[ADOLESCENT BEREAVEMENT: A NUANCED LANDSCAPE OF LOSS]

BY

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ABSTRACT

The purpose of this thesis is to explore the topic of adolescent bereavement within the scope of three essays which together comprise a manuscript thesis. Drawing upon both structuralist and postmodern theoretical frameworks, these paradigms are used in combination to capture the developmental and constructivist elements of the adolescent bereavement experience. The essays that form the body of this thesis capture the domain of bereavement theory, major themes in the adolescent developmental literature, concepts related to attachment and loss, and relevant cultural constructs. Findings reveal the limited inclusion of adolescent perspectives within the primary scholarship and point to this as an area that warrants more inclusive forms of inquiry. Recommendations highlight the need for clinicians to be adept at working with this population and to do so with a therapeutic stance that reflects the developmental needs of individuals during this particular life stage.

Keywords adolescence; bereavement; developmental; attachment; DPM; culture

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DEDICATION

This thesis is dedicated to my family—for your courage, support, and laughter I am immensely grateful. And to my partner—for your quiet fortitude and patience in this journey.

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CHAPTER 1: INTRODUCTION

Let us deprive death of its strangeness, let us frequent it, let us get used to it; let us have nothing

more often in mind than death. We do not know where death awaits us: so let us wait for it

everywhere. To practice death is to practice freedom.

↓Montaigne, The Oxford Book of Death

In this chapter, I introduce the reader to the topic of adolescent bereavement as the focal point for

the essays that follow. Adolescents are commonly thought to be a difficult population to engage

and support, and service providers may benefit from considering elements of both developmental

context and theoretical aspects of bereavement study so that they may be better positioned to

support bereaved adolescents. I begin with an expansion upon this idea, offering the reader a

summary of this issue in the form of a problem statement. I follow with a purpose statement that

drives the research. I then make a point of conveying to the reader my own theoretical

orientation, the intention of which is to acknowledge my own biases and how my perspectives

have been situated during this process. Subsequent to this, I include the central research

questions. I then provide the reader with the relevant scholarly context, which is a thematic

introduction to this area of study and includes primary definitions. I will also situate myself as

the author of this work, outlining my interest in this particular topic. I conclude this section with

an overview of how this thesis is structured.

Statement of the Problem

Adolescence is widely spoken of as being a tumultuous time period in one's life (Arain,

Haque, Johal, Mathur, Nel, Rais, Sandhu, & Sharma, 2013). Because of the unique demands and

developmental tasks central to this particular life stage, additional life stressors such as

bereavement have the potential to greatly impact the well-being of affected adolescents. In this

thesis I aim to capture fundamental themes in adolescent bereavement research and to explore how developmental tasks specific to this life stage intersect with bereavement experiences. My intention is to elucidate the complexity of adolescent bereavement experiences, rendering the ways in which these losses parallel those at other life stages but also highlighting those aspects of adolescent loss experiences that are unique to this particular life stage. In order to best serve the needs of this population, it is helpful for service providers such as counsellors, youth workers, and other front line workers involved with this age group to have an understanding of both bereavement theory and the developmental context of this particular demographic. This allows for a more holistic and informed perspective through which we may offer more relevant and effective therapeutic supports. Gaps in the existing literature may be remarked upon to the extent that future research and subsequent interventions may benefit from such observations.

Purpose of this Thesis

The purpose of this thesis is to better understand adolescent bereavement experiences and to better prepare counsellors working with bereaved youth. This exploratory work is intended to highlight major themes in the existing literature and possibly identify gaps therein. In so doing, I hope to endow the reader with a comprehensive, albeit not exhaustive, understanding of this field of inquiry. Such knowledge may then assist the reader to more effectively support bereaved adolescents.

Theoretical Orientation

I frame this work by reflecting upon structuralist ideas within developmental psychology and how these ideas may be challenged, enriched, and transformed by assuming a postmodern position at times. The vast majority of bereavement literature aligns with a structuralist paradigm and I advocate for a different kind of inquiry - a postmodern one that better captures the

distinctiveness of adolescent bereavement experiences. Structuralism looks for unifying schemas and seeks to organize our understanding based on stages and structures which retain a prescriptive tendency. "The structuralist aims to describe the structure of the mind or consciousness" (Weiss, 1917, p. 302). In a sense, structuralism is deterministic in its allegiance to uniformity. In contrast, postmodern thinking resists universality and maintains a sense of pluralism. Postmodernism is based on the idea that there are multiple meanings systems that relate to the differential use of power and the subjective experience. Postmodernism is characterized by a rejection of those prescriptive ideas that tend to dominate structuralist thought and perpetuate the notion of universality. This sentiment was captured by Jean-Francois Lytotard (1984) when he said that postmodernism abides by an "incredulity toward metanarratives" (p. xxiv). My intention in this thesis is to advocate for the appreciation of both lines of inquiry, allowing for there to be a certain tension that persists between the two. This I feel, lends itself to a more fluid and comprehensive understanding of pertinent concepts. It is the combination of both structuralist developmental theory and postmodern influences that I feel yields a more nuanced understanding of the unique bereavement experiences of adolescents. This combination will better equip service providers with a more comprehensive appreciation for the subtleties inherent in these experiences. Consequently, service providers endowed with these insights will likely position themselves in a manner that better serves the needs of this population and therefore, more readily offer efficacious bereavement supports. The reader may notice that I explore the contributions of classical structuralist thought in the developmental literature and that I also deconstruct these ideas to make room for multiple discourses. Within the scope of a postmodern framework, I interpret themes within this thesis from a constructivist perspective that looks to question the meaning-making infrastructures that are central to bereavement

themes. Along these lines, conceptualizations of self and other garner meaning and relevance in social contexts, as social constructs. It could be said that our relationships "constitute the fundamental building blocks of mental life" (Greenberg & Mitchell, 1983, p. 3). The self is thus both constituted by and actively constitutive in relational processes, all engaged within broader cultural contexts that exert myriad of other influences. In this framework, knowing and learning are social processes, creations that evolve from social interaction. Knowing and learning are also influenced by biological processes and thus, warrant inclusion as elements of a structuralist paradigm. For these reasons, I seek to honour both postmodern and structuralist perspectives in the scope of this thesis.

Within the realm of postmodernist thought lies constructivism. Constructivism examines the interpretations we make in our social world that come to constitute our realities. It is "the view that the manner in which the material world shapes and is shaped by human action and interaction depends on dynamic normative and epistemic interpretations of the material world" (Adler, 1997, p. 322). A constructivist stance seeks to illuminate the ways in which we come to understand our experiences through 'meaning making' and 'meaning reconstruction' (Stroebe & Schut, 2001) in adapting to losses. Meaning-making from this perspective maintains a sense of filtered subjectivity, appreciating that 'knowing' is predicated upon individual perceptions. Constructivism resists prescriptive characterizations that subscribe to philosophies consistent with universality and assumptions of absolute truth. Instead, this framework looks to examine the social constructions that relate to particular experiences. In this case, I examine the social constructions relevant to adolescent experiences of bereavement. Emanating from the work of Neimeyer (2000), loss tends to challenge one's coherent sense of self and forces the bereaved to adapt to the loss through aligning with appraisals, interpretations, and meaning constructs, the

ramifications of which significantly impact bereavement adjustment (Gamino & Sewell, 2004;

Keesee, Currier, & Neimeyer, 2008). In this thesis, I draw upon the themes of meaning

reconstruction from Neimeyer's constructivist perspective (2001) and explore how these themes

intersect with developmental concepts to render adolescent bereavement experiences unique.

Of particular concern to my work is understanding how these processes of meaning-

making are experienced within the context of adolescence and related developmental tasks. This

necessitates a willingness to engage with both structuralist and postmodern perspectives. With

regard to clinical practice, it is beneficial to explore those experiences so that we as parents,

mentors, service providers, and front line workers are better able to render supports in

accordance with the needs of adolescents. Examining the complexities of loss in adolescence is

relevant as a point of potential contact and intervention on a long term trajectory where these

skills might also be helpful as adolescents age into adulthood.

Research Questions

How are adolescent bereavement experiences unique in relation to the bereavement

experiences of other age groups? What aspects of adolescent bereavement are shared by other

age groups?

Scholarly Context

Bereavement is defined as being the state of having experienced a loss through death (Attig,

2004). Zisook and Shear (2009) point out, "researchers have suggested that the term

bereavement be used to refer to the fact of loss" (p. 67). So, bereavement is the state or

experience of loss. Bereavement is inherently relational in that it connotes the disconnection that

occurs between people. This notion of disconnection is captured by authors who highlight the

nature of bereavement as imbued with a sense of 'deprivation' (Feifel, 1977; Attig, 2004).

Within related literature, the terms bereavement, grief, and mourning are often used interchangeably. While "bereavement is understood to be the experience of having lost a loved one to death, grief [is] the various emotional, physiological, cognitive, and behavioural reactions to the loss" (Howarth, 2011, p. 4). Importantly, Attig (2004) differentiates between bereavement and grief as passive and active experiences respectively, going on to point out that grieving is our "reaction when we experience the death of another as a loss" (p. 343). Grief then, is one's reaction to the state of loss or bereavement (Corr, Nabe, & Corr, 2000), with grief reactions manifesting through emotional, physical, psychological, and behavioural composites (Worden, 1991).

While grief refers to the internal affective manifestations of loss experiences, mourning refers to the outward expressions of one's internal grief. Mourning includes the "social expressions or acts expressive of grief that are shaped by the beliefs and practices of a given society or cultural group" (Stroebe, Hansson, Schut, & Stroebe, 2008, p. 5). Jakoby (2012) points out that grief tends to be concerned with what a person feels, whereas mourning is often concerned with what a person does, or how one behaves. She goes on to assert that an individual's own experience of grief and loss does not necessarily reflect these demarcations, but rather "individuals express their loss in both dimensions" (p. 681), those being both feeling and doing. Moreover, Jakoby states that when people discuss their experiences of loss, they rarely use these terms specifically. If we are to consider these terms in our understanding of adolescent bereavement experiences then, it may be important to note that the terminology and dialogical practices within this field of inquiry may be more diverse than is reflected in these definitions alone.

Given the lack of continuity that exists in the use of the terms grief, bereavement, and mourning in relevant literature, I would argue that inquiry in this domain is undermined to some degree by the disparities that exist in how these constructs are applied. That being said, I advocate here for the privileging of adolescent bereavement experiences specifically, experiences that demand that allowances be made for language that exists outside of those definitions proffered in the related scholarship. This demands a certain willingness to work flexibly with these terms so as to privilege those experiences that may not be labelled in accordance with aforementioned terms. Consequently, I intentionally use the term 'bereavement' in this thesis to capture the broad experiences of adolescents in loss, encompassing aspects of grief and mourning under this umbrella term. I do this despite acknowledging how this lack of continuity is problematic in the context of traditional research efforts that favour reliability. First, so that I may capture the literature such as it is, and secondly, with the intention that I may make provisions for those individual experiences of loss that are not necessarily bound by definitions.

More and more, we are beginning to appreciate how experiences of loss are unique and highly variable in relation to the affected persons, the relationship in question, and the context of the death itself. Loss is universal in its relevance, yet highly variable in its individual presentation. It is a common or normative experience, but also an experience that is subject to individual subtleties. It is this binary of sorts that has historically divided the field, attempting to delineate what precisely constitutes 'normal' and 'abnormal' reactions to loss. More current work in the field has tended toward a more nuanced understanding of bereavement that has moved us away from this kind of categorical divide. Inquiry into adolescent experiences has emerged alongside these efforts, even if the field appears to have focused more on the bereavement experiences of adults and children. Consequently, research in relation to adolescent

bereavement experiences is seemingly less comprehensive. This is exacerbated by the limited inclusion of adolescent voices in the academic literature, an omission that will hopefully be addressed in future research.

While grief is a phenomenon common to the human experience (Howarth, 2011), many of us fail to recognize and acknowledge its presence in our lives. Most of us will experience multiple losses during our lives, losses for which we may grieve to varying degrees. In this way, it could be said that grief is a normal—albeit often unacknowledged—part of normative life transitions. When we do experience grief in our lives, it is usually characterized by a sadness that can be accompanied by "an intense yearning, intrusive thoughts and images, and/or a range of dysphoric emotions" (Shear & Shair, 2005, p. 253). Typically, most individuals who experience grief will present symptomatically for two to six months (Friedman, 2012). In some cases however, reactions may be more severe and may include prolonged grief experiences. These more complicated grief trajectories are labelled by clinicians 'atypical,' 'unresolved,' 'abnormal,' and sometimes 'pathological'. Such experiences often resemble a depressive episode (American Psychiatric Association, 2013), though the extent to which grief symptoms overlap with other DSM (Diagnostic and Statistical Manual of Mental Disorders) categories is a matter of continued debate.

The most recent version of the DSM (American Psychiatric Association, 2013) identifies bereavement as a significant psychological stressor, sufficient to trigger or present as a major depressive episode. Previously, an individual presenting with depressive symptoms could be excluded from being diagnosed with a depressive disorder, if this depression occurred in the context of recent grief. The DSM-5 allows for the diagnosis of a depressive disorder, even though this depression may present as a function of grief. The change to the exclusion criteria for

major depressive disorder now arguably conflates grief and depression, a point of contention for many who argue that removing bereavement as an exemption from the diagnosis of Major Depressive Disorder effectively pathologizes grief reactions (Fox & Jones, 2013; Wakefield, 2013). The debate continues as we try to understand the complexities of 'normal' behaviour, attempting to standardize experiences and differentiate between 'abnormal' and 'normal' grief reactions. While it would seem that researchers agree that certain individuals experience complications in their grief experience (Lobb et al., 2010), it has been more difficult to reach consensus regarding the criteria for establishing related parameters that would yield continuity in diagnoses. The reality is that a small percentage of individuals experience intense and pervasive distress that accompanies loss (Shear & Shair, 2005). These more problematic grief experiences have been linked to both physical disease and mental illness (Cort, 1984).

Regardless of the similarities and disparities that may exist in the bereavement experiences of different individuals and different age groups, the fact is that death is a part of life. Ultimately, death impacts each of our lives in different ways and death narratives become woven into living narratives. Like other narratives, these death narratives are embedded in broader contexts that tend to influence bereavement experiences. As a unique life stage, adolescence retains its own unique challenges and related narratives that exist alongside more expansive sociocultural narratives. As a result, adolescent bereavement experiences are infused with sociocultural influences and political discourse—all intertwined within a matrix that combines developmental imperatives and loss experiences. In this thesis, I look to capture major themes in adolescent bereavement and explore the contexts through which these experiences are ascribed meaning. In so doing, I seek to illuminate the complexities that exist between and around developmental considerations and bereavement particulars.

Adolescent bereavement is a broad domain, capturing losses that may be quite variable both in composition and in relation to subsequent grief trajectories. Moreover, it is probable that adolescents are affected by grief in many of the same ways as other age groups; however, their grief may not be overtly evident to others, including family, peers, and mental health service providers. One possible explanation for this is because adolescents tend to make only limited use of mental health services (Saunders, Resnick, Hoberman, & Blum, 1994). This is especially true for minority adolescents (Cauce et al., 2002). Because many adolescents experience their grief privately and do not explicitly request support (Jeffreys, 2011), their vulnerability has often been overlooked in contrast to those of children and adults. Interestingly, recent work has shown there to be no evidence that younger children are more vulnerable in bereavement than adolescents (Brent, Melhem, Masten, Porta, & Payne, 2012), despite the preponderance of attitudes that would suggest otherwise. So while adolescents may share some aspects of their bereavement experiences with other age groups, certain aspects of the adolescent bereavement experience make that journey somewhat more difficult by comparison. This would include the developmental demands specific to this life stage, the tendency for adolescents to hide their grief, and the propensity for adolescents to resist engaging with available supports. Stokes, Reid, and Cook (2009) hypothesize that adolescents are minimally and inconsistently engaged with relevant services because those services do not reflect the inclinations of this group, speculating that more flexible, collaborative, and empowering services may be advisable. In some cases, bereavement interventions may not be necessary given that most losses are endured satisfactorily with time. Moreover, as Neimeyer (2000) points out, formal intervention may actually be problematic in cases where it is not needed, and unnecessary participation in formal interventions can in fact result in deleterious outcomes. That being said, it is important to ascertain the needs

of adolescents specifically in order to target bereavement interventions accordingly. In this thesis I aim to capture both the similarities that adolescents share with other age groups in their bereavement experiences as well as the particularities that make adolescent bereavement experiences unique.

Situating the Author

I have supported adolescents in community endeavours and therapeutic practice, being involved as a youth worker and a youth development worker prior to my returning to academia and the more formal work of counselling psychology. Through my own experiences, I can attest to the complexity of both adolescent wisdom and adolescent struggles. There is a certain level of spontaneity and undiluted reverie in the adolescent spirit, something that I find to be inspiring, raw, and admirably sincere. My own anecdotal experiences have been consistent with the idea that many adolescents do indeed engage with issues surrounding death and loss on a level that would surprise many of us.

Death has been no stranger to me and I suppose it has been this certain proximity to death that has resulted in my continued relationship with these questions and dialogues about death and dying. In addition to my work with adolescents, I have volunteered in crisis and suicide prevention initiatives, as well as programming to support families who have endured loss through death. I maintain that these supports surrounding death allow us to enrich each other's lives and that they have the potential to drastically influence bereavement experiences. I would argue that our general discomfort with issues surrounding death and dying persists as a function of broader sociocultural influences and that we could collectively improve in our ability to engage in dialogues regarding these issues. Moreover, I think that doing so endows us with a

greater ability to connect with adolescents on relevant issues and model invaluable skills that lend themselves to adaptive coping.

Structure of the Thesis

Derived from my own immersion in the related literature, I present my findings in three essays: Essay 1, titled Bereavement Theories will traverse the field of bereavement literature and provide a broad overview of prominent theoretical contributions, paying particular attention to theory that pertains directly to the experience of adolescents. This is followed by Essay 2, Adolescents, Attachment, and Loss, in which I will explore the domain of adolescence as a unique developmental juncture, alongside the relational composites of bereavement having to do with attachment and loss. I will briefly discuss some of the common kinds of losses endured by adolescents. Lastly, in Essay 3 I will examine the cultural influences that shape our understanding of bereavement experiences, situating much of this knowledge and unpacking how these influences frame bereavement trajectories. I conclude by reviewing central themes, salient concerns, implications for practice, and recommendations for future research.

ESSAY 1: BEREAVEMENT THEORIES

In this essay, I present a broad overview of theoretical contributions to the field of bereavement study. This is not intended to be a comprehensive review of the bereavement literature to date, but rather a more general consolidation of research relevant to the field. These ideas are largely separated into historical and more contemporary categories, with the latter being emphasized in relation to how these theories may intersect with adolescent developmental considerations. Of particular interest is the Dual Process Model (Stroebe & Schut, 1999), an emergent framework that may offer greater insight into the coping experiences of bereaved persons. The relevance of the DPM within specific populations warrants further consideration and the field may benefit from directing future research efforts at employing the DPM in targeted demographics.

Theoretical Models of Grief and Bereavement

For a long time, bereavement literature maintained a position that categorized grief reactions as simply 'normal' or 'abnormal.' In this context, deviations were viewed as pathological in nature and reflected a rejection or intolerance for reality. An inability to accept the loss was deemed an act of protest and denial and in this domain, professionals stressed the need for detachment or disengagement from the deceased.

Freud's (1917) early psychoanalytic views laid the groundwork for initial theoretical understandings of bereavement. He maintained that ongoing relationships with the deceased presented as pathology and reflected a person's unwillingness to let go, or rather a state of denial. "Mourning has a quite specific psychical task to perform: its function is to detach the survivor's memories and hopes from the dead" (Freud, 1913, p. 65). The consuming energy directed at

mourning and the deceased, Freud (1957) termed "hypercathexis" (p. 254). Hypercathexis refers to the bereaved person's effortful, ruminative experience of reflecting upon memories of the deceased. This is to be distinguished from both cathexis and decathexis, with the former constituting the diversion of thoughts and emotional energy away from the deceased, and the latter being one's detachment from the deceased. Hence, hypercathexis is the process through which a bereaved person may actively work toward grieving, withdrawing (cathexis), and ultimately detaching (decathexis) from the deceased. The "work of mourning" to which Freud referred (1917; 1957), necessitated 'detachment' and ultimately demanded that one relinquish ties to the deceased, lest he or she succumb to the ego's 'melancholia' (Freud, 1917). In loss, Freud maintained that one's ego would be more or less veiled in the vestiges of the deceased other and that aspects of the other would be bound, unconsciously to the mourner (1957; 1961). The psyche, is touched by the loss and may become problematic or debilitating to the extent that this experience compromises the functioning of the self. Psychoanalytic work that followed maintained the idea that 'healthy' grieving necessitated individuals sever their bond with the deceased. Freud's own attitude toward these ideas shifted with time (1960) notably after the death of his daughter Sophie. Ultimately, Freud arrived at a position in his work that maintained some connection to the deceased, writing a letter to a friend that captured this sentiment:

> Although we know that after such a loss the acute stage of mourning will subside, we also know that we shall remain inconsolable and will never find a substitute, no matter what may fill the gap. And actually, this is how it should be. It is the only way of perpetuating that love which we do not wish to relinquish. (Freud, as cited in Gay, 1988, p. 386)

While I would argue that many individuals do successfully manage their bereavement experiences and do not remain 'inconsolable,' Freud's view on maintaining bonds in perpetuity exists in stark contrast to his earlier ideas.

A paper presented by Lindemann (1944) reviewed data of bereaved persons he observed in the early 1940s. In this work, he pointed out patterns, which he identified as engendering acute grief reactions or symptoms associated with grief. These included: somatic or bodily distress, preoccupation with the image of the deceased, guilt relating to the deceased, hostile reactions, and an inability to function as one had before the loss (Lindemann, 1944). Lindemann also maintained that it was necessary for bereaved persons to outwardly verbalize or share the feelings that arose in relation to distressing bereavement experiences. Both Freud and Lindemann (as cited in Stroebe, 2001) ascribed to the grief work perspective, a framework that advocated for intentional and direct grief work that could be attended to until such time that grief had been addressed in its entirety, thus avoiding any potential 'complications' in the grief experience. In essence, the grief work hypothesis necessitated that the bereaved 'detach' from the deceased.

In her work with those who were dying, Kubler-Ross (1969) developed a five-stage model of anticipatory grief, which was intended to be representative of the experiences of these individuals as they faced death. The stages proposed by Kubler-Ross included Denial and Isolation, Anger, Bargaining, Depression, and Acceptance. These stages of grief came to be widely recognized and referenced in relation to bereavement experiences. Important to note is that this theory reflects work that took place with individuals who were themselves dying, rather than individuals who were bereaved. The model ultimately evolved into a commonly used one, arguably undermined by its prescriptive infrastructure that seemed to undermine the often

atypical grief experiences of individuals (Friedman & James, 2008). Critics of stage theories

argue that such prescriptive tools pathologize the experience of many bereaved persons and that

such models fail to address the meaning-making processes deemed central to successful

outcomes, recognizing that complications in grief trajectories tend to result from difficulties

associated with attributing meaning to these distressing experiences (Holland & Neimeyer,

2010).

      Bowlby (1980) and Parkes (1998) also introduced phase theories relating to bereavement.

Parkes' four-phase model (1998) captured psychological composites of the grief response, those

being: Shock or numbness, yearning, disorganization and despair, and indications that one is able

to resume life in a coherent manner. Parkes (1998) maintained that grief was not experienced as a

linear process and that stage models were problematic for this reason. Parkes (2013) has

challenged the origins of Kubler-Ross' work, suggesting that the field had already laid the

groundwork for Kubler-Ross who then went on to gain the majority of the notoriety. In his work,

Bowlby (1980) proposed phases of grief that included numbness, separation anxiety, despair, and

disorganization, and the acquisition of new roles and reorganization. These ideas paralleled

Bowlby's theoretical understanding of children's experiences when they were separated from

their caregivers and captured the emotional reactions specific to the rupturing of meaningful

bonds. In this way, Bowlby's grief theory emanated from his attachment work (1973) wherein he

posited that attachment patterns developed in early life remained active throughout development.

      Within the domain of early bereavement study, theoretical frameworks imposed a sense

of universality that effectively left little room for individual variations or appreciation for unique

experiences. These early theories (Freud 1917; 1957; Kubler-Ross, 1969; Bowlby, 1960;

Lindemann, 1944) alleged that bereavement experiences followed a linear or sequential

trajectory, which again, limited the acknowledgement and acceptance of bereavement experiences that deviated from preferred models. Additionally, historical bereavement theory necessitated that bonds be severed with the deceased and that the bereaved detach, let go, and relinquish their connection with the dead. Such standards frequently prioritized recovery with a sense of finality and in doing so pathologized the bereavement experiences of those who did not follow these paths.

Historically, bereavement literature captures a sense of loss as rife with pathological afflictions, ideas consistent with perspectives rooted in a medical model. Early ideas conveyed the notion that grief reactions were to be 'fixed.' resolved, and time-limited. To fail in this regard, was to stagnate in a denial of sorts. More contemporary theoretical perspectives offer more flexible understandings of bereavement experiences, increasingly appreciative of cultural practices, family and individual influences, as well as the circumstances of the death and the relationship of the bereaved the deceased. These more contemporary ideas align more closely with a postmodern paradigm that appreciates multiple truths and different kinds of knowledge.

Worden's (1991) tasks of grief emerged as a means of moving away from stage models, introducing an alternative approach based on the tasks of grieving (1991). Worden's task-based mourning included (a) accepting the reality of the loss, (b) processing the pain of grief, (c) adjusting to the world without the deceased, and (d) finding an enduring connection with the deceased while embarking on a new life (Worden, 2009). This last task went through several revisions to reach its current wording, reading in earlier editions as "withdraw emotional energy and reinvest it in another relationship" (Worden, 1982, p. 15). Again, we see a shift toward greater appreciation for enduring bonds with the deceased. These tasks however, maintained a certain structure and predictability, both of which were problematic to the extent that they were

prescriptive in their characterization of bereavement experiences. That being said, these tasks allowed for bereaved individuals to move back and forth between tasks, though Worden maintained they all need to be addressed.

Emanating from cognitive stress theory (Lazarus & Folkman, 1984), Folkman (2001) offers a different perspective on bereavement as an experience that demands coping skills specific to this kind of crisis or event. Folkman looked specifically at indicators, which could be interpreted as signifying positive adjustment to bereavement. His work explored how positive emotions might indicate successful adaptation in bereavement to the extent that "the positive affect itself appear[s] to help sustain renewed problem- and emotion-focused coping efforts" (Folkman, 2001, p. 571). Along these lines, Moskowitz, Folkman, and Acree (2003) have found 'optimism' to be predictive of positive outcomes in bereavement, meaning that this has the potential to lead to more adaptive psychosocial functioning or successful coping. It is worth pointing out that the constructs related to this research are very much situated in western ideas and the reader should be reticent about generalizing these concepts without paying significant attention to cultural complexities.

Emergent Understandings

Contemporary bereavement literature encompasses a more complex and holistic view of these experiences, attempting to capture categories of biological, cognitive, social, and emotional development (Noppe & Noppe, 1996, p. 26). Staged resolution and definitively sequential timelines in grief are no longer appropriate as catch-all theories (Neimeyer, 2000), demanding that we examine these issues with a larger lens. Meaning making and meaning reconstruction now exist as prominent post-modern concepts in the bereavement literature, consistent with social constructionist ideology that maintains the diverse and unique nature of individual

narratives. Moreover, there now exists greater appreciation for the ways through which experiences with death are understood as being embedded in broader sociocultural contexts and that these cultural influences shape our experiences of loss (Doka & Davidson, 1998). A natural corollary to this is that there is now a greater demand for cultural competencies among practitioners, something that has historically been overlooked. Bereavement study now includes other perspectives that propose loss as an opportunity of sorts, one that has the potential to endow bereaved individuals with refined coping skills or other manifestations of personal growth. As explained by Schaefer and Moos (2003), "some of the processes through which bereaved individuals come to experience personal growth include grieving itself, introspection and the search for meaning, and redefining roles and relationships" (p. 146). For adolescents in particular, research consistent with this notion of personal growth highlights how bereaved adolescents may develop more maturity than their non-bereaved counterparts in the long-term, as a result of their loss experiences (Davies, 1991).

'Continuing bonds' have come to be understood as helpful in conceptualizing bereavement experiences, allowing some individuals to adjust to loss with greater adaptation (Klass, Silverman, & Nickman, 1996). This goes against ideas that conceptualized loss as something that needed to be resolved. Indeed, the notion that 'recovery' is a bereavement necessity is waning (Carnelly, Wortman, Bolger, & Burke, 2006; Stroebe, Hansson, Stroebe, & Schut, 2001) with the field increasingly orienting toward integrating these experiences as enduring composites in our ongoing life narratives. Relationships are transformed rather than ceased. Losses are integrated as part of a new narrative rather than compartmentalized, finalized, and resolved. To this end, emergent scholarship reflects an orientation toward relational understandings.

The Dual Process Model of Coping with Bereavement (Stroebe & Schut, 1999) or DPM emerged as a model that examined coping processes and the extent to which these processes engender adaptive responses to loss. More specifically, the rationale for the DPM was to gain a better understanding of good versus poor adaptation and to target the unique experience of individuals in their coping efforts following bereavement (Stroebe & Schut, 2010). The DPM captures both loss-oriented and restoration-oriented responses, the former being "the bereaved person's concentration on, appraising and processing of some aspect of the loss experience itself" (Stroebe & Schut, 2010, p. 277). In this way, it is directly confronting the issue of loss. Conversely, restoration-oriented responses encompass efforts that "focus on secondary stressors that are also consequences of bereavement" (Stroebe & Schut, 2010, p. 277) and include adapting to life tasks without the deceased. This model offers a flexible perspective from which to understand bereavement experiences, positioning the bereaved as both confronting and avoiding stressors related to the loss at different times. This notion of engaging or disengaging with stressors related to loss is termed 'oscillation' and conveys the idea that bereaved persons will alternate between loss-oriented and restoration-oriented stressors. Within this model, this flexibility or 'oscillation' is thought to be an adaptive composite in positive adjustment to bereavement.

Theories of Adolescents and Bereavement

Recall the mention of Vygotsky's (1978) Zone of Proximal Development (ZPD) and how this was understood as a domain of influence in which adolescents were both influenced by and able to exert influence on their learning experiences. In this way, development is shaped by social processes and cultural practices having much to do with competencies nurtured within these contexts. This is relevant to how we understand bereavement experiences because it helps

us begin to appreciate the extent to which these experiences are shaped through sociocultural

practices. Moreover, this notion of 'scaffolding' within the ZPD signals the importance of the

surrounding milieu in supporting, guiding, and developing competencies. Going a step further,

one may recognize that competencies are engendered through both supporting influences and the

actualization of individual potential, necessitating an appreciation of the space that exists

between adolescents and relevant supports as one that demands flexibility. In this space,

offerings of support exist alongside respect for adolescents' own enactment of personal needs.

Put simply, this space takes on a dimension of mutual influence, wherein which the adolescent

may accommodate individual needs whilst still benefiting from the supportive guidance of those

around him or her. This resembles the DPM to the extent that this space, characterized by a

degree of mutuality, reflects the flexible and integrated nature of an important binary, which

allows for both orienting toward the loss and directing attention away from the loss. This is of

significance to the DPM and its applications in bereavement interventions given that these

processes resemble each other in distinct ways.

      Both the ZPD and the DPM provide a theoretical infrastructure for conceptualizing the

adaptive nature of both direct intervention and therapeutic work, and also some accommodation

of those times during which other preferences or aspects of individual agency may be preferable

in coping. These notions of confrontation and avoidance in the DPM, or support and individual

agency in the ZPD parallel each other in their making provisions for 'oscillation' within coping

and learning processes. Simply put, the individual may benefit from moving toward or away

from the experience of loss (as in the DPM), and toward or away from the support of guided

instruction (as in the ZPD), leaving room for personal exigencies. In both, there are times and

opportunities where engagement is adaptive, and there are times where disengagement is

adaptive. In the same way that the DPM is responsive to individual nuances, the fluidity of the

DPM aligns with developmental particulars in its accommodation of the range of relevant

experiences, as well as individual propensities for engagement. In making room for individual

coping trajectories, the DPM provides a certain flexibility that accommodates both existing

professional knowledge and that of the adolescent. An adolescent might then 'oscillate' between

formal supports and asserting their own needs and competencies. Engaging with this framework

allows clinicians and other support persons to simultaneously provide relevant supports whilst

sending the message that adolescents are capable and competent of mobilizing their own unique

bereavement supports. In this way, the DPM arguably engenders a respectful stance in its

accommodation of individual particulars. To date, the DPM has been applied to research with

adults in later-life, capturing individuals aged 55-95 (Bennett, Gibbons, & Mackenzie-Smith,

2010) however such efforts have not specifically been targeted at adolescent populations. Future

research may benefit from exploring the application of the DPM with adolescents in particular.

In exploring bereavement, it is evident certain situational variables are linked to more

complicated grief experiences and that this is relevant across age groups. Complicated grief (or

CG) is "a syndrome characterized by a maladaptive symptom pattern secondary to a major loss

that lasts beyond the normal grieving time" (Crenshaw & Hill, 2009, p. 352). More specifically,

circumstances that complicate bereavement experiences regardless of age tend to include: if the

death was unexpected or accidental, if there was conflict or ambivalence in the relationship with

the deceased, whether the death was stigmatized or 'disenfranchised,' the nature of a bereaved

individual's coping repertoires, and the extent of relevant social support available to the deceased

prior to their death (Shear, Boelen, & Neimeyer, 2011; Herberman Mash, Fullerton, & Ursano,

2013; Beck & Jones, 2007; Villacieros, Serrano, Bermejo, & Megana, 2014). Certain deaths tend

to complicate subsequent grief reactions by their nature. This includes, for example, unexpected, traumatic deaths (e.g., due to violence), or deaths that are compounded by multiple other stressors.

Balk has been a significant contributor to bereavement research and his work has played a pivotal role in revealing the complexities of adolescent bereavement specifically. In his work, Balk (1996) considers three models intended to inform scholarship pertaining to adolescent bereavement: A developmental model, a Life Crisis model, and a Sociocultural model. Balk explores how the developmental model is predicated on examining cognitive, behavioural, and affective dimensions of the adolescent bereavement experience. This model relates these processes in relation to five primary issues, those being: the predictability of events, developing a sense of mastery and control, belonging, engaging with issues of fairness and justice, and dealing with issues of self-image (Fleming & Adolph, 1986). In this model it is recognized that adolescent grief will change over time as an individual moves through new stages in life. This is a noteworthy contribution to the literature, since the bereavement trajectories of early, middle, and late adolescents differ (Balk, 2011) and are likely to transform over time.

Balk (1996) explores the life crisis model as centring on an event or circumstance that threatens to disrupt an individual's psychosocial equilibrium. Within this model, bereavement constitutes a crisis that is influenced by contextual variables, which include background and personal factors, factors that relate specifically to the event itself, physical and social environmental factors, cognitive appraisals related to the crisis, adaptive tasks, and coping. Moos and Schaefer (as cited in Balk, 1996) assert that these cumulative factors significantly impact an individual's ability to cope with a crisis. As such, it is a cognitive-oriented model.

Balk (1996) continues by revealing the sociocultural model as one that orients around 10 central 'human sentiments' and highlights the relationship between stress and the environment. In this model (as cited in Leighton, 1959), individuals strive for (a) physical security, (b) sexual satisfaction, (c) expression of hostility, (d) expression of love, (e) secure love, (f) recognition, (g) expression of creativity, (h) orientation to one's place in society, and (i) belonging to a moral order. These ideas relate to the concept of the 'life arc,' an idea put forth by Leighton (1959) that appreciates that the human personality is dynamic and changing on an ongoing basis. Consequently, our potential is regularly being revised and enacted, and changes will impact the various sentiments in myriad ways. Leighton (1959) asserts that individuals are continually seeking, losing, and fulfilling these tenets of our existence or 'human sentiments.' The value of his contributions lies in his recognition that priorities shift with time and circumstance, and that these human sentiments will retain different values at different life stages. With respect to adolescent bereavement specifically, Leighton conceptualized loss as an impediment or disruption in the fulfilment of these sentiments, one that is likely manifested in adolescent questions surrounding a sense of belonging and being "oriented in terms of one's place in society" (Balk, 2011, p. 80).

If we are to orient toward bereavement narratives imbued with a developmental perspective, then we must appreciate bereavement theory with a certain flexibility, allowing for discrepancies that may better reflect the experience of particular age groups. This necessitates a more holistic appreciation for adolescent development and a willingness to acknowledge the many influential dimensions of the adolescent experience, including both intrapersonal and interpersonal elements. In these ways, we may more effectively position ourselves to provide relevant support services for bereaved adolescents.

Conclusion

In this essay, I have introduced the reader to general theoretical influences in the bereavement literature and endeavoured to create space for theory that specifically lends itself to adolescent experiences. My intention has been to highlight contrasts in the historical and contemporary literature, emphasizing a progressive orientation toward contextual influences as being important variables in the course of bereavement. This includes a greater appreciation for individual differences in bereavement, as opposed to historically constrained understandings. In the next essay, I take the reader further into the realm of adolescence. This includes discussion of developmental tasks specific to this life stage and exploration of relational priorities therein. The particularities of adolescent loss experiences are then examined in the context of developmental considerations.

ESSAY 2: ADOLESCENCE, ATTACHMENT, AND LOSS

In this essay, I look to provide the reader with a general understanding of adolescence as a unique developmental juncture, exploring salient concepts in the related literature and merging these ideas into relevant composites of the adolescent bereavement experience. I explore attachment theory as a framework for relational engagement, reflecting how interpersonal patterns may function in life and loss. I conclude this chapter by reviewing losses specific to the adolescent experience so that the reader may gain some insight into these specific examples.

Adolescence

Adolescence is a unique developmental period characterized by physical changes, socio-emotional shifts, and cognitive advancements. In western cultures, the parameters defining adolescence are loosely bound by childhood and adulthood (Balk & Corr, 2001), a span that encompasses a great deal of change in different domains. Because adolescence ranges from roughly the age of 13 to the age of 23, it is often broken down into sub-stages (Grotevant, 1998), which allows us to further delineate processes therein. For the purposes of this essay, I am emphasizing the experience of middle and late adolescents, those being adolescents ages 15 to 22, though it should be noted that research in the field does not always make these distinctions. I have chosen to focus on older adolescents where possible, a decision emanating from the assertion that this particular group tends to experience greater death anxiety than other age groups (Thorson & Powell, 1994; Twelker, as cited in Kastenbaum, 2012).

Biologically, adolescents experience hormonal changes, growth spurts, improvements in gross-motor skills, development of sexual characteristics, and brain development, to name a few. Adolescence is also a time during which there are significant neurological changes, with the

brain undergoing dramatic physiological changes (Broderick & Blewitt, 2010). These changes carry with them psychological implications for how adolescents engage in relationships, as well as how they understand themselves and their own identities. While these changes are not predictably linear, these biological, psychological, and social milestones unfold as parallel processes, cumulatively resulting in greater complexity in relationships as adolescents change physically, develop more mature self-understandings, and begin to have more nuanced involvement with peers and intimate others. Developmental theory has been influenced by seminal works that have shaped much of our understanding of adolescence, a discussion of which is beyond the scope of this thesis. Major contributions to the developmental literature centre on the developmental tasks deemed central to adolescence.

During the formative adolescent years, as captured in the developmental literature, there are developmental tasks having much to do with identity development (Erikson, 1950; 1968) and the social self. Issues of separation and individuation are expected to be mastered during this period (Moore, 1987; Hoffman, 1984), encompassing an adolescent's ability to successfully manage the demands of shifting relationships as he or she becomes increasingly independent. "Separation-individuation not only refers to a redefinition of the self but also to a redefinition of the relationship with caregivers" (Kins, Soenens, & Beyers, 2011, p. 647). This is however, contentious and arguably simplistic to the extent that 'healthy' development often becomes conflated with disconnection and conversely, that continued connection signals a lack of maturity (Lawler, 1990). Independence and autonomy exist as strong themes in the development literature, though some research highlights the benefits of maintaining strong family relationships that may assist in adaptation to adolescent developmental tasks (Lapsley, Rice, & Fitzgerald, 1990).

Akin to this notion of separation-individuation, developmental theorists maintain that adolescents are increasingly tasked with resolving issues related to autonomy and that this is in itself a hallmark of adolescent development (Erikson, 1963; Pardeck & Pardeck, 1990). Autonomy is understood as being one of the primary developmental tasks of adolescence, conceptualized as becoming self-directed (Erikson, 1968) and acting independently. A singular definition of autonomy and its related constructs remains elusive however (Spear & Kulbok, 2004), which compromises continuity within related research streams. Also arguably problematic within the developmental literature is that independence, separation, and autonomy have become positioned as counter to connection, and that these terms arguably pathologize relatedness to some extent. In the words of Gilligan (1982) "development itself comes to be identified with separation, and attachments appear to be developmental impediments" (pp. 12-13). Understandings of maturity within the context of Eurocentric developmental theory thus seemingly oppose relationality. In order to counteract this dichotomy, certain conceptualizations of autonomy retain a caveat of sorts, necessitating that one separate from others to develop sense of individual self, whilst retaining some degree of connection to others (Steinberg & Morris, 2001; Grotevant & Cooper, 1986).

In the context of increasingly salient social interactions, adolescents express themselves in accordance with the nuances of their emergent identities and gradually engage in a process of enhanced social awareness as the self is established. These processes of identity development are such that narratives of the self are closely intertwined with broader narratives that exist in the surrounding social milieu. Indeed, "selves are not isolated nuclei of consciousness locked in the head, but are distributed interpersonally" (Bruner, 1990, p. 138). Understandings of both self and other become more complex during this life stage and relational competencies become prominent

features of adolescent development. Developing competency and mastery in socio-emotional roles and social interactions is considered an aspect of adaptive psychosocial functioning to the extent that proficiency in these domains has the tendency to yield more positive outcomes (Segin et al., 2007). In fact, even just the perception adolescents may have of their own psychosocial competence can positively influence adolescent well-being and functioning (Chen, He & Li, 2004). Adolescent perceptions of self-worth have a tendency to be somewhat fluid, a function of the exchanges that take place in different relational contexts (Harter, Waters, & Whitesell, 1998). Within the domain of adolescent developmental literature, developing a sense of mastery is akin to enhancing one's competencies, or improving one's sense of efficacy, with these terms being used together or interchangeably in related scholarship (White, 1959). Relational competencies such as problem solving, self-understanding, and self-efficacy are nurtured within social settings, including the family context (Conger, Williams, Little, Masyn, & Shebloski, 2009) and peer interactions (Kuperminc, Blatt, & Leadbeater, 1997), amongst others.

As explored in Piaget and Inhelder (1969), Piaget's theory of cognitive development emphasized biological structures as shaping development. Piaget presented four periods in the developmental trajectory. Of specific concern to bereavement theory is Piaget's idea of Formal Operational thinking, which is one period in Piaget's theory of major developmental periods, all of which build upon each other as the child experiences fundamental changes in his or her cognitive structures. The formal operational stage is characterized by an emergent ability to think systematically about abstract issues. As noted by Inhelder and Piaget (1958), the nature of thought shifts from the actual to the potential (p. 248) meaning that hypothetical possibilities come to be understood by adolescents. This includes more logical understandings regarding death, with children and adolescents differing significantly in their understanding of the abstract

nuances involved in death experiences (Koocher, 1973). Piaget also looked at how the demands of the environment could be integrated by the individual, referring to this process as assimilation and accommodation. In Block's (1982) summary of Piaget's model, individuals initially resort to assimilation in response to changing environmental demands, meaning that they tend to rely on existing capabilities to meet these demands. In accommodation however, individuals make changes to or enhance cognitive structures so as to meet shifting environmental demands. In this way, accommodation is an ongoing process in development, and is an appropriate concept in the study of bereavement for its relationship with meaning construction. This is because accommodation appreciates a certain bi-directionality between the individual exerting influence on the environment and vice versa, processes that are in flux as life unfolds and changes (Silverman & Klass, 1996). Along these lines, bereavement can be appreciated as an opportunity for accommodation and personal growth.

Vygotsky (1978) offered a different framework for understanding adolescent development, looking at the social creation of mental processes wherein which learning takes place through social interactions. Vygotsky introduced the idea of the Zone of Proximal Development (1978) or the ZPD, a concept that is intended to represent the gap between a child's current performance, and that same child's potential performance if they were to be assisted by someone more skilled. The premise focuses on building upon existing skills by using available supports to aid in the instruction of the child so that they may perform better with relevant assistance. Vygotsky conceptualized this idea as a scaffold of sorts. Vygotsky's ideas looked at development as being collaborative in nature, appreciating that potential is engendered by surrounding systems and participants (as cited in Levykh, 2008). In this way, the ZPD is inherently a relational concept. Moreover, Vygotsky viewed development as being influenced by

dimensions of personality, behavioural repertoires, and culturally responsive emotions. He

placed emphasis on the social processes involved in development and specifically suggested that

affect and intellect are not mutually exclusive, rather both are culturally mediated processes

inherent to development (Levykh, 2008). With these processes seen as being interconnected,

learning and development are both seen by Vygotsky as bound by cultural practices.

Development then, reflects social practices. With particular relevance to conceptualizing

bereavement interventions, understanding development in this way alerts us to the need to

examine context if we are to understand related theory and inform future efforts. These

contributions to the developmental literature are also helpful to the extent that they position

adolescents as influenced by and influencing their experiences.

Advancements in the study of adolescent development have included an appreciation for

academic inquiry that reflects relational concepts and influences, greater recognition of

individual agency, and an enhanced understanding of various problematic outcomes relating to

adolescent development (Lerner & Steinberg, 2009). More recently, the field of adolescence has

oriented toward a greater emphasis on positive development, a shift that has entailed greater

emphasis on the dynamic nature of development across contexts, as well as employing a

strengths-based perspective. This perspective emanated from a greater appreciation for plasticity

as it relates to developmental trajectories and attention to the relational aspects of development

(Lerner, Phelps, Forman, & Bowers, 2009). More specifically, Positive Youth Development

(PYD) is concerned with understanding how adolescents thrive and thus orients to the potential

of adolescence, rather than the deficits. There is a sense of hope that persists within this

framework as it relates to adolescent developmental mastery (Sun & Shek, 2012). Eccles and

Gootman (2002) outlined the "Five C's" of positive development in their report for the National

Academy of Sciences: competence, confidence, character, connection, and caring. Research related to this framework seeks to capture integrated aspects of adolescent development with a more complex appreciation for adolescent resources. In their commentary on PYD, Spencer and Spencer (2014) highlight the contextual nature of developmental tasks as constructs of time and space, and advocate for greater inclusiveness in the PYD so as to capture the complex diversity in contemporary culture. In this way, the PYD framework is responsive to context and attempts to examine development in relation to surrounding ecologies.

In considering how developmental changes intersect with bereavement experiences, it is evident that adolescent bereavement experiences share similarities with those of other age groups, however there are developmental considerations that highlight certain idiosyncrasies. Compared to children, for example, adolescents have the benefit of richer communication skills and broader life experiences, whilst also encountering the normative developmental tasks inherent to this life stage (Corr & Balk, 1996). Greater self-awareness emerges alongside and intensifying social interest, creating a burgeoning cognizance of the social world. Elkind (1967) juxtaposes this budding interpersonal maturity with intense self-preoccupation. Issues relating to identity, independence, friendship, and relationships are focal points during adolescence (Balk, 2000). Central to bereavement inquiry at this particular life stage is that adolescents have become psychologically capable of comprehending abstract thought as it relates to death and are actively engaging with identity development processes that orient toward existential questions that have to do with life's meaning and purpose. Certain characterizations of adolescent behaviour in the literature allude to risk-taking behaviours (Levitt, Selman, & Richmond, 1991) and feelings of omnipotence or invincibility (Steinberg, 1985) as adolescents begin to encounter their own mortality. Other research challenges this idea, illustrating instead that many adolescents actually

display a heightened sense of mortality (Fischhoff, Bruine de Bruin, Parker, Millstein, & Halpern-Felsher, 2010), especially those adolescents residing in environments where there are relatively more dangers, such as unsafe neighbourhoods. Despite this tendency for adolescence to be associated with problematic or risky behaviour, other research suggests that this may not be a predictably normative phenomenon and that only a small percentage of adolescents engage in risk-taking behaviour (Romer, 2010).

Adolescent bereavement experiences can be further deconstructed by segmenting the intricacies specific to early, middle, and late adolescence (Balk, 2000). In this thesis I capture broad aspects of bereavement experiences that relate to adolescence in general, whilst paying particular attention to the nuances expressly found in middle and late adolescent bereavement experiences, those being between 15 and 22 years of age (Balk, 2000). Older adolescents have been found to experience relatively higher levels of death anxiety (Thorson & Powell, 1994).

Much of what concerns adolescent development relates to the ability to develop and sustain mature relationships. In order to understand how adolescents experience and engage in relationships, it is perhaps helpful to explore attachment theory as a framework that posits some foundational knowledge in this regard. Indeed, attachment serves to provide a construct for exploring the matrix of emotional development in combination with interpersonal relationships (Bowlby, 1982).

Attachment Theory

Attachment theory highlights how we come to be in relationship and how the inner experience exists in relationship with the social experience. While attachment theory is not a prescriptive tool for assessing the ways through which one might experience bereavement, it is perhaps a helpful backdrop from which to interpret some of our patterns in relationships. In this

model, one's internal working models are derived from the amalgamation of early experiences (Bowlby, 1982), largely with primary caregivers. Attuned caregiving sets the foundation for a child's social and emotional development, and internal working models function as a reference point from which individuals engage and connect thereafter. Attachment style is conceptually linked to coping, with more secure attachment styles believed to correlate with better adjustment to psychological stressors (Mikulincer, Florian, & Weller, 1993). With loss experiences in particular, early work has identified the psychological features of grief that resemble those features seen in children who have experienced separation, including numbness, yearning and searching, disorganization and despair, and reorganization (Bowlby & Parkes, 1970). Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978; Ainsworth & Eichberg, 1991) went on to illuminate how patterns identified early on, were highly predictive of later attachments formed in adult life. Since that time, Parkes (1991) has examined how more negative early experiences relate to more complicated bereavement experiences in adult life, elucidating the connection between attachment styles and loss experiences.

Of concern to attachment theory in the context of loss and grief is the extent to which an individual maintains mental representations of the deceased, in the absence of physical proximity or in this case, death. It is thought that such internalized representations help the bereaved sustain both a sense of identity, as well as preserving a meaningful connection to the past. The idea that we might remain connected to the deceased by maintaining a 'continuing bond' was first introduced by Klass et al. (1996). The continuing bond is thought to function as a secure base which provides an enduring, albeit transformed sense of connection to the deceased, the adaptiveness of which is contingent on the bereaved individual's capacity to revise one's internal working model in accordance with the permanency of the loss (Field, Gao, & Paderna, 2005).

Proximity seeking and exploratory behaviours persist as central concepts within this framework, though the relationship or preferred degree of either is a contentious issue, one marked by claims that attachment theory fails to appreciate culturally disparate values which tend toward greater or lesser emphasis on relatedness (Rothbaum, Rosen, Ujiie, & Uchida, 2002). This resultantly tends to oversimplify our understanding of adaptive and maladaptive responses to relational loss by rendering certain reactions more pathological than others, in accordance with values inherent to dominant cultural practices and values. For the purposes of this particular work, western inclinations in this regard will be central, though it behoves the reader to note this bias.

Bowlby (1969) initially set out to understand separation responses in early childhood, but attachment theory evolved to include the notion that human development is inherently oriented toward being in relationships and that we retain this need throughout the life span. Though adolescence is frequently characterized by developmental tasks having to do with 'autonomy' it can be argued that this too is inherently relational in that "autonomy comes into being only through personal relationships and social structures that encourage it, that autonomy is not something we innately possess or inevitably mature into" (Slote, 2004, p. 302).'Autonomy' appreciated in this way is a process shaped over time and is subject to the influences of cultural norms. For adolescents, the attachment system matures into one that requires less explicit physical safety and more a sense of 'felt security' in relation to attachment figures (Allen & Land, 1999). Thus, the physical presence of attachment figures becomes less prominent as adolescents are increasingly able to not only function in various environments but also rely on their own internal working models of 'state of mind' that have emerged out of attachment representations (Allen & Land, 1999). In this way, relationships come to be internalized, even in loss. In bereavement, Bowlby (1980) saw this relational transition as a process of reorganization

and construction, efforts that gradually allow the bereaved to see the loss as permanent whilst preserving a sense of the relationship itself. This is akin to the increasingly popular notion of 'continuing bonds' (Klass et al., 1996) in that loss is often accommodated through reconstituting the relationship as one of symbolic connection to the deceased. Thus, ongoing connection or attachment to the deceased is created as an enduring representation, something that has the potential to yield more positive outcomes (Asai et al., 2010; Klass et al., 1996). Indeed, Hogan and DeSantis (1996) assert that this kind of "ongoing attachment . . . is the silent variable" that helps some adolescents mobilize resilience and experience personal growth (p. 251).

In this way, attachment styles are linked to coping to the extent that positive early experiences of support and connection are likely to contribute to 'secure outcomes' and greater resilience (Bifulco & Thomas, 2013). While we may not necessarily be 'attached' to each individual in our life who dies, bereavement is undeniably experienced in relation to a pre-existing bond of some kind, one that has now been irrevocably changed. Our attachment style and early experiences are likely to influence the extent to which we are able to engage with these experiences of loss and come to integrate them into our lives. These formative interactive processes are not only influenced by our early familial settings, but are more broadly situated within the context of dominant social discourses, and are therefore mediated by cultural norms, gender roles, and socially sanctioned roles and behaviours. Put simply, social norms and grief (including its many composites) are experienced within a larger cultural matrix that tends to influence relational processes, including bereavement experiences (Klass & Chow, 2011). In many respects, successful or 'secure' adolescents within western cultures tend to demonstrate more advanced coping skills, communication skills, relational skills, and problem solving skills, and are better able to strike a balance between relatedness and autonomy than their less secure or

less successful counterparts (McElhaney, Allen, Stephenson, & Hare, 2009). The relatively secure individual has a "willingness to show fear and distress to others, seek support from others, and engage in problem-solving to reduce the distress. . . . These help build a sense of competence and trust and further develop the self-regulation capacities and a sense of autonomy" (Dallos, 2006, p. 31)

If we appreciate both the aforementioned developmental tasks specific to adolescence and the avenues through which relational competencies come to be engendered in social contexts, then social skills become a progressively nuanced aspect of maturing relational competence. One's ability to develop proficiency in developing and maintaining relationships evolves through social opportunity and engagement. So, interpersonal skills and relational competencies can be viewed as functional composites of the working models developed in early attachment relationships. These competencies carry implications for adolescent psychosocial functioning. In a study done by Engels, Finkenauer, Meeus, and Dekovic (2001), middle adolescent perceptions of relational competence was linked to greater confidence in performing social skills and vice versa. Moreover, high self-esteem was related to high relational competence. In sum, the degree to which adolescents feel some degree of confidence in engaging relational competencies impacts their functioning in this regard and their feelings of self-worth. Whether relational competencies themselves are protective factors, or whether confidence serves this function remains to be seen. This does, however, signal the potential importance of addressing confidence and ability simultaneously when working with adolescents. This also alerts us to the possible need for interventions that seek to mobilize strengths and competencies and being cognizant of those messages or interventions that imply or explicitly centre on deficits.

Loss can be conceptualized as a relational crisis of sorts, one in which the adolescent must navigate new territory that involves unknown interpersonal demands, emotional involvement, as well as addressing questions that might arise in relation identity and existential questions. With specific reference to bereavement interventions, adolescents tasked with navigating grief and loss issues are typically facing a new experience with unknown demands, intricacies, and practices. It is unlikely that most adolescents will be well versed in these roles, tasks, and practices and consequently, the likelihood that they will feel uncertain and self-conscious is a viable consideration. It is therefore prudent to consider how bereavement interventions may inadvertently reinforce these insecurities by implying or highlighting weaknesses. Alternatively, it is possible that adolescents experience bereavement with existing vulnerabilities in place and that these more fragile elements of their constitutions are possibly linked to more complicated bereavement trajectories. Hogan and Greenfield (1991) identified an association between long-term psychological vulnerability and low self-concepts in bereaved adolescents. This is in line with Hogan and DeSantis' work (1992) that identified prolonged and intense grief reactions in adolescents who also presented with weak self-concepts. Regardless of whether one is preceded by the other or not, the valuable point here is that self-esteem and adaptive outcomes appear to be related somehow. And while this assertion is arguably weakened by research inconsistencies surrounding the methodological conceptualizations of self-esteem, self-worth, and self-concept, it is nonetheless a notable consideration to the extent that this correlation might best be kept in mind when creating bereavement interventions targeting adolescents.

Adolescent Losses

In much the same way that the bereavement experiences of adults and children are shaped by the individual circumstances relating to the loss itself, different losses will carry disparate burdens for the affected adolescents. Adolescent bereavement experiences can be further deconstructed by segmenting the intricacies specific to early, middle, and late adolescence (Balk, 2000). In the following section, I present some of the more common kinds of losses in more detail, such as parental loss, sibling loss, loss of an extended family member, peer deaths, suicides, celebrity deaths, and pet loss. The reader should note that the order in which they are presented does not necessarily accurately reflect the magnitude of the loss, nor is it indicative of the statistical relevance of loss.

Parent Loss

Losing one's parents is conceivably one of the most difficult losses to bear for most adolescents (Clark, Pynoos, & Goebel, 1996), with possible ramifications encompassing assorted psychopathology (Cerel, Fristad, Verducci, Weller, & Weller, 2006). Brent et al. (2012) found there to be significant implications for the developmental attainment of bereaved adolescents, specifically in relation to longitudinal outcomes in education, work, and interpersonal relationships. Their study points to the importance of interventions that "could alter the developmental trajectory of bereaved youth [so as to] have long-term positive implications" (p. 789). Worden (1996) undertook a longitudinal examination of parentally bereaved children and adolescents in the Child Bereavement Study, the results of which indicated that bereaved adolescents exhibited more anxiety and fearfulness as time progressed, relative to their non-

bereaved peers. Worden speculated that this was a result of the instability in their lives that existed as a by-product of having lost a parent. The adolescents themselves perceived their academic performance as being inferior in comparison to non-bereaved adolescents. Researchers saw these adolescents as having greater difficulties in peer relationships. Interestingly, bereaved adolescents within this study reportedly considered themselves as being more mature than their non-bereaved counterparts. Given the results of the study, Worden hypothesized that parentally bereaved adolescents struggled to develop a sense of belonging. Parental losses will be re-experienced and reintegrated over time as cognitive and socio-emotional capacities shift. Loss is therefore not a static experience but one that becomes woven into ongoing developmental transitions (Biank & Werner, 2011; Oltjenbruns, 2001). Other, more recent research (Masterson, 2013) in the area of parentally bereaved adolescents has identified additional issues that impact adolescent bereavement experiences. These include male adolescents being less emotional than females, that adolescent worry increases as financial concerns arise, that adolescent stress increases when the surviving parent is seen as lacking strength, and that the adolescent's grades in school prior to the death will influence the nature of school support thereafter (Masterson, 2013).

Sibling Loss

Siblings most often play a formative role in each other's lives (Cicirelli, 1995), sometimes acting as friends, playmates, confidantes, teachers, and rivals. It is difficult to capture precisely how many Canadian families have sibling groups wherein which at least one child is an adolescent and therefore it is difficult to ascertain or quantify the extent to which sibling loss impacts Canadian families. This is made all the more complex if we appreciate the sibling relationships within blended families and step-families who may reside in less traditional living

arrangements that may not be captured by statistical data. Sibling bereavement in adolescence carries potential implications for emotional well-being, increased risk for depression and anxiety, increased psychological distress (Herberman et al., 2013), and difficulty meeting academic demands (Balk, 1983; Servaty-Seib & Hamilton, 2006). Bereaved siblings not only endure the loss themselves but are also tasked with living amid the grief experienced by their parents. Bereaved adolescent siblings are left in a delicate situation within which their own grief may be compounded by the compromised parental capacity that characterizes the experience of grieving parents and subsequent changes in family relationships (Shipkey, 2008). This may come to constitute a 'double loss' of sorts in some families (Fanos, 1996). While much work has been done to further our understanding of children's sibling loss, less emphasis has been directed at adolescent experiences of sibling bereavement (Balk, 2009). The loss of a sibling relationship in adolescence complicates or hinders aspects of developmental organization (Goodman, 2013), including compromising developmental processes that have to do with adolescent identity formation (Goldblatt, 2011).

Extended Family

Intergenerational ties beyond the nuclear family mean that adolescents who have developed a strong bond with extended family members are at risk for bereavement in adolescence. The loss of grandparents, for example, has been shown to be associated with significant distress for some impacted adolescents (Ens & Bond, 2005). Despite the potential for this kind of loss to present as one of the adolescent's first experiences with death, there is little literature available on these bereavement experiences in adolescence.

Peer Deaths

As adolescents become increasingly focused on their social worlds, this tends to mean that peer groups gain importance to most adolescents. Adolescents are less reliant on their families as they learn to navigate evolving friendships and intimate relationships, negotiating new boundaries with parents, teachers, peers, and others (Smetana & Villalobos, 2009). With these transitioning social relationships, the centrality of peer bonds suggests that there may be a corresponding magnification of adolescent bereavement experiences following peer deaths. It is difficult to ascertain estimates that would shed light on how prevalent these bereavement experiences are in young people (Ribbens McCarthy, 2006). Statistics offered by the Public Health Agency of Canada (2009) indicate that the leading cause of death in Canadian youth is unintentional injuries. The unintentional and unexpected nature of many of these deaths qualifies them as potentially problematic to the extent that unexpected, accidental, and traumatic deaths tend to result in more complicated grief trajectories (Piper, Ogrodniczuk, Joyce, & Weiderman, 2011). This means that the unexpected death of a peer, (likely the result of an unintentional injury according to statistics), has the potential to increase the risk of an adolescent experiencing complicated bereavement. "In adolescents, bereavement is considered complicated when it hinders a teen's cognitive and social development into an adult" (Robin & Omar, 2014, p. 100).

Suicides

Currently, suicide ranks as the second highest cause of death in young adults ages 15-29, on a global scale (WHO, 2014). In a study done by Melhem et al. (2004) almost 14% of adolescents exposed to peer suicide experienced traumatic grief at assessment six months after the loss, characterized by functional impairment, separation distress, yearning, numbness sadness, and preoccupation with the deceased. Findings in other studies indicate that suicidally bereaved individuals may be at increased risk for intrusive images, questioning surrounding the

death, experiences of guilt and shame, a sense of rejection and abandonment, isolation, and stigma (Pompili et al., 2013). Other research points to the potential for suicidal behaviour among suicide survivors (Andriessen, 2009), or even "cluster" suicides in which suicidal behaviour is thought to be replicated through what might be considered imitation or 'contagion' (Robertson, Skegg, Poore, Williams, & Taylor, 2012). Along these lines, Gould, Wallenstein, and Kleinman (1990) estimated that between 1-13% of youth suicides can be qualified as 'clusterings' of suicidality, indicating that suicidal bereaved adolescents may benefit from efforts and interventions that may address the possibility of such outcomes. This latter study is not current however, and the reader should take caution before extrapolating these estimates outside of these parameters.

Celebrity Deaths

With technology increasing our access to entertainment and various forms of media, the lives of celebrities have become more of a focal point in many cultures than ever before. "Media activities are important determinants of adolescent cognitions and behaviors and may even regulate mood" (Hall & Reid, 2009, p. 242). Death in popular culture has the potential to impact those adolescents who identify with their favourite celebrities. While media plays a significant role in popular culture, the grief one may experience following the death of a celebrity is not widely understood or socially accepted and therefore it constitutes a kind of disenfranchised grief. Doka (1989) defines disenfranchised grief as that grief which is experienced as a result of enduring a loss that is not socially acknowledged or widely accepted in the public domain.

Pet Deaths

Society is beginning to recognize the pivotal role that pets play in many people's lives, yet grieving the loss of a pet is often still experienced as a form of disenfranchised grief meaning

that it is discounted or not socially validated (Doka, 2008), and "survivors are not accorded a 'right to grieve'" (Doka, 2002, p. 5). Being disenfranchised, these deaths are often met with a certain dismissal or can be minimized by others, despite the strong bond that many pet owners develop with their animals. For many adolescents, the experience of having a pet die is one of their first experiences with death. Levinson showed that for pet owners there was little difference between the death of a pet and that of a human (Levinson, 1981). Others, such as Quackenbush and Graveline (1985) posit that the grief reactions related to pet loss very much resemble the grief reactions experienced in human losses. According to Quackenbush and Graveline, grief reactions related to both human and pet loss are comparable in that they share grief experiences as outlined by Elisabeth Kubler-Ross (1969), who introduced us to the stages of grief comprised of denial, anger, bargaining, depression, and acceptance. Similarities between grief reactions related to human losses and pet losses have also been highlighted by other researchers (e.g., Archer & Winchester, 1994; Field, Orsini, Gavish, & Packman, 2009). The relationship developed between humans and their companion animals "frequently transcends the emotional attachment which they form with humans" (DeGroot, 1984, p. 283). Perhaps not surprisingly, studies indicate that stronger attachments to our pets tend to correlate with more intense grief reactions when those pets die (Brown, Richards, & Wilson, 1996; Sharkin & Knox, 2003). Brown et al.'s study also highlighted sex differences in adolescent grief reactions following pet loss, with girls reportedly developing stronger bonds with their pets and similarly more intense grief reactions. That being said, the researchers caution us against overlooking the reality that boys care for their pets in many of the same ways, speculating that boys may simply be less compelled to disclose such feelings.

Conclusion

Through exploring the developmental context of adolescence, my goal is to provide the reader with a greater understanding of this life stage and a greater appreciation for the unique demands faced by this age group. In highlighting the relational composites of adolescence and remarking upon attachment theory, I have attempted to convey how social context impacts our interpersonal experiences within our daily lives, as well as shaping our experiences of loss. My intention has also been to situate some of these ideas and to acknowledge some of the biases that exist within the related literature. Those individuals or programs interested in supporting bereaved adolescents may benefit from appreciation trends and patterns explored in this section whilst also heeding cautions that appreciate these biases. Such persons may want to consider acknowledging the developmental literature with some flexibility and endeavouring to leave sufficient room for unique individual experiences and broader cultural inclusiveness. Along these lines, I examine cultural influences as they relate to bereavement experiences in the following essay.

ESSAY 3: CULTURAL CONTEXT

In this essay, I expose some of the influential forces that shape our perspectives on both adolescence and bereavement. This necessitates orienting toward cultural influences and relational assumptions that constitute the undercurrents of our knowledge and experiences. To do this, I adopt a critical lens that appreciates subjectivity in its application. This means that I endeavour to question widely accepted traditions and cultural practices fundamental to narratives surrounding death and related bereavement experiences. To use a narrative term, this involves 'unpacking' commonly accepted philosophies and dialogues central to the dominant discourse in this domain of inquiry. In other words, exploring themes, beliefs, expectations, practices, and ideologies that frame our understanding and experiences. In so doing, I draw attention to and make explicit those cultural practices that directly impact our understanding of adolescents and our relationship with death. Indeed, in the words of White (2011), "although it is not possible for us to stand outside of culture, we do not have to be wholly complicit with it" (p. 52).

'Death-Denying' Culture

Bereavement experiences exist within cultural settings and it is these cultural settings that greatly impact the nature of our relationship with death. As Feifel pointed out, "we are embedded in our time and culture . . . each generation contends with the presence of death-raging against it, embracing it, attempting to domesticate it" (as cited in Wass, 2004, p. 291). Though one's experience of grief is indeed a highly variable and individual process, the fact remains that manifestations of grief occur amid a broader contextual milieu that includes processes through which we function in relation to norms, roles, and expectations.

In North America, we tend to be referred to as a death-denying culture in that we are reticent about discussing the topic, avoid sharing our grief publicly, and generally deny the realities of ageing and death (Johnson, 2013; Becker, 1974). In western societies dominated by capitalism, productivity is held in high esteem, necessitating the prioritization of values that collude with and abide by this social structure. Within this kind of culture, certain ideals abound, often prioritizing strength, independence, control, power, and the preference for stoicism. This is the "competitive marketplace . . . of human existence" (Alexander, 2008, p. 99). There is little room for vulnerability in this domain and these socioeconomic constraints function to oppress, even shame grief as a kind of weakness that can be only minimally tolerated or accepted within the accelerated productivity of capitalistic society (Harris, 2009). Grief is thus accorded a minimal amount of recognition contingent on its containment within socially sanctioned parameters. Compounding the bereavement experience for many, is that not only does an individual have to adapt to the reality of loss and the turmoil that may accompany this process, but many individuals report feeling a degree of distress concerning their personal reactions to loss and how these reactions may be perceived by others (Harris, 2009). Becker's (1973) poignant work lay bare the idea that these manners of death-denial are pervasive, consuming, and constricting: "The irony of man's condition is that the deepest need is to be free of the anxiety of death and annihilation; but it is life itself which awakens it, and so we must shrink from being fully alive" (p. 66).

We may as a society tend to diffuse and tip toe around these issues but many bereaved adolescents are faced with a new experience in the world and potentially a newfound perception of the world as an unpredictable and potentially unsafe place. Schwartzberg and Janoff-Bulman (1991) examine the nature of these perspective shifts, extrapolating on how bereavement has the

potential to fundamentally alter our assumptions, beliefs about the world, and about ourselves. Consequently, there are adolescents who become "consumed by their irrevocably changed reality" (Hogan & DeSantis, 1996, p. 249). This may be accompanied by experiences of death anxiety that are understood as encompassing "measures of the extent to which one experiences angst in reference to death" (Fortner & Neimeyer, 1999, p. 391).

Adolescents are recognized as an age group that experiences comparatively greater death anxiety relative to other age groups (Twelker, 2004; Russac, Gotliff, Reece, & Spottswood, 2007), with females tending to display higher levels of death anxiety than males (Ens & Bond, 2007; Kastenbaum, 2000). It is believed that adolescent death anxiety relates to an enhanced understanding of death that corresponds with increasing capacities to appreciate meaning in life and also their increasing exposure to death (Ens & Bond, 2007). It is also thought that adolescent death anxiety may function by virtue of the same processes that predispose adolescents to increased risk-taking during this particular life stage, including low self-esteem (Cotter, 2003)— indeed, threats to self-esteem have the potential to increase death anxiety (Routledge, 2012). This is compelling in its developmental relevance given that many adolescents tend to struggle with self-esteem issues (Moksnes & Espnes, 2012). Similarly, for adolescents with limited life experience, most of whom have yet to solidify their meaning and purpose in life, the assertion that a lack of purpose may result in increased anxiety is provocative. That being said, the link between age and death anxiety is not linear (Lyke, 2013). While it would seem that a certain degree of death anxiety is likely to be beneficial to the extent that it motivates an individual to seek out purpose and meaning in life, death anxiety can result in deleterious outcomes in those individuals for whom this becomes a consuming, overwhelming, or distressing experience.

Autonomy Espoused

The adolescent experience in western culture is imbued with notions of separation and individuation, and maturation as a move toward independence, ideas that tend to discount the importance of relational competencies. Working outside of these ideas, alternative psychological theories more accurately conceptualize the paradoxical nature of developmental tasks as encompassing processes related to both autonomy and connection (Campbell, Adams, & Dobson, 1984). For adolescents in particular, autonomy and connection are no longer conceptualized as being mutually exclusive, rather we have increasingly adopted a more flexible understanding of these ideas and have oriented toward a relational understanding of related constructs. As Chirkov and Ryan (2001) point out, "Although there may be cultural variations in how and to what extent autonomy is supported and expressed, the need to experience one's behavior as self-regulated and self-endorsed may be critical to psychological health across human groups" (p. 632). Using connection as a central organizing principle, bereavement takes on a new dimension, one in which relationships can be sustained and nurtured after death, and continue to infuse the lives of the living. Not only does this align with more recent ideas in bereavement field pertaining to 'continuing bonds' but this also serves as a significant model from which we can teach and learn about navigating disconnection and losses that exist in contexts other than death.

Gendered Experiences

As contemporary works gain a broader and more nuanced understanding of bereavement experiences, there exists a greater appreciation for the disparities that exist on the continuum between masculine and feminine patterns of grief (Martin & Doka, 2011). Much of this has to do with sociocultural influences that sanction behaviours in accordance with prescribed gender

roles. For example, as Kanter pointed out (2002), the experience of mourning has historically been subject to broader cultural themes that tend to be more tolerant of women's displays of mourning, tending toward a certain disparity that has perpetuated traditional values, effectively disenfranchising the male experience of mourning when it does not align with stereotypically masculine values. This may be an oversimplification of normative gender roles however, it points to differences in how stereotypes and social expectations function within both overt and covert cultural practices so as to convey preferences for certain characteristics and behaviours. These preferences and expectations tend to constrain our behaviour and our experiences. In a study by Bennett, Hughes, and Smith (2003), it was men themselves who conveyed the belief that women were better able to manage loss, though these perspectives were specifically in relation to widowhood. Socialization experiences consistent with stereotypically normative gender roles tend to create the sense that women generally have the advantage of greater social support (Stroebe & Stroebe, 1983), and more expressive communication (Kamm & Vandenberg, 2001) a combination that ultimately appears to result in more positive bereavement outcomes relative to men, such as comparatively better physical health status (Stroebe, Stroebe, & Schut, 2001).

Little, Sandler, Wolchik, Tein, and Ayers (2009) sampled 109 parentally bereaved boys and girls, and looked at the extent to which adolescent girls experienced internalizing problems. The researchers were interested in establishing whether or not intrusive grief thoughts translated into persistent internalizing problems in bereavement. Results indicated that girls exhibited higher initial levels of depression and anxiety than boys and when interviewed 14 months after the loss, girls continued to experience higher levels of anxiety and depression than boys. The authors assert that this suggests some stability in girls' internalizing problems. They did not find

that intrusive grief thoughts were linked to girls' depression and anxiety symptoms. Gender-specific results in this study highlight the nature of girls' bereavement trajectories as including a fear of abandonment, interpersonal stress, and more negative appraisals relating to heightened personal vulnerability. The authors point to the need for interventions that directly address these issues specifically, including supporting the role of the surviving parent so as to assuage fears of abandonment and ideally mitigate the effects of other stressors.

It is worth hypothesizing the means by which bereavement outcomes may be a function of socially sanctioned grief experiences that relate to constructs of gender, perpetuating those cultured parameters within which we experience and manage grief (Martin & Doka, 2000). Coping styles, for example, tend to highlight gendered disparities. This is evident in studies that highlight the tendency for girls to cope through ruminative or brooding strategies (Lopez, Driscoll, & Kistner, 2009) whereas adolescent boys tended to employ distracting and avoiding strategies (Broderick,1998). Sochos and Bone (2012) undertook a correlational study with a student sample, the mean age of the sample being 24.22. The study attempted to look at the adaptiveness of maintaining connections with the deceased, using the notion of 'continuing bonds' as a framework. They examined whether this continued connection was adaptive or maladaptive, looking specifically at the relationship between gender and one's propensity to mourn through attachment versus mourning through detachment. What they found was that for males, the idea of continuing bonds was linked to the view that connection with the deceased was maladaptive. Results from this study "suggest that males tend to distance themselves from the memory of the deceased more than females" (p. 268). Interestingly, the authors point out that individuals tend to rely on the same kind of attachment strategies in both bereavement and life, meaning that they relate to their relationship with the deceased in ways that parallel how they

relate to separations with other living persons. So, more accepting attitudes toward continuing bonds were consistent with the experience of those individuals who were also more adept at fostering supportive and satisfying relationships. Studies such as this signal the importance of considering how these composites of our sociocultural environment mediate behaviours and experiences in bereavement, which may consequently impact related outcomes. It is also helpful to understand how these gender differences may present in bereavement so that we are better prepared to interpret assessments and therefore, better able to provide appropriate intervention.

Resilience in Adolescent Bereavement

With regard to how adolescents engage and cope with stress and crisis in their lives, it is possible that the confluence of developmental shifts specific to adolescence resultantly creates a situation in which adolescents have a more difficult time managing stress or crisis in their lives. For example, adolescents faced with stressful situations are likely to report intense anger when describing such situations (Birditt & Fingerman, 2003). Stroud et al. (2009) examined the relationship between developmental influences and physiological stress responses, and found that relative to children, adolescents exhibited increased physiological responses to stressors introduced in the lab setting, indicating that adolescent developmental influences appear to increase physiological responses to psychological stressors. This is consistent with research that points to adolescent emotional reactivity in interpersonal contexts (Cook, Buehler, Blair, & Eccles, 2013) and may signal that adolescents may struggle with affect regulation along with normative hormonal shifts (Cameron, 2004). That being said, it is important to remember that these trends depict patterns that may contradict the experience of individual adolescents and it behoves clinicians to make room for the uniqueness of each client.

"Resilience is about the interplay of risk factors and protective factors that can buffer the individual against adverse circumstances" (Frydenberg, 2008, p. 177). For resilience to be developed and supported an adolescent must endure the exposure to stressors in life that ultimately support the evolution of related competencies (Rutter, 1985). These may be important concepts in the field of resilience, however they do not speak to the culturally diverse realities that exist. When one refers to risk factors, protective factors, stressors, and outcomes, it is important to recognize that these are subject to the dominant values system. Consequently, research and discourse in this area tends to reflect these same values. "This has resulted in a narrow set of indicators being associated with resilience such as: self-esteem, school performance, attachment to family, marriage and civic engagement" (Ungar et al., 2007, p. 288). This is not to say that these indicators are necessarily incorrect, rather that they fail to appreciate the complexity of diverse adolescent experiences and do not honour the values inherent in other cultures.

If we are to adopt a broader understanding of resilience, then we may benefit from incorporating Clauss-Ehlers' (2004) perspective in relation to cultural resilience. This is a perspective that "considers those aspects of one's cultural background such as cultural values, norms, supports, language, and customs that promote resilience for individuals and communities. Because culture is all around us, because children operate within different cultural mind-sets, and because there are inherent values built into these frameworks, we can no longer talk about resilience without incorporating culture and diversity" (p. 36). So then, we must understand resilience in a much more nuanced way.

When we explore resilience with a more inclusive attitude, we show a greater appreciation for diversity and how cultural influences shape coping, adaptation, and resilience.

This greater sensitivity allows for a shift in perspective that orients toward strengths and assets in the context of relevant cultural understandings. A limited understanding of resilience fails to appropriately situate the values system wherein which this word takes on certain values. Consequently, children and adolescents are often viewed as capable or deficient in accordance with a narrow set of constructs. The inclusion of cultural composites in the practice of resilience research allows us to reframe adolescent competencies as adaptive and resilient in the context of relevant cultural influences. An adolescent who was previously seen in a deficit position might then be viewed as an adolescent whose behaviours are in fact adaptive and resilient if we look at the context of their experience. In these ways, it becomes evident that outcomes function in accordance with cultural values and that resilience operates as a situated construct, one that can be constraining or accommodating depending on its architecture and application. So, not only do bereavement experiences reflect cultural values, beliefs, and practices, so too do our understandings of adolescence and outcomes.

Where the bereavement literature, developmental psychology and cultural nuances intersect, there exists a dynamic landscape to which we must orient ourselves if we are to be of service to bereaved adolescents. This means attending to the dynamic variables involved in an individual's bereavement experience. So, if we are to orient toward bereavement narratives imbued with a developmental perspective, then this necessitates an understanding of individual adolescent positioning in relation to development tasks, readiness, and functioning. In short, it is imperative that we adopt a certain developmental acuity, alongside theoretical competencies relating to bereavement theory and an appreciation for cultural influences, the combination of which will better translate into more appropriate and efficacious therapeutic supports. To do so necessitates that adolescents be supported so that they may move toward enhancing their level of

mastery, and that this support be attuned to both the individual's developmental readiness and the broader contextual demands within the surrounding environment (Mass, 1984). In other words, promoting resilience is not just about an individual adolescent being able to meet the demands of a given situation, it is also about the responsiveness of surrounding supports and the extent to which they engender the kind of flexibility that nurtures resilience. This includes accommodating the needs of the adolescent alongside his or her unique strengths and challenges. This brings us closer to fostering the kind of resilience that is contingent upon "the capacity of the individual's physical and social ecologies to provide what children need to be healthy" (Ungar, 2007, p. 5). This brings us away from situating resilience entirely in the domain of the individual and instead, positions resilience as dynamic, as something that can benefit from the involvement of those ecologies that surround the individual. Understanding resilience in this way values the contributions of those other people and systems in which the individual in embedded.

Research in the field of resilience points toward avenues through which we can work toward developing competencies in children and youth that will promote resilience. Masten (1990), for example, articulates three ways in which parents can facilitate such proficiencies, citing efforts that centre on "model[ing] effective action, provid[ing] opportunities to experience mastery, and verbally persuad[ing] children of their own effectiveness" (p. 432). Masten goes on to highlight the relational nature of these activities, suggesting that competence is manifested through involvement in supportive and constructive relationships. It follows that these same principles may be relevant considerations when it comes to structuring bereavement interventions.

Gottman (1999), acclaimed researcher and author in the field of couples therapy, makes similar assertions in his analysis of how we may nurture resilient children. Gottman points to the

need for parents to be 'emotion coaches.' This entails five steps, which he identifies as (a) developing emotional awareness in one's self and one's child, (b) viewing the expression of these emotions as an opportunity for intimacy or teaching, (c) communicating empathy and understanding of emotions, (d) helping the child label emotions, and (e) setting limits on behaviour and problem-solving. Here, social competence and emotional intelligence are identified as developmental imperatives, things that Gottman argues have proven to be valuable indicators of adult functioning (1999). If we are to consider bereavement experiences specifically, then the aforementioned assertions point to a need for adult intervention that does not shy away from these 'teachable moments'. Rather, these arguably exist as opportunities for us as parents and other supportive adults to engage with our children and adolescents in loss and to help guide them through this relational crisis by supporting them, modelling for them, and helping them actualize their own competencies.

These processes do not occur in isolation and are intertwined with the broader sociocultural landscape. Many adolescents will prove themselves capable of managing bereavement experiences with little or no formal intervention, while others may require more intensive support. Adolescents may require support in processing loss experiences just as children and adults do, however the related interventions are likely to be different (Morgan & Roberts, 2010). It is perhaps prudent to situate biases in this regard, recognizing for example that western values tend to place a premium on self-sufficiency. That being said, some research suggests that when it comes to requesting support from mental health professionals, western and European cultures tend to be more accepting of help-seeking compared to attitudes in Asian cultures (Chen & Mak, 2008; Mojaverian, Hashimoto, & Kim, 2013). Along these lines, one's propensity to seek out mental health support can often be a function of cultural views and

practices in the surrounding context. The reality is that help-seeking is subject to the same social forces that tend to deny and pathologize grief and that these forces may influence bereavement trajectories. It may, therefore be prudent to acknowledge these nuances and consider that the dominant western preference for self-sufficiency, in combination with our 'death-denying' tendencies, may ultimately impinge on our capacity to generalize the relevance and value of bereavement interventions.

Conclusion

Sociocultural forces within our surrounding environment have much to do with how we experience and make sense of our world. In this essay, I have shed light on some of the factors that play an influential role in our understanding of death and bereavement, adolescence, and related outcomes or resilience. My objective was to highlight the situated nature of these constructs and to make more explicit the values systems that reside therein. In so doing, my hope is that the reader may be able to reflect upon how these aspects of our social context shape our interpretation, understanding, and treatment of adolescent bereavement. In the following section, I review major themes drawn out of the previous essays and highlight concepts I feel are valuable to our understanding of adolescent bereavement experiences. I also discuss the implications of these ideas as they relate to support workers, front line workers, social workers, counsellors, physicians, youth workers, spiritual advisors, and others invested in supporting bereaved adolescents. Recommendations are offered with the intention of informing future research efforts in this field of study.

CHAPTER 5: CONCLUSION

The understanding of relationship is infinitely more important than the search for action.

- Krishnamurti, 1950

In the previous chapters, I have explored the domain of adolescent bereavement, capturing theoretical foundations and contextual influences, the combination of which has necessitated making allowances for both structuralist and postmodern frameworks. In this final chapter I review salient themes and draw the reader's attention toward avenues through which we may supplement existing literature with different kinds of inquiry and practice, so as to address voids therein.

Adolescent Wisdom

What appears to be lacking in the bereavement literature is adolescent perspectives on loss, an assertion shared by others in the field (Cotter, 2003). This is perhaps consistent with the tendency for academic scholarship to privilege certain forms of knowledge over others. Foucault (1980) had much to offer in the way of reflecting upon the indivisible relationship between knowledge and power, stating that "we are subjugated to the production of truth through power and we cannot exercise power except through the production of truth" (p. 93). In attempting to examine relevant literature relating to adolescent bereavement, it is notable that this examination has yielded sparse offerings from the viewpoint of adolescents themselves. This is likely a consequence of knowledge being a social construction that abides by the social recognition of power-over discourse in academia (Jay, 1994), which tends to dismiss perspectives or kinds of knowledge that exist outside of the dominant discourse. The result of this is that the subjugation of adolescent voices persists and the obscuring of adolescent wisdom arguably undermines the depth of the existing academic literature. Contrary to this way of 'knowing,' engaging with

'localized knowledges' that exist outside of traditional expert positions (Winslade, Crocket, & Monk, 1997) invites subjective truths and resists the kind of hierarchical discourse that tends to be perpetuated in the academic literature. Proponents of this kind of discourse create room for theoretical positions that acknowledge adolescence with a sense of agency rather than relying on normative prescriptions. The integration of local knowledge also effectively positions adolescent voices as impactful, expert, and relevant in ways that may offer more complex understandings of adolescent bereavement experiences. In so doing, we may better appreciate how "individuals are not just active in knowing, but are active agents in their own learning and development" (Amsel & Smetana, 2011, p. 4).

Recommendations for Future Research

To date, there has been limited research in the domain of adolescent bereavement that intently seeks to capture the perspectives of the adolescents themselves. This may be addressed through further research, both in quantitative and qualitative studies. There is arguably room for such work moving forward if we accept that in order to access "real knowledge about the adolescent [it is necessary] to relegate power to the margins" (Carlson & Albright, 2012, p. 124). The inclusion of more phenomenological research may support a broader and more in depth understanding of adolescent bereavement experiences. Along these lines, Burton, Garrett-Peters, and Eaton (2009) add that the contribution of ethnographic inquiry may be beneficial to the extent that "such a meaning centered approach can shed light on the circumstances that enable and constrain adolescents as they conform to, modify, and at times challenge social arrangements in words controlled largely by adults" (p. 56). Parkes (2001) alludes to the need for dialogue and literature that accesses both academic and more commonplace understandings, recognizing that such forums can each make their own unique contributions to the study of bereavement. This

may be consistent with appeals for interdisciplinary inquiry that have the potential to infuse the existing literature with broader a broader range of influences.

In line with this thinking is the idea that developmental theory may complement other theoretical models to render a more relevant service delivery model for child and adolescent directed interventions. Bruce Perry advocates for the use of the Neurosequential Model of Therapeutics (NMT) in which a neurodevelopmental lens is applied to clinical work so as to understand a child or adolescent's functioning in relation to developmental composites (Perry, 2006, 2009). He argues that interventions using this framework are multidimensional, incorporating elements that work with various brain functions, appreciating enrichment that has to do with sensory integration, self-regulation, cognitive functioning, and relational domains (MacKinnon, 2014). Recognizing the importance of a strong 'therapeutic web,' Perry and Dobson assert that "the quality and permanence of this relational milieu are two of the most essential elements of successful outcomes" (2013, p. 256). This takes problems out of the realm of individual experience and into a more relational and interconnected domain.

As discussed in the first essay, future research may benefit from exploring the use of the DPM in adolescent populations. This particular model has the potential to explore those aspects of adolescent coping which are relevant to the field of bereavement study. The DPM is unique in its appreciation of both loss-oriented and restoration-oriented coping efforts, the methodology of which lends itself to a certain openness surrounding styles of coping that may be different from more traditional viewpoints. The DPM also reflects aspects of the ZPD in that there exists a space of mutual influence wherein which the adolescent's individual needs are honoured alongside the opportunity for guided instruction emanating from existing knowledges. Future research might also examine in more detail which interventions or combination of interventions

would be most effective for this population. Similarly, it may be helpful to better understand which interventions are especially relevant for distinct phases of adolescent development. Future research may also have much to offer in elucidating the ways in which cultural practices interface with various bereavement interventions.

What has become evident in exploring bereavement and developmental literature is that these ideas retain a propensity for static representations of both adolescence and bereavement. In so doing, we pathologize differences and reject diverse experiences that do not align with these normative characterizations. Both bereavement and developmental theory are situated within the context of broader sociocultural practices. Within these contexts, hierarchical discourse is perpetually privileged and the inclusion of adolescent perspectives in the related literature is sparse. A postmodern approach to these theoretical domains would privilege adolescent wisdom alongside existing scholarship. To answer the research questions guiding this thesis, adolescent bereavement experiences do indeed share many similarities with the bereavement experiences of other age groups, recognizing that disparate age groups exist within a shared meanings-matrix that abides by certain constructs. Yet the academic literature stands to gain much from the inclusion of research that might better collaborate with adolescents themselves. Adolescent narratives exist with disparate priorities, pressures, allowances, and constraints. This is to say nothing of the individual subtleties that accompany these disparate worldviews. Adolescents engage with the world from a different vantage point and one that fuses with bereavement experiences in unique ways. In a sense, it might be helpful to consider that adolescence can be appreciated as a territory that demands a certain cultural competency.

If we accept Matsumoto's (1996) definition of culture as being "the set of attitudes, values, beliefs, and behaviors shared by a group of people, but different for each individual" (p.

16), then we can begin to conceptualize adolescence as a domain of unique cultural constructs, one which warrants cultural competency on the part of service providers. To use the description provided by Sue and Sue (1998), cultural competence includes (1) the therapist's *awareness* of personal values, biases, and assumptions, (2) the therapist's *knowledge* pertaining to the worldviews of culturally disparate groups or clients, and (3) the therapist's *skill* in selecting, adapting, and developing interventions that are culturally sensitive. If we approach our work with adolescents in this way, recognizing that to do so necessitates attuned interventions and appropriate competencies, then we are engaging as culturally competent practitioners. So, while it may be prudent to appreciate how loss can be conceptualized as a domain of relational competency, it may also be helpful to consider that adolescent bereavement is in itself a domain of cultural competency that demands particular skill-sets and knowledge on the part of clinicians. Moreover, a postmodern approach to bereavement would appreciate the extent to which individual nuances present in unique bereavement trajectories. Put simply, the uniqueness of a person's bereavement experience merits influence in conjunction with those other, more formal kinds of knowledge with which we tend to be more accustomed.

In the interests of supporting adolescents, it is perhaps helpful to be explicit about understanding those precise dimensions of therapeutic intervention that this population deems helpful or desirable. This necessitates a willingness to inquire directly about what adolescents find helpful when it comes to coping and therapeutic interventions, though the literature offers few studies to this effect (Rask, Kaunonen, & Paunonen-Ilmonen, 2002). Related research highlights particular adult characteristics deemed helpful by adolescents (Martin et al., 2006), the preferred variables being: respect, being available to spend time with adolescents, and openness. Arguably, these characteristics may also be aspects of other relationships wherein which one

might find a foundation of mutuality. Senderowitz (1999) highlights the importance of effective staffing specific to adolescent supports, stating that "the selection, training, and supervision of staff members to work with adolescents, with a major emphasis on attitude, respect for young people, and the development of interpersonal skills to promote good provider-client communication" is paramount (p. 1). These aspects of support reflect the idea that adolescence may be viewed as demanding certain clinical skills and cultural competencies. In addition to these considerations, it is prudent for practitioners and support persons to invite feedback from the individuals themselves.

Adolescents tend to show more interest in seeking help from informal supports (Sheffield, Fiorenza, & Sofronoff, 2004) such as family and friends. Bereaved adolescents in particular, tend to receive social support from their families, though the nature of this support relates to family dynamics and better adjustment was found in families demonstrating cohesion and the capacity to address conflict efficaciously (Balmer, 1992). Social support from peers may be less helpful for bereaved adolescents in certain situations, such as if the bereaved adolescent feels that peers may not be up to the task or if the grief creates a disconnect in the friendship when peers are uncomfortable with the realities of bereavement (Balk, 2009). In some cases, bereaved adolescents may struggle with feeling that they are unlike their peers and this may have deleterious results for adolescent relationships (Noppe and Noppe, 2004). Some adolescents have articulated the benefits of self-help practices in helping them cope with loss (Rask, Kaunonen, & Paunonen-Ilmonen, 2002). In research undertaken by Costello, Pickens, and Fenton (2001), we see that the subjective feeling of social support is more valuable than its actual utilization. Put simply, the perception that support is available is helpful to adolescents—

not necessarily the use of this support. Future research efforts may want to take these ideas into consideration as they look to align theory and practice.

While these ideas may be helpful in capturing dimensions of the therapeutic experience which may be appropriate for adolescent populations, it is necessary to remain curious about the unique experiences of individual adolescents and to make sufficient room for these individual narratives. This exists as a prominent theme throughout the previous chapters and one that warrants being positioned as a recommendation for continued work in the field. Along these lines, I propose that those who find themselves supporting bereaved adolescents do so with a stance that engenders a willingness to collaborate, to be influenced, and to foster interdependence. Specific interventions I feel, are secondary to one's ability to create a therapeutic milieu that reflects these ideas. This positioning honours both existing knowledge in the domains of bereavement theory and developmental theory whilst creating room for the individual experience and inviting adolescent wisdom. Interestingly, the practice of inviting adolescent wisdom aligns with developmental themes that tend to prioritize the importance of self-esteem and self-efficacy during this life stage. Hence, these postmodern ideas actually parallel some of the dominant values in the Western developmental literature. It is worth noting however, that these values may be less prominent in the developmental ideologies of other cultures. That being said, by inviting influence and the 'local knowledge' specific to adolescents and individuals, we not only engender values consistent with postmodern ideas, but we simultaneously create a relational foundation that corresponds with the idea that adolescents are moving toward a more mature kind of independence. This is an interdependence that exists as a middle ground of sorts, being neither dependent nor wholly independent. Practitioners who collaborate this way engage with a willingness to share influence. This involves influencing and

receiving influence from the other. Practitioners who provide bereavement support in line with this kind of interdependence foster an environment in which their own knowledge can be intertwined with that of the individual adolescent, allowing meaning-making processes to be collaborative in nature. This positioning of adolescents as relevant and impactful correlates with a stance that engenders respect, honours autonomy, and implies efficacy. In engaging with adolescents in these ways, we are more likely to create an environment that models mutuality, nurtures connection, and fosters competencies. These values are postmodern in their plurality and also harken back to structural inclinations in that they parallel those normative characterizations of developmental milestones at this particular life stage.

Conclusion

This thesis has suggested that there is value in both structuralist and postmodern ideas and that both make important contributions to our understanding of adolescent bereavement. Indeed, I believe it is the combination of developmental sensitivities, theoretical acumen, and cultural insights that will likely render the most informed and efficacious therapeutic supports. I have drawn the reader's attention to gaps in the existing literature that marginalize the perspectives of adolescents themselves. I contend that more inclusive lines of inquiry have the potential to diversify and augment the field of bereavement study. In welcoming more diverse forms of research, we pave the way for new forms of knowledge and understanding that may ultimately endow us with the kind of expertise that lends itself to providing more sophisticated bereavement supports. Moreover, this openness to multiple forms of knowledge exists as a means through which we convey an attitude that respects adolescents as competent, knowledgeable, and significant, a stance which arguably aligns with themes identified in the developmental literature.

References

Adler, E. (1997). Seizing the middle ground: Constructivism in world politics. European Journal
      of International Relations, 3(3), 319-363.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A
      psychological study of the strange situation. Hillsdale, NJ: Erlbaum.

Ainsworth, M. D. S., & Eichberg, C. (1991). Effects on infant-mother attachment of mother's
      unresolved loss of an attachment figure, or other traumatic experience. In C. M. Parkes, J.
      Stevenson-Hinde, & P. Marris (Eds.), Attachment across the life cycle (pp. 160-183).
      New York: Routledge.

Alexander, B. K. (2008). The globalization of addiction: A study in poverty of the spirit. New
      York: Oxford.

Allen, J. P., & Land, D. L. (1999). Attachment in adolescence. In J. Cassidy & P. R. Shaver
      (Eds.), Handbook of attachment: Theory, research and clinical applications (pp. 319-335).
      New York: Guilford Press.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders
      (5th ed.). Washington, DC.

American Psychiatric Association. (2013). Major depressive disorder and the "bereavement
      exclusion." Arlington, VA: American Psychiatric Publishing.

Amsel, E., & Smetana, J. G. (2011). Constructivist processes in adolescent development. In E.
      Amsel & J. Smetana (Eds.), Adolescent vulnerabilities and opportunities: Constructivist
      developmental perspectives (pp. 1-22). New York: Cambridge University Press.

Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A., Sandhu, R., & Sharma, S. (2013). Maturation of the adolescent brain. Neuropsychiatric disease and treatment, 9, 449-461.

Archer, J., & Winchester, G. (1994). Bereavement following the death of a pet. The British Journal of Psychology, *85*, 259-271.

Asai, M., Fujimori, M., Akisuki, N., Inagaki, M., Matsui, Y., & Uchitomi, Y. (2010). Psychological states and coping strategies after bereavement among the spouses of cancer patients: A qualitative study. Psycho-Oncology, *19*(1), 38-45.

Attig, T. (2004). Meanings of death seen through the lens of grieving. Death Studies, *28*, 341-360. doi:10.1080/07481180490432333

Balk, D. E. (1983). Adolescents' grief reactions and self-concept perceptions following sibling death: A case study of 33 teenagers. Journal of Youth and Adolescence, *12*, 137-163.

Balk, D. E. (1996). Models for understanding adolescent coping with bereavement. Death Studies, *20*, 367-387.

Balk, D. E. (2000). Adolescents, grief, and loss. In K. J. Doka (Ed.), Living with grief: Children, adolescents, and loss (pp. 35-49). New York: Routledge.

Balk, D. E. (2006). Grief and loss in adolescence. In N. R. Hooyman & B. J. Kramer (Eds.), Living through loss: Interventions across the life span (pp. 139-162). New York: Columbia University Press.

Balk, D. E. (2009). Sibling bereavement during adolescence. In D. E. Balk & C. A. Corr (Eds.), Adolescent encounters with death, bereavement, and coping (pp. 199-216). New York: Springer.

Balk, D. E. (2011). Helping the bereaved college student. New York: Springer

Balk, D. E. (2011). Adolescent development and bereavement: An introduction. The Prevention

    Researcher, *18*(3), 3-9.

Balk, D. E. (2014). Dealing with dying, death, and grief during adolescence. New York:

    Routledge.

Balk, D. E., & Corr, C. A. (2001). Bereavement during adolescence: A review of research. In M.

    S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), Handbook of bereavement

    research: Consequences, coping, and care (pp. 199-218). Washington, DC: American

    Psychological Association.

Balmer, L. E. (1992). Adolescent sibling bereavement: Mediating effects of family environment

    and personality. Unpublished doctoral dissertation, York University, Toronto.

Beck, E., & Jones, S. J. (2007). Children of the condemned: Grieving the loss of a father to death

    row. Omega, *56*(2), 191-215. doi:10.2190/OM.56.2.d

Becker, E. (1974). The denial of death. New York: Free Press.

Bennet, K. M., Gibbons, K., & Mackenzie-Smith, S. (2010). Loss and restoration in later life: An

    examination of dual process model of coping with bereavement. Omega, *61*(4), 315-332.

    doi:10.2190/OM.61.4.d

Bennett, K., Hughes, G., & Smith, P. (2003). "I think a woman can take it": Widowed men's

    views and experiences of gender differences in bereavement. Ageing International, *28*(4),

    408-424.

Biank, N. M., & Werner-Lin, A. (2011). Growing up with grief: Revisiting the death of a parent

    over the life course. Omega, *63*(3), 271-290.

Bifulco, A., & Thomas, G. (2013). Understanding adult attachment in family relationships:

    Research, assessment, and intervention. New York: Routledge.

Block, J. (1982). Assimilation, accommodation, and the dynamics of personality development. Child Development, *53*, 281-295.

Bowlby, J. (1960). Grief and mourning in infancy and early childhood. Psychoanalytic Study of the Child, *15*, 9-52.

Bowlby, J. (1973). Attachment and loss (Vol. 1). London: Basic Books.

Bowlby, J. (1980). Attachment and loss (Vol. 2). New York: Basic Books.

Bowlby, J. (1982). Attachment, separation and loss (Vol. 2-3). New York: Basic Books.

Bowlby, J., & Parkes, C. M. (1970). Separation and loss within the family. In E. J. Anthony (Ed.), The child and his family (pp. 197-216). New York: Wiley.

Brent, D., Melhem, N., Masten, A., Porta, G., & Payne, M. W. (2012). Longitudinal effects of parental bereavement on adolescent developmental competence. Journal of Clinical Child & Adolescent Psychology, *41*(6), 778-791.

Broderick, P. C. (1998). Early adolescent gender differences in the use of ruminative and distracting coping strategies. Journal of Early Adolescence, *18*, 173-191.

Broderick, P. C., & Blewitt, P. (2010). The life span: Human development for helping professionals (3rd ed.). Upper Saddler River, NJ: Pearson Merrill Prentice Hall.

Bromley, D. B. (1990). Academic contributions to psychological counselling: 1. A philosophy of science for the study of individual cases. Counselling Psychology Quarterly, *3*(3), 299-307.

Brown, B. H., Richards, H. C., & Wilson, C. A. (1996). Pet bonding and pet bereavement among adolescents. Journal of Counseling and Development, 74, 505-509.

Bruner, J. S. (1990). Acts of meaning. Cambridge, MA: Harvard University Press.

Buckle, J. L., & Fleming S. J. (2011). Parenting challenges after the death of a child. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton (Eds.), Grief and bereavement in contemporary society: Bridging research and practice. New York: Routledge.

Burton, L. M., Garrett-Peters, R., & Eaton, S. C. (2009). "More than good quotations": How ethnography informs knowledge on adolescent development and context. In R. M. Lerner & L. Steinberg (Eds.), Handbook of adolescent psychology: Individual bases of adolescent development (Vol. 3) (3rd ed.). Hoboken, NJ: John Wiley & Sons.

Cameron, J. L. (2004). Interrelationships between hormones, behavior, and affect during adolescence: Complex relationships exist between reproductive hormones, stress-related hormones, and the activity of neural systems that regulate behavioral affect. Annals of the New York Academy of Sciences, *1021*, 134-142.

Campbell, E., Adams, G., & Dobson, W. (1984). Familial correlates of identity formation in late adolescence: A study of the predictive utility of connectedness and individuality in family relations. Journal of Youth and Adolescence, *13*, 509-525.

Carlson, D. L., & Albright, J. (2012). Composing a care of the self: A critical history of writing assessment in secondary english education. Rotterdam, Netherlands: Sense.

Carnelley, K. B., Wortman, C. B., Bolger, N., & Burke, C. T. (2006). The time course of grief reactions to spousal loss: Evidence from a national probability sample. Journal of Personality and Social Psychology*, 91*, 476-492.

Cauce, A. M., Domenech-Rodriguez, M., Paradize, M., Cochran, B. N., Shea, J. M., Srebnik, D., & Baydar, N. (2002). Cultural and contextual influences in mental health help-seeking: A focus on ethnic minority youth. Journal of Consulting and Clinical Psychology, *70*, 44-55.

Cerel, J., Fristad, M. A., Verducci, J., Weller, R. A., & Weller, E. B. (2006). Childhood bereavement: Psychopathology in the 2 years post-parental death. Journal of the American Academy of Child and Adolescent Psychiatric, *45*, 681-690.

Chen, X., He, Y., & Li, D. (2004). Self-perceptions of social competence and self-worth in Chinese children: Relations with social and school performance. Social Development, *13*(4), 570-589.

Chen, S. X., & Mak, W. W. S. (2008). Seeking professional help: Etiology beliefs about mental illness across cultures. Journal of Counseling Psychology, *55*(4), 442-450. doi: 10.1037/a0012898

Chirkov, V. I., & Ryan, R. M. (2001). Parent and teacher autonomy-support in Russian and U.S. adolescents: Common effects on well-being and academic motivation. Journal of Cross-Cultural Psychology, *32*(5), 618-635.

Cicirelli, V. G. (1995). Sibling relationships across the life span. New York: Plenum Press.

Clark, D. C., Pynoos, R. S., & Goebel, A. E. (1996). Mechanisms and processes of adolescent bereavement. In R. J. Haggerty, L. R. Sherrod, N. Gormezy, & M. Rutter (Eds.), Stress, risk, and resilience in children and adolescents: Processes, mechanisms, and interventions. Cambridge, UK: Cambridge University Press.

Clauss-Ehlers, C. S. (2004). Re-inventing resilience: A model of "culturally-focused resilient adaptation." In C. S. Clauss-Ehlers & M. D. Weist (Eds.), Community planning to foster resilience in children (pp. 27-44). New York: Plenum.

Conger, K. J., Williams, S. T., Little, W. M., Masyn, K. E., & Shebloski, B. (2009). Development of mastery during adolescence: The role of family problem-solving. Journal of Health and Social Behavior, *50*(1), 99-114.

Cook, E. C., Buehler, C., Blair, B. L., & Eccles, J. (Eds.). (2013). Adolescents' emotional

   reactivity across relationship contexts. Developmental Psychology, *49*(2), 341-352.

Corr, C. A., & Balk, D. E. (1996). Handbook of adolescent death and bereavement. New York:

   Springer.

Corr, C. A., Nabe, C. M., & Corr, D. M. (2000). Death and dying, life and living. Belmont, CA:

   Wadsworth.

Cort, G. (1984). Pathological grief: Causes, recognition, and treatment. Canadian Family

   Physician, *30*, 914-924.

Costello, J., Pickens, L. M., & Fenton, J. (2001). Social support: A matter of connections.

   Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

Crenshaw, D. A., & Hill, L. C. (2009). Therapy for adolescents experiencing prolonged grief. In

   D. E. Balk & C. A. Corr (Eds.), Adolescent encounters with death, bereavement, and

   coping (pp. 345-361). New York: Springer.

Creswell, J. W. (2002). Educational research: Planning, conducting, and evaluating quantitative

   and qualitative approaches to research. Upper Saddle River, NJ: Merrill/Pearson

   Education.

Dallos, R. (2006). Attachment narrative therapy: Integrating narrative, systemic and attachment

   therapies. New York: Open University.

Davies, B. (1991). Long-term outcomes of adolescent sibling bereavement. Journal of

   Adolescent Research, *6*, 83-96.

DeGroot, A. (1984). Preparing the veterinarian for dealing with the emotions of pet loss. In R. K.

   Anderson, B. L. Hart, & L. A. Hart (Eds.), The pet connection: Its influence on our health

quality of life. Proceedings of the Minnesota-California conferences on the

human-animal bond (pp. 283-290). Minneapolis: University of Minnesota.

Doka, K. J. (1989). Disenfranchised grief: Recognizing hidden sorrow. Lexington, MA:

Lexington Books.

Doka, K. J. (2002). Disenfranchised grief: New directions, challenges, and strategies for

practice. Champaign, IL: Research Press.

Doka, K. J. (2008). Disenfranchised grief in historical and cultural perspective. In M. S. Stroebe,

R. O. Hansson, H. Schut, & W. Stroebe (Eds.), Handbook of bereavement research and

practice: Advances in theory and intervention (pp. 223-240). Washington, DC: American

Psychological Association.

Doka, K. J., & Davidson, J. (1998). Living with grief: Who we are, how we grieve. Washington,

DC: Hospice Foundation of America.

Eccles, J., & Gootman, J. (Eds.). (2002). Community programs to promote youth development.

Washington, DC: National Academy Press.

Edelstein, L. (1984). Maternal bereavement: Coping with the unexpected death of a child. New

York: Praeger.

Elkind, D. (1967). Egocentrism in adolescence. Child Development, *38*, 1025-1034.

Engels, R. C. M. E., Finkenauer, C., Meeus, W., & Dekovic, M. (2001). Parental attachment and

adolescents' emotional adjustment: The associations with social skills and relational

competence. Journal of Counseling Psychology, *48*(4), 428-439.

Enright, D. J. (Ed.). (1983). The oxford book of death. NewYork: Oxford University Press.

Ens, C., & Bond, J. B. (2005). Death anxiety and personal growth in adolescents experiencing

the death of a grandparent. Death Studies, *29*, 171-178.

Ens, C., & Bond, J. B. (2007). Death anxiety in adolescents: The contributions of bereavement and religiosity. Omega, *55*(3), 169-184.

Erikson, E. (1950). Childhood and society. New York: Norton.

Erikson, E. (1959). Identity and the life cycle. Psychological Issues, *1*, 1-171.

Erikson, E. H. (1968). Identity: Youth and crisis. New York: Norton.

Fanos, J. H. (1996). Sibling loss. Mahwah, NJ: Lawrence Erlbaum Associates.

Feifel, H. (1977). Death in contemporary America. In H. Feifel (Ed.), New meanings of death (pp. 3-12). New York: McGraw-Hill.

Feifel, H. (1982). Death in contemporary America. Death Education, *6*(2), 105-174.

Field, N. P., Gao, B., & Paderna, L. (2005). Continuing bonds in bereavement: An attachment theory based perspective. Death Studies, *29*, 277-299.

Field, N. P., Orsini, L., Gavish, R., & Packman, W. (2009). Role of attachment in response to pet loss. Death Studies, *33*, 332-355.

Fischhoff, B., Bruine de Bruin, W., Parker, A. M., Millstein, S. G., & Halpern-Felsher, B. L. (2010). Adolescents' perceived risk of dying. Journal of Adolescent Health, *46*(3), 265-269.

Fleming, S. J., & Adolph, R. (1986). Helping bereaved adolescents: Needs and responses. In C. A. Corr & J. N. McNeil (Eds.), Adolescence and death (pp. 97-118). New York: Springer.

Folkman, S. (2001). Revised coping theory and the process of bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. A. W. Schut (Eds.), Handbook of bereavement research: Consequences, coping, and care (pp. 563-584). Washington, DC: American Psychological Association.

Fortner, B. V., & Neimeyer, R. A. (1999). Death anxiety in older adults: A quantitative review. Death Studies, *23*, 387-411.

Foucault, M. (1980). Power/knowledge: Selected interviews and other writings. New York: Pantheon Press.

Fox, J., & Jones, K. D. (2013). "DSM-5" and bereavement: The loss of normal grief? Journal of Counseling & Development, *91*(1), 113-119.

Freud, S. (1913). "Totem and taboo: Some points of agreement between the mental lives of savages and neurotics." In J. Strachey (Ed.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 13) (pp. vii-162). London: Hogarth Press.

Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 14) (pp. 152-170). London: Hogarth Press (original work published 1917).

Freud, S. (1960). Letter to Biswanger. In E. L. Freud (Ed.), Letters of Sigmund Freud (letter 230). New York: Basic Books.

Freud, S. (1961). The ego and the id. In J. Strachey (Ed.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 19) (pp. 3-66). London: Hogarth Press.

Friedman, R. A. (2012). Grief, depression, and the DSM-5. New England Journal of Medicine, *366*(20), 1855-1857.

Friedman, R., & James, J. W. (2008). The myth of the stages of dying, death and grief. Skeptic, *14*(2), 37-41.

Frydenber, E. (2008). Adolescent coping: Advances in theory, research, and practice. New York: Routledge.

Gamino, L. A., Sewell, K. W., & Easterling, L. W. (2000). Scott and White grief study—Phase 2: Toward an adaptive model of grief. Death Studies, *24*, 633-660.

Gamino, L. A., & Sewell, K. W. (2004). Meaning constructs as predictors of bereavement adjustment: A report from the Scott & White grief study. *Death Studies, 28*, 397-421.doi:10.1080/07481180490437536

Gay, P. (1988). Freud: A life for our time. New York: Norton.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

Goldblatt, E. D. (2011). Development in crisis: Adolescent sibling bereavement. Doctorate in Social Work (DSW) Dissertations. University of Pennsylvania.

Goodman, S. (2013). Traumatic loss and developmental interruption in adolescence: An integrative approach. Journal of Infant, Child, and Adolescent Psychotherapy, *12*(2), 72-83.

Gottman, J. M. (1999). The marriage clinic: A scientifically based marital therapy. New York: W. W. Norton.

Gould, M., Wallenstein, S., & Kleinman, M. (1990). Time-space clustering of teenage suicide. American Journal of Epidemiology, *131*, 71-78.

Greenberg, J. R. (1991). Oedipus and beyond: A clinical theory. Cambridge, MA: Harvard University Press.

Greenberg, J. R., & Mitchell, S. A. (1983). Object relations in psychoanalytic theory. Cambridge, MA: Harvard University Press.

Grotevant, H. (1998). Adolescent development in family contexts. In W. Damon & N. Eisenberg (Eds.), Handbook of child psychology: Vol. 3. Social, emotional, and personality development (5th ed.) (pp. 1097-1149). New York: Wiley.

Grotevant, H. D., & Cooper, C. R. (1986). Individuation in family relationships: A perspective on individual differences in the development of identity and role-taking skill in adolescence. Human Development, *29*, 82-100.

Hall, C. W., & Reid, R. A. (2009). Adolescent bereavement over the deaths of celebrities. In D. E. Balk, & C. A. Corr (Eds.), Adolescent encounters with death, bereavement, and coping (pp. 237-252). New York: Springer.

Harris, D. (2009). Oppression of the bereaved: A critical analysis of grief in Western society. Omega, *60*(3), 241-253. doi:10.2190/OM.60.3.c

Harter, S., Waters, P., & Whitesell, N. R. (1998). Relational self-worth: Differences in perceived worth as a person across interpersonal contexts among adolescents. Child Development, *69*(3), 756-766.

Hazzard, A., Weston, J., & Gutterres, C. (1992). After a child's death: Factors related to parental bereavement. Developmental and Behavioral Pediatrics, *13*(1), 24-30.

Henslin, J. M. (1972). Strategies of adjustment: An ethnomethodological approach to the study of guilt and suicide. In A. C. Cain (Ed.), Survivors of suicide. Springfield, IL: Charles C. Thomas.

Herberman Mash, H. B., Fullerton, C. S., & Ursano, R. J. (2013). Complicated grief and bereavement in young adults following close friend and sibling loss. Depression and Anxiety, *30*, 1202-1210.

Hoffman, J. A. (1984). Psychological separation of late adolescents from their parents. Journal of

   Counseling Psychology, *31*, 170-178.

Hogan, N. S., & DeSantis, L. (1992). Adolescent sibling bereavement: An ongoing attachment.

   Qualitative Health Research, *2*, 159-177.

Hogan, N. S., & DeSantis, L. (1996). Basic constructs of a theory of adolescent sibling

   bereavement. In D. Klass, P. R. Silverman, & S. L. Nickman (Eds.), Continuing bonds:

   New understandings of grief (pp. 235-254). Washington, DC: Taylor & Francis.

Hogan, N. S., & DeSantis, L. (1996). Adolescent sibling bereavement: Toward a new theory. In

   C. A. Corr & D. E. Balk (Eds.), Handbook of adolescent death and bereavement (pp.

   173-195). New York: Springer.

Hogan, N. S., & Greenfield, D. B. (1991). Adolescent sibling bereavement in a large community

   sample. Journal of Adolescent Research, *6*(1), 97-112.

Holland J. M., & Neimeyer, R. A. (2010). An examination of stage theory of grief among

   individuals bereaved by natural and violent causes: A meaning-oriented contribution.

   Omega, *61*(2), 103-120.

Howarth, R. A. (2011). Concepts and controversies in grief and loss. Journal of Mental Health

   Counseling, *33*(1), 4-10.

Inhelder, B., & Piaget, J. (1958). The growth of logical thinking from childhood to adolescence.

   London: Routledge.

Jay, G. S. (1994). Knowledge, power, and the struggle for representation. College English, *56*(1),

   9-29.

Jeffreys, J. S. (2011). Helping grieving people—When tears are not enough: A handbook for care

   providers (2nd ed.). New York: Routledge.

Johnson, B. R. (1997) Examining the validity structure of qualitative research. Education, *118*(3), 282-292.

Johnson, K. (2004). Grief in North America: A death-denying society. International Journal of Palliative Nursing, *10*(9), 435.

Jordan, J. R. (2001). Is suicide bereavement different? A reassessment of the literature. Suicide and Life Threatening Behaviour, *31*(1), 91-102. doi:10.1521/suli.31.1.91.21310

Jordan, J. R., & McIntosh, J. L. (2011). Is suicide bereavement different? Perspectives from research and practice. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton (Eds.), Grief and bereavement in contemporary society: Bridging research and practice. New York: Routledge.

Kamm, S., & Vandenberg, B. (2001). Grief communication, grief reactions, and marital satisfaction in bereaved parents. Death Studies, *25*, 569-582.

Kanter, J. (2002). Hopeful sentences: Gender and mourning language in two contemporary narratives. Women & Language, *25*(1), 1-8.

Kastenbaum, R. (2000). The psychology of death (3rd ed.). New York: Springer.

Kastenbaum, R. (2012). Death, society, and human experience (11th ed.). Upper Saddle River, NJ: Pearson.

Kins, E., Soenens, B., & Beyers, W. (2011). "Why do they grow up so fast?" Parental separation anxiety and emerging adults' pathology of separation-individuation. Journal of Clinical Psychology*, 67*, 647-664.

Klass, D., & Chow, A. Y. M. (2011). Culture and ethnicity in experiencing, policing, and handling grief. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton

(Eds.), Grief and bereavement in contemporary society: Bridging research and practice. New York: Routledge.

Klass, D., Silverman, P. R., & Nickman, S. (Eds.). (1996). Continuing bonds: New understandings of grief. Washington, DC: Taylor & Francis.

Koocher, G. P. (1973). Childhood, death, and cognitive development. B. R. McCandless (Ed.). Developmental Psychology, *9*(3), 369-375.

Krishnamurti, J. (1950). On relationship. In *J. Krishnamurti Online* (Conversation 345, Serial No. 500122-2). Retrieved from http://www.jkrishnamurti.org/krishnamurti-teachings/view-text.php?tid=345&chid=4665&w=relationship&s=Text

Kubler-Ross, E. (1969). On death and dying. New York: Macmillan.

Kuperminc, G. P., Blatt, S. J., & Leadbeater, B. J. (1997). Relatedness, self-definition, and early adolescent adjustment. Cognitive Therapy and Research, *21*(3), 301-320.

Lapsley, D. K., Rice, K. G., & Fitzgerald, D. P. (1990). Adolescent attachment, identity, and adjustment to college: Implications for the continuity of adaptation hypothesis. Journal of Counseling & Development, *68*, 561-565.

Lawler, A. C. (1990). The healthy self: Variations on a theme. Journal of Counseling and Development, *68*, 652-654.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.

Leighton, A. H. (2011). My name is legion: Foundations for a theory of man in relation to culture. In D. E. Balk (Ed.), Helping the bereaved college student. New York: Springer.

Lerner, J. V., Phelps, E., Forman, Y., & Bowers, E. P. (2009). Positive youth development. In R. M. Lerner & L. Steinberg (Eds.), Handbook of adolescent psychology: Individual bases

of adolescent development (Vol. 3, 3rd ed.) (pp. 524-558). Hoboken, NJ: John Wiley & Sons.

Lerner, R. M., & Steinberg, L. (2009). The scientific study of adolescent development: Historical and contemporary perspectives. In R. M. Lerner & L. Steinberg (Eds.), Handbook of adolescent psychology: Individual bases of adolescent development (Vol. 3, 3rd ed.) (pp. 3-14). Hoboken, NJ: John Wiley & Sons.

Levinson, B. M. (1981). Human grief in the loss of an animal companion. Foundation of Thanatology: Archives, *9*, 5.

Levykh, M. G. (2008). The affective establishment and maintenance of Vygotsky's zone of proximal development. Educational Theory, *58*(1), 83-101.

Levitt, L. M., Selman, R. L., & Richmond, J. B. (1991). The psychosocial foundations of early adolescents' high-risk behavior: Implications for research and practice. Journal of Research on Adolescence, *1*, 349-378.

Levy, L. H. (1991). Anticipatory grief: Its measurement and proposed reconceptualization. The Hospice Journal, *7*, 1-28.

Li, J., Stroebe, M., Chan, C. L. W., & Chow, Y. M. (2014). Guilt in bereavement: A review and conceptual framework. Death Studies, *0*, 1-7.

Lindemann, E. (1944). The symptomatology and management of acute grief. American Journal of Psychiatry, *101*, 141-148.

Little, M., Sandler, I. N., Wolchik, S. A., Tein, J. Y., & Ayers, T. S. (2009). Comparing cognitive, relational and stress mechanisms underlying gender differences in recovery from bereavement-related internalizing problems. Journal of Clinical Child and Adolescent Psychology, *38*(4), 486-500.

Lobb, E. A., Kristjanson, L. J., Aoun, S. M., Moterosso, L., Halkett, G. K. B., & Davies, A. (2010). Predictors of complicated grief: A systematic review of empirical studies. Death Studies, *34*(8), 673-698.

Lopez, C. M., Driscoll, K. A., & Kistner, J. A. (2009). Differences and response styles: Subtypes of rumination and associations with depressive symptoms. Journal of Clinical Child & Adolescent Psychology, *38*(1), 27-35.

Lyke, J. (2013). Associations among aspects of meaning in life and death anxiety in young adults. Death Studies, *37*, 471-482. doi:10.1080/07481187.2011.649939

Lyotard, J. F. (1984). The postmodern condition: A report on knowledge. Minneapolis, MN: University of Minnesota Press.

Maas, H. S. (1984). People and contexts. Englewood Cliffs, NJ: Prentice-Hall.

MacKinnon, L. (2012). The neurosequential model of therapeutics: An interview with Bruce Perry. The Australian and New Zealand Journal of Family Therapy, *33*(3), 210-218.

Martin, J., Romas, M., Medford, M., Leffert, N., & Hatcher, S. L. (2006). Adult helping qualities preferred by adolescents. Adolescence, *41*(161), 127-140.

Martin, T. L., & Doka, K. J. (2000). Men don't cry...women do: Transcending gender stereotypes of grief. Philadelphia, PA: Brunner Mazel.

Martin, T. L., & Doka, K. J. (2011). The influence of gender and socialization on grieving styles. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton (Eds.), Grief and bereavement in contemporary society: Bridging research and practice (pp. 69-77). New York: Routledge.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. Development and Psychopathology, *2*, 425-444.

Matsumoto, D. (1996). Culture and psychology. Stanford, CT: Thomson Learning.

McElhaney, K. B., Allen, J. P., Stephenson, J. C., & Hare, A. L. (2009). Attachment and autonomy during adolescence. In R. M. Lerner & L. Steinberg (Eds.), Handbook of adolescent psychology (3rd ed.) (pp. 358-403). Hoboken, NJ: John Wiley & Sons.

Melhem, N. M., Day, N., Shear, M. K., Day, R., Reynolds, C. F., & Brent, D. (2004). Traumatic grief among adolescents exposed to a peer's suicide. The American Journal of Psychiatry, *161*(8), 1411-1416.

Mikulincer, M., Florian, V., & Weller, A. (1993). Attachment styles, coping strategies, and posttraumatic psychological distress: The impact of the Gulf war in Israel. Journal of Personality and Social Psychology, *64*, 817-826.

Miles, M. S., & Demi, A. (1983). Toward the development of a theory of bereavement guilt. Omega, *14*(4), 299-314.

Mojaverian, T., Hashimoto, T., & Kim, H. S. (2013). Cultural differences in professional help seeking: A comparison of Japan and the U.S. Frontiers in Psychology, *3*, 1-8. doi: 10.3389/fpsyg.2012.00615

Moksnes, U. K., & Espnes, G. A. (2012). Self-esteem and emotional health in adolescents—Gender and age as potential moderators. Scandinavian Journal of Psychology, *53*, 483-489.

Moos, R. H., & Schaefer, J. A. (1996). Life transitions and crises: A conceptual overview. In D. E. Balk (Ed.), Models for understanding adolescent coping with bereavement. Death Studies, *20*, 367-387.

Moore, D. (1987). Parent-adolescent separation: The construction of adulthood by late adolescents. Developmental Psychology, *23*, 298-307.

Morgan, J. P., & Roberts, J. E. (2010). Helping bereaved children and adolescents: Strategies and implications for counselors. Journal of Mental Health Counseling, *32*(3), 206-217.

Moskowitz, J. T., Folkman, S., & Acree, M. (2003). Do positive psychological states shed light on recovery from bereavement? Findings from a 3-year longitudinal study. Death Studies, *27*, 471-500. doi:10.1080/07481180390197624

Neimeyer, R. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. Death Studies, *24*, 531-558.

Neimeyer, R. A., & Levitt, H. (2001). Coping and coherence: A narrative perspective on resilience. In S. Snyder (Ed.), Coping with stress (pp. 47-67). New York: Oxford University Press.

Noppe, L. D., & Noppe, I. C. (1996). Ambiguity in adolescent understandings of death. In C. A. Corr & D. E. Balk (Eds.), Handbook of adolescent death and bereavement (pp. 25-41). New York: Springer.

Noppe, I. C., & Noppe, L. D. (2004). Adolescent experiences with death: Letting go of immortality. Journal of Mental Health Counseling, *26*(2), 146-167.

Oltjenbruns, K. A. (2001). Developmental context of childhood: Grief and regrief phenomena. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & Schut (Eds.), Handbook of bereavement

research: Consequences, coping, and care (pp. 169-198). Washington, DC: American

Psychological Press.

Pardeck, J. A., & Pardeck, J. T. (1990). Family factors related to adolescent autonomy.

Adolescence, *14*(3), 275-291.

Parkes, C. M. (1991). Attachment, bonding, and psychiatric problems after bereavement in adult

life. In C. M. Parkes, J. Stevenson-Hinde, & P. Marris (Eds.), Attachment across the life

cycle (pp. 268-292). London: Routledge.

Parkes, C. M. (1998). Coping with loss: The dying adult. British Medical Journal, *316*, 1313-

1315.

Parkes, C. M. (2001). A historical overview of the scientific study of bereavement. In M. S.

Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), Handbook of bereavement

research: Consequences, coping, and care (pp. 25-45). Washington, DC: American

Psychological Association.

Parkes, C. M. (2013). Elisabeth Kubler-Ross. On death and dying: A reappraisal. Mortality,

18(1), 94-97. doi:10/1080/13576275.2012.758629

Piaget, J., & Inhelder, B. (1969). The psychology of the child. New York: Basic Books.

Perry, B. D. (2006). The neurosequential model of therapeutics: Applying principles of

neuroscience to clinical work with traumatized and maltreated children. In N. B. Webb

(Ed.), Working with traumatized youth in child welfare (pp. 27-52). New York: Guilford

Press.

Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical

application of the neurosequential model of therapeutics. Journal of Loss and Trauma,

14, 240-255.

Perry, B. D., & Dobson, C. L. (2013). The neurosequential model of therapeutics. In J. D. Ford
(Ed.), Treating complex traumatic stress disorders in children and adolescents: Scientific
foundations and therapeutic models (pp. 249-260). New York: Guilford Press.

Piper, W. E., Ogrodniczuk, J. S., Joyce, A. S., & Weiderman, R. (2011). Risk factors for
complicated grief. In W. E. Piper, J. S. Ogrodniczuk, A. S. Joyce, & R. Weiderman
(Eds.), Short-term group therapies for complicated grief: Two research-based models (pp.
63-106). Washington, DC: American Psychological Association.

Pompili, M., Shrivastava, A., Serafini, G., Innamorati, M., Milelli, M., Erbuto, D., Ricci, F.,
Lamis, D. A., Scocco, P., Amore, M., Lester, D., & Girardi, P. (2013). Bereavement after
the suicide of a significant other. Indian Journal of Psychiatry, 55(3), 256-263.

Public Health Agency of Canada. Facts on injury. Ottawa. Retrieved 17 December, 2014.

Quackenbush, J. E., & Graveline, D. (1985). When your pet dies: How to cope with your
feelings. New York: Simon & Schuster.

Raphael, B. (1983). The anatomy of bereavement. London: Hutchinson.

Rask, K., Kaunonen, M., & Paunonen-Ilmonen, M. (2002). Adolescent coping with grief after
the death of a loved one. International Journal of Nursing Practice, *8*, 137-142.

Ribbens McCarthy, J. (2006). Young people's experiences of loss and bereavement: Towards an
interdisciplinary approach. Berkshire, England: Open University Press.

Robertson, L., Skegg, K., Poore, M., Williams, S., & Taylor, B. (2012). An adolescent suicide
and the possible role of electronic communication technology. Crisis, *33*(4), 239-245.
doi:10.1027/0227-5910/a000140

Romer, D. (2010). Adolescent risk taking, impulsivity, and brain development: Implications for
prevention. Developmental Psychobiology, *52*(3), 263-276.

Rosenblatt, P. C. (2008). Grief across cultures: A review and research agenda. In M. S. Stroebe, R. O. Hansson, J. Schut, & W. Stroebe (Eds.), Handbook of bereavement research and practice: Advances in theory and intervention (pp. 207-222). Washington, DC: American Psychological Association.

Rothbaum, F., Rosen, K., Ujiie, T., & Uchida, N. (2002). Family systems theory, attachment theory, and culture. Family Process, *41*(3), 328-350.

Russac, R. J., Gotliff, C., Reece, M., & Spottswood, D. (2007). Death anxiety across the adult years: An examination of age and gender effects. Death Studies, *31*, 549-561.

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorders. British Journal of Psychiatry, *147*, 589-611.

Sachdeva, S., Singh, P., & Medin, D. (2011). Culture and the quest for universal principles in moral reasoning. International Journal of Psychology, *46*(3), 161-176.

Sanders, C. M., Mauger, P. A., & Strong, P. N. (1985). A manual for the Grief Experience Inventory. Palo Alto, CA: Consulting Psychological Press.

Saunders, S. M., Resnick, M. D., Hoberman, H. M., & Blum, R. W. (1994). Formal helpseeking behavior of adolescents identifying themselves as having mental health problems. Journal of the American Academy of Child and Adolescent Psychiatry, *33*, 718-728.

Schwartzberg, S. S., & Janoff-Bulman, R. (1991). Grief and the search for meaning: Exploring the assumptive worlds of bereaved college students. Journal of Social and Clinical Psychology, *10*(3), 270-288.

Segrin, C., Hanzal, A., Donnerstein, C., Taylor, M., & Domschke, T. (2007). Social skills, psychological well-being, and the mediating role of perceived stress. Anxiety, Stress & Coping, *20*(3), 321-329.

Senderowitz, J. (1999). Making reproductive health services youth friendly. Washington, DC: FOCUS on Young Adults.

Shanfield, S. B., & Swain, B. J. (1984). Death of adult children in traffic accidents. *Journal of Nervous and Mental Disease, 172*, 533-538. doi:10.1097/00005053-19840900-00004

Sharkin, B. S., & Knox, D. (2003). Pet loss: Issues and implications for the psychologist. Professional Psychology: Research and Practice, *34,* 414-421. doi:10.1037/0735-7028.34.4.414

Shear, M. K., Boelen, P. A., & Neimeyer, R. A. (2011). Treating complicated grief: Converging approaches. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton (Eds.), Grief and bereavement in contemporary society: Bridging research and practice (pp. 139-162). New York: Routledge.

Shear, K., & Shair, H. (2005). Attachment, loss, and complicated grief. Developmental Psychobiology, *47*(3), 253-267.

Sheffield, J. K., Fiorenza, E., & Sofronoff, K. (2004). Adolescents' willingness to seek psychological help: Promoting and preventing factors. Journal of Youth and Adolescence, *33*, 495-507.

Shipkey, N. (2008). Impact of sibling death on older adolescents. Dissertation Abstracts International, AAT 3320524.

Silverman, P. R., & Klass, D. (1996). Introduction: What's the problem? In D. Klass, P. R. Silverman, & S. L. Nickman (Eds.), Continuing bonds: New understandings of grief (pp. 3-30). Philadelphia: PA, Taylor & Francis.

Slote, M. (2004). Autonomy and empathy. Social Philosophy & Policy, *21*(1), 293-309.

Smetana, J. G., & Villalobos, M. (2009). Social cognitive development in adolescence. In R. M. Lerner & L. Steinberg (Eds.), Handbook of adolescent psychology (3rd ed.) (pp. 187-228). Hoboken, NJ: John Wiley & Sons.

Sochos, A., & Bone, A. (2012). Attitudes towards continuing bonds, attachment vulnerability, and the moderating effects of gender. Journal of Loss and Trauma, *17,* 260-270. doi:10.1080/15325024.2011.616834

Spear, H. J., & Kulbok, P. (2004). Autonomy and adolescence: A concept analysis. Public Health Nursing, *21*(2), 144-152.

Spencer, M., & Spencer, T. (2014). Invited commentary: Exploring the promises, intricacies, and challenges to positive youth development. Journal of Youth and Adolescence, *43*(6), 1027-1035. doi:10.1007/s10964-014-0125-8

Steinberg, L. (1985). Adolescence. New York: Alfred Knopf.

Steinberg, L., & Morris, A. (2001). Adolescent development. Annual Review of Psychology, *52*, 83-110.

Stokes, J., Reid, C., & Cook, V. (2009). Life as an adolescent when a parent has died. In D. E. Balk & C. A. Corr (Eds.), Adolescent encounters with death, bereavement, and coping (pp. 177-197). New York: Springer.

Stroebe, M. (2001). Bereavement research and theory: Retrospective and prospective. American Behavioral Scientist, *44*, 854-865.

Stroebe, W., Hansson, R. O., Stroebe, W., & Schut, H. (2001). Handbook of bereavement research: Consequences, coping and care. Washington, DC: American Psychological Association.

Stroebe, M. S., Hansson, R. O., Schut, H., & Stroebe, W. (2008). Handbook of bereavement research and practice: Advances in theory and intervention. Washington, DC: American Psychological Association.

Stroebe, M., & Schut, H. (2001). Models of coping with bereavement: A review. In M. Stroebe, H. Schut, & R. O. Hansson (Eds.), Handbook of bereavement (pp. 375-403). Washington, DC: American Psychological Association.

Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. Omega, *61*(4), 273-289.

Stroebe, M. S., & Stroebe, W. (1983). Who suffers more? Sex differences in health risks of the widowed. Psychological Bulletin, *93*(2), 279-301.

Stroebe, M., Stroebe, W., & Schut, H. (2001). Gender differences in adjustment to bereavement: An empirical and theoretical review. Review of General Psychology, *5*(1), 62-83.

Stroud, L. R., Foster, E., Papandonatos, G. D., Handwerger, K., Granger, D. A., Kivlighan, K. T., & Niaura, R. (2009). Stress response and the adolescent transition: Performance versus peer rejection stressors. Development and Psychopathology, *21*, 47-68. doi:10.1017/S0954579409000042

Sue, D., & Sue, H. (1998). Counseling the culturally different (3rd ed.). New York: Wiley.

Sun, R. C. F., & Shek, D. T. L. (2012). Beliefs in the future as a positive youth development construct: A conceptual review. The Scientific Word Journal, *527038*, 1-8.

Thorndike, R. M. (1997). Measurement and evaluation in psychology and education (6th ed.). Upper Saddler River, NJ: Prentice-Hall.

Thorson, J. A., & Powell, F. C. (1994). A revised Death Anxiety Scale. In R. A. Neimeyer (Ed.), Death anxiety handbook (pp. 31-43). Washington, DC: Taylor & Francis.

Twelker, P. A. (2004). The relationship between death anxiety, sex, and age.

    Retrieved from http://www.tiu.edu/psychology/deathanxiety.htm

Ungar, M. (2007). The beginnings of resilience: A view across cultures. Education Canada,

    28-38.

Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong W. M., Armstrong, M., & Gilgun, J.

    (2007). Unique pathways to resilience across cultures. Adolescence, 287-310.

Villacieros, M., Serrano, I., Bermejo, J. C., Magana, M., & Carabias, R. (2014). Social support

    and psychological well-being as possible predictors of complicated grief in a cross-

    section of people in mourning. Anales de Psicologia, *30*(3), 944-951.

Vygotsky, L. (1978). Mind in society: The development of higher psychological processes.

    Cambridge, MA: Harvard University Press.

Vygotsky, L. (1992). Thought and language (6th ed.). A. Kozulin (Ed.). Cambridge, MA: MIT.

Wakefield, J. C. (2013). DSM-5 grief scorecard: Assessment and outcomes of proposals to

    pathologize grief. World Psychiatry, *12*(2), 171-173.

Wass, H. (2004). A perspective on the current state of death education. Death Studies, *28*,

    289-308. doi:10.1080/07481180490432315

Weinberg, N. (1995). Does apologizing help? The role of self-blame and making amends in

    recovery from bereavement. Health and Social Work, *20*, 294-294.

Weiss, A. P. (1917). Relation between structural and behavior psychology. Psychological

Review,   24(4), 301-317.

Wheeler, I. (2001). Parental bereavement: The crisis of meaning. Death Studies, *25*(1), 51-66.

White, M. (2011). Narrative practice: Continuing the conversations. D. Denborough (Ed.). New

    York: W. W. Norton.

White, R. W. (1959). Motivation reconsidered: The concept of competence. Psychological

Review, *66*, 297-333.

Winslade, J., Crocket, K., & Monk, G. (1997). The therapeutic relationship. In G. Monk, J.

Winslade, K. Crocket, & D. Epston (Eds.), Narrative therapy in practice: The archaeology

of hope (pp. 53-81). San Francisco, CA: John Wiley & Sons.

Worden, J. W. (1982). Grief counseling and grief therapy: A handbook for the mental health

practitioner. New York: Springer.

Worden, J. W. (1991). Grief counseling and grief therapy: A handbook for the mental health

practitioner (2nd ed.). New York: Springer.

Worden, J. W. (1996). Children and grief: When a parent dies. New York: Guilford.

Worden, J. W. (2009). Grief counseling and grief therapy: A handbook for the mental health

practitioner (4th ed.). New York: Springer.

World Health Organization. (2014). First WHO report on suicide prevention: WHO calls for

coordinated action to reduce suicides worldwide. Retrieved 17 December 2014.

Zisook, S., & Shear, K. (2009). Grief and bereavement: What psychiatrists need to know. World

Psychiatry, *8*, 67-74.