

# The PREVENTION RESEARCHER

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## Teens & Grief

By Donna Schuurman, Ed.D. and Amy Barrett Lindholm, M.S.

What is it like for teenagers when someone close to them dies? How do they respond to the death of a parent, a sibling, a relative, a friend? In our work, we've learned that teens respond to adults who choose to be companions on the grief journey rather than direct it. We have also discovered that adult companions need to be aware of their own grief issues and journeys because their experiences and beliefs impact the way they relate to teens.

People often confuse "grieving" and "mourning." Grieving refers to the internal experience of the teen, whereas mourning is the public expression of the internal grief. Keep in mind that when a teen loses someone significant, he or she is grieving whether you can see it or not. Like adults, a teen experiences a broad range of emotions and physical reactions after someone dies. Adults are sometimes surprised to notice that teenagers grieve differently than they do. For example, the death of a close teen friend may evoke more intense grief than the death of a grandparent. Adults who don't expect this may minimize the impact of the death of a peer because they don't acknowledge or understand the significance of this friendship to the teen.

### Six Basic Principles of Grief

#### 1. Grieving is a natural reaction to a death.

Even though grieving is a natural reaction to death and other losses, it does not feel natural because it may be difficult to control the emotions, thoughts, or physical feelings associated with death. The sense of being out of control that is often a part of grief may overwhelm or frighten some teens. Helping teens accept the reality that they can grieve allows them to do their grief work and to progress in their grief journey.

#### 2. Each grieving experience is unique.

Grieving is a different experience for each person. Teens grieve for different lengths of time and express a wide spectrum of emotions. While many theories and models of the grieving process provide a helpful framework, the path itself is individual, and often lonely. No book or grief therapist can predict or prescribe exactly what a teen will or should go through on the grief journey. Adults can best assist grieving teenagers by accompanying them on their journey in the role of listener and learner, and by allowing the teen to function as a teacher.

#### 3. There are no "right" and "wrong" ways to grieve.

There is no correct way to grieve. Coping with a death does not

follow a simple pattern or set of rules nor is it a course to be evaluated or graded. There are, however, "helpful" and "unhelpful" choices and behaviors associated with the grieving process. Some behaviors are constructive and encourage facing grief such as talking with trusted friends, journaling, creating art, and expressing emotion rather than holding it inside. Other grief responses are destructive and may cause long-term complications and consequences. These include alcohol and substance use, reckless sexual activity, antisocial behaviors, and withdrawal from social activities.

#### 4. Every death is unique and is experienced differently.

The way teens grieve differs according to their personality and the particular relationship they had with the deceased. For many

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teens, peer relationships are primary. The death or loss of a boy/girlfriend may affect some teens more than the death of a sibling or grandparent. Within a family each person may mourn differently at different times. This can generate a great deal of tension and misunderstanding within the already-stressed family. Each person's responses

to death should be honored as his or her way of coping in that moment. Keep in mind that responses may change from day to day or even from hour to hour.

#### 5. The grieving process is influenced by many issues.

The impact of a death on a teen relates to a combination of factors, including:

- Available social support systems
- Circumstances of the death (how, where, and when the person died)
- Whether or not the youth unexpectedly found the body
- The nature of the relationship with the person who died
- The teen's level of involvement in the dying process
- The emotional and developmental age of the teen
- The teen's previous experiences with death

#### 6. Grief is ongoing.

Grief never ends, but it does change in character and intensity. Many griever have compared their grieving to the constantly shifting tides of the ocean: ranging from calm, low tides, to raging high tides that change with the seasons and the years.

(Continued on Page 3)



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## From the Editor's PC

Dear Colleagues,

Welcome to our spring issue of *The Prevention Researcher*. This issue focuses on adolescent grief and bereavement which our editorial team feels is an often ignored topic. Now, in light of the terrible September 11 tragedies, it seems even more relevant. This issue focuses on some of the interventions and strategies one may use both in the school and community setting to assist those youth who are in mourning and dealing with grief issues.

This issue begins with an article by Donna Schuurman, Ed.D., and Amy Lindholm, M.S. of The Dougy Center for Grieving Children in Portland, Oregon. Using their experience working with grieving youth, Dr. Schuurman and Ms. Lindholm give us an introduction into the teen grieving process and highlight some of the issues that may be involved.

Dr. Charles A. Corr, Professor Emeritus from Southern Illinois University Edwardsville, follows with "Helping Adolescents Cope with Long-Term Illness and Death." Dr. Corr provides us with a framework with which to begin to understand teen bereavement.

This is followed with a look at two different kinds of adolescent grief. Dr. Julie Cerel, from

West Virginia University, and her colleagues examine the impact of parent suicide, and Gordon Riches, M.A., from the University of Derby in Derby England, examines the impact of sibling bereavement.

And finally, this issue concludes with an article by Dr. David Balk, Professor at Oklahoma State University, who gives some insight into preventive interventions with grieving teens.

Although a difficult topic to approach and understand, we felt the need to find the best available literature for those who are working with the bereaved. We hope you will find it useful. As always, your comments are most welcome, both at our Web site ([www.TPRonline.org](http://www.TPRonline.org)) and in writing.

Have a great spring.

Steven Ungerleider, Ph.D.  
Editor/Psychologist

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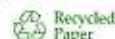
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The "never-ending, but changing" aspect of grief may be the least understood. Most people are anxious for teens to have closure and "put the death behind them" so that they can go on. But death leaves a vacuum in the lives of those left behind. Life is never the same again. This does not mean that life can never be joyful again, nor that the experience of loss cannot be transformed into something positive. But grief does not have a magical closure. People report pangs of grief 40, 50, even 60 years after a death. Grief is not a disease that can be cured, but a process we learn to incorporate into our lives.

### How Different Types of Deaths Impact Teens

The nature of the relationship and the cause and circumstances of the death impacts how teens grieve. Below we briefly highlight what some of these issues may be.

#### The Death of a Friend

Peer relationships frequently seem more important to teens than family relationships. Therefore, the death of a friend may significantly affect young people in ways parents and other adults may not understand. The death of a friend whom the parent never or seldom met may have little effect on the parent, but a huge impact on the teen. An adult who dismisses the impact of the teen's grief compounds strife with the teen and complicates the youth's grieving process. When a peer dies, teens are confronted with the realities of death, the possibilities of their own mortality, and feelings of being abandoned by close friends. Young people often believe that they are immune to death. They think that death only happens to old people. When a friend dies, their entire world and beliefs are shaken to the core.

Often teen friendships are up and down, on and off relationships. Grief complicates all relationships and ends up pulling people together or apart. After the death of a friend, some teens draw together to share their grief, while others are embarrassed and have difficulty sharing emotionally-charged grief. It is common for teen friendships to revolve around fun. Grieving is not fun. The grief that follows the death of a peer is compounded by the added loss of peer friendships and fun times.

Trust is built with teens by telling them the truth about how, when, and where a peer died. Secrecy, deception, half-truths, and lies, even when intended to protect, will often backfire, creating a wedge of suspicion and anger. Teens need to know the truth and should be trusted with the truth. If you don't know the facts, then "I don't know" is the truth.

#### The Death of a Parent

The death of a parent is usually a devastating, distressing experience in the life of a teen. When a parent dies, a young person's sense of security and stability in the world is turned upside down, regardless of the nature of the parent-child relationship. A parent's death disrupts the teen's life with radical complications. Suddenly the teen is different from peers and feels strange and alone. The death of a parent becomes the defining event in the teen's life. A teen begins to define his or her life in two categories: "before" or "after" the death.

Teens who have conflictual, even abusive, relationships with parents may experience a sense of relief, ambivalence, guilt or regret after a parent dies. An abusive or neglectful relationship compounds the distress because the death means the loss of hope and opportunities for restoring the relationship.

Often financial and daily living circumstances change radically when a parent dies, increasing the teen's feelings of instability and loss of control. Teens may have concerns about immediate physical and financial security. A parent or other adult can help by discussing the family's financial status, decisions, and plans for the future with them. Telling the truth and giving choices will assist grieving teens to regain a sense of control of their lives.

Grieving teens are also coping with the realization that they will not have a father or mother to celebrate rites of passage. You can help them by recognizing that those events will be difficult times without the parent. As those events approach, it is important to help teens consider creative ways to memorialize the deceased.

The death of a parent means the beginning of new life with a vulnerable, grieving parent, even if the parents were divorced.

*Grief is not a disease that can be cured, but a process we learn to incorporate into our lives.*

The teen left with only one biological parent is often also concerned, consciously or unconsciously, with the possible death of the surviving parent. Sometimes the remaining parent places unrealistic expectations and roles on the teen to take over parental functions. Or, sometimes the teen takes on these roles with no prompting from adults.

#### The Death of a Sibling

The death of a brother or sister is significantly different from the death of a parent or another adult caregiver. Siblings are peers and experience a unique attachment as children of the same parents. Often siblings hold confidences for each other from the parents. Suddenly in many families the surviving child is "an only child" in a complex way that requires an unwanted adjustment of roles and relationships.

#### A Violent Death

When teens experience a violent death such as a murder, a drunken driving crash, or other violent acts that leads to death, their basic belief system is thrown into turmoil. Teens typically consider themselves and their families immune from such violent acts. Suddenly their innocence and certainties are shattered and their world no longer feels safe. Thoughts and feelings about the person who died and the person(s) who caused the death get mixed up and teens feel confused. Revenge and animosity toward the perpetrator can get in the way of truly grieving for the person who died.

People often harshly and unfairly judge the victims or their family after a violent death. This helps people protect themselves from believing that someone they love could die violently. People feel safe if they think that "bad things only happen to bad people." Obviously, this attitude alienates those who are impacted by a homicide or violent death.

After a violent death, people's curiosity and questioning can be intrusive and irritating to many teens. The initial media exposure may be sensationalized, promoting conjectures or outright errors that are never retracted or corrected. Sound bites and video clips don't give a significant explanation of what happened. Anger, resentment, bitterness, and frustration mount for the grieving teens not only toward the perpetrator but toward others in the community who rush to conclusions based on incomplete, and often inaccurate, information.



## Teens & Grief

Another factor that may make coping more difficult after a violent death is the impact of the ongoing legal investigation and, potentially, a trial. Family members are told by police not to discuss the case with anyone, which makes it difficult to get support. Sometimes a family member is a suspect, which adds intense stress on everyone. Because of the time lag between the violent act and the verdict, many supportive persons move on with their own lives and are unable to support the family. Sometimes victims feel alone, forgotten, and isolated.

### Death by Suicide

The act of suicide produces an array of unwanted thoughts and feelings toward the person who died and about the circumstances under which the death occurred. "Why?" seems to be the foremost question for teens who have had a friend or family member die from suicide. Thoughts of unfulfilled promises, disrupted

### CASE STUDY – BRETT

*My mother was in many ways my best friend. We did almost everything together. She was sick on and off for seven years; she died when I was ten. In that respect, my loss was very different from the loss of someone in a car crash. I had a chance to say goodbye to my mother. However, I was forced to take care of her, physically and emotionally, as best I could. I was very scared. I had trouble sleeping, my grades dropped, I would be sitting in class and just start crying.*

*After my mother died, I moved and left my home, my school and my friends. These are all things that I am still working through. I started a new school in fifth grade. In my sixth grade year, I met Jonathan. Jonathan always had lung problems, but they were not very serious. We became good friends. At the end of sixth grade, he was absent a couple of days a week, and was in and out of the hospital. In March of seventh grade, we found out he was dead. None of us had expected it.*

*I felt awful! I had not visited him in the hospital enough, and I was too caught up in my own life to worry about him. I felt horrible. I also felt sad, mad, scared, and shocked. Our class organized a memorial service; everyone participated and made a wonderful service. It made me feel a little better about neglecting our friendship, and it helped me to pay homage to Jonathan. His parents really appreciated it, too.*

*There is nothing good about losing someone you love, but that doesn't mean that something good can't come out of it. When you lose somebody special, it is extremely important to talk about it with somebody. It may not always be the right time to talk, and your family and friends should respect that. But you must talk about it when you're ready. If you never express your feelings, they will build up, and they will eventually explode.*

From B.H. Blake (2000). *How I Coped with Loss*. In K.J. Doka (Ed.), *Living With Grief: Children, Adolescents, and Loss* (pp. 123–124). The Hospice Foundation of America. Used with permission.

relationships, missed warning signs and haunting unanswered questions relentlessly preoccupy the teen's mind. Real or imagined images of the final scene may persist and cause emotional turmoil.

Teens may be afraid that they are "fated" to die by suicide when a parent takes his or her own life. It is important to assist teens in understanding and developing other ways to cope with life's inevitable disappointments and difficulties. Teens also have a strong desire to understand and make meaning of the suicidal act. Because of society's general lack of knowledge about contributors to suicide, teens may have differing views about why the person died, and may even blame themselves. It is important to help them understand that suicides occur when a person's brain and thought processes are not working properly, much as liver disease may result when someone abuses alcohol, or heart disease when someone neglects their body. The diseased brain determines that suicide is the only escape from pain. Additionally, schools or communities, in an attempt to deglamorize suicide and prevent copycat suicides may discourage mourning or memorializing the person who died. This failure to acknowledge the life of the person may actually reinforce the survivor's alienation and support the suicide's belief that their life was no longer worth living. There are ways to acknowledge the life and death of a person who suicided without glamorizing the act itself. It is an opportunity to educate around warning signs and prevention that may be lost if schools choose to remain silent.

### Multiple Deaths

Two types of multiple deaths may complicate the grieving and healing process for teens. Multiple deaths in a single incident like a car crash or school shooting may add an additional level of complexity to processing why such events occur, part of the necessary "meaning making" task of teens. A succession of deaths during a short period of time may also lead to bereavement overload, and a fear that no one is safe. Additionally, for teens involved in an accident or incident where others died and they lived, it is not uncommon to see "survivor guilt" among those whose lives were spared.

### Death from AIDS

It has been our experience that teens who have had a parent or sibling die of AIDS usually feel uncomfortable talking about the cause of death due to the social stigma associated with AIDS. Teens may fear that if they do reveal that it was an AIDS-related death that they will be ostracized. Teens may also fear that people will judge them or their family through a perception that the death was "deserved" because of promiscuity, homosexual behavior or drug use. Because young people in this situation tend to hold their feelings inside, they may experience a higher level of physical symptoms and concerns about their own health.

Don't force the teen to share the cause of death with others unless and until he or she is ready to do so. At the same time, allow the teen to talk about the person who died and to memorialize the deceased. Once the teen is ready to discuss the cause of death, you may want to help him or her gain a thorough understanding of AIDS and to think through how to respond when someone is critical about the disease. Finally, teens often benefit from participating in support groups with others who have experienced an AIDS death.



### Death from Chronic Illness

When a family member's death is due to illness, teens sometimes develop fears around their own health, worrying that they too have the fatal disease or illness. After such a death, teens want to share common experiences around the dying process. They want to talk about things like hospitalization, medical procedures, emergencies, changes in personality due to an illness, and how illness affects relationships. Teens may also feel a sense of relief that the person died because the intense suffering and pain is over. This sense of relief, which may bring on more guilt or other accompanying feelings, needs to be normalized.

### Accidental Death

Death from an accident often evokes fears around lack of safety, loss of control, powerlessness, and unpredictability. Accidental deaths may occur in a variety of circumstances including car accidents, work-related injuries, sports-related accidents, etc. Teens need to share what they have been told about the accident and what they think actually happened.

### When a Teen Witnesses a Death

Witnessing a scene where someone dies or being threatened by a person or situation can result in stressful emotional and physical responses. It is especially traumatic for a teen to find the body after a murder or suicide. Being on the scene during emergency medical treatments can also be traumatizing. These incidents have dramatic effects on the mind and body of the young witness. Allowing the witness to express thoughts and feelings about the traumatic incident helps reduce its negative effects. Recounting the unfolding drama of the event and discussing his or her own perceptions helps the witness diminish the aftermath of the traumatic event.

In some cases, young witnesses should see a professional for a crisis debriefing and evaluation. It is possible for teens to experience a delayed psychological and physical reaction to a

horrific event. Without some intervention, a teen may develop a post-traumatic stress disorder. Although the reaction may be delayed, the symptoms of this disorder result in future complications to the teen's normal lifestyle. Delinquent behavior may be one expression of this disorder.

Because teenagers are entering the phase developmental psychologist Erik Erickson refers to as "formal operational," their major focus is on establishing independence. Experiencing the death of a family member or friend complicates their struggle for identity, and they may pull away from parents and adults toward reliance on peers for what to think and how to act. The way adults can be most helpful to them as they journey through their grief process is to provide non-judgmental safety and assurance as they struggle for meaning. Pushing them to perform or act a certain way will likely push them away. Let them know you are available, and don't approach them as someone to fix or repair, but rather, allow your calming presence to support them in their feelings, whatever they are. If necessary, intervene when destructive behaviors emerge, but otherwise allow them to feel the pain, anxiety, and confusion, and to express it, or not express it, as they choose. If they trust you are safe and caring, they will allow you to walk with them as their grief journey unfolds. ~v

Donna L. Schuurman, Ed.D., is the Executive Director of The Dougy Center for Grieving Children in Portland, Oregon. She serves as President of the Board of Directors of the Association for Death Education and Counseling and is writing a book for adults who had a parent die in childhood.

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This article is condensed from *Helping Teens Cope with Death*, a guidebook from The Dougy Center. It is used here with permission from The Dougy Center ([www.GrievingChild.org](http://www.GrievingChild.org)).

## The Bill of Rights of Grieving Teens

A common topic raised by teens is their frustration with the lack of rights they have to grieve as teens. They feel that many adults strip them of rights that would benefit their grief process. At one of the teen groups at The Dougy Center, bereaved teens discussed a bill of rights for themselves. There was a great deal of discussing, arguing, rewording, and compromising before the final draft was agreed upon. Here is their final draft:

A grieving teen has the right to . . .

- ✓ Know the truth about the death, the deceased, and the circumstances.
- ✓ Have questions answered honestly.
- ✓ Be heard with dignity and respect.
- ✓ Be silent and not tell you his or her grief emotions or thoughts.
- ✓ Not agree with your perceptions and conclusions.
- ✓ See the person who died and the place of death.
- ✓ Grieve any way she or he wants without hurting self or others.
- ✓ Feel all the feelings and to think all the thoughts of his or her own unique grief.

- ✓ Not to have to follow the "Stages of Grief," as outlined in a high school health book.
- ✓ Grieve in one's own unique, individual way without censorship.
- ✓ Be angry at death, at the person who died, at God, at self, and at others.
- ✓ Ignore people who are insensitive bigots who spout clichés.
- ✓ Have his or her own theological and philosophical beliefs about life and death.
- ✓ Be involved in the decisions about the rituals related to the death.
- ✓ Not be taken advantage of in this vulnerable mourning condition and circumstances.
- ✓ Have irrational guilt about how he or she could have intervened to stop the death.

From *Helping Teens Cope with Death*, a guidebook from The Dougy Center (1999). It appears here with permission from The Dougy Center ([www.GrievingChild.org](http://www.GrievingChild.org)).



# Helping Adolescents Cope with Long-Term Illness and Death

By Dr. Charles A. Corr

It is useful to have a framework from which to begin efforts to help adolescents cope with long-term illness and death. One such framework can be drawn from five main factors that stand out in all experiences of grief:

- (1) the nature of the prior attachment to a deceased person;
- (2) the mode of death and concurrent circumstances of the survivor;
- (3) the coping strategies that an adolescent has learned to use in managing previous losses;
- (4) the developmental situation of a particular adolescent; and
- (5) the availability and nature of support on which the adolescent can draw.

## Prior Attachments

Attachments are special relationships serving basic human needs. Attachments are significant for all human beings, but they are particularly important for adolescents. While adults can often form alternative attachments or find other ways to satisfy their needs when a particular attachment ends, adolescents are likely to be far more dependent on a limited set of attachments, often with peers who themselves may have little experience with death, and may lack the ability to seek out new and helpful attachments on their own.

Several features of attachments are important for understanding a bereaved adolescent. First, attachments are often multidimensional. If so, reactions to the loss of such attachments may also be multidimensional. A bereaved adolescent may respond (perhaps over time) to each aspect of what has been lost, both the primary and the secondary losses, in ending the attachment. Insofar as an adolescent is able, he or she will mourn each important aspect of the lost attachment and its related grief reaction.

Second, attachments are commonly depicted as warm, nurturing relationships, but that is not always the case. Some attachments are complex or dysfunctional. For example, an adolescent may be dependent upon a mother who is distracted by depression or the use of addictive drugs, or upon an abusive father who takes out his frustrations on youngsters in his family. The ending of such attachments may leave a bereaved adolescent with a complicated and difficult grief reaction.

Third, attachments are sometimes only fully appreciated after they have ended. Previously, it may not have been evident how important the attachment figure was in the life of an adolescent.

This suggests that helpers should explore with a bereaved adolescent his or her attachment to the deceased person, both in itself and in its role as a foundation for grief. This can be done by listening carefully to the adolescent's expressions of grief and to his or her comments about the attachment figure. Gentle inquiries may take the form of questions, such as: "What did you most like (or dislike) about the [attachment figure]?" "What is it that you miss now?" "Why do you miss those things?" "Are there other aspects that you do not miss?"

Over time, a helper might ask additional questions, such as: "How has your life been changed by the death of this person?" "How has your family been changed?" "Who takes care of your needs now?" "What alternative relationships now serve to meet your needs?" "What other relationships might be established?"

In addition to verbal questions like this, some helpers use art, play, puppets, and other modes of symbolic interaction. The important point is not the specific technique but its effectiveness in assisting the bereaved adolescent and the helper to appreciate all that was significant in the attachment and all that is important in the grief reaction.

In cases of long-term illness and dying, helpful interventions are not confined solely to the post-death period. When someone is dying there is an understandable tendency to focus on his

***Sudden, unexpected, traumatic, and human-induced deaths are likely to be shocking, disorienting, and present difficult challenges to survivors.***

or her needs. That can become problematic when it leads people to overlook the everyday needs of adolescents and the special issues they face in connection with the long-term illness and death of a significant other. Helpers who can intervene prior to a death should address the needs of the young survivor-to-be, strive to acknowledge or strengthen healthy bonds with the dying person, try to prepare for what is to come, and seek to develop a

foundation for future memories and legacies. Even if an adolescent is unable or unwilling to visit a dying person directly, tapes, phone calls, videos, or other links can provide a symbolic presence. Helpers who contact a bereaved adolescent after a death should ask what things were like for the youngster during the dying process and what important changes took place in his or her life before the death.

## Mode of Death and Concurrent Circumstances

Sudden, unexpected, traumatic, and human-induced deaths (e.g., accidents, homicides, and suicides) are likely to be shocking, disorienting, and present difficult challenges to survivors. By contrast, long-term dying may make it difficult for adolescents to deal with the depletion of energies involved in chronic illness and dying or the challenges of living through a series of crises and returns to health (e.g., with AIDS and its opportunistic infections). Also problematic are experiences involved in witnessing an individual's disfigurement or deterioration (e.g., in some forms of facial cancer), loss of functional capacities (e.g., in neurological diseases such as Parkinson's disease or Lou Gehrig's disease), or loss of personality prior to physical death (e.g., in Alzheimer's disease). Adolescents who have been excluded from or who do not have close contact with the dying person may perceive the death as if it had taken place very quickly.

Within a family system, adolescents are often asked to put their own needs aside in favor of those of others or to take on the



roles of a deceased or dying person in ways that may sometimes exceed their capacities. Also for adolescents, there are often issues such as those related to responsibility ("Did I somehow cause Grandpa's cancer?"), blame ("Did Uncle Ted's AIDS result from his lifestyle?"), and guilt ("Did I wish my father would go ahead and die so that the rest of us could get our lives back?") or "Why am I relieved that my mother's death is finally over?". In some so-called "dying families" adolescents who are themselves not ill may have to struggle with a series of life-threatening illnesses (e.g., related to HIV infection), losses, and deaths in a relatively short time. Sometimes, adolescents find themselves in the very difficult situation of being confronted by multiple deaths at the same time, for example, when multiple family members die in a single automobile accident. In addition, a bereaved adolescent may simultaneously be contending with other stressors such as abusive or inadequate parenting at home, poverty in the neighborhood, violence at school, and dislocations involved in foster care or institutionalization.

Helpers can begin by exploring with a bereaved adolescent his or her knowledge of and concerns about the illness or mode of death of a loved one. Start with active listening and empathetic inquiry focusing on what the youngster has been told about the dying or death of a loved one and what are his or her main concerns. Go forward by: a) providing accurate information about the illness or mode of death and its related circumstances; dispelling misinformation and myths; b) working with parents and other family members to mobilize family values and develop religious or philosophical frameworks that help a bereaved adolescent make sense out of or find meaning in the death; c) facilitating the identification of strong feelings and other reactions to the encounter, and venting them in constructive ways; and d) working with the youngster to develop and implement appropriate commemorative activities to memorialize the life of the person who has died.

Helpers can also work with bereaved adolescents to explore other events or aspects of their lives that may contribute to making a death-related experience more or less difficult. Being handed over to new caregivers, moved to a new neighborhood, transferred to a new school, or asked to cope with a new parental figure in place of one who has died can all complicate the bereavement of an adolescent. Often helpers may work directly with the adolescent. Sometimes it may be sufficient to draw the attention of parents and other family members to the needs of the adolescent.

## Coping Strategies

Coping refers to constantly changing efforts to manage challenges perceived as stressful. When an illness or death is perceived as stressful, an adolescent may attempt to manage its impact in a variety of ways, for example, through play or sports, crying or clinging, or turning away from the harsh reality.

Adults who seek to help bereaved adolescents should explore two main points: What are the important sources of stress for an adolescent's grief? And, how can an adolescent best be helped to improve his or her coping with those sources of stress? With respect to sources of stress, much will relate to strains on an attachment, mode of death, and concurrent circumstances. With respect to how the adolescent is coping, one can explore how the youngster has coped with stressful situations in the past, who his or her role models in coping have been, and what he or she has learned about coping.

Helpers are unlikely to effect major changes in an adolescent's coping strategies, even within the extended time frames of long-term illness and dying or in their aftermath. Nevertheless, understanding how and why the youngster has coped and is coping can guide the helper in interactions with the adolescent. From this foundation, helpers can assist significant adults to help an adolescent with his or her coping. And all who are helping can work to model, teach, and develop constructive coping tactics. Small improvements in coping with loss and grief, both before and after a prolonged illness or death, may lead to immediate and long-term benefits in the well-being of a bereaved adolescent.

## Developmental Situation

All human beings face normative or predictable tasks in the course of their lifelong development. Specific developmental eras, tasks, and conflicts have been identified within adolescence (see Table 1). Appreciation of this developmental background is of great value in understanding bereaved adolescents.

**TABLE 1**  
**Tasks and Conflicts for Adolescents**  
**by Maturational Phase**

### Phase I — Early Adolescence

**Age:** 11–14

**Task:** Emotional separation from parents

**Conflict:** Separation (abandonment) vs. Reunion (safety)

### Phase II — Middle Adolescence

**Age:** 14–17

**Task:** Competency/Mastery/Control

**Conflict:** Independence vs. Dependence

### Phase III — Late Adolescence

**Age:** 17–21

**Task:** Intimacy and Commitment

**Conflict:** Closeness vs. Distance

SOURCE: 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. P. 103.

Long-term illness, dying, and death add non-normative or specific situational challenges that may interrupt or complicate the work of normative development in adolescence. For example, an early adolescent focusing on decreased identification with parents (as well as increased identification with peers, fascination with hero figures, and sexual interest in peers) may find it difficult to cope with an elderly parent who seems to be withdrawing or separating from the teen as a result of a progressive life-threatening disease. Likewise, a middle or late adolescent pursuing intimacy and enriched relationships with his or her parents may find these difficult to achieve when one parent dies of cancer, the other remarries within six months, and a new stepparent comes onto the scene.

The key issue is how adolescents understand, cope with, and integrate loss, death, and grief into their lives. Helpers can begin by inquiring how death-related events have affected the youngster's development and in what ways developmental capacities have hindered or facilitated the youngster's abilities to cope with these situational challenges. To do this, one must be sensitive to the



## Helping Adolescents Cope with Long-Term Illness and Death

full range of human development (not just cognitive or affective dimensions), listen to the individual adolescent, recognize the influence of his or her life experiences, and pay close attention to his or her modes of communication.

From a broader standpoint, helpers should be alert to developmental changes in the adolescent during an illness/dying process or after a death. And from an even more extended point of view, helpers will want to recognize and help the particular adolescent appreciate that issues associated with development in later life may reactivate grief or unfinished mourning. For example, an early adolescent may pine for guidance and reassurance from a long-dead parent when he or she begins dating.

### Availability and Nature of Support

During a long-term illness or in the immediate aftermath of a death, there may be little if anything that can be done to alter the prior attachment, mode of death, concurrent circumstances, or an adolescent's developmental situation. Some specific coping tactics may be changed or redirected in the near term, while broader coping strategies may be reshaped in more productive ways over the longer term. Limitations facing helpers are apparent in each of these factors that affect the grief and bereavement of an adolescent.

By contrast, there is great latitude in the availability and nature of the support that is or may be offered to a bereaved adolescent. Questions to ask about availability might include: "Is any support available to the bereaved adolescent?" "If so, when is that support available, how is it offered, and by whom?" Sometimes the answers to these questions are that no support is available, or that if available it is only offered in limited or unpredictable ways, grudgingly or conditionally, or from unreliable sources.

All too often, adults who are preoccupied by their own grief or who have been drained of their energies by a long-term dying process may not appreciate an adolescent's need for support or may not be able to provide the support that is needed. This often takes place when the grief of an adolescent extends over a long period of time but is not made visible or is only expressed intermittently.

Helpers can do much to support bereaved adolescents, both directly and indirectly. They themselves can provide some of the support that may be needed by such an adolescent. As advocates, they can call upon parents and other adults for assistance, as

well as on formal or informal networks involving other relatives, neighbors, schools, and religious or other communities. Where it seems appropriate (usually when the adolescent is having difficulty with everyday living or age-appropriate behaviors), they can refer a bereaved adolescent to a bereavement support group or an experienced grief counselor/therapist.

This last point is a reminder that many individuals and organizations can help bereaved adolescents. Helpers might draw upon individuals with special skills, as well as on organizations with expertise related to adolescents, those which serve bereaved youngsters and others who care for them, or those mobilized around the diseases that lead to long-term illness and dying in our society (e.g., hospice programs). Beyond this, there is now available an extensive body of literature about bereavement in adolescence, as well as print and audio-visual resources for children, adolescents, and those who care for them.

### Conclusion

Adults can do much to help bereaved adolescents in cases of long-term illness, dying, and death. Understanding the impact of these encounters on bereaved adolescents and helping such adolescents can be guided by attending to the five factors examined in this article. In truth, however, helping bereaved adolescents is primarily a matter of effective communication, prior education (whenever possible), validation of the youngster's needs, and caring support. Specific knowledge and professional skills are especially relevant to instances of complicated bereavement. In most other cases, helpers function best by honoring the youngster's grief, upholding the confidence that bereaved adolescents have the natural capacity to cope with loss and grief, and trusting that difficult events in life can become opportunities for growth. ~



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Condensed from Charles Corr (1997). *Coping with Long-Term Illness and Death in an Adult: The Impact on Grieving Children and Adolescents. Living with Grief: When Illness Is Prolonged*. Hospice Foundation of America. Reprinted by permission of Hospice Foundation of America.

## UPCOMING ISSUES

### Alcohol and Youth

Alcohol use is associated with the three most prevalent causes of death and disability among youth (including deaths due to motor vehicle crashes, homicides, and suicides). Alcohol use is also associated with more frequent (and often unprotected) sexual activity among youth. According to the National Institute on Alcohol Abuse and Alcoholism, individuals who experience alcohol-related problems (such as motor vehicle crashes and assaults) are light or moderate drinkers. Our September issue will focus on adolescent alcohol use, giving special attention to prevention.

### Adolescent Sex Offenders

Studies of adult sex offenders suggest that many of them began their sexually abusive behavior in their youth. The youth who commit sexual offenses are very heterogeneous, as are the acts they perpetrate. While many prevention programs have focused on educating potential victims, very little has been done to prevent youth from offending in the first place. Our November issue will look at the characteristics of adolescent sex offenders and current strategies for preventing youth from sexually offending.

### Resource Issue

This year's Resource Issue will include an interview with Dr. Randa Ryan regarding athletes and eating disorders, and a Q&A with Caitlin Ryan, M.S.W. regarding lesbian and gay youth. You can read Ms. Ryan's article "Lesbian and Gay Adolescents: Identity Development" online (at [www.TPRonline.org](http://www.TPRonline.org)) and submit your own questions for the Q&A.

Other future topics include teen parents, youth as resources, and resiliency.



# Suicide of a Parent: Child and Adolescent Bereavement

By Julie Cerel, Ph.D., Mary A. Fristad, Ph.D., A.B.P.P., Elizabeth B. Weller, M.D., and Ronald Weller, M.D.

In the United States, 7,000 to 12,000 children experience parental suicide annually, but few controlled studies have documented the course of bereavement for children and adolescents who lose a parent to suicide. For adults aged 25–44, the age group most likely to have children in the home, suicide is the fifth leading cause of death. Clinical lore suggests that parental suicide may contribute to serious psychological impairment as these children grow. Suicide-bereaved children must make sense of their parents' decision to end their own lives and must deal with the stigma surrounding suicide in addition to dealing with their grief.

The majority of previous research has focused on adult family members and friends who have experienced the suicide of a loved one. This literature leaves unanswered questions of whether bereavement from suicide is different from bereavement from other types of death. Children who have experienced the suicide of someone close to them may be particularly vulnerable to the development of psychopathology, especially depression. Several studies have examined clinic-referred suicide-bereaved children and found that children bereaved from the suicide of a parent or friend experience depressive symptoms; families with chronic turmoil; and responses that were sad, guilt-laden, and withdrawn; or angry, hostile, and defiant.

In the only previous comprehensive study of children grieving the suicide of a parent, parents of 36 suicide-bereaved children were interviewed. Families had higher rates of disruption (including marital separation and legal trouble) in the home before the suicide than randomly selected non-bereaved controls. Children's functioning was related to family turmoil in that children from families with marital separation, trouble with the police, surviving parents with abnormal personalities, or multiple school changes functioned less well five to seven years post-death. However, the children were not directly interviewed.

Approximately 95–98% of individuals who kill themselves are suffering from a mental illness, most notably depression and/or substance abuse, and most families in which an adult suicide occurs experience other chronic family stress such as physical illness, monetary or legal trouble. Previous research indicates that five years after the suicide of a spouse, surviving parents appear to have few mental health problems.

For survivors of suicide, social support may be reduced due to the stigma associated with suicide. In many religious traditions, suicide has been stigmatized, and the death is treated differently by the community. Feelings of guilt, blame, shame, or anger may cause the bereaved individual to retreat even from other family members, causing a sense of disconnectedness from the person who has died, family members and the community. Community members often appear unsure of how to treat individuals bereaved from suicide. Survivors often feel less support or rejection from their community.

## Methods

As part of a longitudinal study of 360 children bereaved from parental death of all types, we followed 26 suicide-bereaved (SB)

children from 15 families for two years after the death of a parent. SB children were compared to non-suicide-bereaved (NSB) participants who had also experienced parental death. This is the largest study to date in which both SB children and their parents were interviewed about their experiences pre- and post-death and followed over time. Half of participants were girls. Ages ranged from 5 to 17 years (average 11.7). Socioeconomic status ranged from upper to lower class and averaged middle class. Most children (85%) had a father suicide. Families were recruited through daily examinations of obituaries from local papers and from contact with local funeral homes. Approximately one-third of eligible families chose to participate when contacted by phone. Ninety-eight percent (98%) of participant families were Caucasian. No child had experienced sibling death. All had experienced the death of only one parent. Children and their deceased parent had regular contact over the two years pre-death.

Children and their surviving parents were evaluated separately approximately one month after the death of one of the child's parents. Comprehensive one to three hour face-to-face interviews were conducted simultaneously by different interviewers in the family's home or at the study center. The initial interview assessed symptoms, emotions, and events which had occurred since the death as well as functioning in the month pre-death and over the child's lifetime. Families were recontacted and interviewed again 6, 13, and 25 months after the death. "Late entry" families were also allowed into the study. These were families who initially refused participation, stating they were "too busy" when contacted in the month post-death but who consented to be interviewed at six months.

## Results/Discussion

**Grief Reactions.** The death of a parent, regardless of cause, results in feelings of sadness, anxiety, and anger as well as acceptance for many bereaved children. Suicide-bereaved children are more likely to experience anxiety immediately after the death followed by anger at six months and shame by one year post-death relative to NSB children. They are less likely than NSB children to report feeling relief immediately after the death or "accepting" by one and two years post-death. Similarities between SB and NSB children in regard to their grief reaction might reflect a societal trend towards decreased stigma about mental illness as well as suicide which helps normalize the grief process for SB families.

**Post-Traumatic Stress.** While one might expect SB children to experience the kind of post-traumatic stress experienced by survivors of interpersonal violence, SB children were no more likely than NSB children to experience Post-Traumatic Stress symptoms as a result of the death. In our community sample, few children actually saw their parent's suicide. Thus suicide,

*In the United States,  
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## Suicide of a Parent: Child and Adolescent Bereavement

per se, is not necessarily associated with PTSD unless direct exposure occurs.

**Psychiatric Symptoms.** No differences were detected between SB children and NSB children in suicidality, self-reported depressive symptoms or severity of the symptoms related to depression. 37% of bereaved children experienced symptoms equivalent to a depressive episode at one month, and 31% experienced clinically significant symptoms at six months. This highlighted the importance of delineating the specific effects of parental suicide versus the general impact of parental death on children's outcome.

SB children report more pre-death psychopathology than NSB children. In the first month after the death, SB and NSB children showed equivalent levels of symptomatology. This suggests that the stress of losing a parent is initially more salient than the specific cause of the death. SB children did show more overall symptoms of psychopathology than NSB children from the six month to the 25 month interview. SB children appeared more behaviorally dysregulated than NSB children, due perhaps, in part to the disruption they experienced at home prior to the death. Thus, losing a parent to suicide might be associated with more long-term adjustment problems.

**Psychosocial Functioning.** Behavior at school, peer relations, and self-esteem did not differ substantially between groups. Teachers did not rate SB children as considerably more impaired than NSB children.

**Families.** Parental suicide can occur in a variety of family "types." These include "chaotic" families (47%); families in which the deceased appeared to have "encapsulated" psychopathology and the remainder of the family functioned fairly well (33%); and "functional" families, in which the suicide occurs in the context of a chronic medical illness or other healthy family (20%). Those parents who committed suicide experienced significantly more behavior and mood disorders than did parents deceased for other reasons. However, surviving SB parents' rates of psychopathology did not differ from those of surviving NSB parents prior to or after the death. SB families showed a higher degree of family disruption than NSB families. However, most of this disruption occurred pre-death. This includes increased rates of divorce, mental health treatment, and general psychosocial stressors. SB families were more likely than NSB families to enter the study late, probably due to this turmoil.

SB children's relationships with their deceased parents may have been compromised. According to parental reports, SB children participated in significantly fewer activities with the deceased parent than did NSB children. The high divorce rate in these families coupled with a poorer quality of parent-child relationship with the deceased parent suggests that the suicide completer was not able to maintain a quality relationship with their child. Parental divorce may actually have reduced the impact of the deceased parent's psychopathology on their children, as children no doubt had less exposure to their parent's problems and their subsequent decision to suicide.

Fortunately, SB parents seem able to be competent parents despite the significant stress they and their family have undergone.

The quantity and quality of one-to-one activities in which surviving SB parents participated with their children did not differ from the quantity and quality of such interactions reported in NSB families. This suggests that a diminished relationship with the deceased, coupled with a sufficient relationship with the surviving parent, may serve as a buffer for SB children.

When overall family activities were examined, SB families did less together prior to and after the death. SB parents might have been more likely to engage in one-to-one interactions but they were less likely to initiate activities with the entire family if multiple children were experiencing substantial behavioral difficulties.

**Social Support.** No significant differences were detected between SB and NSB children's experience of social support. Suicide has become less of a stigmatized event in the last 20 years, and survivors have been increasingly allowed to grieve openly and to carry out usual religious ceremonies. All SB families had at least one religious service following the death. There may be more subtle ways in which stigma affects survivors that might negatively impact SB children. Anecdotal comments from several study participants suggest SB children and their parents feel some stigma around the suicide.

### Clinical Implications

Individuals who commit suicide are quite likely to suffer from psychopathology. Overall, spouses or ex-spouses of individuals who commit suicide are not likely to exhibit overt psychopathology. In fact, these parents seem to be able to somewhat buffer the impact of the deceased's relationship with their children. However, SB children do suffer more psychopathology than their surviving parents. The children examined in this study have not yet passed through the age of risk for the development of severe psychopathology. As these children enter adulthood, they might be at increased risk for mental illness and suicidality. Thus, programs to assist surviving parents with their children's reaction to parental suicide might be useful.

At this time, the long-term impact of parent suicide is still not known. Longer-term follow-up of SB children as they enter early adulthood is necessary to fully determine the impact of parental suicide during childhood on adult outcome and how families weather the suicide of a parent over time. ~

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# Problems of Adjustment for Bereaved Siblings

By Gordon Riches, M.A.

In recent years, there has been a growth of research describing the impact of bereavement on children and adolescents. However, this research has mainly concentrated on youth who have experienced the death of a parent, creating an approach that sees problems of bereaved youth primarily in terms of their developmental stage, rather than in terms of the particular relationship they held with the deceased family member.

The sibling relationship is unique. It is usually the longest, and in some ways, the most taken for granted social connection an individual will ever experience. Its loss has consequences for self-identity, for personal development, for relationships with parents, with surviving siblings, and with others throughout adult life. A child's death is hard for parents to anticipate or prepare for, and when it occurs, they may be unable to support each other, never mind finding the reserves to appreciate what their surviving children may be going through.

## Problems Making Sense of the Death

Research suggests that many parents will deny children information about the sibling's death in the misguided belief that they are too young to understand, or that they should be protected from the full force of the death. Evidence illustrates that lack of attention, lack of parents' own emotional resources, and preoccupation with the dying or deceased child, relegate surviving siblings to the sidelines, encouraging them to be, at best, passive spectators. Often partially developed conceptual and emotional skills prevent younger children from understanding or articulating how they feel, and adolescent identity problems further camouflage the distress of surviving older children and young adults.

Opportunities to create a "narrative" of the death are crucial. Reasonable access to all the facts of the dying, and to the disposal of the body, have been shown to be of immense value in providing the basic material from which the sibling's own story of the death will be constructed. Without this information or anyone with whom to share it, children may be thrown back onto their own imaginations. Our research indicates that these visualizations are often far worse than the truth.

## The Impact of Sibling Bereavement

Many bereaved siblings describe intrusive thoughts during the day, and sleeplessness or disturbing dreams during the night. Fear of their own death may greatly increase. Feelings of uselessness and lowered self-esteem, isolation, exclusion, self-blame, and guilt are common. There is also evidence of pronounced and rapid mood swings and oscillation between apparently different stages of grief. Many siblings describe a sense of no longer being cared for, a loss of attention, loss of normal routines, loss of confidence, and lack of understanding of their feelings by peers or teachers.

Bereaved siblings appear to have a higher risk of psychiatric disorders in later childhood and adult life, with a greater tendency toward depression in cases of traumatic death. Studies of the

impact of sibling loss in twins show levels of grief of similar—and in some cases even greater—intensity to that of bereaved parents or children bereaved of a parent.

It is likely that the nearer the deceased child was in age to the surviving sibling, the greater the sense of identification and, consequently, the more fundamental the challenge to his or her capacity to make sense of the world. The death of older siblings—or of children who died even before the youth was born, may create severe identity problems.

The longer term effects of traumatic loss within the family appear to be more anxiety, greater dependency, problems of individuation in later adolescence and difficulties of letting go in early adulthood. Research suggests that the death of a sibling is one of the most traumatic and least understood crises that adolescents can encounter.

Sibling bereavement has been linked to depression and to behavior problems in later life. Research suggests that there is not only an increased sense of vulnerability on the part of the surviving sibling, but also feelings of guilt about being alive and happy.

*Research suggests that the death of a sibling is one of the most traumatic and least understood crises that adolescents can encounter.*

## Factors Affecting Adjustment

A number of studies show that the ability of the family as a whole to cope with a child's death affects the quality of surviving siblings' adjustment. Full access to information,

opportunities to openly share feelings, and closeness of family relationships all contribute to the siblings' chances of making sense of the death and integrating it into their own self-narratives. Bereaved siblings' grief will be expressed more openly if they perceive their social networks as loving, respectful, and caring toward them. Bereaved siblings especially value family conversations that confirmed the "continuing" relationship between the family and the deceased child.

Researchers Bradach and Jorden argue that it may not be the death itself but the damage caused by the death to the family system that ultimately affects siblings' adjustment. Parents' capacity to cope appears to be a central factor. While the death appears to leave some siblings more vulnerable to social and psychological problems, others seem to achieve a greater maturity and enhanced sense of the value of life. Bereavement can bring families closer together as well as drive them further apart. The role of social support and opportunities for making sense of their loss are important factors in helping determine whether bereaved siblings become "resilient" or "vulnerable" survivors.

## Problems of Adjustment

Loss of security, of a sense of permanence, and of innocence will each figure in the changes to which the bereaved sibling has to adapt. They become aware of their own vulnerability and perceive distraught parents as proof of adults' inability to protect them.



## Problems of Adjustment for Bereaved Siblings

The depth of their parent's distress may shock them. Parents may mistakenly believe that hiding details of the death will spare surviving children from further pain. At the same time, adults also appear to consistently overestimate the amount of information they have passed on to their children, having neither the patience nor the emotional reserves to ensure that explanations have been heard or understood.

Healthy brothers and sisters may feel shut out from the intense dynamic between terminally ill children and their parents. Information about the illness may be withheld, familiar routines of "home" may be disrupted and the entire family appears to be preoccupied and emotionally fragile. After the death, siblings may find themselves either left out or the object of intensified anxiety and over-protection. In time they might become the object of the aspirations parents had for the lost child, never being able to live up to what the dead child was or what he or she could have become.

### Developmental Issues

Children express grief differently than adults, yet are crucially dependent upon them for exploring, confirming, and checking out their gradually dawning realization of death and its irreversibility. It is one of the chief ironies of sibling grief that the very people on whom the child is most likely to depend for successful adaptation are themselves the least emotionally equipped to recognize or deal with this need. Yet, as we have noted above, children's ability to cope appears to be directly linked to parent's ability to cope.

Researchers Lewis and Schonfeld argue that many children, like some adults, see events in terms of "natural justice" assuming that whatever happens must be a consequence of someone's actions—good being rewarded, wrong being punished. Hence, when a death occurs, for whatever reason, it is all too easy for

parents to overlook children's feelings of guilt because of a particular act or thought they believe "caused" this retribution. Parents who actually accord blame to surviving children may amplify these feelings and help create major long-term obstacles to successful grief resolution. In cases where a sibling's actions relate directly to the death (such as firearm accident or failure to supervise younger brothers or sisters) it may be impossible for the family as a whole to "work through" and come to terms with the loss without substantial external support.

David Balk suggests that one of the consequences of the characteristically adolescent mixture of anger, detachment, and denial is a particular form of "lingering grief" where the adolescents are reluctant to reflect on what their dead brother or sister meant to them. Many children may not possess the conceptual ability to process their grief reactions, and so carry their search for a satisfactory explanation of the death into each new developmental phase. He argues that this "unfinished business" may accompany them well into adulthood and beyond."

### Social and Relationship Issues

Sibling identity, quality of family relationships, and life stage of the family as a whole must each be taken into account when explaining variation in bereaved children's and adolescents' adjustment, and in deciding on appropriate forms of support.

The more family members talk about the death, the greater are the chances of meaning being created. Younger children, with less coherently developed models of the world may be faced with major challenges of meaning. Hence opportunities to process thoughts, contradictions and fears are crucial. Parents, however, may be unwilling or unable to share their feelings and thoughts, and very reluctant to discuss the details and causes of the death. This may be especially so with miscarriages or stillbirths that occurred before subsequent children were born. In turn, adolescent children may themselves be embarrassed or uncomfortable about talking openly with parents.

Following the death of a sibling, children lose both a companion and a rival. The closer the relationship between the siblings—the more their life-space was shared—the greater will be the loss of their own identity. Adjustment to sibling loss may be affected by how much the deceased brother or sister helped define the boundaries of the survivor's own life. In the case of twins, this life-space may have been virtually identical, and each may well have relied almost exclusively on the other to reinforce the boundaries of their shared world.

### Cultural Issues

Feelings of guilt and rehearsal of imaginary chains of events that justify self-blame, even in the face of evidence to the contrary, appear to be a central and recurring characteristic of sibling grief. The cultural imperatives of sibling bonds are symbolized in myths stretching from biblical legend, such as Cain and Abel, through to the more contemporary themes of "Catcher in the Rye," "Rain Man," and "The Waltons."

Siblings' guilt and confusion at the breaking of these bonds may be repressed because of parents' distress and their preoccupation with the dying or dead child. Surviving siblings can feel unloved and unwanted, noting with meticulous detail, the withdrawal of their parents into their misery. Parental conversations about the deceased child, their feigned interest in the surviving

### CASE STUDY – DEBORAH

*Deborah was thirteen when her brother was killed in a boating accident. She said that she talked often with her mother after the death: "We talked about why. Why did he die? And what am I supposed to do?" Several of her brother's friends wanted to talk to her after the accident: "Mostly about how I was and how the family was doing. Then next came what did I feel like and what really happened. I wanted to talk with them because they were the people we knew best. And I felt comfortable with them. They were like, Ed's friends, because they knew him first."*

*In the immediate aftermath of the death, Deborah had worried that her family would disintegrate, but they became a major source of support for each other. She said that two years of coping led her to learn a lot more about life and to appreciate that if a brother dies, "all these different stages of feelings you go through are normal. That you are not crazy."*

From D.E. Balk. (2000). Adolescents, Grief, and Loss. In K.J. Doka (Ed.), *Living with Grief: Children, Adolescents, and Loss* (pp. 35–49). Hospice Foundation of America. Used with permission.



sibling's day at school, their lack of concentration, and the drifting gaze all reinforce the unspoken sense in the survivor that "It should have been me." This sentiment—spoken with a mixture of exasperation, guilt, rebellion, and jealousy—is frequently noted by researchers.

The part played by brothers and sisters in "foraging" for a teenager's identity should not be overlooked. Older siblings can provide valuable role models that younger ones attempt to emulate or work hard at avoiding. Their own personal growth and development is intricately bound up with that of their siblings and the unique contribution each makes to the family's dynamic. The death of a sibling, whether during childhood, adolescence, or adulthood, radically affects this dynamic, forcing all the survivors to renegotiate their relative positions.

## Families Where a Child Has a Life-Threatening Illness

For families where a child has a life-threatening illness, relationship stresses increase as the illness progresses. Siblings can come to feel more and more invisible and isolated. Brothers and sisters of children with life-threatening illnesses who become ill themselves, with colds or other childhood ailments, are frequently sent away from the family in order to keep the ill child safe from infection. While this appears sensible, for the siblings this can be yet another indication that their parents are only concerned with the severely ill child.

Following diagnosis, the parents' whole world is likely to be taken over by an intense fear of the future. Their time is taken up by consultations, hospital stays, and sometimes distressing medical treatment. They become "experts" in the illness, acquiring familiarity with drug regimes, medical language, nursing processes and all aspects of the treatment. Within the acute hospital setting, many parents shoulder immense responsibility for ensuring their ill child receives the "best" service. These parents know that on occasions they are unfair, and that their other children are sometimes overlooked or excluded. No matter how much awareness they have, the well children can be highly sensitive to feelings of blame and lack of worth.

From diagnosis, the child who is in need of special care and attention will change the family's dynamic. This can happen on many levels, but generally each member's grip on previously cherished assumptions about their lives and relationships,

including marriage and parenthood, may be weakening. At school, teachers may ask about the ill brother or sister, but may not think to ask how the pupil is coping.

Sometimes siblings feel they need to prove their worth by becoming "super siblings," taking everything in their stride, being selfless, and providing love and support for their ill brother or sister. Much of our experience with these children and young people confirms they harbor an underlying and highly ambivalent sense of anger which is compounded by their guilt and frustration at being unable to give vent to it.

## Conclusion

Siblings may benefit enormously from opportunities to be involved in the care of their ill brother or sister and by parents acknowledging the difficulties the family faces as a whole. By trusting children with their own uncertainties about the future and by passing on as much information as is available, well siblings can remain at the heart of the changing family dynamic, and can continue to contribute to its shape and character.

*Sometimes siblings feel they need to prove their worth by becoming "super siblings."*

Our practical experience of working with these siblings indicates that parents may sometimes need outside support in fully recognizing the depth of their feelings of exclusion. Mutual support amongst

siblings from different families is invaluable. Opportunities to share resentments, their sense of exclusion, anxieties about parents, fear, and jealousy over ill siblings can help reduce their sense of isolation and allow them to recognize general patterns that all families adopt during such a crisis. The involvement of a concerned adult, with knowledge of the illnesses and of typical family responses to it, can help by validating these feelings and offering insights into why individual family members are coping so differently.

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This article is condensed from G. Riches and P. Dawson (2000). *What About Me? Problems of Adjustment for Bereaved Siblings*. In G. Riches & P. Dawson (Eds.) *An Intimate Loneliness: Supporting Bereaved Parents and Siblings* (pp. 76-98). Philadelphia, PA: Open University Press. It appears here with permission.

## WEB RESOURCES

All Kids Grieve  
[allkidsgrieve.org](http://allkidsgrieve.org)

All Kids Grieve is a resource for teachers, parents, counselors, and other adults. It includes links to curricula regarding grief and bereavement, information about starting a support group, lists of related books, and links to other sites.

Compassionate Friends  
[www.compassionatefriends.org](http://www.compassionatefriends.org)

According to the Web site, the mission of Compassionate Friends is to "assist families toward the positive resolution of grief following the death of a child of any age and to provide information to help others be supportive." This Web site includes a number of useful brochures including such varied topics as "Stillbirth, Miscarriage and Infant Death," "When an Employee is Grieving the Death of a Child," and "Suggestions for Teachers and Counselors," among many others. Some brochures are available in Spanish.

KIDSAID  
[kidsaid.com](http://kidsaid.com)

According to the Web site, "KIDSAID is a safe place for kids to share and to help each other deal with grief about any of their losses." There are a number of resources here for both kids and adults, including a question and answer session. This Web site is a companion site to Griefnet.org.

GrievingChild.org  
[www.GrievingChild.org](http://www.GrievingChild.org)

The mission of GrievingChild.org is to provide support to grieving children, teens, and their families as they move through the healing process. The GrievingChild.org Web site includes different sections for adults and youth. The adult section includes information on how to help a grieving child or teen, what to do when death impacts your school, and information about kids and funerals. The youth section includes separate areas for kids 12 and under, and those 13 and over.



# Adolescent Bereavement and the Domain of Prevention

By David E. Balk, Ph.D.

**B**ereavement researchers have made some significant advances in our understanding of the dynamics and the processes of managing grief. In this article I will present three of these advances that are central to a discussion of adolescent grief and of preventive interventions. Preventive interventions encompass the three overall approaches used in public health and applied to community mental health by Gerald Caplan:

- Primary prevention to prevent the onset of mental health problems;
- Secondary prevention to overcome risks of serious disorders still in their incipient stages; and
- Tertiary prevention to assist people who are recovering from a serious disorder.

Each of the following approaches is viable in programs aimed at assisting organizations and individuals to manage bereavement and have been discussed by the author in other writings.

1. Increasingly, both clinical and research evidence indicate that on-going attachment to the deceased marks the lives of some persons managing their grief. Such ongoing attachment, termed "continuing bonds," lies in sharp contrast to the received dicta from experts such as Freud and Bowlby that managing grief requires detachment from the deceased. This phenomenon of continuing bonds has been noted in some adolescents grieving the deaths of siblings, parents, or friends. While some grieving individuals do remain attached to the person who died and do not show any signs of pathology, on-going attachment has not been made a norm or standard for all to experience.
2. Another advance in understanding has been the realization that bereaved individuals manage their bereavement not only by confronting the pain and distress of grief. We now realize that persons in grief oscillate between experiencing the distress of their loss and going on with their lives; in short, at times they focus directly on what the loss entails for them—they confront their loss—and at other times they take time off from grieving—they attend to living. Both processes are seen as crucial, adaptive, and normal following a loss.
3. A third advance has been the growing attention to the realities of adolescent bereavement. Whereas until the early 1980s scholars hardly, if at all, examined adolescent bereavement, there has been a burgeoning scholarship in this area, particularly since 1985, with most attention paid to bereavement following the deaths of parents and of siblings. Most studies of adolescent bereavement have not included comparison or control groups of non-bereaved adolescents, a limitation that is now being addressed in more recent work. Another limitation of adolescent bereavement research has been a reliance on cross-sectional, retrospective designs rather than longitudinal studies. Only recently have we begun to see careful studies of the effects of interventions aimed at helping adolescents manage their grief.

## A Framework for Preventive Interventions with Bereaved Adolescents

We need enlightened and useful theory within which to fashion preventive intervention efforts aimed at bereaved adolescents. We need practitioners, who as active consumers of research, examine what scholarship has to say about adolescence and grief. Preventive interventions with bereaved adolescents need to synthesize and apply two theoretical frameworks: a theory of adolescent development and a theory of grief during adolescence.

**Adolescent Development.** Whereas there remains a societal expectation that adolescence ushers in a time of storm and stress, longitudinal and cross-cultural studies have noted that the adolescent years are times of relative calm and stability for the majority of youth. About a quarter (20-28%) of adolescents find adolescence a time of torment and come to the attention of clinical professionals and/or of legal authorities; some adolescents hide their desperation and camouflage their feelings of disturbance. Yet, these two groups of disturbed and troubled youths are not the norm for adolescent development despite Anna Freud's comments that the one thing normal about adolescence is its abnormality.

Adolescents are expected to begin resolving three developmental tasks: they are expected to select a career focus; they are expected to become an independent person; and they are expected to develop and maintain lasting and intimate relationships. Adolescents who are drifting and lack direction are experiencing difficulties in mastering one or more of these developmental tasks. Grief can threaten the completion of one or more of these developmental tasks. As an example, consider the position of a student whose grief obstructs concentrating on classes, produces isolation from others, and leads to disinterest in planning for the future.

**Adolescent Bereavement.** Grief manifests itself in many ways. It has physical manifestations such as fatigue and nausea; behavioral manifestations such as trouble sleeping and increased risk taking; cognitive manifestations such as difficulty concentrating and intrusive thoughts and images about the death; emotional manifestations such as fear and anger; interpersonal manifestations such as withdrawal from the presence of others and, as a corollary, reluctance of others to be in the presence of someone who is grieving; and spiritual manifestations such as a crisis in faith and doubt about the meaning of anything.

One approach that provides a useful means of seeing adolescent bereavement within the overall context of adolescent development is a model developed by Stephen Fleming and his colleagues at York University in Toronto. This model integrates developmental tasks and maturational phases of adolescence as critical ingredients for understanding the pervasive impact of grief during the adolescent years. Fleming emphasizes that managing adolescent grief requires a panoply of behavioral, emotional, and cognitive



responses vis-à-vis five principal issues of development. These five core issues are:

1. Trusting in the predictability of events;
2. Gaining a sense of mastery and control;
3. Forging relationships marked by belonging;
4. Developing self-confidence; and
5. Believing the world is fair and just.

J. William Worden used four of these core issues as means to understand the findings emerging in the two year study of grief following an adolescent's parent's death. His findings included:

- **Trusting in the predictability of events.** Bereaved adolescents manifested greater anxiety about the future than did non-bereaved adolescents.

- **Gaining a sense of mastery and control.** Particularly in the second year following a parent's death, bereaved adolescents indicated they felt they had diminishing control over what happened to them. There seemed to be a link here to their anxiety about the future and distrust about the predictability of events.

- **Forging relationships marked by belonging.** Bereaved adolescents indicated they were experiencing more social problems and were more socially withdrawn than non-bereaved peers, but they did not report having fewer friends than their non-bereaved peers.

- **Developing self-confidence.** Bereaved adolescents in Worden's study reported they had grown up because of coping with their grief and were more mature than their non-bereaved peers; however, they reported they felt "odd" within peer circles and reported their school work and their conduct was not as good as their non-bereaved peers.

- **Believing the world is fair and just.** Worden did not use this theme to examine his data. Not uncommonly bereaved adolescents have told me that the death of their sibling, parent, or friend taught them that "bad things do happen to good people" and taught them not to count on life being fair.

### Three Important Issues

Three issues central to persons interested in preventive interventions with bereaved adolescents are the prevalence of adolescent bereavement, the "regrief phenomenon," and the place of spirituality in the management of grief.

**Prevalence of Adolescent Bereavement.** Adolescents are far more acquainted personally with death and bereavement than many people realize or perhaps wish to acknowledge. The situation of college students is a case in point. Surveys done at universities in the United States as well as in the Netherlands, Canada, and Australia have revealed consistently that a significant proportion of the students are in the first year of bereavement over the death of a family member or friend. By significant proportion I mean between 23–28%. The numbers would increase were you to include bereavement over other types of devastating losses such as the divorce of parents or the end of an intimate relationship with a boyfriend or girlfriend. Such rates of bereavement on college campuses clearly call for institutionally sponsored preventive intervention efforts to assist students to manage the grief they are enduring, if for no other reason than to help students remain in school and succeed in their studies.

**The Regrief Phenomenon.** Life contains several markers of development. As examples, consider graduating from high school,

going away to college, graduating from college, becoming engaged, getting married, having children, and accepting one's first job in one's career. At each of these life events, persons who are bereaved report reliving in some respect their grief over the death of their loved one. The young woman whose father died and who is getting married is fully aware she does not have her father to walk her down the aisle. The young man whose girlfriend died and who is graduating from high school is fully aware he does not have his girlfriend to celebrate this accomplishment. There is a resurgence of grief, which may be as intense but does not endure as long as did earlier pangs of grief; and there is a press

to incorporate the loss into this transition in one's life. It would be wise for prevention interveners to pay attention to this "regrief phenomenon;" a preventive tool to consider using is anticipatory guidance focused on getting grieving adolescents prepared for markers of development.

**Spirituality and the Management of Grief.** Bereavement triggers in some persons a life crisis that shatters their trust that reality has any ultimate

*Adolescents are far more acquainted personally with death and bereavement than many people realize or perhaps wish to acknowledge.*

meaning; they lose hope and conclude that existence is absurd. The fundamental task of making meaning is at heart what spirituality is all about. Spirituality need not mean religion, though it can.

Adolescents are at a point in their lives when constructing meaning is at the crux of their efforts at forging a stable identity and at completing the developmental tasks that characterize adolescence. Preventive interventions need to take into account the various means whereby grieving adolescents are faced with making sense out of the loss they are enduring. Some adolescents, perhaps the majority, who are struggling to give meaning to the death they are grieving will trust in religion. There are empirical data that religion provides a means of coping with loss.

In our interventions we need to be open to discovering what frameworks of meaning inform bereaved adolescents, to listen attentively to their telling us what meaning they have found, empathize with them over the uncertain meanings of life, and not dismiss discussions of spirituality as signs of delusion. ~



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## When Death Impacts Your School

Death can send shockwaves through a school, affecting the entire student population in different ways. Following are some lessons to help you bring the students through the difficult period. These lessons are excerpted from the books *Helping the Grieving Student: A Guide for Teachers* and *When Death Impacts Your School: A Guide for School Administrators* both available from The Dougy Center ([www.GrievingChild.org](http://www.GrievingChild.org)).

### Dealing with Grieving Students in Your Class

The following steps help support the grieving students as well as prepare your class for making the grieving student feel comfortable and supported:

1. Talk with the bereaved student before he or she returns. Ask what he or she wants the class to know about the death, funeral arrangements, etc. If possible, call the family prior to the student's return to school so that you can let the student know you are thinking of him or her and want to help make the return to school as supportive as possible.
2. Talk to your class about how grief affects people and encourage them to share how they feel. One way to do this is to discuss what other types of losses or deaths the students in your class have experienced, and what helped them cope.
3. Discuss how difficult it may be for their classmate to return to school, and how they may be of help. You can ask your class for ideas about how they would like others to treat them if they were returning to school after a death, pointing out differences in preferences. Some students might like to be left alone; others want the circumstances discussed freely. Most grieving students say that they want everyone to treat them the same way that they treated them before. As a rule, they don't like people being "extra nice." While students usually say they don't want to be in the spotlight, they also don't want people acting like nothing happened.
4. Provide a way for your class to reach out to the grieving classmate and his or her family. One of the ways that students can reach out is by sending cards or pictures to the youth and family, letting them know the class is thinking of them. If students in your class knew the person who died, they could share memories of that person.

5. Provide flexibility and support to your grieving student upon his or her return to class. Recognize that your student will have difficulty concentrating and focusing on school work. Allow the bereaved student to leave the class when she needs some quiet or alone time. Make sure that the student has a person available to talk with, such as a school counselor.

### DOs and DON'Ts with Grieving Students

**DO** listen. Grieving students need a safe, trusted adult who will listen to them.

**DO** follow routines. Routines provide a sense of safety which is very comforting to the grieving student.

**DO** set limits. Just because students are grieving doesn't mean that the rules do not apply. Setting clear limits provides a more secure and safer environment for everyone under these circumstances.

**DO NOT** suggest that the student has grieved long enough.

**DO NOT** indicate that the student should get over it and move on.

**DO NOT** act as if nothing has happened.

**DO NOT** say things like:

"It could be worse. You still have one brother."

"I know how you feel."

"You'll be stronger because of this."

**DO NOT** expect the student to complete all assignments on a timely basis.

As a teacher, you have the opportunity to touch youth's lives in a very special way. Your actions have a lifelong impact. When a death influences the lives of your students, you and your school can make a lifelong difference by creating an environment for healing and support.

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