolescents to more fully anticipate the aging and death of their parents and themselves, view social isolation as a form of death, contemplate the demise of the world through war and violence, and question the continued existence of the
spiritual essence of humans and the universe. As was seen in the case of Laura, these reflections on life and death can move to the forefront of an adolescent’s concerns when he or she becomes personally involved with death.

The capacity to think in abstractions helps adolescents to move out of simple polarized thinking, but their sense of fairness and justice does not yet take into consideration the compromises demanded by the social context. Death, then, can seriously affect the adolescent’s sense of fairness and justice, especially in the case of traumatic deaths. Thus, working with bereaved adolescents involves helping them to construct a sense of order and justice even in the face of senseless acts. An important component of the grieving process is problem solving. The mental health counselor can capitalize on the increased mental capabilities of adolescents by teaching them to use cognitive strategies to problem solve. For example, the mental health counselor can ask “what if” questions; have adolescents consider the perspective of others who are bereaved, including that of the deceased; and ask adolescents to generate a number of solutions to the same problem. Such strategies may provide lifelong coping skills. Teaching problem solving, providing a sense of stability, offering the notion that crises can be overcome, maintaining a positive outlook, and ensuring that the teenager remains connected to someone can go a long way towards promoting a positive outcome.

CONCLUSION

The overall nature of adolescents’ responses to loss is intimately tied to their developmental issues. Mental health counselors are benefited by understanding how the myriad of adolescent tasks, as outlined in the first section of this article, serve as a framework for how the adolescent is affected by grief. In addition, bereaved adolescents are helped when the mental health counselor understands patterns of the grief process. Although there still is a need for more research on the long-term outcomes of the experience of death during adolescence, mental health counselors can take advantage of the accrued wisdom of those who have specifically studied and worked with bereaved teenagers. For example, successful coping involves the ability to express one’s feelings, problem solve, and rely upon sustained, supportive relationships. It appears that social support, from family and/or peers, can buffer the adolescent from the confusion, sense of isolation, and intensity of his or her grief reactions (Lattanzi-Licht, 1996; Silverman, 2000; Tedeschi, 1996). Such support is most effective when the mental health counselor validates the reality of the adolescents’ grief, even when they do their best to hide their feelings. Validation also implies the recognition that adolescents do not grieve in the same way as do adults and that their grief might be more intermittent,
intense, and overwhelming. Adolescents need to be given information, be included in discussions about illness and funeral preparations, and be reassured that those who are also grieving will not abandon them. Mental health counselors can encourage adolescents to express their grief through participating in the creative arts, maintaining tangible connections with the person who has died, and engaging in rituals (Christ et al., 2002; Noppe et al., 2003; Silverman & Nickman, 1996). Given the significance of music as an agent of peer socialization during the adolescent years, music therapy, designed specifically for bereaved adolescents, may be particularly helpful in promoting emotional expression and peer support (Shaller & Smith, 2002). Christ et al. also recommend that mental health counselors support the adolescent’s need for further maturity and independence. Both of these needs can be encouraged by suggesting positive altruistic activities to aid the adolescent in overcoming feelings of helplessness, by helping the adolescent to set appropriate limits, and by connecting him or her with professionals when grief is prolonged and self-destructive. Finally, educating the adolescent about death and dying, as well as about how people grieve, would serve as a constructive way of helping the adolescent adapt to loss (Stevenson & Stevenson, 1996; Wass, 1997).

The loss of a parent, sibling or close friend during adolescence is a life-altering event. Many adolescents feel changed for the better, show strength and maturity through loss, and draw upon their personal and social resources in effective ways. For the grieving adolescent, development involves a rocky pathway. With the compassion and understanding they have accrued from others and for themselves, adolescents will find that as they grow into adulthood, the person they have lost becomes an important component of who these adolescents become.

REFERENCES


