Counseling Adolescents for the Death of a Parent: A Literature Review

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Abstract

Adolescents experiencing the death of a parent face additional challenges in navigating the physical, mental, emotional, and social adjustment associated with adolescent development. This review explores the impact of parental death on adolescent development and offers empirical support for counseling interventions. Factors addressed include developmental issues, grief, interventions, implications for research, and suggestions for school counselors and educators.

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For approximately 4% of our nation's teenagers, adolescence will involve adapting to the death of a parent on whom the teenager relies for developmental support (United States Bureau of the Census [US Census], 2000). In spite of this statistic, little empirical research has been published in the last decade that directly addresses the effectiveness of counseling for adolescents grieving the death of a parent (Dalton & Krout, 2005; Layne et al., 2001; Rotheram-Borus, Stein, & Lin, 2001; Sandler et al., 2003). Research on adolescent adjustment to parental death and the importance of understanding of how adolescents grieve and cope with this type of loss (Christ, Seigel, & Christ, 2003; Freudenberger & Gallagher, 1995; Lenhardt & McCourt, 2000; Noppe & Noppe, 2004) has also been limited. This paper compiles information from publications about both empirical and adjustment perspectives in reviewing the impact of parental death on adolescents and related counseling implications. This review will explore the developmental significance of parental death for adolescents, short and long term grief and adjustment, interventions for grieving adolescents, and implications for future research, for school counselors, and for counselor educators.

Developmental Significance of Parental Death for Adolescents

The primary developmental tasks of adolescence include: to emotionally separate from parents (Christ et al., 2003; Freudenberger & Gallagher, 1995; Noppe & Noppe, 2004), to form a positive self image, foster a sense of self worth and belonging, develop a sense of mastery and control, and conceptualize fairness (Noppe & Noppe, 2004). This development is comprehensive and involves physical, mental, emotional, and social advancements that are highly contingent upon parental and peer supports

(Christ et al., 2003; Lenhardt & McCourt, 2000; Noppe & Noppe, 2004; Rotheram-Borus et al., 2001; Sandler et al., 2003; Tremblay & Israel, 1998). Parents help adolescents successfully master the developmental tasks of adolescence by providing security, warmth, feedback, and by defining expectations and setting limits. Noppe and Noppe (2004) addressed the importance of parental contributions in deterring risk-taking behaviors in children and how the absence of a parent negatively influences the adolescent's ability to successfully master the transition to adulthood. These researchers add that adolescents are similar to adults developmentally, but are limited in experiences necessary to adequately process and integrate death experiences. Adolescents lacking the guidance afforded by a parent are also lacking necessary support to navigate the transition into adulthood.

Adolescent grief differs from that of children in that adolescents are capable of future considerations and abstract and realistic assessments, rather than dichotomous thinking that limits speculations about death consequences (Tremblay & Israel, 1998). Children are also less capable of identifying emotions and expressing abstract concerns about death, whereas adolescents typically are able to understand and express personal relevance of parental loss. Even though it has been found that adolescents experience death anxiety similar to that of adults (Noppe & Noppe, 2004), adolescent grief differs from adult grief in that adolescents lack problem solving and interpretive skills that adults often provide. Adolescents are self aware and are able to identify reactions, but are often unsure of how to cope with grief reactions. Both children and adolescents need permission from adults to grieve (Cohen, 1999), which supports the idea that adolescents continue to rely upon adult direction.

Support for grieving adolescents is often absent for a number of reasons. It is often assumed that the adolescent is adjusting because grief is expressed strongly initially then subsides (Christ et al., 2003; Tremblay & Israel, 1998) or because there is no expression of grief (Lenhardt & McCourt, 2000). This lack of expression may be the adolescent's attempt to avoid ostracism (Christ et al., 2003; Noppe & Noppe, 2004; Sandler et al., 2003; Tremblay, & Israel, 1998) or to avoid being perceived as developmentally regressed (Lenhardt & McCourt, 2000). Support for the grieving adolescent may also be withheld because the adolescent is assumed to be capable of managing grief based on the appearance of maturity (Lenhardt & McCourt, 2000; Noppe and Noppe, 2004). Christ, Seigel, and Christ (2003) further note that trauma may be present for an adolescent even when it is not perceived or shared by adults. Adolescent boys may be particularly vulnerable to this since they tend to repress grief more than do girls (Cohen, 1999; Lenhardt & McCourt, 2000; Noppe & Noppe, 2004). Grieving adolescents are separated from friends who lack understanding and adults who misjudge needed support because the adolescents seem mature and hide reactions to avoid social repercussions. Christ et al. (2003) asserted that the manner in which grief is reconciled depends in great part upon the support received by the surviving parent or significant members of the adolescent's network. The support a grieving adolescent receives will determine in great part how the adolescent adjusts to parental death (Christ et al., 2003; Lenhardt & McCourt, 2000; Noppe & Noppe, 2004; Rotheram-Borus et al., 2001; Sandler et al., 2003; Tremblay & Israel, 1998).

Short and Long Term Grief and Adjustment

Lenhardt and McCourt (2000) define healthy recovery from death as being able to move forward and enjoy life, work, health, and love, and note that grief is a normal part of that process. Grief reactions vary in duration and intensity (Lenhardt & McCourt, 2000; Noppe & Noppe, 2004). Christ, Seigel, and Christ (2003) reported that adolescents experiencing trouble with peers and in school three to six months following parental death were experiencing complicated grief. It was also noted by these researchers that difficulty relating to peers and adjustment in school was a normal part of the initial grief response for adolescents. Grief is commonly seen in adolescents as bursts of emotion or episodes of depression and anger followed by apparent stoicism (Christ et al., 2003; Lenhardt & McCourt, 2000; Tremblay & Israel, 1998). This may be attributed to the adolescent's inability to regulate emotions or to integrate the loss into a cohesive identity without fear of social repercussions. For adolescents, reactions to the death of a parent death vary in duration and intensity and may signify indicate difficulty resolving grief.

Short Term Grief

Immediate reactions to the death of a parent vary for adolescents and can include abandonment and detachment (Freudenberger & Gallagher, 1995), sadness, anger, inability to recall positive memories, guilt (Christ et al., 2003; Noppe & Noppe, 2004), fear, depression, isolation, withdrawal, anxiety, difficulty focusing, and hopelessness (Christ et al., 2003; Lenhardt & McCourt, 2000). These reactions are attributed to the adolescent's tasks of defining self worth and assuming responsibility in the absence of parental support (Freudenberger & Gallagher, 1995; Layne et al., 2001;

Rotheram-Borus et al., 2001). Repression of grief or grief that is disallowed can lead to complicated or disenfranchised grief, in which the adolescent's reactions to parental death are not expressed or validated or the grief reactions are maladaptive or prolonged (Layne et al., 2001; Lenhardt & McCourt, 2000).

Long Term Grief

Long term reactions are associated with persistent maladaptive behaviors and include depression, drug abuse, social isolation, failure to develop intimate relationships, low self esteem, and detachment (Freudenberger & Gallagher, 1995; Lenhardt & McCourt, 2000). The intensity and likelihood of experiencing long term adverse effects of parental loss is strongly associated with the adolescent's ability to express grief and mourning (Christ et al., 2003; Dalton & Krout, 2005; Layne et al., 2001; Lenhardt & McCourt, 2000; Noppe & Noppe, 2004; Rotheram-Borus et al., 2001; Sandler et al., 2003; Tremblay & Israel, 1998). Expression of grief is positively associated with the ability to overcome negative feelings associated with parental loss, whereas repression can lead to ongoing difficulty with intimacy, trust, identity, belonging, and delinquency. Both long and short term adjustment is also dependent upon gender for grieving adolescents and parents.

Grief and mourning reactions vary between girls and boys and depend upon whether the loss is maternal or paternal in nature. Girls tend to reach out for support more openly than do boys (Cohen, 1999; Lenhardt & McCourt, 2000; Noppe & Noppe, 2004) and to internalize emotional distress as a result of parental loss (Freudenberger & Gallagher, 1995; Lawrence, Jeglic, Matthews, & Pepper, 2005-2006; Lenhardt & McCourt, 2000). This is seen as depression, adjustment problems, and expression of

grief that disallows anger. In one study, girls were more likely than boys to report

emotional distress during the course of losing a parent to AIDS (Rotheram-Borus, Stein

& Lin, 2001). These girls might have experienced a grief reaction more consistent with

adults due to the assumption of more responsibility in the home, as was suggested by

Tremblay and Israel (1998). Excessive engagement in household maintenance can lead

to unhealthy distraction from grieving, leading to post traumatic stress disorder (Layne

et al., 2001). Sharing grief interactively indicates movement toward healthy

reconciliation of parental death. Lenhardt and McCourt (2000) asserted that girls are

more likely to experience disenfranchised grief with the loss of a mother due to the

intimate nature of the mother-daughter relationship and the lack of emotional availability

of surviving fathers. Tremblay and Israel (1998) found surviving fathers to be less likely

to encourage expression of grief and not to assume maternal and expressive roles

following the death of the mother. Tremblay and Israel also found that both boys and

girls were reported to have more interactive problems with surviving fathers than with

surviving mothers. Fathers may want to protect children from harm by limiting

discussion about the deceased parent, and unknowingly hinder the grief process.

Male adolescents tend to express grief through activities (Lawrence et al., 2005-

2006; Noppe & Noppe, 2004) and are more likely than girls to act out aggressively

(Noppe & Noppe, 2004). Boys showed less improvement in psychological distress than

girls following verbally expressive grief counseling (Sandler et al., 2003). This is

consistent with findings that girls are more expressive about grief than are boys. Boys

may avoid grief expressions due to differences in socialization that encourage males to

establish an independent and emotionally resilient identity. Lawrence et al. (2005-2006)

found that the avoidance of grief expression was not associated with depression in boys, supporting the idea that boys express grief externally.

In addition to reconciling personal, family, and peer reactions to grief, adolescents are often faced with the task of adapting to changes in the home environment following the death of a parent. Surviving parents may inadvertently complicate grief for adolescents by encouraging premature assumption of adult roles in the home (Lenhardt & McCourt, 2000; Rotheram-Borus et al., 2001; Tremblay & Israel, 1998). The surviving parent is also grieving and may not be able to sufficiently support the adolescent's grief, and may call upon the adolescent for emotional or structural support. Mixed messages may be perceived by adolescents who are thrust into adult roles while being prohibited from taking part in death rituals, such as funeral arrangements and reminiscing with adults about the deceased parent (Christ et al., 2003). Adults seeking to protect children from preoccupation with negative coping may actually thwart recovery from loss and foster resentment in grieving adolescents. Noppe and Noppe (2004) point out that adolescents denied inclusion in grieving may also be in danger of disenfranchised or complicated bereavement that may be served with counseling services.

Interventions for Grieving Adolescents

Adolescents are resilient (Noppe & Noppe, 2004; Tremblay & Israel, 1998), and experiencing the death of a parent alone does not indicate future adjustment issues. Rather, variables that are introduced as a result of the death play a greater role in adolescent adjustment to the parental death (Tremblay & Israel, 1998). Being able to express grief is the most important predictor of successful grief resolution for

adolescents (Christ et al., 2003; Layne et al., 2001; Noppe & Noppe, 2004; Rotheram-Borus et al., 2001; Sandler et al., 2003; Tremblay & Israel, 1998). Expression affords the adolescent a means to normalize and validate grief reactions, to foster a sense of belonging and connection, and to establish a means of integrating the loss by incorporating memories the adolescent fears losing (Christ et al., 2003). Expression of grief can be as simple as talking or by engaging in nontraditional counseling services, such as artistic or constructive activities that allow the adolescent to normalize grief reactions and integrate the loss of the parent into adjustment after the loss. Dalton and Krout (2005) noted that adolescents showed improved coping responses to death after participating in a songwriting intervention that involved expressing loss through music. Other interventions researched include family and group interventions designed to foster death coping through improved communication, such as The Family Bereavement Program (Sandler et al., 2003). This program paired families with counselors in bibliotherapy, cognitive techniques, problem-solving, and group interactions. Participants reported feeling more warmth within families, increased comfort with grief discussions, increased sense of social support, and decreased depression and conduct problems in participating adolescents after engaging in The Family Bereavement Program (Sadler et al, 2003).

Additional recommendations for counseling adolescents for the death of a parent were made by Christ, Seigel, and Christ (2003) and are listed here.

1. Encourage discussion about the grief process.

2. Educate parents about possible adolescent reactions to death.

3. Encourage maintenance of peer network.

4. Encourage parents to include adolescent in family rituals.

5. Encourage ongoing discussion about adjustment and loss.

6. Encourage parents to set clear and reasonable limits for adolescents.

7. Support altruistic activities that foster a sense of control.

8. Explain the importance of gradual assumption of adult roles.

9. Create an environment where the adolescent feels welcome to grieve.

10. Encourage reminiscing.

11. Encourage family involvement in counseling.

The above list reflects the need for adolescents to feel supported and included in the grief process, and indicates the importance of social connections in recovering from the death of a parent. Given the personal nature of grief and the adolescent's tendency toward self consciousness, interventions that encourage social support from people sharing grief experiences are commonly employed. Grief reconciliation can be fostered either within the family, in peer networks, or in counseling groups.

Family Interventions

Counseling is most successful when parents and adolescents participate together in the counseling process (Tremblay & Israel, 1998). Parental involvement serves the adolescent by providing a role model for grieving, by normalizing grief, and by increasing bonding that the adolescent needs. The manner in which adolescents cope with death is often modeled by parents. Many adolescents draw upon the memory of the deceased parent for continued guidance and conduct themselves according to perceived expectations of the deceased parent (Noppe & Noppe, 2004). Support from the surviving parent becomes instrumental in helping adolescents navigate adjustment

to changing support while negotiating parental separation. Increased parental distress translates into more emotional distress for adolescents (Rotheram-Borus et al., 2001). The challenge for parents then becomes finding a balance between getting personal support and giving support to the grieving adolescent (Tremblay & Israel, 1998). This is especially true for adolescents who lose a mother since surviving fathers are less likely to assume the caretaker role once held by the mother (Tremblay & Israel, 1998). Grieving parents are not always adept at providing adolescents with needed support (Freudenberger & Gallagher, 1995). This is where the adolescent's reference group, or peers, can be instrumental in helpful the grieving adolescent deal with the death of a parent.

Peer Networks

Students are equally likely to seek counsel from friends and family when experiencing loss (Cohen, 1999), indicating the importance of peer support. Adolescents who experience peer support have lower drop out rates, drug use, aggression, and delinquency (Noppe & Noppe, 2004). Forming positive peer connections following parental death is especially relevant for boys who may repress grief through acts of delinquency (Lenhardt & McCourt, 2000). Girls also benefit from peer interactions, and rely more heavily on the interactive nature of friendships to express grief and loss (Cohen, 1999; Lenhardt & McCourt, 2000; Noppe & Noppe, 2004).

Counseling Groups

Group counseling has the advantage of addressing all the salient issues surrounding adolescent adjustment to grief, including those associated with complicated

grief. Groups allow the adolescent to expand upon experience vicariously, bond with others who share similar experiences of loss, provide social support, offer a setting for catharsis and validation, permit grieving, reduce isolation, and puts people together who may be reluctant to grieve. Groups can be structured to include activities that allow for grief expression in non-traditional ways, such as art expression, sharing memorabilia of the deceased parent, and story telling (Dalton & Krout, 2005; Lenhardt & McCourt; 2000; Sandler et al., 2003). These types of interventions may involve either the family, peer network, or people who are also experiencing grief. The most successful groups for adolescents will include people from the same cohort since this forms the reference group for the grieving adolescent and with whom the adolescent will likely relate throughout life (Layne et al., 2001; Sandler et al., 2003). For this reason and reasons of personal support, groups formed at school are especially relevant.

Adolescents spend a great deal of interactive time in schools, and this setting provides an opportunity to address the needs of grieving adolescents. School counselors are in a unique position to consult with teachers and administrators in identifying and recruiting students in need of counseling services. It is often in the school setting that complicated or disenfranchised grief appears in the form of withdrawal, delinquency, disinterest, or social problems (Noppe & Noppe, 2004). School counselors are in a position to offer grief counseling to students and to facilitate interpersonal connections that acknowledge death, and permit mourning and eventual reconciliation (Lenhardt & McCourt, 2000).

Implications for Future Research

Research regarding adolescent grief and counseling adolescents for grief is lacking, and information about specific populations within this group is even more so. The material reviewed here predominantly reports information about grief reactions and interventions for mainstream families, namely two-parent White families. Specific groups are clearly missing from this data. Studies that deal with underrepresented groups, such as families comprised of parents from mixed races or cultures, minorities, subcultures, gay and lesbian populations, persons practicing alternative religions and medicines, and persons with disabilities are clearly lacking in the literature. There is a clear absence of single parent families in the literature, as well, a group representing nearly half of homes in the United States (US Census, 2000). Special consideration should be taken in addressing African American families, since it is in this group that adolescents are more likely to experience the death of a parent and to live in single parent homes (US Census, 2000). Adolescents experiencing the death or loss of a single parent face more serious consequences regarding grief and loss, and are often placed in another category neglected in the research, those in foster care or placement facilities who have been neglected, abused, or abandoned. While these adolescents represented a small proportion of the population, the impact of loss for these children can have far reaching personal and societal costs.

One final note should be made regarding available research in counseling adolescents for parental death. A clear majority of the work done in this area is from an adult perspective or from that of empirical research. If practitioners, counselors, and educators are to fully understand and help adolescents experience and integrate grief,

research should incorporate the adolescent's perspective. There has been a paucity of longitudinal research done that explores death reactions and coping from the adolescent's view, and this is sorely needed.

<center>Suggestions for School Counselors and Educators</center>

This body of work makes some implications clear about counseling adolescents for the death of a parent, and about teaching and supervising counselor educators. The first is that research is limited in this area and only pertains to studies done for nuclear families, in which two parents are present and active in the upbringing of the adolescent. Perspectives about possible reactions to grief and what is then considered normal is also limited and affects the course of counseling. For example, vehement expressions and loud crying that recurs sporadically may be construed as maladaptive in predominant American culture, but may be a sub-cultural or religious norm. Counselors and their supervisors should be aware that information in literature does not necessarily represent the unique needs of grieving adolescents, and counseling should therefore, proceed based upon individual assessments. Counselors are advised to seek out specific information regarding cultural considerations, family dynamics, support systems, and varying coping strategies in evaluating grief reactions and proceeding with counseling or other recommendations. It should also be noted that the Diagnostic and Statistical Manual-IV includes V codes for bereavement, and these should be included where possible to alert professionals to normal grief reactions that might appear clinical in nature. A male adolescent, for example, might be diagnosed with Conduct Disorder, when his aggression is masking sadness and an inability to express grief appropriately.

School counselors and educators should also be open to alternative counseling methods and the need to reduce stigmatization about receiving counseling. Cohen (1999) reported that students associated grief counseling with healthy recovery. This information can be used to de-stigmatize counseling for clients who are unsure about peer reactions to grief and fear social ostracism. As it has been reported here, boys are less willing to seek out help with grief and may not respond to traditional talk therapy. In these cases, as in others, less conventional avenues to express grief, such as in constructive or artistic expression or electronic interventions may be warranted. Adolescents may be more responsive to internet services to share grief experiences or engage in counseling that might otherwise be sought for fear of social repercussions. The integration of varied services for grieving adolescents can serve to address an issue that has been largely overlooked. One final note regarding counseling adolescents for grief was aptly put by Freudenberger and Gallagher (1995), "grief counseling is a daunting task, but is rewarding" (p. 152).

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