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Chapter 11

ADOLESCENT BEREAVEMENT

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ABSTRACT

Depending on cognitive and emotional development, an adolescent may grieve very differently than a child or an adult. While mature enough to understand death's irreversibility, adolescents may not fully comprehend the enduring consequences of a loved one's death. As the desire to separate from their families and forge new intimate relationships with peers assumes increasing priority, adolescents can seem egocentric in their reaction to death, a response which often frustrates and perplexes adults. Because volatile behavior is characteristic of adolescence, health providers struggle to differentiate between normal and complicated bereavement. Here we review the commonly-accepted characteristics of normal and complicated grief for both early and middle adolescents and consider factors which influence adolescent bereavement, such as the relationship with the deceased, the circumstances of the death, and religious and cultural implications.

INTRODUCTION

Bereavement can be said to "encompass the entire experience of family members and friends in the anticipation, death and subsequent adjustment to living following the death of a loved one" (1). While much has been published regarding adult and child bereavement, however, there exists relatively little information regarding the bereavement of adolescents.

There is disagreement over what exactly constitutes normal adult bereavement, but at least three fundamental "tasks" have been identified: acknowledging the death, working through the pain, and finally accommodating the death (2).

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Acknowledging the death involves coming to terms with the circumstances and irreversibility of the death, a task which is relatively straightforward for adults, who possess the cognitive abilities to understand the causes and nature of death. Working through the pain is characterized by emotions such as sadness, anger, guilt, anxiety, helplessness, yearning, emancipation, and numbness, as well as physical symptoms such as chest tightness, stomach hollowness, heightened sensitivity to noise, shortness of breath, weakness, fatigue and dry mouth (3). During this phase the bereaved may also experience altered thought patterns such as disbelief, confusion, forgetfulness, decreased concentration, preoccupation, depersonalization, or even hallucinations in addition to behavioral changes like sleep disturbances, appetite changes, withdrawal, restlessness, and crying (3). Finally, the task of accommodating the death is marked by task reassignment (both day-to-day and emotional), redefinition of self, and ultimately the resumption of life cycle tasks (3). This task is also known as reconstitution, which when successful “results in decrease in the frequency and intensity of grief and a gradual return to previous levels of functioning”(4). Most adults accomplish reconstitution within 6 – 12 months of a loved one’s death.

BEREAVEMENT IN ADOLESCENCE

The death of a loved one takes a considerable emotional toll on normally-functioning adults, but the effects are typically more pronounced in adolescents, as “coping with death and grief is not a normative life transition for an adolescent” (5). While children and adolescents must progress through the same bereavement tasks as adults, their unique psychological defenses and cognitive and emotional development affect their expression of grief (3).

In general, children and adolescents experience the intense emotions of bereavement in shorter episodes than adults, punctuated by periods during which they resume normal activities (4). Because they are still developing, they may struggle with the already cyclical nature of grief more than adults as “each new developmental step requires children to reinterpret the death” based on new cognitive or emotional understandings (3). Thus the grieving process may appear shorter for adolescents, but may actually reoccur via reinterpretations until adulthood.

Early Adolescence (12-14 years): During this developmental period, teens experience pubertal physiological changes which may cause marked mood swings and sometimes explosive displays of emotion as hormones surge. Egocentric behavior is common as early adolescents begin to withdraw emotionally from their families in an effort to establish independence; at this stage, however, most teens are conflicted between desiring independence but still being very much dependent on their caretakers emotionally and otherwise. Formal operational thinking in early adolescents is inconsistent, and the preferred psychological defense mechanisms may include regression, denial, and self-limiting exposure to overwhelming emotions (3, 4). Most notably, peer acceptance assumes apical priority during early adolescence (6, 7).

As a result of these developmental features, early adolescents grieve differently than adults. The behaviors characterizing normal bereavement depend not only on the circumstances of the loss but also the adolescent’s preexisting developmental stage. In acknowledging the death, most early adolescents are able to comprehend its irreversibility

and causes in a manner similar to adults, but may be disinterested in the specific details surrounding the death, especially if it is the result of a long-term illness (7). Early adolescents' reactions to death can often seem selfish or egocentric, as they may be more concerned with the impact that the death will have on them than about the deceased or family members (8).

The task of working through the pain is typically quite different for early adolescents than for adults. Due to the paramount importance placed on social acceptance, young teens are often reluctant to express their emotions in front of peers (4); the perceived inability to grieve in public may cause them to behave callously toward the illness or needs of a family member, especially if there is a negative stigma associated with the death (9). In an effort to maintain a degree of independence from their families, they may wish to grieve privately and avoid family discussions, but the intense emotions associated with adult grief may surface in explosive bursts (4).

Complicated bereavement in early adolescents is characterized by school refusal, persistent anhedonia or depression, initiation of drug or alcohol use, shoplifting, shifting to a more delinquent group of friends, or precocious sexual behavior; their behavior may become oppositional, argumentative, and demanding (4). Young adolescents experiencing complicated bereavement may also make somatic complaints with no obvious etiology (4). These symptoms should be evaluated within the context of the young adolescent's behavior and psychological countenance prior to the death, however, to determine if they are actually indicative of complicated bereavement.

Middle Adolescence (15-17 years): Depending on the emotional maturity of the middle adolescent, he or she may exhibit many of the characteristics of early adolescent bereavement. Often, however, middle adolescents "are more constrained in their behavior, more understanding of situational demands, and, although they remain resentful, often exhibit more empathy concerning [other peoples'] needs than early adolescents"(4). Because they are better able to comprehend the enduring consequences of death, middle adolescents acknowledge death in a manner very similar to adults in that they are able to confront death more directly before it occurs if possible and to better appreciate future consequences (4).

The way in which a middle adolescent works through the pain of grief depends largely on his or her stage of emotional and cognitive development prior to the loss. The typical middle adolescent uses formal operational development more consistently and demonstrates integration of the future with the present and past (4). Older teens are generally more thoughtful, allocentric, and empathetic than early adolescents, but still struggle to balance the needs of others with their own egocentric desires (4). By middle adolescence, males tend to separate from their parents, while girls tend to alter their relationships with their parents (4).

During normal bereavement middle adolescents experience overwhelming sadness and painful memories like adults, but for a shorter duration. If the adolescent's family is also bereaved, he or she may be easily overwhelmed by or intolerant of their emotional dependence (4). Continuing to establish their independence, most middle adolescents have formed intimate supportive relationships with peers which can sometimes be helpful in working through the pain of bereavement. In the event that these friends misunderstand the bereaved's grief or even reject him or her for it, however, the adolescent may be devastated and grieve not only the death of a loved one, but the loss of a cherished extrafamilial relationship (10).

All adolescents: While each teen grieves uniquely, a clear indication of complicated bereavement is the inability to resume normal cognitive and emotional development (11-13). While the time required for reconstitution varies among individuals, “studies suggest that by 6 to 12 months, most adolescents are well on the road to accomplishing [successful reconstitution]” (11, 14, 15). For both early and middle adolescents, the task of accommodating the death, or reconstitution, involves not only mourning the loss of the deceased and forming new relationships with the deceased and survivors, but overcoming barriers to fulfilling developmental tasks.

If the death occurred within the adolescent’s family, he or she may suffer a lack of confidence in independent functioning or feel hindered in his or her emotional withdrawal from the family (4). In acknowledging the death, middle adolescents may fear that they are unable to handle future independence and may become concerned about their own mortality, especially if a family member died as a result of illness (4).

Adolescents’ peer acceptance and the emergence of intimacy with peers are other developmental tasks challenged by the death of a loved one. Adolescents typically fear strong emotions, and as such may abandon the bereaved adolescent, especially if he or she displays signs of emotional distress (10, 16). With such a tremendous importance placed on social acceptance and peer relationships, such a rejection can compound a teen’s preexisting grief, complicating and prolonging the bereavement process.

Accommodating the death, characterized by a redefinition of self in adults, is further complicated by the fact that early adolescents do not typically enter the bereavement process with a strong sense of self (3, 5). Not surprisingly, the more trouble an adolescents have with self-definition and coping prior to the death, the more vulnerable they are to complicated bereavement.

COMPLICATED BEREAVEMENT

While there is significant debate as to what constitutes complicates bereavement, there are eight indicative symptoms: “longing and searching for the deceased, preoccupation with thoughts of the deceased, purposelessness and futility about the future, numbness and detachment from others, difficulty accepting the death, lost sense of security and control, and anger and bitterness over the death”(17). To fulfill diagnosis the bereaved must experience at least four of these symptoms for at least six months, and have experienced “considerable impairment in social, occupational, and other major areas of functioning”(9). Complicated grief has been linked to functional impairment, even after controlling for depression, anxiety, and posttraumatic stress disorder (17).

Put simply, complicated bereavement is chronic grief which precludes the resumption of normal life functions; people exhibiting complicated grief are significantly derailed by a death and fail to “move on.” In adolescents, bereavement is considered complicated when it significantly hinders a teen’s cognitive and social development into an adult. Between 13% and 17% of bereaved children and adolescents are reported to exhibit this ineffective reconstitution (12, 14, 18, 19).

Despite these definitions of “normal” and “complicated” grief, it must be noted that every person grieves uniquely, and that many factors influence the grieving process (20). The

characteristics of the bereaved individual and the availability of support must be evaluated on an individual basis; low self-esteem, preexisting mental health problems, and a negative or non-supportive relationship with caregivers are certainly factors which increase one's risk of experiencing complicated bereavement (4).

The grieving process also depends significantly on the circumstances of the death, the bereaved's relationship with the deceased, and myriad sociocultural factors.

HOMICIDE

When compared to all other types of death, violent homicide is associated with the most complicated grief (21). Not surprisingly, the risk of complicated grief is higher when the death is sudden, unexpected, and/or violent (9). Homicide survivors must confront both grief and trauma simultaneously, and therefore are particularly susceptible to posttraumatic stress disorder (22). When a death could have been prevented, such as in the case of homicide, the grieving process can be complicated by survivor anger, a lack of closure, feelings of victimization, obsession and rumination, a search for meaning, and the need to assign blame or mete out punishment (23). In their quest for independence, adolescents often experience conflict with their loved ones and may feel intense guilt about these arguments if loved one is killed.

The most significant complication that adolescents experience after the homicidal death is an altered worldview; adolescence is the time during which individuals develop moral reasoning and an understanding of the consequences of their actions, and grieving a homicide can undermine this process (24). Homicide can confound adolescents' understanding of societal norms, their sense of right and wrong, and even their respect for human life (25). This disruption in normal development is often compounded by a lack of social support due to the negative stigma associated with death by homicide, causing the adolescent's complicated bereavement to be even more pronounced (23). Overall, the more violent the crime and the more directly it is witnessed by the bereaved, the more likely he or she is to experience complicated bereavement (26).

SUICIDE

Adolescents bereaved by suicide are at risk for many of the same complications as those bereaved by homicide, but the negative stigma associated with suicide poses an even greater threat to their normal social development; people bereaved by suicide are at a greater risk of experiencing stigmatization, shame, guilt, and a sense of rejection than those bereaved by other causes of death (27). Adolescents often grieve in isolation, experiencing a lack of social support and a personal sense of ineffectiveness (28). This social isolation, in conjunction with the mood disorders commonly associated with bereavement, sometimes begets suicidal ideation or behavior, although actual suicide attempts are rare (29). Depression, anxiety, and posttraumatic stress are the most prevalent complications experienced by adolescents grieving a suicide death especially within the first 6 to 12 months (28, 30). When an adolescent is bereaved by the suicide of a family member the risk is greater due to the potential emotional

unavailability of parents and relatives who are grieving themselves; parental psychopathology and stressful life circumstances have been shown to exacerbate psychiatric symptoms and poor social adjustment (28).

WARS, TERRORISM, DISASTER AND OTHER SUDDEN DEATHS

Those bereaved by sudden death are more likely to experience a sense of unreality, of helplessness, heightened feelings of guilt for failing to prevent the death, and a strong need to blame someone for the death, much like those bereaved by homicide and suicide (31). Often the pain and shock following a sudden death are so overwhelming that the bereaved is simply incapable of grieving, and the process gets postponed; sometimes the resolution of legal or medical issues provides the closure necessary to grieve (32, 33).

Children and adolescents exposed to war are particularly prone to posttraumatic stress, with the severity typically depending on the extent to which sudden death is witnessed, although the cumulative exposure, intensity, and duration of the exposure have been suggested to be more impacting than the specific events witnessed (34). The prevalence of posttraumatic stress among children exposed to war varies from 10 to 90%, manifested by disorders such as PTSD, depression, disruptive behaviors, and somatic symptoms, with females more inclined to manifest anxiety symptoms and males exhibiting more disruptive behavior (34, 35). When sudden death affects many people at once, such as in the case of terrorist attacks or school shootings, solidarity among survivors can be a positive influence in that it helps to make a bizarre event seem more normal and universal; the burden of grief is shared especially by those who realize that they could just as easily have been killed (33). When survivors of war share a strong sense of group identification, shared values, common values and social cohesiveness, their grief is less likely to be complicated (34).

LONG-TERM ILLNESS

Although there is little data reporting adolescents' bereavement following the terminal illness of a loved one, children and adolescents typically exhibit more symptoms of depression, anxiety, and lower self-esteem during the terminal illness than they do after the death (15). When adolescents whose parents have survived cancer are compared with those whose parents were killed by the disease, there was no significant difference in their anxiety and stress; when compared to adults in comparable bereavement situations, however, adolescents were found to exhibit more anxiety and depression symptoms than adults (36). This is consistent with the findings for adults; it has been suggested that the more strain experienced by the caregiver before death, the less likely the caregiver to report increased symptoms of depression after the death (37, 38).

One factor which increased the likelihood of experiencing complicated grief was a perceived lack of preparedness for the death (39). Depending on the severity and conditions of the terminal illness, the adolescent may even feel relieved after the death, having dealt with depression and familial stress throughout the illness.

PARENTAL DEATH

Five percent of children in the US will lose a parent by the age of 16 years (3). The death of a parent during adolescence can be especially difficult to cope with. Parents typically function as safe, supportive figures who sustain, regulate affect, and repair aspects of the self (40). Without this support adolescents may struggle with the formative process developing a strong sense of self. On the other hand, adolescence is the period during which teens break bonds with their parents and establish their independence, a process to which parental loss is conducive. Thus there is an intertwining of two grief experiences: a normative developmental desire for independence, and the non-normative response to death (41).

When compared to adults who are parentally bereaved, adolescents display more intense grief reactions and more negative interpersonal perceptions, as well as more sleep problems, irritability, anger, feelings of emptiness, and difficulty interacting with others (42). Parentally bereaved adolescents also reported more concerns about fairness surrounding death, and intense, personal sense of loss, feelings that the deceased parent is irreplaceable, and a strong presence of the deceased in dreams and other people (43). They may identify with specific ambitions or goals shared with the parent whose life ended prematurely, leading to an exacerbation of the grieving process (44). The most significant difference between parentally bereaved adolescents and adults is that adolescents seem to suffer more social and interpersonal difficulties; they tend to feel isolated and exhibit a strong desire for others to include them and take interest in them (43). This is probably because it is much more common and socially acceptable for adults to lose parents.

Also exacerbating the grieving process for parentally bereaved adolescents is the fact that a parental death almost always involves the destabilization of the family structure. Often the adolescent must adjust to new guardianship, whether it be the surviving parent or other relatives. It is also common for the surviving parent to at least initially be overly dependent or emotionally needy, something adolescents may resent (44).

SIBLING DEATH

It is estimated that siblings spend 80-100% of their lives together, more time than with any other family member (45); marriages often end in divorce and family structures may dissolve, but siblings are almost always kept together. Because of this shared history, siblings are intricately connected such that when a sibling dies the survivors essentially lose a part of themselves (46).

Siblings play a crucial role in identity development, a process which is of particular importance during adolescence. After the death, bereaved siblings tend to examine their lives and maintain bonds with the deceased not only by treasuring his or her memory, but also by continuing the relationship; many bereaved adolescents report feeling like their deceased siblings are "still with them" or are "watching over them" (47). Bereaved siblings often maintain connections with their deceased brother or sister by cherishing favorite mementos and pictures, and even having ongoing conversations (48). This continuing relationship is renegotiated as the surviving sibling reaches new developmental stages or life milestones (46).

The way in which an adolescent is affected by the death of a sibling depends largely on the family dynamics before and after the death. If the sibling relationship was warm and caring, the continuing bonds with the deceased sibling are expected to be positive and comforting, whereas a hostile or adversarial sibling relationship will likely yield continuing bonds which are disturbing (49). Likewise, the closer and more united the family is prior to the death, the less likely the adolescent is to experience complicated bereavement (50).

Sibling loss is often referred to as a double loss, because the bereaved not only loses a brother or sister, but also their parents' support; in grieving their deceased children, many parents simply lack the emotional energy to adequately care for their surviving children (48). People often fail to appreciate the extent to which sibling survivors suffer, instead focusing on their parents' grief, urging teens to "remain strong for their parents" (46). If parents are preoccupied with the immortalization of the deceased child, surviving children feel neglected and less important, whereas if parents are avoidant and make no references to the deceased child then the surviving children feel forced to grieve alone (48).

Surviving children sometimes feel intense guilt, especially if their sibling's death was the result of an accident in which they were involved (8). They may also feel disloyal in moving on with their lives and leaving their deceased sibling behind (46). In addition to grief, surviving siblings may experience feelings of isolation and inadequacy, especially if their parents seem inconsolable.

Parents may feel incompetent or guilty over the child's death, and as such may become hypervigilant or overprotective of surviving child, causing additional tension (8).

FRIEND OR PEER DEATH

Peers play a central role in the development of an adolescent's identity and self-esteem, and as such the loss of a friend can be devastating. Unlike the death of grandparents or other family members, adolescent deaths are much more likely to be sudden and unexpected, and adolescents usually learn of the death from other peers as opposed to their parents or doctors (51, 52).

A common sentiment reported by teens who have lost peers is that the peer was too young to have died (53). The death of a peer forces adolescents to confront the issue of their own mortality, an unsettling and destabilizing process for adolescents who otherwise tend to feel invincible (53). In this context ambitions and idealism can seem futile, even absurd, as grieving adolescents are enveloped by a pervasive sense of purposelessness (53). Although reports of suicidal ideation are common, especially immediately after the death, suicide attempts and completions rarely result (27). If the peer died as a result of suicide, however, the likelihood of significant depression and fascination with dramatic, sensational, or romantic death among adolescent survivors is much greater, and cluster suicides may occur (8, 54).

Three factors dictate how an adolescent is affected by the death of a peer: the importance of that peer to the adolescent's self-esteem, the role of the peer in the adolescent's identity formation, and the extent to which that peer assumed many of the protective emotional functions originally performed by the adolescent's parents (53). Adults often fail to realize the critical importance of peer relationships to adolescent development, and may be dismissive

about the extent of their grief. This is especially pronounced if the deceased was a role model or significant other to the bereaved (55). By minimizing the significance of peer relationships adults can complicate the adolescent's already painful grief.

CULTURAL CONSIDERATIONS

When seeking to understand an adolescent's grief as complicated or not, one must also consider his or her cultural or religious background.

There are many things to consider: the traditions and rituals for coping with dying, the deceased's body, and honoring the deceased, the beliefs about what happens after death, the characteristics of a normal expression of grief, the roles of family members in coping with death, and whether there are certain types of death which may be less acceptable or especially hard to handle (56). Teens have been shown to become more religious following the death of a loved one since (47, 57):

- Emerging cognitive abilities allow adolescent to consider religious beliefs in new ways
- Adolescence is the time when religious values and beliefs can be clarified
- They may be able to construct an image of God in new ways
- Organized religion is often structured in a way that provides support and encourages coping
- Religion gives meaning to many situations and can signify a sense of control, growth, hope, intimacy
- Provides meanings to release and redemption
- Death can be viewed as a release from burden, pain, and the relationship to suffering
- Death may mean redemption as it can signify freedom from what binds us to earth and can eventually lead to a reunion with loved ones

DISCUSSION

There exists an inherent paradox in the wealth of grief and bereavement literature. On the one hand, there is an understandable effort to define what, exactly, constitutes "normal" versus "complicated" bereavement so that health professionals may refer to some objective diagnostic protocol when deciding whether a patient's bereavement warrants intervention. On the other hand, it is widely acknowledged that every person grieves differently. How, then, can physicians or parents determine when intervention is necessary to treat complicated grief? The broad answer to this question is that, although bereavement is not a normative life function for adolescents, it should not significantly interrupt their normal cognitive and emotional development. In order to know when an adolescent's development has been effectively derailed, however, physicians cannot simply consult developmental benchmarks; rather they must consider the teen's grief holistically, taking into account the many variables which influence bereavement, including the circumstances of the death, the relationship

between the adolescent and the deceased, and the emotional support available to the adolescent.

The better acquainted a physician is with the adolescent prior to the bereavement experience, the easier it will be for him or her to diagnose complicated grief. Without the benefit of baseline assessment, physicians must rely heavily upon circumstantial clues to understand their adolescent patients' bereavement. Even without the benefit of prior exposure, however, physicians should approach grieving adolescents from a developmental perspective, taking into account their available coping mechanisms at the time of death.

Unlike adults, whose reconstitution essentially involves resuming the life activities which predated the death, adolescents do struggle with developing a strong sense of self while simultaneously grieving the loss of a loved one. Bereavement is not a normal adolescent developmental task, and as such it seems likely to influence a teen's self-definition. This is not necessarily a negative influence; many adolescents emerge stronger, more mature, and more tolerant of others' emotions after bereavement. The extent to which bereavement influences adolescents' development for better or for worse, however, depends largely on their maturity and coping strategies prior to the death and the support they receive while grieving. Thus for the sake of patients' proper maturation into adults, physicians treating bereaved adolescents must take a proactive role in the bereavement process to assure they have access to necessary services and support.

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