

them more beneficial¹⁷. It may also be that benefit does not show until a much later time. Despite these qualifications, one must wonder if there are alternative strategies to groups that would be more successful in assisting adolescents to deal with the death of a parent.

The finding that the relationship between adolescent and surviving parent is critical to adaptation suggests that a family-based, or combined adolescent-parent intervention may be of potential benefit for many. In a post-loss environment this may not, however, always be possible or advisable. Individual counselling is likely to be of benefit if stigmatisation of the bereaved adolescent is carefully avoided. It is likely that there is no ultimate resolution to the question of the 'best' intervention for high risk adolescents.

In conclusion, there is evidence to suggest that adolescents who

have a parent die are at risk for adjustment difficulties and that some adolescents can be identified as being more at risk than others. Several aspects of risk must always be considered, and these necessitate including a number of theoretical approaches in any model of the psychopathology of bereavement. The use of peer support groups in intervening with bereaved adolescents were not shown to have objectively verifiable benefits, but there has as yet been no research to indicate that there is a preferable approach to intervening with high risk adolescents.

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Adolescents and Bereavement

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As a teacher, I used to wonder why children and adolescents suffering the consequences of parental divorce or a death in the family would rarely want to talk about the problem.

Two years ago a girl died of leukaemia in the school where I was working. Her death deeply affected us all, staff and students alike, but in very different ways. After a few weeks I realised that one of the girls in my charge had become very depressed. What emerged later was that the student's death had triggered off her own mourning process for her father who had died two or so years previously. She had not wanted to talk about her problems with me or any other authority figure, but she was able to talk to some staff who were not responsible for her. Similarly, I have found that students whom I was not responsible for would come to talk with me.

This particular experience led me to think about how adolescents deal with their difficulties; and, specifically about how adolescents view death, loss and bereavement, and how they might react under those circumstances.

Literature searches world-wide reveal an astonishing fact: there is a wealth of literature on both bereavement processes and adolescence, but almost nothing correlating the two. What little literature exists is largely drawn from clinical experience, and while it is, of

course, of paramount importance to those working in psychiatric settings, is of limited use to all those teachers, youth workers, school counsellors and other carers working with young people in their usual settings.

The research that I carried out focused on all adolescents rather than those we know to be deeply grieving. It seemed to me that we, as teachers and other carers of young people, know little about how the average adolescent copes with death and loss. The study did not include separation.

The study must be only considered a preliminary investigation as the sample was small, 49 students aged 16 to 18. The questionnaire was based on one devised by Anita Hufton for a similar study¹, and it was encouraging that many of the results concurred with Hufton's, giving both pieces of research more validity. Descriptive statistics and chi-square tests were used to provide quantitative data; this was backed up with recorded discussions among a group who had experienced a major loss. The data was obtained in five schools, within the context of tutor groups and Religious Education or Health Education classes where the topic was not out of place and where follow-up could be made if necessary. The class's usual teacher carried out a discussion to help pupils become aware of the specific vocabulary associated with

death and loss, and to help them to enter into the subject. The questionnaire was administered after the discussion.

The results revealed a number of findings:

1. Grief is the usual reaction of an adolescent, aged 16-18, to loss, and the greater the loss, the greater the grief is likely to be. Despite theoretical differences about the nature of adolescence (e.g. Coleman²), there is a consensus that at the very least adolescence is not an easy time, and at the worst it can be tumultuous. Therefore if faced with a bereavement the adolescent may be very vulnerable³.

2. A majority had experienced a major loss by death, though the term 'major' had been defined differently in different studies. Usually it was the clinician who decided what 'major' means, but here it was the adolescents themselves who decided after discussing it. The questionnaires revealed that although a clinician may not have seen the experience as major, for the student, 'major' signified a traumatic event in their life and within the framework of their experience. Of the sample, 81.6 per cent reported having experienced a loss, of whom 62.5 per cent reported the loss as 'major'.

3. Adolescents were likely to have experienced the loss of a grandparent. This could result in significant distress and grief for some, for example those who have been

'baby-sat' by grandparents for working parents. Some reported guilt because they had not seen enough of their grandparents. If adolescents had not experienced the loss of a grandparent, they had often experienced another loss by death sufficient to cause some pain, for example a pupil in school, siblings, aunts, uncles, friends of the family, and very importantly—though not included in this study—pets.

4. There was evidence that adolescents grieve in a similar way to adults in terms of the emotions felt, though some of the emotions reported differed in importance from those in adult grief.

The results suggest that adolescents do not grieve in stages, though it is recognised that the questionnaire was weakest in this area, and therefore the results in this section are only very tentative.

5. There was evidence that adolescents grieve privately for a number of reasons, turning little to the school for support.

The privacy of the grief may be attributed to a number of causes:

(a) They feared being misunderstood; because of what they sensed to be their peers' unease; because they did not know how to cope with their emotions; or because they felt they had to be strong for a

parent who was coping with his or her own grief.

(b) They mostly wished to turn to parents for support, but were often unable to because the death was within the family (e.g. a grandparent), and the parent was too upset. Friends ranked second, and were sometimes turned to when a parent was unavailable. There seemed to be a need to keep the home and the school separate, and this may be a contributory factor in why they turn so little to the school for help.

6. However, there was widespread evidence that the schools were seen as caring, although the respondents would have liked more support for, and understanding of, their problems. This seems contradictory when set against the findings that they prefer to keep their school and home lives separate.

Only four respondents had heard of Cruse, the voluntary organisation for bereaved people, and to my knowledge only one of the sample had received counselling to help them to come to terms with their grief. I had originally hoped to have a sample of about 150, but found teachers cautious about being involved in such a project. With hindsight, the planning time for teachers was not sufficiently long enough to allow them to in-

clude it naturally within the curriculum. The introduction of the new General Certificate of Secondary Education (GCSE), and more relevant school packs, such as 'Good Grief'⁴, will make it an easier topic to approach in the classroom, leading to an improved awareness among young people of issues of loss and death. It will always, however, remain a subject that needs to be approached very carefully in the classroom as part of a well-designed course where the teacher can be sensitive and caring towards what may involve painful issues for individual members of the class, and can, where necessary and desired, provide help and support.

There is a need for further research within this age group, but widening the sample to include, for example, those already working, those who are unemployed, those in Youth Training Schemes. Similar research is also necessary with the younger age groups 12-14 and 14-16.

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