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Development in Crisis: Adolescent Sibling Bereavement

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Abstract
The death of a sibling represents a major crisis in the life of an adolescent. Instead of exploring the new intellectual, emotional, and psychological components of their identities, teens who lose a sibling often become isolated. Peer groups who were once helpful in providing crucial support and refuge from parental norms may become difficult for teens to relate to, while parents may become so engaged in their own grief they may be unable to provide the surviving adolescent sibling with guidance. Modern research suggests that bereavement is a lifelong process, yet at the very time an adolescent ideally is determining who he is, the death of a sibling threatens the developmental progression for many such youth.

Despite the profundity of this dilemma, there is insufficient research that addresses the impact of adolescent sibling bereavement on identity development. In fact, Balmer (1992) has argued that "a conceptual model of adolescent sibling bereavement does not exist" (p. 4). This dissertation explores the symptomatology of adolescent bereavement and its impact on adolescent identity development. This author will utilize the literature to provide a conceptual description of adolescent coping styles during sibling bereavement with an acknowledgement of both pathological and resilient responses and their impact on identity formation. Implications for social work practice, research and knowledge-building will be provided.

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DEDICATION

To all the angels in pediatric oncology, especially Jessica.

To Arthur Schwartz.

To Joe McBride.

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My brother and sister and their significant others have provided me with emotional strength and support despite separation by land and sea. My dissertation is ultimately a story about siblings and Ariel and Jordan have shaped my own identity. I must also thank my nephew Carter for so frequently reminding me of why I continue to advocate for children to be enveloped in as much love and support as their beauty and innocence deserve.

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It is my dearest, most sincere hope that every child and adolescent matures into a person as surrounded by love as I am.

ABSTRACT

The death of a sibling represents a major crisis in the life of an adolescent. Instead of exploring the new intellectual, emotional, and psychological components of their identities, teens who lose a sibling often become isolated. Peer groups who were once helpful in providing crucial support and refuge from parental norms may become difficult for teens to relate to, while parents may become so engaged in their own grief they may be unable to provide the surviving adolescent sibling with guidance. Modern research suggests that bereavement is a lifelong process, yet at the very time an adolescent ideally is determining who he is, the death of a sibling threatens the developmental progression for many such youth.

Despite the profundity of this dilemma, there is insufficient research that addresses the impact of adolescent sibling bereavement on identity development. In fact, Balmer (1992) has argued that "a conceptual model of adolescent sibling bereavement does not exist" (p. 4). This dissertation explores the symptomatology of adolescent bereavement and its impact on adolescent identity development. This author will utilize the literature to provide a conceptual description of adolescent coping styles during sibling bereavement with an acknowledgement of both pathological and resilient responses and their impact on identity formation. Implications for social work practice, research and knowledge-building will be provided.

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Some day soon, perhaps in forty years, there will be no one alive who has ever known me. That's when I will be truly dead - when I exist in no one's memory. I thought a lot about how someone very old is the last living individual to have known some person or cluster of people. When that person dies, the whole cluster dies, too, vanishes from the living memory. I wonder who that person will be for me. Whose death will make me truly dead? (Irvin Yalom, 1989, p.204)

CHAPTER ONE: THE IMPACT OF SIBLING DEATH

Only within the last century have children come to be viewed as unique and hopeful beings. Though it appears that our society has always treasured the youth and promise of children as hope for the future, our obsession with preserving the innocence and safety of our young is a recent phenomenon. In fact, 16 and 17th century ideology viewed children as expendable, lower life forms, with little concern toward child death when it occurred (Davies, 1999). In the 20th century the value of children emerged. This coincided with the migration of child workers from the factories of the industrial revolution and its exploitative culture, a decrease in mortality from illnesses such as dysentery, pneumonia, measles, diphtheria, and whooping cough, and a lower infant mortality rate than previous eras (Davies, 1999). In a modern environment where the idea of the death of a child is inconceivable to parents, it may be even more difficult for children to imagine losing a brother or sister.

The death of a sibling results in the loss of a "playmate, confidante, role model, friend" (Packman, Horsley, Davies, & Kramer, 2006, p. 820) and part of oneself. The sibling relationship is incredibly formative: through their interactions in play, fight, and touch, brothers and sisters search for an identity and understanding of the world (Packman et al., 2006). Siblings are important objects of attachment that "neutralize aggressions, displace hostility…and 'mark the place' of parental object relations" (Charles & Charles, 2006, p. 72), helping children learn healthy familial boundaries. The sibling relationship is also known to exert a powerful influence on personality development, and during both childhood and adolescence siblings provide one another with the skills to learn how to obtain resources, physical protection, and companionship

(Martinson & Campos, 1991; White, 1976). Bank and Kahn (1982) have described the sibling bond as "a connection between the selves, at both the intimate and public levels…[i]t is a 'fitting' together of two people's identities" (Bank & Kahn, 1982, p. 15).

Almost 2 million children lose a sibling through death each year (Hogan & DeSantis, 1996) creating bereavement, the "perception of loss of a sibling by death that includes the processes of psychosocial and physiological relations" (Birenbaum, 1999, p. 383). This dissertation will address the phenomenon of adolescent sibling bereavement, beginning with a brief overview of the overall symptoms of sibling bereavement followed by a more detailed discussion of how the death of a brother or sister impacts the adolescent development of identity and generates pathological and resilient coping responses. An analysis and review of classical and modern theoretical literature and research on adolescent sibling bereavement was completed in order to create a model of coping styles that directly impact identity development adolescent sibling bereavement. These coping styles will be illustrated by use of composite case vignettes. Finally, implications for practice with this population and suggestions for intervention with families are discussed.

CHAPTER TWO: BEREAVED SIBLINGS

Bereaved Child Siblings

Beginning in the 1960s, researchers began exploring the psychological impact of sibling death in childhood on adults (Cain, Fast, & Erikson, 1964; Davies, 1999). Now renowned in sibling bereavement literature, Cain, Fast, and Erikson (1964) explored the symptoms of adult psychiatric in-patients with schizophrenia and conceived a connection between mental illness and sibling loss in childhood. From this pivotal point of identification of the psychological consequences of sibling loss, empirical research on sibling bereavement began to proliferate with a focus on how cause of death, such as long-term illness versus sudden event, family environment, and age group, affected a surviving brother or sister (Davies, 1999).

Empirical research indicates that, when poorly addressed, sibling bereavement may manifest in numerous negative symptoms. Research has revealed that siblings suffer from psychological, external/behavioral, and physiological effects as a result of their grief (Birenbaum, 1999; Worden, Davies, & McCown, 1998). These symptoms are largely expressed unconsciously and vary according to age. Bereaved children may experience behavioral patterns similar to those children with mental health disorders (Birenbaum et al., 1988-1989; Cain et al., 1964; Jurk, Ekert, & Jones, 1981). Numerous studies, in addition to literature reviews and theoretical papers, support the deleterious impact of sibling bereavement on child psychological well-being (Birenbaum, 1999; Crehan, 2004; Davies, 1999; Fanos & Nickerson, 1991; Martinson & Campos, 1991; Rosen, 1986; Webb, 2002). It is important to note that symptoms of bereavement in young children are usually evaluated by caregivers who complete child behavior

questionnaires (B. Davies, personal communication, February 25, 2010). If parents are grieving, they may be less aware of the signs and symptoms of a surviving child's distress or they may be overly sensitive to a normal bereavement reaction. Additionally, classroom educational providers who may not be adequately trained to recognize the symptoms of childhood bereavement may also be called upon to evaluate child grief reactions. Sample sizes reported in research are usually small and may not always capture a wide array of cultures, religions, or income brackets in this population.

Psychologically, bereaved child siblings have reportedly displayed anger, fear, sadness, hopelessness, rejection, self-doubt, inferiority, fear of failure, anxiety, isolation, worry, depression, and self-blame (Birenbaum, 1999; Davies, 1999; Martinson & Campos, 1991). As children experience the loss of a brother or sister, some may develop distorted understandings of illness, confusion, magical thinking about death, and misconceptions about the relationship between illness and death (Birenbaum, 1999). They may feel responsible for causing their sibling's death due to previously wishing that sibling dead after an argument or have survivor's guilt resulting in children wishing for their own death (Crehan, 2004). One example of such troubling thought processes is noted by Rosen (1986) and Davies (1999) who found that siblings of terminally ill children believed they would die of the same illness that claimed their brother or sister. Additionally, Cain, Fast, and Erikson (1964) suggested that children may *wish* for the same illness that killed their sibling to claim them because they might then become the focus of love and affection of their parents. These fantasies may create feelings of anxiety, depression, isolation, and counter-productive thoughts to dissolve these cognitions (Cain et al., 1964). The child may also come to believe he or she is immune to

all danger and is omnipotent (Cain et al., 1964). It may be argued that this dangerous view of mortality may lead some children to engage in hazardous behaviors and risk-taking.

Behaviorally, studies of sibling bereavement have demonstrated that during the first year following death behavior and social competence deteriorate due to internal distress and anxiety (Abdelnoor & Hollins, 2004). There is widespread evidence of poor school performance in children who have a lost a sibling (Balk, 1983; Cain et al., 1964; Jurk et al., 1981; Kaplan, Grobstein & Smith, 1976; Lauer, Mulhern, Hoffman, Bohne, & Camitta, 1985; Parkes, 1987; Stebphens & Lascari, 1974; Tietz, McSherry, & Britt, 1977) because children's anxiety prevents them from focusing on schoolwork. Furthermore, the loss of a sibling may create social phobia due to children's fear of exposure to elements that may have contributed to the death of their sibling (Tietz et al., 1977). Common externalizing behaviors in bereaving children are reflected in conduct disorder, hostility, refusal to comply with parental requests, provocative testing behavior, tantrums, arguing, bragging, demanding attention, showing off, moodiness, stubbornness, and being unusually loud (Baker, Sedney, & Gross, 1992; Davies, 1999). These "acting out" behaviors may be due to a desire to obtain attention from parents or authority figures who may be absent due to grieving or attending to the grieving tasks of others, and siblings' confusion and ambivalence with regard to the multitude of emotions arising from grief and loss: indeed they may be a response to the physical irritability and anger that result from the normal grief process (Davies, 1999). Children who are unsure of *what*, *why*, or *how* they are feeling may become increasingly irritated and reflect this frustration in aggressive behavior.

Physical symptoms of bereavement have been chronicled and measured by caregivers, parents, and even some children old enough to verbalize them. Bereaved siblings experience a host of physiological symptoms: Just as in adults, grief manifests in children with symptoms such as anorexia (Davies, 1999); enuresis (Cain et al., 1964; Davies, 1999); abdominal pain; stomach aches (Baker et al., 1992); headaches (Davies, 1999); speech disturbances; hysterical pain; other somatic complaints; convulsive-like states (Cain et al., 1964; Martinson & Campos, 1991); asthma (Tietz et al., 1977); ulcerative colitis (Jurk et al., 1981); and physical symptoms similar to that of the dying child, if he or she died of a prolonged illness (Davies, 1999; Stebhens & Lascari, 1974). Children will present with hypochondriasis, a fear that each physiological symptom they encounter reflects impending death (Crehan, 2004). Bereaving siblings, then, suffer from physical maladies that may impact their recovery from grief.

Based on her observations of the empirical literature, theoretical researcher Geraldine Crehan (2004) has summarized the reactions of bereaving children according to developmental capacity and understanding of death with a focus on object relations (see: Table 1). Crehan's analysis links child grief with parental grief, and cautions providers that pathological grief reactions may occur among siblings who cannot understand death. It is important to note that these reactions are unconscious in nature, meaning that the child is unaware of these responses. While extremely powerful in its presentation, Crehan's exposition disregards the resilience of children and focuses almost exclusively on pathology. In examining caregiver distress she narrows her focus away

from the potential of recovering relationships between parents and surviving children, with little discussion of interventions. However, Crehan's analysis of child development, linking developmental characteristics with bereavement symptoms, provides a starting point in understanding children's reactions to death.

Table 1
Bereavement Response by Age and Developmental Characteristics

Child's Age	Child's Developmental Characteristics	Child's Bereavement Symptoms
6 months -2 years	• has own mental representation of primary object • is working on object constancy • may achieve a basic understanding of death	• may demonstrate these elements of mourning for the first time: ○ ambivalence and harboring of murderous fantasies ○ may misinterpret death in a painful way due to lack of information given about the death
2-8 years	• may have difficulty tolerating intense pain and distress for long periods of time • may exhibit characteristics of latency	• may demonstrate primitive defenses of denial in the form of words, action, fantasy, or affect • may exhibit splitting: The lost object is all GOOD; the surviving object is all BAD • may suffer from sleep, appetite, bowel and bladder disturbances • may display heightened separation responses • may engage in withdrawn and irritable behavior • may hide emotions due to fear of infantile dependence • may engage in compulsive care-giving
8-12 years	• likely will realize inevitability of own death • may conceive of death in a	• may react with fear and defense traits • may display reaction

	way that is very similar to that of an adult	formation and counter-phobic defenses • may engage in egocentric and magical thinking • may demonstrate phobic behaviors, hypochondriasis

(Summarized from Crehan, 2004)

As Crehan (2004) argued, despite the developmental status of the child, one factor greatly impacting the response of the bereaving sibling is the grief of the parent who has lost a child. In the loss of a child, parents lose a piece of themselves, and the effect of this loss may be projected onto the surviving sibling. Bank and Kahn (1982) in their groundbreaking work on sibling relationships discuss how some parents may expect the surviving sibling to act as a replacement for the deceased: they cite this phenomenon according to both empirical and theoretical literature. Cain, Fast, and Erikson (1964) in their classic work acknowledge how some parents may even forbid siblings to speak of the child who has been lost, forging a culture of silence and taboo within the family to avoid the expression of emotion. Other parents may participate in "scapegoating," a theory based in empirical research noted by Tooley (1975) in which they displace their own feelings of guilt, responsibility, hostility and helplessness regarding the death of the sibling onto the surviving child. Finally, Bank and Khan (1982) have noted that parents may become increasingly overprotective of their surviving child due to fear of another loss. In this case, children may become overly sheltered and stifled, ultimately less able to grow from the trauma of their sibling's death. However, just as childhood grief reactions can be largely unconscious, so, too, are the responses of many parents, who may not *intend* to hurt their surviving children.

It is apparent that grieving siblings are in a precarious position: not only do they lose their childhood playmates and confidantes or simply the familiar presence of a family member, they also risk losing the support and reinforcement of their parents, many of whom are preoccupied with their own grief processes and may not be able to attend to the needs of their surviving children. Children's recovery from grief may be severely affected by the permanent loss of a sibling as well as by the grief responses of their parents in both the short and long term.

While it is clear that young bereaving siblings suffer a host of disturbances following the death of a brother or sister, fewer efforts have been made to explore adolescent behavior and responses to sibling death (Balk, 1990; 1983; 1981; Balmer, 1992; Davies, 1991; Fanos & Nickerson, 1991; Hogan, 1994; Hogan & DeSantis, 1996; Hogan & Greenfield, 1991; Martinson & Campos, 1991; Shipkey, 2008). Young children reportedly express their grief through an intensified desire for attention from parents who may be emotionally absent, while older children may be less aggressive and suffer from internalizing behaviors such as withdrawal and sullenness (Worden et al., 1998). Adolescent siblings have received considerably less attention in research (Balk, 2009), yet teens are known to contemplate their own deaths and react to issues of death in developmentally unique ways (Shipkey, 2008). During a time when they are attempting to define themselves and become more autonomous, adolescents may find this task increasingly difficult following the death of a sibling. As a result, teenagers may remain in the home, withdraw from social situations, and abstain from the usual experimentation that marks adolescence and serves to help form a cohesive and mature identity (Rosen,

1991). According to Erikson (1968), the development of identity is a central task of adolescence. Yet what if a larger crisis looms, such as the death of a sibling, and thwarts the teenager's attempt to interpret the physical, mental and emotional changes occurring within themselves?

Teens who have experienced the death of a sibling may feel the pressure to take the place of a brother or sister by fulfilling the deceased's lost dreams and life goals and ignoring their own (Rosen, 1991; Shipkey, 2008). They may feel forgotten by parents who focus more on the lost child and not the survivor (Shipkey, 2008); they may also feel caught between their own developmental needs and concern for their parents (Fanos & Nickerson, 1991). They may undertake risky behaviors such as binge drinking to numb themselves from feelings of grief and loss (Hogan & DeSantis, 1994; Martinson & Campos, 1991), while displaying an exterior of calmness and denying any symptoms of pain (Mufson, 1985). With an understanding of how children grieve following sibling loss, attention is now focused on the adolescent response.

Bereaved Adolescent Siblings

Adolescent Grief Symptomatology

Bereavement can impact "social relationships, productivity, emotional responses, psychosomatic responses, persistent thoughts of the deceased, effects on self-image, confidence, and maturity" (Balk, 1990, p. 116) in adolescents. According to Hogan and DeSantis (1996), who have studied this population in large community-based samples, this population may be at risk for medical, psychiatric, social, and behavioral dysfunction. The key psychological, external, behavioral, and physiological symptoms

demonstrated by bereaved adolescent siblings are discussed below. Limitations of the research will be highlighted.

Psychological Symptoms

It is important to note that during adolescence, teenagers develop the ability to formulate abstract thought, in what Piaget defined as *formal operations* (Batten & Oltjenbruns, 1999). Within abstract thought, teens can enact hypothetico-deductive reasoning, a process by which they can ponder aspects of experiences they have never encountered, such as death (Brainerd, 1978; Cohen, Mannarino, Greenberg, Padlo, & Shipley, 2002). Additionally, adolescents can mentally manipulate ideas as opposed to concrete objects, causing them to think in more fluid and relativistic viewpoints (Batten & Oltjenbruns, 1999; Cohen et al., 2002). This shift from less advanced to formal operational models of thinking causes teenagers to become more capable cognitively of contemplating their own deaths (Batten & Oljenbruns, 1999; Cohen et al., 2002).

David Balk has conducted numerous studies on adolescent sibling bereavement. In 1983 and 1990, he explored grief reactions in 33 and 42 siblings respectively. Balk (1983, 1990) examined the impact of sibling grief in this population by administering the Offer Self-Image Questionnaire, self-concept measures, and qualitative interviews about how the death affected the teens' concept of personal maturity, social relationships, and school work. His samples were drawn from middle and upper class income brackets, typically of Protestant and Roman Catholic churches. Ultimately, Balk (1983, 1990) learned that symptoms of shock, survival guilt and guilt in other forms, confusion, depression, fear, loneliness, numbness, avoidance, and anger follow the death of a sibling. The adolescents in Balk's studies reveal that their lives were changed at least in

the short-term by the death of a sibling and displayed their difficulty adjusting in turbulent emotions. Balk estimates that these reactions are in most surviving children most difficult to bear during the short-term, while the death is still fresh. As will be discussed shortly, Balk hypothesizes that certain characteristics may be optimal in facilitating an adolescent's recovery from grief and loss after sibling death. Balk himself notes that most adolescents "do just fine" in the long term or are "surprisingly resilient" (D. Balk, personal communication, February 7, 2010).

Leslie Balmer (1991) explored bereavement symptomatology in forty bereaved and 40 non-bereaved teens according to multiple qualitative and quantitative measures. In an attempt to discern the effect of bereavement on adolescent adjustment, Balmer (1991) defines adolescent adjustment according to criteria which included general psychological well-being, level of self-esteem, presence of depression symptomatology, and fluctuation in academic grades. Balmer determined that time since death predicted adjustment among adolescents, as teens who were in their first year of bereavement reported increased psychological distress and lower levels of self-esteem, higher somatic symptoms and higher depressive symptomatology than matched controls while teens in their second and third years of bereavement were more difficult to distinguish from control group counterparts (Balmer, 1991). Additionally, Balmer surmises that older adolescents experienced greater psychological distress reflected in lower self-esteem and increased depressive symptomatology, while younger teens experienced grief in the form of physiological distress explicated as grief directed inward in the form of somatic complaints like headaches, stomach pains, and insomnia (Balmer, 1991). Finally, Balmer labeled a small percentage of her respondents *high risk*, defined as those adolescent

siblings who may be vulnerable to long-term adjustment difficulties. These participants presented with higher levels of depression, lower self-esteem and increased anxiety, insomnia and somatic symptoms (Balmer, 1991). Of this group, one-third acknowledged the use of drugs which Balmer interprets as a method of coping or escaping from the painful symptoms of bereavement (Balmer, 1991). Balmer's work is seminal in identifying the key factors of adjustment in bereaving adolescent siblings and those who may be at-risk for long-term problems. As a result, mental health professionals, parents, and teachers may be better prepared to work with bereaving teen siblings and armed to intervene particularly in the early phases of mourning, when symptoms are most intrusive.

While Balmer's (1991) sample included teens of all ages, Nancy Shipkey (2008) has sought to understand the bereavement experiences of older, largely Caucasian adolescents from Christian Canadian denominations. She acknowledges that following a sibling death, the survivor is believed to be at risk for both psychosomatic and emotional problems (Shipkey, 2008) and placed her focus on late adolescence due to the lack of empirical research on this topic. Performing semi-structured interviews with surviving siblings, Shipkey concludes that adolescents attempt to "reconstruct reality through continuing bonds" (Shipkey, 2008, p.89), a process which includes a multi-stage process that commences with hearing the news of the death and ends with reconstructing reality with an understanding of one's life as permanently changed yet preserving of the sibling bond. Of note, Shipkey is one of few researchers who acknowledges the impact of specific causes of death as prerequisites for more difficult adjustment reactions: when the cause of death is suicide, homicide, or Sudden Infant Death Syndrome, adolescents

appear to be more at risk for psychological problems, particularly depression, Post Traumatic Stress Disorder (PTSD), increased behavioral problems, avoidance, and anxiety (Shipkey, 2008). Shipkey's contribution provides a more contemporary understanding of the ways adolescents make meaning from the deaths of their siblings and how they attempt to reconstruct their new existences thereafter.

Balk (1983), Balmer (1991) and Shipkey (2008) note that one factor contributing to sibling adjustment may be the family environment. When the family environment is struck by the crisis of child death, a lack of cohesion may occur (Balk, 1983). In this case, the family is not perceived as a source of safety or stability for the teenager who feels "confused about the death and their attitudes towards it" (Balk, 1983, p. 156). Balmer suggests that family efforts to cope may result in poor communication, an absence of discussion of death, lack of attention to surviving siblings, or an emphasis on silence (Balmer, 1991). Adolescents in these traumatized families may report guilt and confusion and react with feelings of decreased self-esteem (Balk, 1983; Balmer, 1991). Furthermore, Balk (1990) notes that 95.2 percent of his sample of 42 bereaved adolescent siblings had persistent thoughts of their sibling in the immediate aftermath of the death, and half of the sample fantasized about suicide to rejoin them. In fact, 10 of the 42 sample members, upon interview, were still thinking about this possibility, including one subject who expressed: "I felt so bad, I thought I let my parents down, thought I let myself down. I let her down by letting her die" (Balk, 1990, p. 119). Balk (1981) has noted that many adolescents have felt responsible for their sibling's death in the aftermath of bereavement. Adolescents may also experience profound changes in their relationships with parents.

Not only might adolescents feel angry with parents for allowing their sibling to become terminally ill (Balk, 1981), but they may feel resentful for being left alone, or with neighbors or relatives during the course of the illness while parents care for a hospitalized child (Cain et al., 1964). Resolution may further be complicated due to resentment because teens may become caught between their own developmental needs and concern for their parents (Fanos & Nickerson, 1991).

Teenagers may hide their grief in an effort to take care of their parents (Shipkey, 2008, p. 104). Teens disclosed that parents are in shock themselves and adolescents may move into a state of numbness to protect their parents (Shipkey, 2008). Adolescents may grieve in silence. In fact, those who previously enjoyed a close relationship with their parents may feel even more reluctant to discuss their feelings regarding their sibling's death, again out of loyalty to and protection of a grieving mother or father (Balmer, 1991). They may feel that their loss is just as significant, but was not recognized as such, which leads them to feel like forgotten mourners:

> Yeah, I did feel like that (forgotten mourner) in the beginning, for a long time, because everyone was giving support for my parents and telling them how awful it must be to lose a child. At first my family only focused on my parents and I hid my feelings for a while. But after a while I broke down. (Shipkey, 2008, p. 73).

Another sibling spoke of this predicament as follows:

> We are *only* siblings. I think that is how we feel, because our parents are really suffering. I understand their dreadful situation, because they have lost their child. But I have lost my brother...(Dyregrov & Dyregrov, 2005, p. 719).

Some siblings feel as if their parents are too preoccupied with the loss of their brother or sister to attend to the need of the surviving child: "I lost my parents, too, after the death

of my sibling" (Shipkey, 2008, p. 106). The death of a sibling appears to continuously and negatively impact an adolescent over the course of their lives (Martinson & Campos, 1991).

Nancy Hogan has committed a major part of her career to research on adolescent sibling bereavement, usually in partnership with Lydia DeSantis or Daryl Greenfield. These researchers focus on asking larger samples of teenagers simple open-ended questions about the impact of sibling loss. Of note, all participants from these studies were recruited from members of community bereavement organizations though it is unclear if respondents belonged to urban or suburban chapters. Hogan and Greenfield (1991) studied two samples consisting of 97% Anglo respondents of middle to upper class income. The first sample of bereaved siblings was assessed for grief symptoms within 18 months of loss, and the second following 18 months. With a total sample size of 127, the authors administered the Offer Self-Image Questionnaire, in addition to Hogan's (1987) Sibling Inventory of Bereavement. In 1987, Hogan first pioneered the Sibling Inventory of Bereavement with 40 bereaved adolescents, largely Catholic (20%) and Protestant (82.5%), residing in two-parent households (82.5%) and recruited through community support organizations. Hogan and DeSantis (1992) administered the same quantitative instruments to a sample of 157 bereaved adolescent siblings with unknown demographic information, and also expanded their research by open-ended qualitative questions about the sibling relationship. In 1994, Hogan and DeSantis continued their work on adolescent sibling bereavement by asking a sample of 140 adolescent surviving siblings in predominantly white, middle to upper class and dual parent households what helped and hindered their recovery from loss. Results from Hogan (1987), Hogan and

DeSantis (1992, 1994), and Hogan and Greenfield (1991) indicate that adolescents may suffer from difficult psychological reactions (see: Table 2). Adolescents experience "spontaneously-occurring, painful, intrusive thoughts and feelings related to the circumstances and events surrounding the sibling's death" (Hogan & DeSantis, 1994, p. 139) that greatly impact their adjustment. Hogan's work, both alone and with her colleagues, indicates that bereaved adolescent siblings suffer myriad painful symptoms.

Table 2
Psychological Grief Reactions of Adolescents Following Sibling Death

Symptoms
Poor concentration
Feelings of powerlessness and helplessness
Restlessness
Fear of dying and fear of dying at the same age as one's sibling
Fear of the dark
Fear of intimacy
Fear of going crazy
Wishing for death
Regarding oneself as hostile and destructive
Phobias
Nightmares
Decreased sense of self-worth
Feeling uncomfortable when happy

Feeling overprotected by parents
Feeling lonely
Increased grief during the holidays
Believing that one's parents will never get over the death

Adapted from Hogan (1987); Hogan & DeSantis (1992; 1994); Hogan & Greenfield (1991)

The literature review above suggests that psychological symptoms of adolescent sibling bereavement are multifaceted and vary according to a number of factors that ultimately impact adolescents on a psychosocial level. However, it remains clear that siblings appear to suffer in silence while the adults in their lives grieve openly and often with more support. Next, this section explores the behavioral manifestations of adolescent sibling bereavement.

External and Behavioral Symptoms

In general there are numerous behavioral responses to the death of a sibling. Research indicates that, due to their changed perspective regarding the experience of having a sibling die, many adolescents may withdraw from peers, isolating themselves (Davies, 1991; Hogan & Greenfield, 1991; Shipkey, 2008). This has been especially noted by Betty Davies, who studies child and adolescent bereavement. Davies (1991) conducted semi structured interviews with twelve adults recruited on community, church, and campus bulletin boards who experienced sibling loss as a teenager, and inquired about the bereavement experience. Like Davies (1991), Martinson and Campos (1991) approached thirty-one siblings who had experienced the death of a sibling 7 to 9 years earlier from cancer, and administered semi structured questionnaires regarding how these

former grieving teens experienced loss. Both Davies (1991) and Martinson and Campos (1991) conclude that adolescents carry a sense of "feeling different" from their peers and hesitate to show their natural sadness regarding their sibling's death out of a fear of being noticed or considered different, which causes them to further withdraw and lose friends (Davies, 1991; Martinson & Campos, 1991). Hogan (1987) posits from her findings that adolescent siblings worry that peers are watching them to see whether they will cry or seem strange in class. They report difficulty establishing relationships with children their age. As a result of their isolation, adolescents may feel as if no one understands their grief, which causes further feelings of alienation (Shipkey, 2008) and not knowing who to turn to: "I pretty much felt left out…no one understood"; "I really wanted to talk about my sibling, but no one expects you to" (Shipkey, 2008, p. 105). Teens may react to their isolation with increased aggression and hostility (Shipkey, 2008) and in doing so may put themselves more at risk for other destructive behaviors such as picking fights, perhaps not thinking clearly about the consequences of their actions. Psychologically, as mentioned in the preceding section, some teens may feel emotionally numb and unaware of the pain they may feel when physically harmed, and enter into dangerous encounters or indulgence in substances to increase numbing while unaware of life-threatening costs to their well-being.

In addition, bereaved adolescent siblings may feel pressure to become a role model like the sibling who has passed away, leading them to lose friendships (Shipkey, 2008). This results in teens viewing themselves as unpopular in social situations and having lower levels of adjustment (Balmer, 1992). Adolescents, in attempting to become the living legacy of their deceased sibling, may assume more mature roles in the home

environment to ease their parents' pain (Balk, 1983, 1992; Davies, 1991; Hogan & DeSantis, 1994; Shipkey, 2008). They may also attempt to parent younger siblings while maintaining emotional support for grieving parents, all the time shielding their own pain (Hogan & Greenfield, 1991).

Finally, grieving adolescent siblings may engage in risk-taking activities to help them forget about their sibling's death (Hogan, 1987; Martinson & Campos, 1991). Such teenagers are described as being fascinated with danger (Bank and Kahn, 1982), punishment-seeking, and engaging in provocative and exhibitionistic testing behaviors, (Cain et al., 1964). They may become secretive, rebel, and scorn parental norms (Martinson & Campos, 1991). A concern grows as intervention with this population is critical, yet research remains in its infancy. Bereaved adolescent siblings may appear numb and unapproachable to many adults while engaging in behaviors that are detrimental to their health and happiness, leaving many caring professionals and parents alike wondering the best way to relate to them during such a difficult time.

Physiological Symptoms

In addition to the psychological and behavioral symptoms exhibited by teens following the death of a sibling, there is some evidence from empirical studies indicating that bereft adolescent siblings experience numerous physiological symptoms. These include change in eating habits, insomnia and sleep disturbances, being sick more often than peers, bodily concerns, loss of energy, and somatic complaints (Balk, 1983, 1992; Balmer, 1992; Dyregrov & Dyregrov, 2005; Hogan & Greenfield, 1991; Fanos & Nickerson, 1991). Somatic conditions experienced by this population consist of headaches, ulcers, chronically tense and painful muscles and joints, enuresis, appetite

loss, weight issues, and dazed states (Dyregrov & Dyregrov, 2005; Fanos & Nickerson, 1991; Hogan, 1987). Ironically, Cain, Fast, and Erickson's (1964) research indicates that while bereaving adolescent siblings experience painful physiological conditions, they also mistrust hospitals and doctors, causing treatment to become difficult. Physiological reactions to bereavement are important to identify as body image becomes an increasing area of concern during adolescence and teens can become at risk for eating disorders (Centers for Disease Control, 2009)**.** Providing adolescents with positive role models during a critical phase of development may be more difficult when those around them are unavailable as they, too, are grieving. It is important to note, however, that in some circumstances adolescents can also respond with resilience following the death of a sibling.

Positive Symptomatology

Indeed, positive symptomatology has been observed following adolescent sibling bereavement. Some teens report that the death of a brother or sister provides an impetus for psychological growth (Offer, 1969). Others may maintain a good sense of self-concept and adjust appropriately, even resiliently (Balk, 1983; 1992). Teens surrounded by a family with increased cohesion might use their family as a resource and profit developmentally. Siblings from families with good communication, strong support, open and honest trusting relationships, closeness, and strong emphasis on religion report no behavioral problems after the death of a brother or sister (Shipkey, 2008). Some teens believe in their ability to cope successfully with distress, and they have empathy and compassion toward their parents (Balk, 1990).

The passage of time may allow for healing (Balmer, 1992; Hogan & DeSantis, 1994; Shipkey, 2008). Hogan and DeSantis (1994) asked adolescents what helped and hindered their recovery from sibling loss, and noted that, during the mourning period, teens may find creative ways to cope with their stress, such as writing and playing music. Siblings might reflect upon the time they spent with their now-deceased brothers or sisters in their final days and attempt to learn life lessons from their passing (Martinson & Campos, 1991). They may become interpersonally resourceful, identifying individuals with whom they can speak regarding their grief reactions if they need to reach out (Hogan & DeSantis, 1994). It is hopeful to note that adolescents can draw on the resources available to them, even if limited, to facilitate a recovery from the more painful symptoms of bereavement. However, due to the limited research on this topic, it is still unclear as to how many teens are able to be so resourceful and how many still require the intervention and assistance of parents and skilled professionals.

Limitations of Existing Empirical Research

The few empirical articles on adolescent sibling bereavement are not without their limitations. Samples are typically recruited with the assistance of community bereavement organizations such as the Compassionate Friends or Candlelighters, leading to respondents who may be more familiar with identifying grief symptomatology and willing to discuss it. Furthermore, those who participate in such organizations and respond to requests for research participation may consist of a white, middle class demographic (Balk, 19983; 1990; 1992; Hogan, 1987; Hogan & DeSantis, 1992; 1994; Hogan & Greenfield, 1991; Shipkey, 2008), leaving little room for cultural, religious, or ethnic variation that may be in great need of service. A common picture, therefore, begins

to emerge of adolescent sibling bereavement that may not reflect already disenfranchised populations, such as the urban poor living under chronic, harsh conditions, unable to report their grief responses. Furthermore, the grief response of an African American teens raised by kin in the inner city may look strikingly different from that of a middle class Catholic adolescent participating in the Compassionate Friends. Teens who have experienced chronic traumas may view death differently; however, this perspective has not been explored. Similarly, religiosity may influence an adolescent's perspective on death and their grief: what might teen grief responses look like in Hindu, Jewish, or Muslim households?

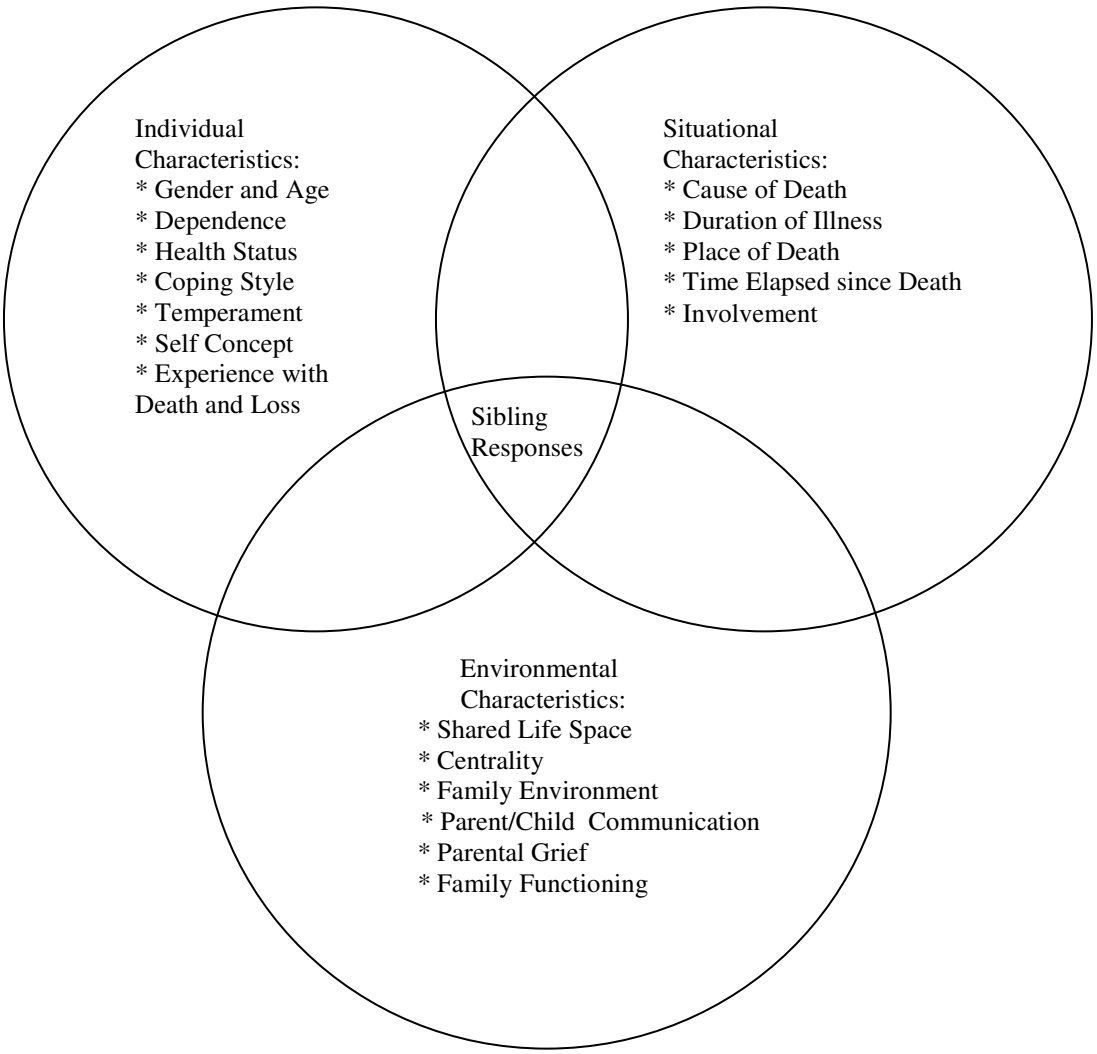
Other limitations arise in research methodology. Balmer (1991) is one of a handful of researchers who employs a control group in her study to examine whether symptoms of bereavement among teen siblings appear significantly against peers who have not experienced loss. The studies above, with the exception of Martinson and Campos (1991) and Hogan and Greenfield (1991) acknowledge but do not utilize or control for the important variable of time-since-death. Balmer (1991) discusses in her dissertation that the time elapsed since the death of a sibling and when a study is conducted may influence the responses a researcher receives: it is possible that with more time, teens may demonstrate better coping responses. Also frequently documented, but not frequently utilized as a variable in research, is how the type of death impacts bereavement response. How do surviving siblings cope with a brother's suicide, a sister's slow decline from terminal illness, or the brutality of a homicide? Martinson and Campos (1991) do explore whether siblings whose brother or sister died at home on hospice from cancer responded more positively. However, much research, such as that conducted by

Hogan and Greenfield (1991) or Balk (1983, 1990) simply collects data about type of death and does not consider how this affects sibling response. It is apparent that several methodological concerns should be addressed in future research with grieving adolescent siblings.

Conclusion

While all siblings are deeply affected by the loss of a brother or sister, adolescents display a host of unique psychological, external and behavioral, and physiological concerns. Davies (1999) has summarized the wide array of sibling responses, which includes individual, situational, and environmental characteristics:

Figure 1
Characteristics Influencing Sibling Response to Bereavement
Psychological Grief Reactions of Adolescents Following Sibling Death



(Davies, 1999)

Research in the area of adolescent sibling bereavement is still in its infancy; this population is clearly unique in its grief reactions due to its special developmental status. More exploration into the adolescent response to sibling bereavement will help clinicians and researchers alike understand how best to intervene with this group.

CHAPTER THREE: METHODOLOGY

This dissertation attempts to develop a conceptual framework regarding how the identity development process of adolescent siblings is affected by sibling loss, with consideration for the unique features of this age group.

In order to better understand how this population might react to the loss of a brother or sister, one must first explore the normal and expected course of adolescent identity development. This normal crisis of adolescent identity development will first be explored according to classical and contemporary theories. Following this exposition, a comprehensive literature review and composite case vignettes will serve to illuminate ways in which the identity development of adolescents who experience the death of a sibling deviate from the norm.

This author will utilize textual analysis of theoretical work based on *hermeneutic methodology* as first outlined in Gadamer (1975) in order to reveal themes and issues central to the narrative of adolescent sibling bereavement. Hermeneutic methodology investigates the connection between past and present, exploring a recurrence of themes, cross-referencing textual sources and searching for meaning. Hermeneutics will be employed to synthesize knowledge of adolescent identity development and how examples from current empirical studies demonstrate deviation from the established model. This author will then create a classification of coping styles that impact adolescent identity development during sibling bereavement, as of yet unsynthesized though repeatedly identified in existing research. Through establishing a synthesis of what is known about

adolescent identity in classical and contemporary theory with current understandings of deviations in the identity development of those adolescents experiencing the death of a sibling, this author will create a new theoretical integration of the coping styles that impact adolescent identity development during sibling bereavement according to a revised developmental perspective. The resulting categorizations of coping styles impacting identity development during the adolescent sibling bereavement process will be validated not only through research but also through triangulation with the work of published experts and clinicians in the community.

The use of composite case vignettes will illustrate adolescent coping style during sibling bereavement from a clinical and conceptual point of view, providing for researchers and practitioners an image, informed by the author's clinical experience and the empirical literature, of the symptoms one might expect teens to display when presenting for treatment. Vignettes will be imagined by this author and some minor details of symptomatology are borrowed from this writer's clinical practice, however, they do not reflect the identities or circumstances of any individual clients, sibling deaths, or situations at all. Vignettes are intended to stimulate discussion among the readers of this dissertation, to provoke suggestions for intervention, and to bring to life the conclusions summarized from literature and put forth for consideration in the classification and categorization of adolescent identity development during sibling bereavement.

Classification of adolescent coping responses will provide a framework for analysis by researchers and clinicians exploring this phenomenon, permitting them to

compare and contrast the classified processes with processes appearing in cases from their own experience.

Further, this synthesis of theory and research informing the classification is intended to enrich social work education by proposing a strengths-based, developmentally appropriate approach that is applicable in numerous practice settings both within and outside social work.

It is important to note that, while establishing a classification of coping styles impacting adolescent identity development during sibling bereavement is helpful for researchers and clinicians approaching this phenomenon, one must not discount the powerful impact of *labeling*. As Scheff (1966) suggests, individuals may unconsciously reinforce the labels they receive particularly when labels cause them to feel dehumanized (Fuller, 2003). Harris (2009) extends his concern for labeling to the population of the bereaved, who may have already been categorized as displaying pathological grief reactions. Societal expectations of *who* is permitted to grieve, *how long* grief should last, *how grief symptoms should be displayed,* and *the manner of death* all create mitigating factors leading to social conformity, providing mourners with direction regarding how to grieve appropriately (Harris, 2009). Kalich and Brabant (2006) argue that the medicalization of grief, which places an emphasis on deficiencies and utilizes terminology such as *delayed, recurrent, distorted*, *abnormal*, and *complicated* may further isolate bereaving individuals from a sense of the validity of their experience and from the support they deserve. In categorizing and classifying adolescent identity development during sibling bereavement, it is important to note that labels exist on a

continuum, are dynamic, and can be altered through strengths-based interventions. The classifications are nuanced, expressive of a dynamic process, open for debate that seeks not to stigmatize or isolate adolescents but rather to understand how they respond to the death of a brother or sister.

In considering the limitations of the methodology employed in constructing the conceptual framework described above, it is important to note the likely absence of mediating and moderating variables.

As discussed in the literature review, there is virtually no research on cultural expressions of bereavement by grieving adolescent siblings, nor is there an analysis of bereavement symptomatology seen in adolescent siblings in socioeconomically at-risk populations. Research comparing siblings who have lost brothers or sisters by trauma versus an anticipated death is also difficult to locate. Therefore, the outcome of this dissertation may be limited to white, middle and upper class adolescents belonging to dominant religious organizations.

Research on variations in the dynamics of sibling relationships, whether ambivalent, hostile, or amicable, and how they affect adolescent sibling bereavement, will be pursued for this dissertation: however the small amount of scholarship in this area makes it impossible to draw substantive conclusions. Selected literature about adult sibling bereavement will be employed to suggest possible outcomes.

CHAPTER FOUR: ADOLESCENT IDENTITY DEVELOPMENT THEORIES

Classical Theories

One must look to the past in order to understand the present. Schwartz (2001) has explored the development of identity theory since Freud's first postulation of the idea that an individual might reveal a sense of self. Schwartz states,

> Questions of identity have become central to people's lives. The young person may spend many years asking questions such as: Who am I? What are my values and goals? What makes me different from other people? Am I really the same person from one year, or decade, to the next? (Schwartz, 2001, p. 8).

Just as adolescents struggle to create a sense of who they are, so do researchers and theorists attempt to define this process. This chapter explores the work of classical and contemporary theorists and researchers on the development of adolescent identity. For the purpose of this dissertation, identity is defined as the "goals, values, and beliefs to which an individual is committed, and that give a sense of direction, meaning, and purpose to life" (Waterman, 2004, p. 209). Classical theorists are defined as those whose work is more psychoanalytic in orientation and closely aligned with a Freudian perspective.

Erik Erikson

In the area of adolescent identity development, the work of Erik Erikson has exerted a profound influence on how modern theorists approach the inner world of the teenager. Schwartz (2001) believes that Erikson's definition of identity is "multidimensional, broad, and inclusive" (p.8). Erikson examines the intrapsychic processes of the individual over the course of development, theorizing that the self continues to evolve as the individual confronts and overcomes conflicts associated with

their developmental status (Erikson, 1959). Influenced by Freudian psychology, Erikson postulates that personal continuity, integrity, and status occur as a result of interactions between the self and environment. These interactions are epigenetic, or building on and affecting later stages. Health is achieved through mastery of environment, a unified personality, and perceiving the world accurately.

Erikson expands Freud's schema of psychosexual stages into eight stages that shape identity over the life cycle. Each stage is characterized by a psychological crisis that must be overcome in order for healthy development to proceed. Throughout childhood, the self develops through mutual interactions between the child, environment, caregiver, and society. Conflicts are inherent in this process, and overcoming them leads to the development of a strong and integrated ego. Identity synthesis represents a state of integrating one's past into a larger set of goals with a future orientation, while identity confusion reflects a state of stagnation and inability to develop goals or ideals upon which a mature identity is based (Erikson, 1968). Identity confusion exists on a continuum that ranges from a mild sense of helplessness to a total lack of purpose.

For Erikson, adolescence begins at age 12, when teenagers face the crisis of identity versus role diffusion. With previous stages of childhood now integrated, teens seek to define themselves. In the process, their frames of reference shift from parents to peer groups (Berzoff, Flanagan, & Herz, 2008). The peer group represents a strong influence for the adolescent, but the family of origin is the building block for healthy interaction. *Who* the adolescent becomes is ultimately the result of the previous interactions shaped in childhood. The family's role is still pivotal in supporting adolescents as they struggle to secure an identity and maintaining loyalty to them on their

journey to seek new interests outside the home. Without this support, teenagers may fall victim to role diffusion, and become involved with dangerous groups with negative identities that oppose the ideals of the parents. Particularly in late adolescence, Erikson argues that

> identity formulation…arises from the selective repudiation and mutual assimilation of childhood identifications and their absorption in a new configuration, which, in turn, is dependent on the process by which a society…identifies the young individual…The final identity, then, is superordinated to any single identification with individuals of the past: it include[d] all significant identifications, but also alters them in order to make a unique and reasonably coherent whole of them (Erikson, 1963, pp. 160-61).

Erikson argues that adolescents should shed old values without anxiety and, in the maturation process, accumulate a new sense of identity and purpose. Teens in young adulthood might achieve this goal through establishing intimacy with others. Becoming integrated into a mutual partnership allows the young adult to avoid falling into self-absorption and isolation, and promotes the establishment of autonomy. Interpersonal attachment is highly important to the development of the self, as it necessitates the development of firm ego boundaries that teaches the adolescent how to share intimacy without inhibition or dread. Sharing oneself through hobbies and questioning adults' values or judgments ushers teens into adulthood and facilitates locating their place in society.

Erikson's postulation of adolescent development and crisis is grounded with a foundation in Freudian psychology and woven together with critical elements that were previously unaddressed at the time: society, culture, and the environment. The approach to development over the lifespan and its external influences, in addition to overcoming

innate conflicts, is of extreme importance to social workers. Clinicians can employ interventions that are appropriate both to the youth's age and nature of the developmental conflict, while also considering his or her culture. The epigenetic quality of Erikson's theory also permits social workers to retrace steps in the biopsychosocial development of the individual, searching for places where the client may have faltered. In his acknowledgement of the importance of many contributing factors both within and without the individual, Erikson promoted social justice. However, there are some important limitations to his theory.

While acknowledging culture, Erikson fails to explore diversity in gender roles, placing too much value on the importance of mothering. He argues further that female identity developed later than men's (Berzoff, Flanagan & Herz, 2008), is defined by motherhood, and assumes a heterosexual orientation. Another dilemma arises in Erikson's definition of the self: he proposes a linear, streamlined view of who the individual is supposed to be, upon the resolution of conflict, but does not explore or expand upon the unique variations that can appear within one individual. The self can consist of many components that are in no way pathological, such as the professional self, the friend self, and the private self, but Erikson's exploration does not touch on these.

Erikson's work, finally, is also entirely conceptual, without a theoretical base. He based his work on clinical experience and metaphor (Schwartz, 2001), without a foundation in research. Nonetheless, Erikson also presents an influential understanding of the intrapsychic world of the adolescent. His formulations are expanded upon by James Marcia.

James Marcia

Marcia attempted to assess empirically Erikson's conceptualizations of adolescent ego development, proposing that identity consists of an "internal, self-constructed, dynamic organization of drives, abilities, beliefs, and individual history (Marcia, 1980, p. 159). He proposes that the formation of identity is not a neat and seamless process, but one that is dynamic and consists of both affirmation and negation, gradual and unconscious processes (Marcia, 1980) or statuses. If an adolescent possesses a highly developed identity structure, he or she should be able to determine their own uniqueness and similarity with regard to others, and be able to negotiate a clearer path in the world as compared to those whose structures were less developed and might have to rely on the opinions and input of others to find their way in the world (Marcia, 1980). While Erikson's model of adolescent identity development is revolutionary, Marcia argues that identity formation is more complex than a simple dichotomy and conflicts of late adolescence can be broken down into four distinct statuses. Within each status, to be explicated below, Marcia explains that coping might be viewed as healthy *or* pathological, containing aspects of anxiety, rigidity, cooperation, or commitment. For Marcia, each status reflects certain degrees of *crisis*¸ defined as the teen's ability to make decisions and choose among different options regarding their future, and *commitment*, defined as the adolescent's degree of personal investment in occupation and ideology (Marcia, 1966). Marcia conducted empirical research on adolescent males in order to validate his theories.

- *Identity achievement* defines adolescents who have experienced crisis and are now committed to occupation and ideology. These teens have considered several

occupational choices and decided on their own terms what their individual paths might be; however, their choices might be reflective of parental desires. Individuals in this category have examined their past beliefs and consolidated them with their present identities. When faced with sudden environmental changes and responsibilities, these teens will not be overwhelmed. Their thought processes are balanced, and relationships are deep and interpersonal (Schwartz, 2001). They are the most mature of all individuals in the statuses. Marcia claims that research on adolescents indicates that those who had reached identity achievement reported higher levels of self-esteem, identity, moral reasoning, conceptual attainment, cognitive complexity, study habits, cultural sophistication, and balanced view of parents (Marcia, 1980).

- *Identity diffusion* defines adolescents who may or may not have experienced a crisis, and also demonstrate a lack of commitment to ideology or occupation. Diffused adolescents are apathetic, disinterested, and prone to maladaptive outcomes (Schwartz, 2001). These adolescents appear to be unconcerned about their lack of direction and uninterested as well. His research indicates that individuals in this category display low self-esteem and autonomy, are externally-oriented, retain personal responsibility for their lives, held a tightly-constructed self system, are cognitively complex, disorganized, and often reject and are detached from their parents (Marcia, 1980). Schwartz (2001) proposes that members of this status lack basic identity structure, are characterized as drifters lacking in social support, are often depressed, and are heavily impacted by the environments in which they live.

- *Identity moratorium* defines adolescents currently experiencing a crisis, characterized by vague commitments and the struggle to make them. These teens are actively experiencing identity crisis: they are attempting to find a compromise between the values of their parents, themselves, and society. Teens experiencing a Moratorium must execute critical thinking and be open minded to all of the options ahead of him or her, as they are currently exploring future paths to embark upon (Schwartz, 2001). Marcia (1980) reports that such adolescents experience high anxiety and low self-esteem. However, they are capable of high moral reasoning and autonomous choices as they search for the most appropriate next steps in their lives. This reasoning is also marked by cognitive complexity which is needed to explore life choices, cultural sophistication, and the ability to express oneself effectively in family interactions (Marcia, 1980).
- *Identity foreclosure* defines adolescents who have not yet experienced a crisis but are already committed to the goals of their parents. These teens are fulfilling the roles already prepared or intended for them as children, without other options, and often appear to have rigid personalities and necessitate a life shaped by parental values. Foreclosed teens idealize their relationships with their parents and experience a great deal of anxiety when faced with life transitions and often view life changes as crises (Schwartz, 2001). Adolescents in this category display low self-esteem, authoritarian values, low autonomy and cognition, and an unhealthy obsession with parental identity and values (Marcia, 1980).

Marcia provides an expanded framework of possibilities regarding adolescent identity development; however, one must note that his research was conducted with adolescent

boys, usually of middle and upper class orientation, and with significant educational attainment. Marcia's samples are not culturally diverse and neglect an exploration of identity formation in women, suggesting that female relational patterns are different and necessitate further research. He argues that identity formation may take longer in women than in men, and also discusses the necessity for female-specific identity formation criteria. However, Marcia himself does not conduct this research. Additionally, Marcia does not explore identity formation in early adolescence, and does not discuss when, precisely, "late" adolescence might begin. He states that cognitive formal operations are necessary to the development of identity. Another shortcoming of Marcia's Status model is that it is not developmental. Schwartz (2001) suggests that it may be better suited as a typology of character than identity.

Ultimately, Marcia's four categorizations do provide clinicians with a more in-depth analysis than Erikson's original, binary exposition of the adolescent identity formation process.

Peter Blos

A close friend of Erikson, Peter Blos applies psychoanalytic theory, specifically the concept of object relations, to the process of adolescent identity development. Blos theorizes that adolescence is marked by phases of development that build on conflict and resolution necessary for teens to advance. For Blos, advancement means achieving a higher level of individuation and differentiation than that previously achieved in childhood. The individual's ultimate identity, if successfully achieved at the termination of adolescence, is a consolidated character that maintains stable self esteem, ego identity, and can tolerate ambiguity (Blos, 1968).

Blos argues that children typically first learn to individuate from their caregivers toward the end of the third year of life. As young children, individuation occurs when infants learn that they exist separately from their mothers, who exist as objects from whom to facilitate a child's own internal representations of him or herself (Blos, 1967). Relying upon the mother as a facilitating object allows a child to develop a sense of him or herself as psychologically distinct (Blos, 1967) and independent from their caregiver.

A second individuation process, according to Blos, occurs in adolescence, where the teen learns to differentiate him or herself from the family and individuate into the adult world (Blos, 1967). Specifically, in postlatency adolescence, teens must learn to disengage emotionally from their parents. Teens, in this process, should seek new frames of ego reference in association with peers (Blos, 1968). If teens cannot individuate, they will remain infantile in their dependence on caregivers (Blos, 1967). This lack of differentiation might be displayed in teens' acting out, procrastination, moodiness, and negative attitudes.

For Blos, both ego and drive components are necessary features of identity development. In early phases of adolescence, the once stable functions of the superego, such as memory, begin to fluctuate and reorganize. Both ego and drive must necessarily experience regression in order for adolescents to gain a sense of self (Blos, 1967). Ego regression involves teens re-experiencing previously abandoned, often more traumatic states that occur in childhood, characterized by conflicting drives. Blos believes that trauma occurs consistently during infancy and childhood and leaves "permanent residue" (Blos, 1968, p. 254) for youth to revisit when more prepared, as adolescents, to overcome and integrate it. The task of identity development in adolescence involves overcoming

previous childhood trauma in order to obtain a more cohesive sense of self. Defeating trauma releases a powerful cathectic psychic energy that bolstered character development (Blos, 1968).

The formation of character, according to this theory, is the result of "psychic restructuring" (Blos, 1968, p. 245) blooming from the confrontation of conflicting emotions—such as love and hate, fascination and disinterest, and ambivalence and passion—during regression and reorganization. In order to accomplish this goal, teens look to peers with whom to share their experiences in individuating from the family.

Blos's contribution to the understanding of adolescent individuation and identity formation is novel. He presents a unique perspective regarding the development of adolescent sexual identity. While a child's gender status, according to Blos, is established relatively early, children remain sexually unaffiliated in their orientation as a feature of characterological immaturity. Only when teens achieve a consolidated identity do they emerge from bisexuality to a mature sexual orientation (Blos, 1968). Acknowledging an early teen's inherent bisexuality is novel; however, such a perspective may be somewhat antiquated and leads to an assumption that a fixed sexual orientation accompanies the end of adolescence.

Contemporary Theories

Contemporary identity theorists and those who study adolescent identity development explore past constructs and attempt to expand and reinterpret them with current, revised interpretations in order to create more applicable understandings of how teenagers become who they are. According to Schwartz (2001), contemporary research in identity development has struggled with measuring Marcia's constructs, as no standard measure exists to capture a sample's identity process. Open-ended interviews provide subjects with too much space that makes coding difficult and cumbersome for mass sampling, while likert scales may be experienced as too limited and forcing individuals to rate themselves according to narrow criteria (Schwartz, 2001). Some scales measure the construct of exploration and commitment together, while some measure each separately.

Schwartz (2001) has argued that since 1987, alternative identity models have been proposed that draw on Marcia's status theory in order to expand it and allow the original constructs to be more amenable to intervention in research. Schwartz (2001) proposes that contemporary identity theory consists of *extensions* and *expansions* of Marcia (p. 21). *Extension* theories complement the identity status model and remain true to the original formulation. They examine particular components of the model or suggest additions to it. *Expansions* utilize the identity status model as a jumping-off point and expand its scope. They are more faithful to Erikson's original multifaceted approach to identity formation and explore the intersection of numerous factors and how they influence the development of the individual ego (Schwartz, 2001).

The theorists below represent contemporary attempts to explore the development of individual identity in young adults.

Michael Berzonsky

Michael Berzonsky's work explores identity style (Berzonsky, 1989), which is defined as the "differe[nt ways] individuals construct and revise or maintain a sense of identity" (Berzonsky, 1992), particularly when faced with stressors that may impact one's pre-established sense of identity. Berzonsky (1989, 1990) argues that personal identity is constructed by way of social interactions, and individuals are able to choose an identity style that fits most accordingly with their interactional experience. Identity style is viewed as a problem-solving or coping mechanism that all healthy individuals are capable of utilizing during adolescence and adulthood, and consists of three unique styles. Each style reflects a way by which the individual deals with stressors that create tensions within the self (Berzonsky, 1992).

- The *informational* style refers to a method of actively seeking out, weighing, evaluating, and using relevant information in order to cope with stressors. This identity style is marked by exploration, motivation, flexibility, and a desire to understand all aspects of a situation. When an individual with an informational style of identity encounters information that contradicts or conflicts with previous information that was once integrated into how they viewed him or herself, such a person will revise their schema to accommodate the new findings into a coherent and integrated manner (Berzonsky, 1989). The informational identity style corresponds with Marcia's identity achievement and foreclosure statuses.
- The *normative* style refers to individuals who approach stress and change with imitation and conformity. They approach conflict according to the expectations and standards of others (Berzonsky, 1992), usually significant others or authority

figures who have already influenced the individual's sense of him- or herself. Individuals with normative styles react to dissonant information with defensiveness, often distorting new information and experiences that invalidate preconceived notions of themselves (Berzonsky, 1989). A highly "rigidly-organized self-structure with limited differentiation will result" (Berzonsky, 1992, p. 772) from this identity style. The normative style corresponds directly with Marcia's foreclosed identity status.

- The *diffuse-avoidant* style is defined by procrastination and evasiveness. Individuals with this identity style approach conflict on a situational basis (Berzonsky, 1989) with coping based more on emotion than cognition (Schwartz, 2001). Such individuals are avoidant and do not deal with personal problems and questions of their identity, preferring to "procrastinate and delay" (Berzonsky, 1992, p.772). The result is a fragmented, disoriented identity with lower levels of self-esteem and poor commitment. These individuals think only in terms of short-term consequences and avoid committing to long-term goals (Schwartz, 2001). They may limit themselves and become maladaptive, leading to poor decisional strategies, losing the ability to self-reflect, be conscientious, or assume a cognitive perspective (Berzonsky & Neimeyer, 1994). The diffuse-avoidant identity style corresponds directly with Marcia's identity diffusion status.

Berzonsky has evaluated numerous adolescent and early adult populations in order to evaluate the strength of his identity style theory. Results of his studies have indicated that diffuse styles cope with stress by wishful thinking, distancing, and avoidance, while

normative styles become defensive and emotion-focused. Informational styles confront stressful situations with an active, problem-focused approach.

Berzonsky stresses that all individuals should be capable by the end of adolescence to employ all three identity styles. However, during adolescence he notes that personal commitments may make the use of an informational style more difficult, as peer influence and bias may play a strong role.

Schwartz (2001) cautions that the identity style model may be less of a measure of identity and more of a definition of character. It appears that identity style, overall, refers more to a coping strategy than a form of identity development, and Berzonsky does not appear to address the effects of major life crises such as death or trauma. His research focuses more on normative stressors such as academic anxiety.

However, benefits of identity style include adding an alternate dimension to Marcia's static status model, creating a more movable, multi-dimensional construct. Additionally, Berzonsky's measures of identity style have been consistently reliable when administered both by paper and pencil and computer (Schwartz, 2001). They also appear to be valid cross-culturally (Schwartz, 2001).

Alan Waterman

Waterman's conception of identity formation is rooted in Marcia's identity status model, with one critical expansion on the theory. The task of identity formation, according to Waterman, is a process that includes identifying and evaluating goals, values, and beliefs to commit to (Waterman, 1980). He stresses that in accordance with Erikson's 1982 conclusions, identity should be a product of

> Soma: a person's intrinsic nature, that is, his/her biological nature, specifically with reference to inclinations, aptitudes, and talents.
> Ethos: the cultural context, in terms of both time and place, by which the person receives greater or lesser exposure to acceptable and unacceptable potential identity elements if by which particular identity elements may be ascribed.
> Psyche: the unique psychological contributors of the individual by which the person may embrace or resist, in varying ways and to varying degrees, both biological givens and cultural ascriptions. (Waterman, 2007, p. 210)

Having supervised over 3,000 identity status interviews from 1960-1990 (Waterman, 2007), Waterman notes that a critical element was being overlooked in the process of how individuals approached the task of identity formation. It appeared that some individuals approached identity formation with more expression and intrinsic motivation as opposed to a more extrinsic orientation. As Waterman describes this phenomenon, many subjects of identity status interviews approached identity formation either as "something to do versus something to be" (Waterman, 2007, p. 210). Some individuals appear to find more personal meaning in their search for identity, and those who do usually do not belong to identity statuses of foreclosure or moratorium (Schwartz, 2001).

Waterman theorizes that in addition to exploration and commitment, an additional critical and defining dimension of identity is that of intrinsic motivation (Waterman 1990, 2004, 2007) or *personal expressiveness* (Schwartz, 2001). He likens the impact of intrinsic motivation to Aristotle's *Nichomachean Ethics* and the concept of the *daimon*, which is defined as an individual's virtue, excellence, and one's best potentials (Waterman, 2007). Finding one's daimon involves searching for one's true potential, which is subjective and varies from person to person. As one transitions from adolescence to adulthood, Waterman theorizes that certain identity choices are better than others and those which are viewed as more favorable are consistently more aligned with

being in accordance with one's daimon (Waterman, 2007). Achieving one's personal potential is also dependent upon "conceptual, technological, political, and cultural context[s] of community" (Waterman, 2004, p. 215), making this theory harmoniously aligned with the *soma, ethos, and psyche* propositions of Erikson. Waterman further asserts that the promotion of finding one's potential has been proposed throughout history, from Spinoza to Aristotle, the existential philosophies of Heidegger, Sartre and Frankl, the self-realization theories of Horney and Fromm, and Maslow's conception of self-actualization (Waterman, 2007). For Waterman, the daimon is a component of one's ego identity that remains unconscious until it is brought to the forefront, and then it becomes central to one's sense of self (Schwartz, 2001).

Individuals may be unable to explore identity alternatives due to four impediments: first, their environment may be highly constrictive and limit their future choices, causing an inability to investigate options. Next, numerous social factors may play a role in causing an individual to make more socially acceptable decisions, as opposed to fulfilling their best potential. Third, distractions of a more hedonic and superficial nature may conflict with the search for self-actualization. Finally, the search for fulfilling one's true potential may present one with too many challenges that cause an individual to decline the opportunity (Waterman, 1990).

Waterman has developed two measures to test his theories and has administered them on multiple populations. He has found prosocial behaviors that involve helping others score highest on identity formation according to intrinsic motivation, and that eudaimonistic activities involve a balance of skill, motivation, and challenge (Waterman,

2007). Activities involve interest, enjoyment, and self-determination (Waterman, 1990, 2004).

Waterman's proposition is unique and rich, again adding a multi-dimensional flare to Marcia's more static approach to identity development. His samples, however, are drawn from undergraduate university populations and do not focus on younger adolescents. Additionally, as teens are highly reliant on peer influence in the formation of self-identity it is unlikely that they possess sufficient insight to focus on fulfilling their intrinsic potential. Furthermore, it is unclear as to whether finding one's *daimon* must be a necessary step in the process of identity formation, or if those who possess a more extrinsic orientation feel just as satisfied with their own sense of self**.**

Ultimately, Waterman's approach is a fusion of classical and contemporary theory, similar to this dissertation. Waterman employs a hermeneutic methodology in an attempt to fuse the past work of Aristotle and apply his lessons to current environments, rendering them fresh and useful to the clinician in the understanding of how we become who we are. In juxtaposing the past and present, older work is not only scrutinized and honored. It is seen as building block that encourages diverse perspectives and dialectics of thought.

James Cote.

James Cote has expanded the concept of identity formation to link macro and micro influences on the identity formation process. According to Cote (1996), the identity formation process includes three levels of analysis: social structure, interaction, and personality. Social structure consists of the political and economic climate within which an individual resides. Interaction reflects behavior and social institutions such as family

and schools that influence patterns of relating from person to person, and personality is defined by individual character, psychological constructs, and identity or ego factors. These three levels of social structure, interaction, and personality contribute to a link between culture and identity that Cote believes are also reflective of the advancement of three periods of Western society: pre-modern, early-modern, and late-modern. The pre-modern society is characterized by folk/urban civilizations that survived on agrarian forms of sustenance while the early-modern reflects one of industrial construction that involved increased production and decreased societal consumption. Finally, late modern society is based upon decreased production and increased consumption (Cote, 1996).

Cote ascribes character typologies to the three society classifications. Pre-modern societies consist of individuals guided by tradition. They are rigid with few choices allocated to children. There is little sense of individuation (Cote, 1996). Early modern societies are marked by a sense of inner-directedness and conformity. Individuality is viewed as a threat to the social and economic order: therefore, the elders of society lay out the acceptable career goals for children to follow (Cote, 1996). Late modern societies are other-directed and consumerist. Individuals worry about morality and relationships. They are sensitive to approval and opinions and monitor their social environment (Cote, 1996). Each time period is reflective of an identity status based on the above characteristics. Pre-modern societies are defined by Foreclosure, modern societies are defined by Achievement, and late modern societies are characterized by diffusion.

Throughout each period, an individual must distinguish between one's *social identity*, or position within a social hierarchy, one's *personal identity*, or those concrete

aspects of experience arising from interactions and institutions, and one's *ego identity*, or subjective sense of character and personality (Cote, 1996).

Finally, Cote's theory is based on a proposition of *identity capital*, or the social viability of who one is (Schwartz, 2001). Identity capital reflects components such as specific skills, beliefs, attitudes and resources that individuals can use to barter for status and membership within a society (Schwartz, 2001). Tangible resources include money, club membership, education, physical strength, and parental social status, while intangible resources are reflected by personality, self esteem, sense of purpose, ego strength, locus of control, and talents (Cote & Schwartz, 2002; Schwartz, 2001). In various time periods, the currency of identity capital changes. Pre-modern societies value human capital, early modern societies prize cultural capital, and late modern societies cherish identity capital overall. Stable communities require balanced levels of human, social, and cultural capital, and in late modern society, identity capital indicates who has found a stable community.

Cote finds Marcia's identity status theory to be too narrow and neglectful of the social and contextual factors that affect the development of identity (Cote & Schwartz, 2002). He believes that the search for identity consists of sociological factors that cause the individual to meet his or her own survival needs and determine the path to their future (Cote & Schwartz, 2002). He expounds that the identity capital model is a conflation of sociology and psychology, that in the face of economic and political changes, late modern institutions can no longer support individual developmental transitions and young adults are left to negotiate how to become who they want to be (Cote & Schwartz, 2002).

Cote has attempted to validate his theory through empirical research. Through the administration of several personality scales, he has found that with increased psychological commitment, individuals become increasingly involved with normed communities, representing more foreclosed and achieved statuses. Those without commitment belong to diffusion and moratorium statuses (Cote, 1997; Cote & Schwartz, 2002). Cross-culturally, Caucasian, African American, and Hispanic populations yield the same results (Schwartz, Cote, & Arnett, 2005): that is, that agency is positively related to exploration, flexible commitment, deliberate choice making, and negatively related to closure, conformity, avoidance, and aimlessness.

While this approach is unique and incorporates multiple levels of analysis, research has only occurred in cross-sectional formats. Since Cote is focusing primarily on testing identity development over a period of time, it would be helpful to conduct long-term studies to ensure the validity of this thesis. However, there is no way to test the past to ascertain the validity of his conclusions on past societies. Since Cote's theory concerns multiple elements, one wonders if each aspect in his testing would assume an equal responsibility in contributing to identity development, or if an established hierarchy would emerge that would provide greater insight in the contribution of diverse factors. This approach to social, cultural, and economic development extends a lens for considering the impact of this concept on individuals and communities alike.

Each theory of identity development has an embodied meaning: that is, it reflects the time, place, and attitudes during which it was created and most importantly, the values of the society in which it was developed. Similarly, this author is cognizant that

this dissertation is also bound to the time, values, and culture of the early 21st century. With this awareness, the following chapter works toward an integration of classical and contemporary theory with research on adolescent sibling bereavement in order to create a categorization of identity development in this unique population.

CHAPTER FIVE: GOLDBLATT HYATT'S CATEGORIZATION OF COPING STYLES

This chapter explores the effect of bereavement on the development of identity in adolescents. Both siblings and parents play a role in shaping the development of adolescent personality and identity (Forward & Garlie, 2003; Hogan & Greenfield, 1991). The death of a sibling may complicate this process (Forward & Garlie, 2003; Hogan & DeSantis, 1996; Hogan & Greenfield, 1991). The process of grief and mourning or the inability to do so, coupled in some instances with a reluctance to communicate about death, may result in responses that impact the development of adolescent identity (Martinson & Campos, 1991; Mufson, 1985).

While the empirical and theoretical literature has suggested categorizations of adolescent coping styles in an environment of bereavement, to date these approaches have not been synthesized conceptually. In this chapter, this author has categorized adolescent coping styles during bereavement ensuring synchronicity with both classical and contemporary theories previously discussed, presented in table format below. The tables depict an attempt by this author to present how each theorist identified mechanisms and processes by which individuals may become preoccupied with becoming him or herself, and how these processes are directly linked with the conceived categorizations of *hyper-mature, replicating, prematurely individuated*, and *resilient*. With the exception of the term "hyper-mature", each categorization has been exclusively conceived by this author. The hallmarks of each categorization will be discussed and illustrated with a case vignette.

Table 3

Pathways of Coping/Identity Formation and Hallmarks of Classical Identity Theory

Pathway	**Theory**		
	Erikson	**Marcia**	**Blos**
Hyper-Mature	Identity Confusion: family is not the healthy building block. No questioning of adult authority.	Foreclosure: fulfilling role ascribed by parents. Without options and shaped by parental values. Authoritarian orientation. Low self-esteem.	Undifferentiated sense of self. Cannot disengage from parents. Dependent on parental definition for sense of purpose.
Replicating	Identity Confusion: identity is still fixed to past objects and identifications. Incoherent sense of self without own hobbies. No questioning of adult authority.	Moratorium: vague commitment and struggle. Looking to find complement between parents, self, and societal values. High anxiety, low self-esteem.	No ego regression or trauma has been overcome. No cathexis or psychic restructuring.
Prematurely Individuated	Identity Confusion: no interpersonal attachments.	Diffusion: apathetic, disinterested, unconcerned, maladaptive. Low self-esteem, low autonomy. External orientation and detachment from parents.	No new frame of ego reference found in peers. Moody, procrastinative. Negative attitude with no peers to help with reorganization.
Resilient	Identity Synthesis: firm ego boundaries and established sense of intimacy.	Achievement: identity experienced and commitment-oriented. Facing future hurdles without becoming overwhelmed.	Conflicting emotions have been confronted and reorganization has occurred.

Table 4

Pathways of Coping/Identity Formation and Hallmarks of Contemporary Identity Theory

Pathway	**Theory**		
	Berzonsky	**Waterman**	**Cote**
Hyper-Mature	Normative: imitative/conformity. Reliant upon status of others.	Extrinsic motivation. Highly constrictive environment, limited social functioning.	Low individual conformity, higher human capital. Identity reflective of pre-modern/early modern identity structures.
Replicating	Normative: imitative/conformity. Deals with incongruent information in a defensive manner.	Extrinsic motivation. Searching for identity is too challenging and conflicts with the socially acceptable norm. Conforms.	Higher cultural capital. Sensitive to environment. Identity reflective of early modern/late modern identity structures.
Prematurely Individuated	Diffuse-Avoidant: procrastination, evasive. Approaches change situation-by-situation. Only aware of short-term consequences. Maladaptive, poor strategies of coping and no self-reflection.	More hedonic and superficial functions conflict with self-actualization. Too challenging to search for one's daimon. Fulfills immediate pleasures.	Lower identity capital. Other-directed, consumerist. Sensitive to social approval. Identity reflective of late modern identity structures.
Resilient	Informational: seeks, weighs, and evaluates new information. Motivated. Revises existing schema to accommodate incongruent identity information.	Personally expressive, integrative of soma, ethos, psyche. Actively searches for one's daimon and is intrinsically motivated.	Higher levels of capital in all areas, evenly balanced.

The Hyper-Mature Teen

Balk (2009) has been among the first to utilize the terminology of "hyper-maturity" (Balk, 2009, p. 201) to indicate that adolescents' moral values are most impacted by sibling death compared with peers who have never experienced the loss of a brother or sister. Parents who are entrenched in grief may be unable to support teenagers who are acutely aware of their parents' suffering. As a result, parents may place increased responsibility on hyper-mature siblings, causing teenagers to grow up faster, redefining their roles and relationships both in and outside the home, and leading to a sense of premature individuation and/or isolation (*see: the Prematurely Individuated Teen*). Teenagers with new responsibilities thrust upon them may rise to the challenge of caring for others around them, yet wish for support (Hogan & DeSantis, 1996). Shipkey (2008) has observed that some hyper-mature adolescents have taken care of funeral arrangements and other important decisions following a sibling's death, with this role reversal continuing for several months as teens protected their parents from further suffering. A teenager followed by Hogan and DeSantis (1996) spoke of the experience of hyper-maturity in the following manner: "I felt that if I brought [my sibling's death] up to my Mom or step-father I was going to hurt them. That it would hurt me more as well, and I did it to protect myself" (Hogan & DeSantis, 1996, p. 37). Such teenagers may turn their troubles inward, feeling responsible for caring for their parents, yet also an increased sense of resentment and anger (Fanos & Nickerson, 1991). Specifically, as the adolescent mind develops in line with formal operations, the teenager begins to ask, "Why did this happen?" and "Why did this happen to me?" (Fanos & Nickerson, 1991).

Balmer (1992) noted that adolescents aged 17-21 in particular displayed lower self-esteem, more depression, and a greater concern for the well-being of their parents, particularly in worrying about who would care for them if they too were to fall ill and die. Furthermore, adolescents with greater maturity displayed "a fuller appreciation of the short and long-term impact of their sibling's death on their adjustment and that of their family" (Balmer, 1992, p. 162).

The crisis of hyper-maturity has been summarized by Rosen (1991), who has stated that while adolescents developmentally may wish to individuate from their families they may be unable to do so after a brother or sister has passed away. Ultimately, according to Rosen, bereft adolescent siblings may remain housebound, withdraw from peers, and avoid the experimentation that is developmentally necessary to individuate into adulthood. Life goals and limit-testing may be abandoned in the service of the parent. Davies (personal communication, February 25, 2010) has stated that surviving children are not identified as needing assistance by educational providers because they appear self-sufficient and competent, causing their parents and teachers pride. However, inside, the child may be thinking painful thoughts, such as, "*I hurt inside!", "I don't understand!"*, and *"I'm not enough!*" Often, hyper-mature children feel the pressure to assume the identity of their fallen sibling (*See: the Replicating Teen).*

Link with Theory

- ERIKSON: The hyper-mature teen is in a state of identity confusion. The family does not serve as a healthy building block upon which to construct a sense of self
- MARCIA: The identity is in a state of foreclosure, with the adolescent fulfilling a role prescribed by parents.

- BLOS: The teen's sense of self is undifferentiated and dependent on parental definition for a sense of purpose.
- BERZONSKY: The hyper-mature teen's approach is normative as he or she is reliant on the status of others.
- WATERMAN: This type of sibling displays an extrinsic motivation. Searching for one's own sense of identity is too challenging and the teen finds him or herself in conflict with the social norm within the household.
- COTE: The hyper-mature teen's identity is reflective of pre-modern and early modern identity structures, which are characterized by high human capital and low individual conformity.

I. *Case Vignette: Becca*

> *Becca's mother, Lucy, found Joseph's body hanging in his upstairs bedroom while Becca was at a friend's house. Becca was always extremely close with Joseph, and knew he was being bullied at school. He came home with bruises on his knees from being pushed down on the bathroom floor, his head stuffed into the garbage. Becca's advice to him, as an older sister, had been to ignore his tormentors. "The greater a reaction you give them, the more they'll pick on you," she advised him.*
>
> *Becca, 17, and her brother were only two years apart, but she was more socially mature, choosing to spend time with her friends while Joseph stayed closer to home with their mother. Becca blamed herself for being unable to stop her brother's suicide. She believed that if she had been at home that night, she could have dissuaded him from taking his own life or she could have cut his body down and done CPR—if she had learned CPR. At least she could have found him before their mother, who now slept in his bed every night, and spent most of her days sitting cross-legged in Joseph's doorway.*
>
> *Becca decided that, since she had failed her brother, it was her duty to care for her mother. She assumed this new role*

with zeal, knowing that it would have made Joseph proud to see her come home from school to make her mother lunch, and then again promptly at 3:30 to cook dinner. Her mother smiled up at her, cupping her face with a thin hand and said, "Well, at least I have you¸ Becca, you don't let me down."At those moments when her eyes met with her mother's and she received a compliment, Becca's mother's words helped reduce the guilt she felt over Joseph's suicide. It was momentarily satisfying for Becca to participate in a relationship with her mother-one she had always longed for, however, her pleasure was brief. Her stomach would turn with guilt, shame, and self-regret, as if she were benefitting and taking satisfaction from her brother's death.

Her father was now working late several evenings. When he came home, Becca would ensure dinner was ready for him. She sat at the table as he ate his food. "I was always so glad you were social," he told her one night. "You never would have done something like this."

With her father out of the house for much of the day, Becca assumed the responsibility for cleaning, answering phone calls, and managing visits from well-wishers, and reassuring visitors that her family was doing well. "We're all fine. Coping, you know," she would smile as she poured coffee, or wrapped an anxious finger around the phone cord. Her teachers also remarked on how well she was recovering from Joseph's death. Ironically, Becca's marks went from C's to A's. When she was asked if she needed any support, Becca insisted that she was handling the aftermath of Joseph's death just fine. Her guidance counselor, Mrs. Kensington, said Becca would get into any community college she wanted. However, Becca knew she would have to take the next few years to make sure her mother didn't waste away. She surmised that it was her job, now, to be a caregiver, and college would have to wait.

At night, long after she turned out the lights, Becca stared at the ceiling and wished for her old life back, her brother complaining about bullies, her best friend Lisa doing her makeup, drinking from her father's secret whiskey stash, helping James Kingdon unhook her bra in the dark, and her mom and dad making dinner together; in short, a life of teen normalcy. The house was full of silence now, and she felt that if she skipped a beat, stopped to be just Becca

again, to cry, or wonder for too long why Joseph had been so selfish and ruined her perfect life, they all might disappear.

The Replicating Teen

As Shipkey (2008) has discussed, the death of a sibling is a non-normative event that triggers numerous emotions, including depression, rage, and sensations of isolation, particularly a sense of feeling different or cast away from peers (*see Prematurely Individuated Teen*), As the reality that a sibling is lost forever sinks in, teens may seek to redefine *who* they are and their relationships with others (Shipkey, 2008). Some adolescents may become hyper-mature, seeking to avoid causing their parents any further unhappiness by caring for them and appearing much older than their developmental age. Bereaved adolescents characterized as replicating, too, desire to relieve the burden of their parents' loss by taking the place of their deceased sibling (Rosen, 1991) or they may be expected to fulfill roles previously associated with their brother or sister (Shipkey, 2008, p. 41). According to Hogan and Greenfield (1991), such behavior can lead to negative long-term outcomes in adolescents.

Because siblings present a relational frame by which teens learn how to create an individual identity, the loss may create a devastating sense of confusion (Shipkey, 2008). Shipkey (2008) has noted that adolescents with a burgeoning sense of self-concept may gravitate toward assuming the role of their dead sibling in the family in order to retain an understanding of who he or she is. One subject in Shipkey's study was quoted: "I feel pressure to be a *role* model like my sister was" (Shipkey, 2008, p.121). Another bereft teen disclosed that his sister was the "peacemaker" in the family, and that he took on this role in order to stop his siblings from fighting and to give his mother some respite from

his fighting siblings (Shipkey, 2008, p. 121). One teen mentioned that she was born after the death of her brother, who she never met. She felt the pressure to fulfill the role of the brother she never knew: "My parents love boys. They had me because they were trying for another boy…I was very athletic and fulfilled all those boy things…I played sports" (Shipkey, 2008, p.122).

Davies (personal communication, February 25, 2010) has stated that those youth characterized as replicating may think, *"I'm not enough!*" and feel constantly compared to their deceased siblings, constantly striving to be like them in ways they simply cannot fulfill: The teen may even ponder how their sibling was of the opposite sex, and therefore possessed an identity the surviving teen can never completely achieve. Other thoughts may include, *he was an athlete, and I'm not, so I better be one*. Replicating siblings may believe that they, and not their siblings, should have died, and in order to correct history and bring relief to their parents, attempt to replace that sibling as best as they can, dissolving into an identity that belonged to the child who was lost (B. Davies, personal communication, February 25, 2010; Hogan, 1987).

Link with Theory

- ERIKSON: The replicating teen experiences identity confusion because his or her identity is still fixed to past objects or identifications, which in this case, is the deceased sibling. The sense of self in a replicating teen will appear incoherent without his or her own hobbies and interests.
- MARCIA: The replicating teen may experience a moratorium characterized by vague commitment and struggle. This sibling searches for balance between his or

her parents, self, and societal values and incurring high anxiety and low self-esteem.

- BLOS: The replicating teen has some work yet to do: he or she has not yet experienced ego regression and no trauma has been overcome. Therefore, no cathexis or psychic restructuring has occurred.
- BERZONSKY: The replicating teen's approach to identity formation is normative and based upon imitation and conformity. This surviving sibling is unable to synthesize information that conflicts with his or her identity following the death of a brother or sister; therefore it is easier to react defensively.
- WATERMAN: A replicating teen possesses an extrinsic motivation. Searching for one's own identity is too challenging and conflicts with the socially acceptable norm, so the bereaved sibling conforms with expectations and assumes the roles previously ascribed to the child who has passed away.
- COTE: The replicating teen possesses a high amount of cultural capital and is sensitive to the environment around him or her. This individual's identity is reflective of early modern and late modern identity structures.

I. *Case Vignette: Eric*

> *Eric's twin brother, Luke, 16, died following a two-year struggle with a rare form of brain cancer. Eric and Luke both enjoyed the same activities and had the same group of friends, as they participated in basketball and baseball during the school year. The two boys were always competitive with each other, fighting over girlfriends and status in their group as "most popular". Luke was only four minutes older than Eric, but had assumed the role of teaching Eric as a true older brother would. Eric always felt as though he was in his talented brother's shadow, usually because Luke appeared just slightly more coordinated than he was. However, as Luke's cancer*

progressed, his vision and balance deteriorated. He took on new projects, such as painting, and excelled in this new venture, too, despite his limitations. Luke and Eric's high school hosted an exhibition of Luke's watercolors and abstract paintings that received a great deal of press in the local paper. A follow-up story was published that described Luke's fight with cancer, and soon several art supplies were donated to Luke from members of the community. Luke was visited by a number of adult cancer survivors and received several painting lessons in the home. The school basketball team hosted a paint-a-thon to raise funds for cancer research. Luke also created an online journal that focused on his battle with cancer. This endeavor resulted in garnering the interest and support of hundreds of followers. When Luke became too weak or was in the hospital, Eric attempted to update the journal as well, but he could not focus and his mother took over this responsibility.

When Luke died, pictures of him playing baseball, basketball, and several pieces of art were displayed in the school gym. Even some clay sculptures he had attempted while at home on hospice were exhibited at his school. The mayor made a speech about Luke's dedication to athletics, art, and the written word. He implored Eric to "keep Luke's legacy alive" and presented the school with a check for the "Luke's Legacy" scholarship, to be awarded to the student showing the most dedication to all areas of academics, athletics, and art.

Without his twin sibling as his guide, Eric felt robbed of his identity. Eric felt that the wrong twin had died: in Eric's mind, Luke's successes always pointed to Eric's deficiencies. Therefore, the only solution was for Eric to fulfill Luke's legacy as best he could. He began devoting his time after school to painting with the supplies Luke left behind. He began updating Luke's online journal in Luke's own voice as if talking from heaven, and assumed the responsibility of organizing the basketball team's paint-a-thon for the following year. He continued to host meetings with cancer survivors in the family home, leaving an empty chair for his brother, and even wearing the "Team Luke" clothes that Luke wore to the hospital. Toward the end of the year, he dated Luke's former girlfriend, Tara, and won the "Luke's Legacy" scholarship. When asked at the award ceremony how he felt about winning the award, he stated,

"Luke was an all around hero, better than me at everything. He was the good twin, and now I'm making sure I don't mess up all the great things he did. I wouldn't be who I am if he didn't show me who I was supposed to be, which is Luke's Brother. I hope when people see me, they see Luke."

Yet, Eric daydreamed of having his own life and no longer being his brother. He was keeping his brother alive so that everyone could stay happy. But inside, he hated himself. Why had everyone loved Luke so much, and why had Eric always been so inadequate, he wondered? On the second anniversary of Luke's death, Eric used all of the black paint in the home to obscure his own face from framed pictures of the twins, and posted as Luke on his brother's page: "My brother's leaving tonight. See you soon, Eric." He walked for miles to the highway until he was picked up by a trucker. Eric asked for a ride as far as the driver would take him.

The Prematurely Individuated Teen

While some adolescents may respond to bereavement by taking increased refuge in the family and becoming overly integrated through replicating or becoming hyper-mature, others still strive to separate and become independent, yearning to associate with peers while feeling different or marked by the death of their brother or sister. Davies (1991) has noted that emerging from troubled grief is facilitated by help from peers; however teens who lose a sibling may be plagued by a sense of feeling *different,* changed by their loss. Adolescents may feel as though this sense of standing out has been thrust upon them, and that they are now treated differently by adults and peers alike. A sense of difference creates confusion, as teens may yearn for others to acknowledge their loss, while at the same time, they do not want to be identified as "different" (Hogan & DeSantis, 1996). Teens may come to view themselves as tainted, stained by their sibling's death, struggling to figure out what is wrong with them because they feel so

alienated and alone. It may be hypothesized that teens become increasingly introspective, focusing on inadequacies in the bereaved adolescent self. Fleming and Adolph (1986) propose that in this situation, standing out for an adolescent takes a "pejorative" quality (p.104). A teen who feels that he or she is different may be unable to foster a peer bond and respond by withdrawing (Davies, 1991).

While testing limits and standing out may be a healthy quality of adolescence that would earn praise and notoriety from peers, the sense of difference that results from losing a sibling may take on a negative quality, causing teens to feel prematurely individuated, exacerbating the critical and necessary role of peer relationships in order to complete the developmental task of consolidating one's identity in adolescence (Fleming & Adolph, 1986). Adolescents whose identity may have progressed normally in the company of a sibling may subsequently find themselves developmentally stunted following the death of a sibling (Forward & Garlie, 2003): navigating the developmental crisis of maturation in adolescence is thwarted by coping with the loss of a loved object (Hogan & Greenfield, 1991). Furthermore, teens alienated from their peer group are further prevented from the formation of healthy identities (Shipkey, 2008). One particular adolescent in Shipkey's (2008) study was shocked by how quickly she was expected to move on after her sibling's death: "[My friends asked what's the matter?] I mean I just lost my brother last month and you have to ask what's the matter?" (Shipkey, 2008, p.123).

Davies (personal communication, February 25, 2010) has suggested that the thoughts of prematurely individuated teens may consist of, "*I hurt inside!", "I don't understand!"*, and *"I don't belong!"*, in particular. A sense of not belonging may fuel a

teen to search for inclusion through risk-taking activities, such as indulgence in drugs and alcohol, and seek punishment in an attempt to numb painful symptoms of bereavement. They may attempt to aggressively fit in with their peer group (Cain et al., 1964; Hogan & DeSantis, 1996). These teens may also leave the house in order to escape the pain occurring at home (Martinson & Campos, 1991), yet find themselves unbearably alone wherever they leave.

Link with Theory

ERIKSON: The prematurely individuated teen is in a state of identity confusion. During this time, he or she is unable to form any interpersonal attachments with others.

MARCIA: The prematurely individuated teen reflects a diffuse identity status: he or she is apathetic, disinterested, unconcerned, and maladaptive. This surviving sibling displays low self-esteem and autonomy in addition to demonstrating an external orientation and detachment from parents.

BLOS: The prematurely individuated teen cannot find a new frame of ego reference in peers and as a result will become moody and procrastinative, displaying a negative attitude. In the absence of peer support, this adolescent will be unable to reorganize his or her identity structure.

BERZONSKY: The prematurely individuated teen may display a diffuse-avoidant approach toward identity formation, characterized by procrastination and evasiveness. This sibling may also approach transition on a case-by-case basis with an awareness only for short-term consequences. As a result, he or she may become maladaptive with poor coping strategies and an inability to self-reflect.

WATERMAN: The behavior of the prematurely individuated teen is hedonic and his or her superficial actions conflict with self-actualization. He or she is too engaged in fulfilling immediate pleasures, finding the task of searching for his or her daimon too challenging .

COTE: The prematurely individuated teen possesses lower identity capital, is other-directed and consumerist. He or she is sensitive to social approval with characteristics reflective of late modern identity structures.

I. *Case Vignette: Tommy*

> *Tommy was 15 when his sister, Isla, 7, was killed by a drunk driver in broad daylight while crossing the street. Tommy happened upon the scene walking home from school. He suffered nightmares following the event, and flashbacks of viewing his sister's body being carried away in the ambulance. Though Tommy took a few days away from school for the funeral, he was anxious to return to his friends and some sense of normalcy. However, upon reuniting with his peers, he felt that that his usual group seemed awkward and nervous around him. He knew it was because of the death of his sister. One day, his teacher kept him after class to discuss his feelings about the death of his sister. Catching the eyes of his two friends going out in the sun, Tommy felt only resentful that he was being singled out. When he rejoined Jim and Nick, who were laughing about something, Nick looked away as they immediately clammed up.*
>
> *Tommy began to feel as if he were a burden to his friends. He <u>knew</u> he was different, and that Isla's death made him that way, but he hated being singled out. The nightmares wouldn't go away so he began seeking ways of numbing himself. He began by smoking marijuana with Jim after school, enjoying how the drug made him feel as if his problems belonged to somebody else. He began taunting the same teacher who had asked how he had been feeling. He relished making the other kids laugh, even while he knew they only felt sorry for him. Tommy rode his bike back and forth across traffic, inviting his friends to watch him*

beat the cars at the last minute as he thought he was cheating death in a way that Isla had not.

He sought out cars that resembled the one that had killed Isla and threw rocks at them as they drove past. One time he and Jim broke the back windshield of a car that resulted in a fender-bender. After that incident, Tommy received probation after a night in jail and Tommy's friend, Jim was sent to military school. Tommy's mom began to take him to counselors, psychiatrists, and group therapy. She intervened with friends to get him jobs. But, Tommy just sat and stared at everyone from behind his anger. No one knew what it was like to be empty, to stop feeling, to survive on hatred and being different. None of them knew what it was like to be completely alone.

The Resilient Teen

Balk (personal communication, 2010) has noted that in many circumstances, bereaved adolescent siblings may fare extremely well. Similarly, researchers studying childhood trauma have identified protective factors that shield children and adolescents from experiencing negative long-term effects that impact the development of healthy coping strategies (Collins et al., 2010; Fraser, 1997; Fraser & Richmond, 1999; Werner, 1996). It appears that a combination of individual, environmental, and interpersonal factors serve to buffer children and adolescents in high-risk situations of chronic poverty, stress, and abuse (Collins et al., 2010). Most research on risk and resilience has been conducted on high risk populations, yet lessons on how adaptive behavior has emerged that addresses the combination of risk and protective factors can be extrapolated in the development of identity in the resilient teen.

Fraser and Richmond (1997) have indicated that when protective factors counteract risk factors, the result is successful coping and adaptation, even in the face of extreme levels of hardship. While child abuse, chronic family conflict, unskilled

parenting, academic failure, peer rejection, poverty, racism, and sexism are notable risk factors that can lead to poor coping, these factors may be buffered by the presence of numerous protective factors (Fraser & Richmond, 1997). Werner (1996) presents five clusters of protective factors:

- A temperament that is easy-going and deliberate
- Skills and values of tenacity, responsibility
- Supportive and structured family environment that supports self-efficacy
- An extended family consisting of adults who may assist with problem-solving and advice during times of change
- Greater opportunities for further education such as military, community college, and job training.

Collins et al. (2010) have summarized the risk and protective factors for children and adolescents who have experienced a traumatic event. These are summarized in Table 4. Ultimately, a resilient teen is one who adjusts successfully following the death of a sibling. Though he or she may experience the painful symptoms of bereavement and even symptoms of hyper-maturity, replicating and premature individuation, the presence of numerous protective factors will promote the successful consolidation of an identity that is cohesive and consistent with the developing identity of the bereaved teen, fostering who the surviving sibling aspires to be.

Table 4:
Risk and Protective Factors for Children and Adolescents

Risk Factors	Protective Factors
Psychiatric history	Socioeconomic advantage
Other previous trauma	Easygoing temperament
Other adverse childhood experience	High intellectual ability
Trauma severity	Problem-solving skills
Peritraumatic psychological processes (high emotion and dissociative)	Coping skills (self-regulation)
Biological and genetic predisposition	Caring and support
Parents' degree of distress	
Female gender	
Poor parent-child and family attachment	

(Collins et al., 2010, p.13)

Link with Theory

- ERIKSON: The resilient teen has achieved identity synthesis, characterized by firm ego boundaries and an established sense of intimacy.
- MARCIA: This adolescent has reached the status of identity achievement, where identity is experienced and commitment-oriented. Such a teen will be able to face future challenges without becoming overwhelmed or discouraged.
- BLOS: Conflicting emotions have been confronted and reorganization of the identity has successfully occurred.

- BERZONSKY: The resilient teen approaches identity development in an Informational style, seeking, weighing, and evaluating new information. He or she is motivated and revises existing schema to accommodate incongruent identity information.
- WATERMAN: This adolescent is personally expressive and has integrated soma, ethos, and psyche. He or she is actively searching for his or her daimon and is intrinsically motivated.
- COTE: The resilient teen demonstrates characteristics that would indicate a possession of higher levels of capital in all areas, evenly balanced.

I. *Case Vignette: Sara*

> *Sara's brother, Tre, was killed in Iraq where he was serving as a marine as a part of Operation Iraqi Freedom (OIF). Tre had joined the military at age 18, and died during his second deployment when his humvee struck a roadside bomb (IED). The first time Tre deployed, Sara was twelve, and her brother was absent for an entire year. He kept in touch and sent letters. Her friends at school told her how cute her brother looked posing with his gun in front of his humvee. When he returned, he brought souvenirs from his travels overseas, and many stories of the children he met in Iraq. Although Tre lived with his girlfriend Mary, he spent a lot of time with Sara and his parents, always sure to attend Sunday dinner. Mary was pregnant by the time Tre left for Iraq the second time, and Mary was upset that he had been deployed a second time. She told Sara, now 14, and her parents, that Tre had some nightmares when he had come back from the first deployment, but that overall, he was very excited to get back to Iraq and help out.*
>
> *Most of Tre's friends had enlisted in the marines as soon as they had been old enough. Many had served along with Tre. When some had not returned from the first deployment, Sara had watched her mother comfort Lyle Blanchard's mother. Lyle had been taken hostage by insurgents and killed. It was a horrible time and the story had been broadcast on the news. Tre and Lyle had been in the same classes from their kindergarten days and on into high school. They used to walk to school and come home together. The*

boys were a study in contrasts: Lyle was sweet and quiet, while Tre was outgoing and sporty. Sara couldn't imagine anyone trying to hurt her brother. She truly believed that if insurgents tried to kill Tre, he would be able to find a way out of it. She never doubted that Tre would come back home.

Four months into his second deployment, Tre was killed and likely instantly. Nobody in the humvee survived, and no one could have known about the IED. Tre was buried at Arlington National Cemetery. Mary was too grief-stricken to attend. The church arranged for several buses to take parishioners to the burial on a bright sunny day the way Tre would have wanted. Sara's mother held her head high as she was told how brave her son was. They had a picture in the paper of Tre in his uniform. He looked serious but with a smile in his eyes. The caption read: LOCAL BOY KILLED IN IRAQ: NATION MOURNS ANOTHER HERO.

Sara was devastated at having lost her older brother. She kept the newspaper and all of his letters in a scrapbook, with pictures of Tre beside them. She soon added to the book some pictures of his son, Tre Jr. The book was full of wonderful memories of Tre's short life. Sara called it her "Hero Book". The family vowed to keep Tre's memory alive by telling his son what a brave man his father had been, and by planting a tree in his honor outside their house. Sara often sat beneath Tre's tree with Tre Jr. Sometimes she cried and looked through the scrap book. Sometimes she talked to Tre and told him how much she missed him. She wished he would be there for her prom, her first day of college, to scare off boys. She had to believe that he died for a greater purpose, and that, in one way or another, he'd always be watching over her.

Sara shared Tre's story with her friends at school, when she felt ready. They asked practical questions about the humvee ("Why wasn't it better protected?") and personal questions ("How can you ever go on with your life?"). Though she sometimes felt isolated from her peers, she sensed that they didn't understand being in the middle of such a powerful loss. However, she also felt a new sense of purpose, as though her job was to ensure that everyone knew about her heroic brother. She brought the "Hero Book" to school and did a presentation on military siblings. She reached out to other siblings online in chat rooms, encouraging them to tell their brother or sister's story. Slowly, she assumed a new identity: that of a proud, surviving sibling.

The Multimodal Teen: An Under-Studied Response

As discussed in the limitations section above, many other coping styles that impact identity development have yet to be identified in research. The trajectory of surviving siblings from a variety of sub-categories has yet to be included in literature that focuses on this group of adolescents. Specifically, sibling bereavement responses of those raised in urban environments by single parents or kin, teens who have suffered multiple losses, and adolescents from a multitude of cultural orientations have yet to be explored. This neglected population must be acknowledged and explored in order to fully comprehend the multiplicity and variety of responses these adolescent siblings may display in their identity development.

Supportive Resources in Urban and Underserved Populations

Based on observations from clinical practice, this author proposes a tentative categorization of under-studied urban adolescent siblings as *multimodal* as identity development may vary depending on circumstance. Some teens in nurturing environments may react with resilience, while others may become prematurely individuated. Particularly at-risk for premature individuation are those teens from urban populations who have been raised in environments with less formal resources available for support (Kiser & Black, 2005), such as bereavement organizations and schools furnished with counselors to address the needs of the bereaving sibling. Therefore, multimodal adolescents who have been raised in urban and underserved environments may rely more heavily on caregivers to help them recover from the loss of a brother or sister. Balk's (1982; 1990) proposal that more cohesive families may play a prominent role in the development of resilient coping in adolescents may hold true for these under-

studied teens. Hypothetically, teens raised by grandparents who have more time to devote to caregiving due to advanced age and maturity may benefit their grandchildren. With time for with increased communication and strong support along with learning from their own life experiences, grandparents and kin networks may be able to provide succor for teens. Conversely, adolescents raised without adequate support systems, such as the absence of caring and concerned kin or adults, may be more likely to experience difficulty coping following the loss of a sibling. Furthermore, while the presence of caring and concerned adults may provide teens with better environments to cope in the home, that positive influence may be impeded in neighborhoods lacking proper resources necessary to promote the growth and healthy development of teens.

Urban Settings and Traumatic Exposure

Optimal functioning of the surviving sibling may be increasingly impacted by a family's chronic exposure to trauma and other stressors that are more prevalent in urban environments (Kiser & Black, 2005). Urban settings may be more predisposed to poverty, community violence and criminal activity, lack of stable housing, poorly performing schools, and lack of community services and resources (Kiser, 2006). Additionally, adolescents in urban settings may be so frequently exposed to traumatic events that the ability to cope is eroded (Costello, Erkanli, Fairbank, & Angold, 2002; Kiser, 2006). Urban environments may predicate violent deaths, impacting adolescents by increasing the likelihood of developing anxiety disorders such as Post-Traumatic Stress Disorder (PTSD) (Costello et al., 2002). One must also consider the neurobiology of traumatic exposure for urban youth in these environments: as the adolescent brain has not completed development, it is vulnerable to exposure to trauma (Dahl, 2004).

Therefore, teens more frequently exposed to chronic traumatic environments, as in urban settings, may become highly vulnerable in experiencing fight or flight responses, due to the role of hormones repeatedly released during stress response (Cameron, 2004). Ultimately, adolescents may become prewired for PTSD, also developing unhealthy coping strategies that could include substance use, involvement in violence, and development of further mental health problems (Crimmins, Cleary, Brownstein, Spunt, & Warley., 2000). Hodas (2006) has confirmed that 80-90% of youth in juvenile service settings have previously experienced trauma.

While it may be too early to apply theoretical underpinnings from classical and contemporary identity development perspectives, a case vignette will tentatively encapsulate tentatively the experience of the multimodal teen. It should be noted that this case study presents one path for the bereaving adolescent. Again, he or she may also fall under categories of hyper-mature, replicating, prematurely individuated, or resilient.

I. *Case Vignette: Jamel*

> *Jamel, 15, and his brother, LeRoy, 12, were both raised by their grandmother, Trice. The boys' mother, Chantal, became pregnant with Jamel at age 16 and was unable to care for him due to an addiction to heroin and repeated incarcerations. LeRoy was born in prison. Jamel's grandmother, too, had become pregnant as a teenager and her own mother raised Chantal.*
>
> *Jamel and LeRoy grew up in a neighborhood rife with drug dealing and gang violence. The boys became street-savvy at an early age, learning which blocks were the safest to walk to school, and ignoring the calls of neighborhood dealers asking them if they wanted jobs selling drugs.*
>
> *Jamel and LeRoy's grandmother did her best to ensure that the boys rarely missed school, and she regularly took them to church. However, Jamel began cutting classes to hang out with his friends in the afternoon, influenced by their promises that stealing from the corner store and re-selling the pilfered items was an easy and*

safe way to make money. Trice lectured Jamel, trying to point him in the right direction, but Jamel rarely listened. He loved his grandmother, but also resented her for her belief that God would provide for them. Jamel wanted to live in a bigger house, for one: he wanted a place to bring girlfriends home and show off the flat screen TVs he imagined hanging in the living room and his bedroom. Still, despite the alluring call of the streets, Jamel ensured that he was always home by 6:00 for family dinner, even if he darted back out afterwards. He knew eating as a family meant a lot to his grandmother. This was how she believed she imparted values to the boys.

Shortly after Jamel's 15th birthday, Chantal was released from prison and begged her mother to return home. Trice grudgingly allowed her daughter back into the house, hoping that Chantal would get a job and begin to participate in the boys' upbringing. Jamel was wary of his mother: she was beautiful and funny, but hadn't been too involved in their childhood. LeRoy, however, was thrilled to have his mother back home and began cutting class as well to spend time with her. Chantal was never home for dinner, so Trice usually kept a plate in the fridge for her.

One night when the rest of the family was eating dinner, Chantal began pounding on the door. Trice could hear her daughter screaming outside. She opened the door to find Chantal and her new boyfriend, Deshawn, fighting. Deshawn claimed that Chantal had stolen the stash he was supposed to sell. Trice tried to push Deshawn out, but he slapped her and she fell. As Chantal cried hysterically, LeRoy ran to comfort her. At that moment, Deshawn pulled a gun out of his pants and shot LeRoy in the head, killing him instantly. He then shot Chantal and fled.

By the time the police arrived, Jamel was barely coherent. He had wet his pants and was shaking in the arms of his grandmother. In the months that followed, Jamel became increasingly sensitive to loud noises, irritable, and moody. He began yelling at his grandmother when she tried to convince him to be home by 6:00 for dinner, and eventually stopped returning home at all.

Jamel began selling cocaine shortly thereafter. He went to school less and less, and refused interventions with the school counselor and his grandmother. He did try to offer his grandmother some of the money he was given by the dealers, but she always refused it. He felt torn between her love for him and the lure of the streets, where he felt powerful and respected. He began carrying a gun, first shooting at stray cats in the road, trying to get used to the

sound. Soon, he was sampling the drugs he was selling, taking comfort in how they numbed his jittery nerves.

By the time he was 16, Jamel was using cocaine regularly and spoke to his grandmother once every few months. He was eventually arrested during a neighborhood drug raid and sent to a boys' detention center. His grandmother visited every Sunday after church, promising to get him involved in some community counseling programs to help him cope with their loss. However, by that time Jamel was not convinced that anything but returning back to drugs and crime would help him become a stronger man, and shortly after his release from prison, he returned to the same pattern as before.

These classifications of coping styles that ultimately impact identity development are intended to be utilized as helpful categorizations of symptoms commonly occurring in existing research. They are not mutually exclusive, and it is hoped that each classification might be interpreted as overlapping with the next. Adolescents may display features from several categories at the same time. Furthermore, in identifying these categorizations, the ultimate goal of this dissertation is to promote the resilience of all adolescents who are suffering from the death of a sibling.

CHAPTER SIX: APPLICATION OF ADOLESCENT SIBLING BEREAVEMENT COPING STYLES

Having explored the identity development and coping styles of adolescent siblings during bereavement, this chapter attempts to provide guidelines for practitioners for interventions with this special population. It is noted that while adolescents who meet criteria for resilience might appear for treatment, this chapter will focus on the hyper-mature, replicating, and prematurely individuated teens that are more likely to experience difficulty following the death of a sibling. The multimodal teen may present with symptoms from each category of identity development and therefore the interventions suggested for working with hyper-mature, replicating, and prematurely individuated population may provide a starting point for therapeutic engagement this under-studied population. Due to the lack of research to inform interventions, the multimodal teen will not be discussed in this section. However, it is noted that practice with the multimodal population may one day form the basis of another manuscript entirely.

The case vignettes presented in the preceding chapter will serve as the basis for cases that social work clinicians may encounter in their practice, and this author will provide an exposition of techniques from existential, narrative, and cognitive behavioral therapies to provide a justification for treatment with bereaving adolescent siblings. Finally, following a discussion of interventions, a discussion of the benefits of applying categorizations of coping style to this population in the fields of social work research and education will be provided.

Bereavement interventions and approaches may be classified as modern and post-modern. Modern approaches are defined as linear, stage-based, and time limited (Benjamin, 1999). They are reliant upon the completion of certain tasks in order to resolve symptoms of bereavement and do not necessarily assume that the survivor of a loss must continue a relationship with the deceased (Kubler-Ross, 1969; Worden, 1991). Therapists with modern orientations may take a more positivistic approach to interventions and are oriented toward a more neutral or passive role in therapeutic interaction. They will ask survivors to historically reconstruct the past with less regard for the dynamic interplay of factors including power, sexuality, or class (Aron, 1999; Benjamin, 1999). Post-modern approaches assume a more constructivist perspective (Benjamin, 1999), where grief is repeated, reenacted, cyclical, and consistently reinterpreted by the survivor. The "truth" of grief is always changing according to the survivor's recounting of it, which is elicited by a therapist who is a participant observer and collaborator in the process (Aron, 1999). Boundaries such as space, time, power, and hierarchy are fluid and flexible and exist on a continuum (Mitchell, 1988). According to a post-modern approach, the therapeutic relationship is facilitative in promoting adjustment and recovery as mutual interactions foster trust and growth within a safe, healing environment.

The most familiar modern approach to grief has been identified by Elisabeth Kubler-Ross (1969), who examined the responses of individuals at the end of life. Kubler-Ross's analysis of the bereavement reactions of both the dying and survivors represents a classic, linear approach to understanding loss. Commonly referred to the cycle of grief (Kubler-Ross, 1969), Kubler-Ross identified the phases of *denial/isolation,*

anger, bargaining, depression, and *acceptance* as the most frequently-occurring reactions of individuals facing the end of life or their response to death. In order to achieve resolution or acceptance of mortality, an individual, according to Kubler-Ross, must experience each phase to its completion (Kubler-Ross, 1969). Individuals can become "stuck" in phases, but must work through them, regressing back to them in order to progress to acceptance of death.

Though Kubler-Ross's work initially focused on the dying, her work has been extended to apply to those who have experienced the loss of a significant other. William Worden (1991), like Kubler-Ross, has identified a linear process that may be categorized as modern in orientation to bereavement. Worden proposes that individuals must accomplish specific tasks in order to achieve resolution following the death of a loved one. Those tasks include *accepting the reality of the loss, working through the pain of grief, adjusting to an environment in which the deceased is missing,* and *emotionally relocating the deceased in order to move on with life* (Worden, 1991). Each task involves the incorporation of certain activities and culture-bound rituals, such as attending funerals, allowing oneself to feel the pain and vulnerability of loss, and manage new roles formerly attributed to the deceased (Worden, 1991). The goal of this model is not to sever one's relationship with the dead but to find a new place for them and form new attachments. Both Kubler-Ross and Worden's work are not empirically based but drawn on clinical practice, although Worden's work summarizes bereavement literature.

Crehan (2003) has discussed a time-specific approach to childhood sibling grief that is modern in orientation. Crehan proposes that bereavement must be understood in *early, middle*, and *late* stages. In the early stage, the child gains an understanding of what

has happened, and how the death occurred. He or she must be assured of physical safety (Crehan, 2003). The middle phase is marked by work toward acceptance and the emotional acknowledgement of the reality of the loss, as the child endeavors to explore and reevaluate his or her love for the lost love object while facing and bearing the pain that accompanies the realization of the death. Finally, the late stage involves reorganization of the child's sense of identity and significant relationships (Baker, Sedney, & Gros, 1992; Crehan, 2003). Within this time-specific model, Crehan argues that developmental status must be acknowledged, as children aged 6 months to 2 years may exhibit ambivalence due to a confusion from a stage of belief in object constancy, fuelling magical thinking where they believe the lost object will return to them (Crehan, 2003). Latency-aged children may hide their sadness out of a fear of loss of control, exposure, or depression, while adolescents may be incredibly preoccupied with death as they begin to understand its irreversibility and demonstrate a higher level of anxiety. They may, in fact, demonstrate a distorted concept of illness, mistaking physical symptoms for a forewarning of their own demise and displaying fear and hostility toward doctors and hospitals (Crehan, 2003).

Hogan and DeSantis (1992) combine a modern and post-modern approach, asserting that adolescent siblings undergo six important processes of mourning in order to integrate their grief. They include *regret,* in which the child desires to have had a better relationship with the deceased, *endeavoring to understand*, as the child searches for meanings within the death, *catching up*, as the child asks the dead sibling what heaven is like and updates them about life on earth, *reaffirming*, where the child promises the deceased that they are loved and missed, *influencing*, during which time the surviving

sibling seeks guidance from the dead child, and *reuniting,* where the child anticipates a reunion in heaven with their deceased brother or sister (Hogan & DeSantis, 1992). Through these processes, the surviving sibling accepts the reality of the loss, experiences pain, grief, and adjusts to the absence of the deceased, and reinvests energy in other relationships (Packman, Horsley, Davies, & Kramer, 2006). However, it is important to acknowledge that several mediating factors will influence whether the adolescent is successful in resolving his or her grief. For example, the relationship of the teen to the deceased sibling and the availability of substitute objects will heavily impact the resolution of mourning (Rosen, 1991). Certainly, an adolescent who had a conflicted relationship with his or her deceased sibling might feel extreme guilt, or a desire to step into the shoes of their brother or sister. This desire may also be influenced by how surviving family members respond to the loss, and their availability and openness to the mourning sibling. As noted in the earlier chapters of this dissertation, family units with higher independence and cohesion, assertiveness, self-sufficiency, and involvement in social and relational activities have reported less behavioral problems in surviving siblings up to three years after the death of a child (Davies, 1988).

Other factors that influence the recovery from grief include individual characteristics, including gender, age, health status, coping style, temperament, self-concept, previous experience with and understanding of loss and death (Crehan, 2003; Rosen, 1991). The circumstances surrounding the death, such as the cause, duration of illness (if applicable), place of death, time elapsed since death, and teen's involvement of events surrounding the illness and death, also greatly impact the sibling's grieving process.

According to the life crisis model of bereavement, the goal of mourning is for siblings to establish meaning from their loss, and to create personal significance from tragic death (Balk, 1996). This is a post-modern approach in which siblings must *confront reality, sustain interpersonal relationships*, and *maintain emotional balance* in order to maintain a sense of self-efficacy. This stands in contrast with the modern-oriented appraisal model, where coping is based on a more logical analysis and mental preparation of the sibling for problem-focused coping (Balk, 1996). The post-modern socio-cultural model of bereavement promotes the concept that bereaving children are seeking to maintain ten essential human needs*: physical security, sexual satisfaction, expression of hostility, expression of love, securing love, securing recognition, expression of creativity, orienting one's place in society, maintaining membership in a human group,* and *belonging to a moral order* (Balk, 1996). Death disrupts the acquisition and balance between the ten sentiments and the bereaved individual struggles to achieve harmony between them once again.

Robinson and Mahon (1996) promote a post-modern approach in acknowledging that sibling bereavement must be studied according to the context in which it occurs. Therefore, researchers and clinicians must consider family attributes, which include a shared experience and history, the impact and permanency of physical separation, and determining "whether or not the sibling death alters the *externally defined* role(s) of the surviving sibling" (Robinson & Mahon, 1996, p. 493). This perspective acknowledges the importance of the sibling in an ecological universe; within the family, a brother or sister may fulfill unique and important roles, but beyond the walls of the home, others' views of a surviving sibling may be forever altered as well. Society, just as the family,

may expect them to fulfill the roles once played by their sibling, adding undue pressure and complicating the grief process (Robinson & Mahon, 1996). Because the sibling relationship in life is reciprocal, so too, it would seem in death. The dead sibling sacrifices life and places the burden of expectations onto his or her brother or sister, whose response will depend on the enormity of factors outlined above.

With an increased awareness of mortality and lost relationships, shifting roles, contextual features, new realities, and distorted thought processes, it appears that the most appropriate clinical interventions to apply with this population would be post-modern. Postmodern approaches can be applied to numerous, more traditional approaches to therapy by integrating key tenets of this perspective. For example, post-modern family therapy revolves around the framework that the internal reality of each family member contributes to the external world of the family as a whole, focusing interventions on the co-construction of a shared sense of reality in the family unit (Pocock, 2005). Relational-psychodynamic therapy consists of a perspective of social and individual learning independent of the paradigms of traditional psychoanalysis, where therapists archeologically dissect the psyche of the patient according to Freudian concepts (Mitchell, 1988). Instead, relational psychoanalysis is post-Freudian, where "analytic inquiry entails a participation in, and an observation, uncovering, and transformation of…relationships and their internal representations" (Mitchell, 1988, p. 3). Traditional Freudian concepts, such as *drive* or *instinct,* remain as useful tools in relational psychoanalysis, however their meaning is embedded within the mind of the patient as opposed to the original definitions proposed by Freud (Mitchell, 1988). While postmodern and relational concepts can be applied to numerous interventions, three

particular modalities will be explored for the purpose of this manuscript. These interventions are existential, narrative, and cognitive behavioral therapies. They have been selected for their explicit use of a relational framework, their usefulness in application with traumatized individuals, and their prevalence in therapeutic environments today. Existential, narrative, and cognitive behavioral therapies may be applied to individuals *and* groups. This discussion assumes that adolescents will present initially for individual therapeutic interventions. Family therapy may occur over the course of treatment, but the therapies outlined here are first employed with the intention of helping adolescents in an environment where only the teen and therapist are participatory. Existential, narrative, and cognitive behavioral therapies explore the subjective realities of the bereaved teen as they examine their personal relationships with the deceased and their families, how meaning is constructed according to how they tell their life stories, and the thought processes that contribute to hindering or helping healing to occur.

It is notable that experiencing the death of a brother or sister may be particularly traumatic, and each of the modalities outlined below are useful with adolescents experiencing traumatic grief. Childhood traumatic grief is defined as "a condition in which characteristic trauma-related symptoms interfere with the children's ability to adequately mourn the loss of a loved one" (Cohen et al., 2002, p. 307). Traumatic grief results from the loss of a loved one in a traumatic event and how the child interprets the death subjectively (Cohen et al., 2002), just as Becca, Eric, and Tommy have experienced. All three adolescents experience intrusive memories of their siblings' deaths, and Tommy in particular is triggered by situations that transport him back to the

experience of the loss of his sister (Pynoos, 2002). He experiences PTSD symptoms such as *reexperiencing* the trauma in nightmares, and attempts to reenact the trauma through participating in high-risk situations. He also *avoids* his symptoms through the recreational use of drugs. For each teen, the presence of PTSD symptoms of *reexperiencing, avoidance*, and *hyper-arousal* encroach on their ability to complete the developmental tasks that stimulate the development of a healthy identity (Cohen & Mannarino, 2000). The therapeutic modalities below are useful with teens experiencing traumatic grief, as patients confront the meaning of their loss and with the assistance of a therapist, learn how to interpret the event and relieve distressing symptoms in order to experience a less complicated bereavement.

Existential Psychotherapy

Given the complexity of the adolescent developmental response to bereavement, it is useful to extract key points from Viktor Frankl and Irvin Yalom, both of whom apply an existential approach to psychotherapy. These insights are applicable to modern-day therapy with adolescent siblings living under the constant fear of a loved one's demise or acknowledging the realities of death.

Logotherapy as conceptualized by Viktor Frankl is a process by which an individual discovers the meaning of his life as something "unique and specific…that must be fulfilled by him alone" (Frankl, 1984, p. 121). This theoretical orientation dismisses Freudian drive theory, which suggests that all individuals are subject to forces of certain unconscious drives, hidden from consciousness by the protection of other psychic forces due to their primal, aggressive, libidinal nature (Berzoff, Flanagan, & Herz, 2008). According to Frankl, drive theory and Freudian psychotherapy did not adequately address

the role of spirituality, nor the soul, in a patient's understanding of life (Frankl, 2004, p. 29). The process of logotherapy involves helping an individual to express his or her desire to attain a greater purpose in life that is only achieved through survival. Therapy is most effective when a patient can acknowledge the tension that exists in recognizing past life struggles, accomplishments, and responsibilities to live with an orientation toward the future, even in situations that feel hopeless. This is a valuable approach for bereaved adolescent teens, who may face a bleak future carrying the burden and expectations of a deceased sibling's legacy. Frankl expounds an approach of accepting the harsh realities of life without reverting to fantasy, an important step for siblings whose depression may deepen given the sad acknowledgement that their brother or sister will never reach milestones in their life. These reflections may create a feeling of guilt. Frankl allows the patient to accept his or her situation, and implores them to transform its meaning. His approach does not suggest the eradication of dreams, ambitions, and aspirations in order to calm the nagging voice of guilt in patients, but forces them to think about realistically upon what they have accomplished and if it is "enough". If a surviving sibling is encouraged to search for meaning in their grief, he or she may also develop a sense of purpose. This transformation in adolescent siblings can be expressed nonverbally in capturing pictures, or creating scrapbooks, a treatment approach commonly used in narrative therapy, which will be discussed shortly. Verbal expression may include writing stories about life with their sibling, or brainstorming ways to continue interactions even in death. In this way, the adolescent incorporates the meaning of their previous life with their brother or sister, with the challenges of the present and the enigma of the future. They are permitted to tell a story that weaves together the life of the entire family.

Becca, the *hyper-mature* teen, may be able to speak of her life before her brother's death, the normalcy of having a nerdy brother, and her mother's role as his protector. She may finally be permitted to discuss her new role as her family's protector, and how she creates meaning from the loss, in addition to perhaps ambivalent feelings of frustration toward her brother for placing responsibility upon her to care for the family, and the guilt over responsibility for his death. Becca, through logotherapy, may learn to find hope in her situation through the power in her role as opposed to being a prisoner of her daily, mundane tasks as a caregiver. With the help of a social worker, she may come to view her situation from a new frame, understanding that if she *is* able to go to college and achieve more for her family, she is honoring her brother and continuing to care for her family, creating new meaning from a horrible loss.

Eric, the *replicating* teen, is truly a survivor of his brother's cancer, and must learn to breathe new life into his existence. Though he has clearly identified the meaning of his brother's loss and its impact on others, it is unclear if he has done so for himself. Through the process of logotherapy, a social worker can challenge him to view the world from his own perspective, and not the lens of his brother. What does *Eric*, not *Luke*, wish to create for himself out of his brother's loss? How can *Eric,* not *Luke*, bring new meaning to his own life while honoring that of a dead sibling, without losing himself? How does *Eric* survive? A social worker employing a logotherapy approach may wish to point out that it seems that *Eric*, and not *Luke*, has died. How can *Eric* survive *Luke*'s death?

Tommy, the *prematurely individuated* teen, is still fighting to survive. He is angry, feels alone, and lashes out against the world for the conditions that brought about

his sister's death. In logotherapy, a social worker may wish to first acknowledge and honor Tommy's anger, than challenge it, inquiring if Tommy can find other activities to express the meaning behind his emotions. Through the therapeutic relationship, Tommy may find a companion in his journey of loss, a guide who allows him to experience himself not as a burden, but as an empathic individual who elicits questions about the meaning of seeing Isla's body being carried away, and how to make sense of the tragedy from the point of view of a 15-year-old boy. Can Tommy learn to acknowledge his grief without numbing himself by using drugs? What did seeing Isla's body being taken away mean for this boy, a sibling for so long and now an individual alone in the universe? Tommy's logotherapist must work carefully with his anger, allowing it to be present in his situation, and direct it toward finding greater meaning as a survivor of a horrific trauma. In therapy, anger must be redirected for Tommy toward a path of greater understanding about who he is, now, without his sister.

Existential psychotherapy might follow a similar approach to logotherapy with the adolescent siblings from our case studies. Irvin Yalom views existential therapy as a form of dynamic psychotherapy, inspired by the neo-Freudian influences of his medical school education. He explains that the *fear of death* haunts us as nothing else does, and is always present, whether we are aware of it or not. He believes that children at ages far earlier than we are aware are preoccupied with death, and a major developmental task consists of dealing with these terrifying fears of annihilation (Yalom, 1980). In order to cope with fears of death, we must erect adaptive defenses. Yalom believes that the lack of attention to death in psychotherapy practice is problematic.

Coupled with the concept of death is *responsibility*. Yalom believes that to be aware of one's own responsibility toward fulfilling one's feelings, resolving predicaments, and authoring one's life in general, accounts for one's existence. This ties into *personal freedom*, as individuals must be free to actualize their responsibility (Yalom, 1980). Defenses such as compulsions, denials, and disorders of wishing may be erected in fear of these Freedoms and Responsibilities.

Another aspect of existence is *isolation*, which is experienced as loneliness and separateness from other individuals. Individuals may be isolated geographically, but also interpersonally, due to lack of appropriate social skills or conflicted feelings about intimacy. At the most fundamental level, dying is the loneliest human experience. Yalom explains that one is also alone in being responsible for one's own life: this implies sole authorship and forsakes the belief in a creator or guardian, furthering the belief in being alone in a cosmic universe (Yalom, 1980). Anxiety may occur when the individual is absorbed into the real world and dread occurs.

A final crisis of existence, according to Yalom, is *loss of meaning*. This crisis may relate to one's sense of purpose, intention, aim, or function. Yalom cites the idea of an existential vacuum, where one engages in compulsive activity to find meaning.

All of the adolescents in the case studies demonstrate a new understanding of their lives as changed forever. They are no longer innocent of the world. Becca, the *hyper-mature* teen who lost her brother by suicide, is stalked by guilt: perhaps she could have done more to save Joseph's life. As a result, she becomes a caregiver for her entire family, seeking to extend the lives of those around her, for whom she cares the most. She has become acutely aware of the fact that life does not last forever. She yearns for the

days when she was an ignorant teenager, and at night is consumed by an anxiety that causes her to fear whether she herself might disappear. Yalom, as Becca's therapist, would work with Becca to acknowledge this reality and the anxiety it provokes, and in doing so, instill in her a greater sense of ownership for her own existence. Through challenging Becca's self-neglect and over-responsibility to her parents, Yalom might redirect Becca to the principal of responsibility for one's own existence, and fulfilling her own goals, as opposed to losing herself in the service of others.

Eric, the *replicating* teen, has lost his twin brother, his mirror image. In losing Luke he has come to understand how his own identity can be lost, so he assumes that of his brother. He feels it is his responsibility to carry on his brother's legacy, ignoring his own. Haunted by Luke's death, Eric endeavors to keep Luke alive at any cost. As his therapist, Yalom might point out the principle of isolation, and also mortality, how Eric only appears to find fulfillment through being a good and moral representation of his brother. Eric's sense of meaning in the cosmic universe is not his own; it is his brother's. He may experience anxiety when confronted with the task of living only for himself. His therapist may encourage him to experience this anxiety and isolation, representative of his fear of death, in determining how he wants to live. It is as though Eric's worst fear has come true: he himself has died. In order to be immortal, Eric assumes his brother's identity. Yalom may discuss with Eric the reality that Luke, not Eric, is dead, and will not return to this earth. How can *Eric* keep on living with the time he has left, and how can he find meaning?

Tommy is *prematurely individuated* and isolated by his sister Isla's death. He is traumatized by visions of his dead sister's body, and, like Becca, yearns to return to a

time of simpler knowledge and innocence. Instead, armed with a new understanding of mortality, he feels separate from others, and conflicted about intimacy. When absorbed back into the social life of school, he experiences anxiety, fear and anger in an example of childlike regression, a defense mechanism to avoid the fear of annihilation. He lashes out. His existential psychotherapist may align with him as a partner on the path of existence, metaphorically holding his hand and allowing this bereaved sibling to experience the sensation of having a companion and a guide on his dark journey. Tommy has seen his sister in death and understood that no one can go with her to the other side. With this realization, he has become enraged and full of dread. His therapist must provide him with an extended hand, allowing him to feel he is not alone on his journey.

The clinical social worker employing an existential approach can address the teen's desire for normalcy, an escape from the perceivably endless routine of grief and loss that provide immense solitude for the adolescent and the resentful emotions associated with these situations. For neophyte practitioners, Frankl provides realistic guidelines. For example, the role of the therapist might be analogized to that of an ophthalmologist, who "tries to enable us to see the world as it really is. The [therapist's] role consists of widening and broadening the visual fields of the patient so that the whole spectrum of potential meaning becomes conscious and visible to him" (Frankl, 1984, pp.132-3).

Yalom suggests that group therapy focused on the here and now will help members to observe their own behaviors and how they may purposely victimize themselves in order to avoid their own troubles of existence. In group, members become aware of their personal responsibilities through learning how their behavior is viewed by

others, how it makes others feel, how it creates opinions others have of them, and how it influences their opinion of themselves (Yalom, 1980, p.239). Members become primary agents of their own healing and can assume responsibility for their own growth. Additionally, In order to grow, individuals must embrace their separateness in the form of autonomy, self-reliance, individuation, and independence (Yalom, 1980). Like Frankl, Yalom believes that the therapeutic relationship can heal. In a group setting, siblings like Becca, Eric, Tommy, and even Sara, can join together to understand how they are bound by pain and existential similarities.

Existential psychotherapy provides powerful interventions for adolescent siblings who have experienced bereavement. Those whose eyes have been opened by death, facing the realities of existence and searching to create new meaning from sadness, necessitate a therapeutic guide in their struggle, and this form of intervention provides a facilitating framework for this search.

Narrative Therapy

While existential psychotherapy may draw its roots from the tradition of psychoanalytic theory, narrative therapy derives from post-modern practices, which focus on an approach to therapy centered on a truth that is subjective, interpersonal, based on perspective, and constructed between client and clinician (Caverhill, 2002). Within a post-modern perspective, events of the past are enacted to inform the present, and client and clinician collaborate to interpret meaning from the therapeutic interaction (Leighton, 2008), that is usually filled with empathic content. Norms are socially constructed, and boundaries are fluid, all occurring within a context that is less hierarchical and promotes the construction of narrative truth (Caverhill, 2002).

White and Epston (1990) argue that individuals' life stories determine how they ascribe meaning to their experiences, where meaning is found, and ultimately, how lives are shaped. According to a narrative, relationships and lives evolve according to each person's understanding of their life story. Particularly in the area of bereavement, the act of telling stories may be beneficial therapeutically for survivors of loss (Caverhill, 2002; Davis, 2001; Gilbert, 2002; Kubler-Ross, 1969; Leighton, 2008). The act of narrative involves *reconstruction*, specifically storytelling to make meaning of one's life, and is enacted within the social context of therapy. Within the therapeutic milieu, a therapist is entrusted to help the bereaved make meaning from their loss (Leighton, 2008) in addition to providing a safe environmental context free of judgment or barriers in which an individual can tell their story.

For bereaved adolescent siblings, storytelling may provide the opportunity to continue their relationship with their deceased brother or sister, utilizing the relationship as a source of strength while searching for ways to remain close to an individual who they may have viewed as lost forever. Through narrative, Gilbert (2002) suggests that individuals may organize experience and encounters, which is vital to the recovery of grieving adolescents. Leighton (2008) defines the narrative process as such:

> In narrative therapy a patient presents in a state of uncertainty and confusion. They seek help with their individual story in order to make sense of how they arrived and where they are in order to make sense of how they arrived at where they are and to find a way forward. The patient learns to put their feelings into words; these are then reflected back by the therapist. The patient rechecks the reflection to see if it feels right and a more elaborated, individual, and flexible story evolves. (Leighton, 2008, pp.25-26).

Adolescents presenting for narrative therapy may find benefits in telling their story on a playing field where there are no acute power differentials. The teen is the expert on his or her experience, expressing a narrative through poetry, prose, art, music, or other forms of self-expression. The therapist clarifies and reconstructs the meaning of the story, challenging "If only" statements or counterfactual thoughts that are harmful to effective coping (Davis, 2001). This process allows the life story, once disrupted by loss, to be re-written in order to provide a smooth transition between past, present, and future. Importantly, prior to the construction of a narrative, a safe therapeutic relationship must be constructed between social worker and adolescent so that the therapist can effectively elicit more detail from a narrative, work on emotions and challenge areas

Becca, the *hyper-mature* teen, may construct a narrative in a variety of forms. Previously a popular child, she may choose to express herself with multimedia collage pictures documenting her life prior to her brother's suicide. Expressing herself artistically, Becca may feel less hindered by writing a narrative of her experience. After work with her narrative therapy social worker on expressing emotions, Becca will be encouraged to create of her story. Suppose Becca chooses to artistically portray her narrative in the form of three poster boards: before, during, and after Joseph's death. The first poster board might be bright and colorful, decorated with magazine clippings, photos of friends, and other bits and pieces of media representative of Becca's life as a popular, fun-loving teen prior to Joseph's death. The second board may portray Becca's reaction to learning of her brother's death. She may draw tears, or cut out magazine pictures representing sadness or confusion. Becca may use dark colors or even attempt to draw her brother as she envisioned him hanging, given her developmental capacity for

understanding death. Her final poster board may artistically represent her life now: a smaller picture, with herself drawn as a stick figure, her brother's grave looming large in the distance, few elements of multi-media, her friends' backs turned on her, the word "NORMAL?" written in large letters, the word "I'M SORRY" written below. With this information, the narrative therapist will ask Becca to relate her story and the emotions that go along with it, allowing her to grieve openly for her lost sense of normalcy, but also challenging Becca's sense of accountability for her brother's death. In rewriting the narrative and helping Becca to create a fourth poster board, the narrative therapist may ask Becca to consider the other factors that led to Joseph's death, Becca's own inner strengths, the support from community members such as her teachers that she may draw upon, and to allow other players in the story to emerge so that the focus may not fall only on Becca and her failures. How have Becca's parents played a role in her feeling so alone? With time, and permission, the narrative therapist may share Becca's story and drawings with her parents to help them understand Becca's overwhelming sense of accountability in the story of Joseph's death. The family can work together to create a more accurate, holistic narrative, where Becca no longer feels burdened and isolated, grief is explored, and Becca's loss of normalcy is acknowledged.

Eric, the *replicating* teen, requires the chance to construct a narrative where he recognizes his own sadness both at the loss of his brother and feeling like the wrong sibling died. He requires a situation where he can reestablish his own identity, particularly in the creation of a narrative about life with his brother. *Who* was Eric before Luke died? The narrative therapy social worker will attempt to broaden Eric's narrative to explore Eric's ambiguous feelings about his relationship with his brother, both loving

being a twin yet also feeling in the shadow of his brother. As Luke was so highly connected to art, are there other ways for Eric to express himself in other mediums? Or would he prefer to utilize paint and clay in his own way to create an artistic representation of life with and without Luke? Eric has maintained a long-term connection with his brother for the sake of those around him for fear of assuming his own identity and disappointing others. He may be asked to write a story about how life would have looked if he had memorialized Luke in slightly less intense ways. What would the reactions of his parents and school have been? How would Eric have felt? Would Luke have been ashamed? Could Eric write the same narrative from Luke's point of view? In this way, Eric can maintain a healthy connection with his brother. His role as sibling and twin is acknowledged, but also his own individual qualities.

Tommy, the *prematurely individuated* teen, has been deeply affected by his sister's death on numerous levels. He witnessed her body being carried away by the ambulance and was unable to say goodbye. He feels abandoned by his friends and disconnected. Narrative therapy with this adolescent might center around finding healthy ways to memorialize Isla. Tommy's last memories of his sister are frightening and powerful. Can he find other ways to remember his sister? Are there certain more powerful memories that can be elicited through narrative therapy? Perhaps the siblings shared times together that Tommy recalls as feeling safe and happy. The narrative therapist might request that Tommy write a rap or poem about these moments, capturing the sights, smells, and sounds of feeling safe with Isla. What was it like to be an older brother, and what did it feel like being unable to say goodbye? It is important that if a therapist chooses to discuss the trauma of seeing Isla's body with Tommy, regulative

coping exercises are practiced, such as deep breathing and grounding. Tommy may need to create a narrative of feeling isolated and alone in watching his sister leave him for good. With gentle and careful guidance, he will finally be given permission to discuss the impact of feeling so profoundly isolated, discussing sensations in his body and feeling different from all the other children his age. A narrative therapist may also wish to incorporate CBT tools (see below) in working with Tommy to help him cope with the intrusive symptoms of remembering his sister's death. If Tommy wishes to discuss Isla's death, it may be beneficial to begin with less traumatic events in his life, such as discussing a time when he felt scared and alone, or when a pet died. The narrative therapist must work very carefully to ensure that Tommy is ready to narrate the feelings surrounding the events of Isla's death, and then listen to his narrative in order to challenge certain beliefs that evolve from Tommy's story. For example, Tommy may state: "It's my fault, I could have pushed her out of the car's way if I had gotten there in time." A narrative therapist must deconstruct with Tommy this belief and help him to understand that the accident was not his fault. Tommy should slowly come to understand that blame can be placed in the hands of the drunk driver, and hopefully, he can rewrite his narrative to indicate that.

Narrative therapy is a powerful tool that allows adolescents to express their grief in creative ways outside of the usual talk-therapy medium. Teens that may be uncomfortable sharing their story in words may feel more at ease drawing, singing, or painting the tale of their loss and, with the help of a social worker with this orientation, can be guided to write a newer, healthier tale of bereavement.

Cognitive Behavioral Therapy (CBT)

CBT, developed in the mid-1950s, is still considered to be a fairly "new" practice for working with bereaved adolescents. The intervention of this strategy is associated with Albert Ellis, developer of rational emotive therapy (RET), and Aaron Beck, who developed CBT for the specific treatment of people with depression (Beck, 1976). To date, the study of CBT interventions has been carried out with numerous populations and has proven to be quite effective, particularly in the treatment of panic disorder, psychosis, post-traumatic stress disorder, and depression (Beck, 1976; Butler, Chapman, Forman, & Beck, 2006; Haddock et al., 1998; Reinecke, Ryan, & DuBois, 1998; Roy-Byrne et al., 2005) Like existential psychotherapy, some of RET and CBT share basic Neo-Freudian theoretical components. For example, while these treatments include the idea of behavior as being related to the individual's ideas, concurrently they reject the classical psychoanalytic approach (Ellis, 1989)**.** Furthermore, CBT and existential psychotherapy both draw on similar philosophical underpinnings that are rooted in stoic philosophy. Each approach acknowledges the significant impact of the subjective perspective and interpretation as opposed to the objective presence of reality **(**Ellis, 1989).

In accordance with CBT, thoughts, feelings, and behaviors all relate to the individual's belief system and manifest in a constant, automatic internal dialogue (Beck, 1976). Unfortunately, this internal dialogue may represent a thought process that may consist of irrational, unhelpful thoughts that do not promote healthy behavior. With distorted thoughts, unhealthy value judgments and interpretations that impact the individual's emotions can emerge (Beck, 1976). Ultimately, these emotions impact the individual's behavior, as he or she responds to thinking and feeling according to how he

thinks he *should* act in both his own, and in the social world. Certainly, the individual is governed by the external environment and what he or she considers to be the rules regarding how one *should* act. As well, patterns of thought passed down intergenerationally, within the family of origin, may also influence and guide the individual. All of these influences, in turn, feed thought process (Beck, 1976).

Similar to narrative therapy, CBT works with the individual's cognitions in the "here and now". Both hypothesize that change is a constant process. Transformation begins when the individual is able to recognize his or her automatic thoughts and begins to substitute them for healthier, more rational ones. This conscious reflection will impact upon emotions, and, ultimately, behaviors. Within a therapeutic partnership, client and therapist examine the individual's cognitions and triggers, and create a treatment plan with specific goals in order to promote change in functioning. Change, then, occurs in the therapeutic context, initially, with a focus on distorted thought processes, that work towards improved problem-solving, and participation between both the client and the therapist (Beck, 1976). Therefore, in CBT, change occurs with the assistance of numerous techniques including but not limited to journaling, role-playing, thought disputing, reframing, and substitution, psychoeducation, skills training, modeling, activity scheduling, reinforcing behaviors, and activity scheduling (Beck, 1976). Interventions are active and often involve homework and follow-up. Treatment is brief and goal-oriented, with the ultimate goal of clients obtaining new, lifelong coping skills.

In therapy, all three adolescents, Becca, Eric, and Tommy, would first be assessed according to a variety of empirical instruments prior to commencing CBT. By administering assessments, symptoms of depression, anxiety, attitudes, and core beliefs

can be measured in order to gain an understanding of each teen's history and presenting problems. A semi-structured interview would likely be administered to obtain information regarding how the adolescent siblings' thought processes have been distorted and led to judgments that have impacted their emotions and well-being. As grief is viewed as a process of cognitive and emotional adaptation to the consequences of loss, a treatment plan would be formulated that would focus on promoting healthier feelings, attitudes, and behaviors in surviving siblings.

Becca, the *hyper-mature* teen, would benefit from cognitive restructuring as she has come to believe that she must assume responsibility for her entire family following the death of her brother. Her sense of responsibility largely stems from her feelings of self-blame. She believes that she is responsible for her brother's death because she was not at home the night of his suicide. Her therapist should initially create a safe environment for Becca so that this thought, which causes her shame, can emerge and surface for discussion. With this admittance of the role she feels she played in Joseph's death, Becca must be praised for her courage. The cognitive behavioral therapist will carefully deconstruct Becca's reasoning in blaming herself for Joseph's death. It is likely that Becca's world exists in binaries: she has assumed ALL of the care for her family, determining that she had NO choice in the matter of maintaining and preserving the integral family unit, even though an essential part, Joseph, is now missing. She feels that she is ENTIRELY responsible for the death of her brother. Over time, CBT may help her to understand that she was not the only individual who played a role, *if* at all, in Joseph's death. She must acknowledge the pain of her loss while being able to exist with it, detaching herself from the event per se to be able to see it as a whole. A healthier

thought for Becca might be: “It’s so unfair that Joseph killed himself, and I’m angry at him for doing it…but I tried as best as I knew how to help him.” The therapist, in order to support this thought, should ask Becca if she knew of any other ways to help her brother at the time he was being bullied. Did she notice that he was withdrawing or contemplating suicide? Was it really her *job* to look out for him, or are her parents more responsible? What *is* the job of a big sister? Can Becca learn that she tried her best, but that Joseph made a choice and could not choose a healthier alternative regardless of Becca’s love and intentions for him? Becca might be encouraged to stop thinking, “If only”, and start thinking, “As if”. She might begin speaking “as if” Joseph were in sessions with her: could she tell Joseph how angry she is with him for killing himself, and the burden of guilt she now feels because of his death? Speaking out loud to Joseph might allow Becca to realize the unhealthiness of her reactions. She might be encouraged to write Joseph a letter and read it aloud, voicing her sorrows, her apologies, her concerns, as she visualizes him as a healthy and confident young man. She might create a plan that helps her to grieve in a healthier way despite the pain of the loss. Becca’s parents should also be incorporated into this intervention so that the entire family can begin healing.

Eric, the *replicating* teen, reveals several distorted patterns of thinking. He believes his only purpose in life is to recreate or survive for his brother. Like Becca, his thoughts are polarized: Eric is nothing without Luke, and he must assume his brother’s identity. He is also, on another level, experiencing the anger of abandonment by his twin while at the same time, feeling defeated and isolated. How will he be able to make healthy choices while facing the reality of the loss? A dialogue with Eric could be initiated regarding his feelings that he lived in Luke’s shadow. The focus of therapy

might center on the twins' relationship and how Eric's thoughts led to his desire to fulfill his brother's role. Clarification of this could help Eric come to an understanding or realization of their relationship: one he most likely had not been aware of. In CBT, Eric could be re-educated regarding his feelings of inferiority that have reinforced his own unhealthy actions in the wake of his bereavement, causing him to feel disempowered as his own identity has continued to wain.

Who *is* Eric? The cognitive behavioral therapist must ask this young man about his own strengths and talents, and how he stood in distinction from his brother. While the twins shared DNA and many hobbies and friends, they were still two different people. Luke's death led to Eric's beliefs that he must give up his own individuality, but the therapist could argue that Luke's legacy can be kept alive without Eric losing himself. As homework, Eric might create a memory box for Luke with his parents. He might wish to continue painting and share in some of the hobbies that Luke once loved. However, Eric must learn that he can reject the other pastimes that he has also felt obligated to assume in Luke's passing. Eric should also list the positive but unique qualities that the brothers did not share. Eric could develop an action plan that would suggest ways to deal with the pressure he feels when others expect him to become the persona of his brother. He might craft a response that honors Luke's identity while maintaining his own: "Yes, I miss my brother very much and I am trying to keep his memory alive by honoring him in many different ways. Thank you for your concern." At the same time, Eric's own identity must be reinforced so that he can build a strong sense of self that does not rely on Luke as a support. Again, parental involvement will be extremely beneficial in Eric's recovery process.

Tommy, the *prematurely individuated* teen, might benefit from trauma-focused cognitive behavioral therapy (TF-CBT) (Cohen, Mannarino, Berliner, & Deblinger, 2002). TF-CBT will help Tommy re-process the traumatic event of witnessing his sister's car accident and her body being carried away. Following TF-CBT, Tommy must first be taught several coping skills prior to exploring the traumatic event itself (Cohen et al., 2002). Tommy could learn how to breathe from his diaphragm when he panics after a nightmare. By pretending to steadily blow out birthday candles and watching his belly expand and contract, he will slow his heart rate. In time, deep breathing will enable him to calm and soothe himself. He might also wish to visualize certain words to associate with his breathing, such as "Calm", or "Relax" ("TF-CBT", n.d., section 2). Similarly, at bed time, Tommy could practice progressive muscle relaxation, a process by which he can tense and relax individual muscles in his body before he goes to sleep. By learning to differentiate how his body feels when tense and relaxed, Tommy could be more tuned in to his emotional responses.

Guided imagery might also be beneficial for Tommy. His cognitive behavioral therapist will lead him through exercises where he can feel safe and comfortable, again while practicing deep breathing ("TF-CBT", n.d., section 2). After mastering coping skills, Tommy might be asked to talk about experiencing Isla's death while he becomes conscious of and notes his own reactions of anxiety ("TF-CBT", n.d., section 5). When talking about the trauma, a variety of strategies might also be utilized so that the therapist challenges Tommy's assumptions that followed the death. For example, if Tommy says "No one can relate to me now because of what happened", the therapist might delve further into this topic. The therapist might ask about times that Tommy had felt

uncomfortable around others who were different and when he had trouble relating to them: “Was there ever a time in your life that you didn’t know how to ask a question, so you didn’t say anything?”. The therapist may use the cognitive triangle technique, which demonstrates how one’s thoughts can lead to feelings and behaviors (“TF-CBT”, n.d., section 6). Tommy will come to realize that his friends are also experiencing feelings of discomfort that they, too, are unable to express, such as “We don’t know what to say to Tommy,” which would cause them to act as if everything were fine, and no change had occurred to alter their relationships.

However, Tommy might also feel sad about his friends’ behavior, causing him to think, “My friends don’t really want to hang out with me”. By having demonstrated rude behavior towards the teacher, Tommy set himself up as class clown, the funny guy, a rebellious teen with whom his friends wanted to associate. By focusing the spotlight on himself in this way, Tommy acted out, and found a way for the quiet boy to be the center of attention. As Tommy begins to participate in the cognitive triangle exercises, he might be able to substitute other healthier thoughts, feelings, and behaviors where he could not before.

In coping with Isla’s death, Tommy might be asked to “go back in time” and pretend to give himself advice on how to cope with loss. Concurrently, his therapist might take the role of Tommy in the past. Tommy could draw up a “responsibility pie” (“TF-CBT”, n.d., section 6) whose pieces, according to Tommy, are designated by the responsibility of each person involved in the accident. The pie could later be revised as Tommy learns how to cope with his feelings around Isla’s death. It is important that the therapist apply every activity to real-life, constantly advocating that Tommy continue to

work on his thoughts, feelings, and behaviors in difficult situations for better coping. As with the first two cases, parental involvement would be most beneficial in facilitating Tommy's recovery.

CBT is an effective intervention for a variety of populations. In applying it to be used with grieving adolescents, care should be taken in acknowledging the developmental status of teens in order to present tools with the most user-friendly language. Caveats include but are not limited to: appropriate language, acknowledging the role of friends and family, and sense of self before and after the death.

CBT can be provided over a short-term period and teens can look back over homework for help or receive "booster" sessions at later dates if needed. To frame the work in real-time and indicate the progression of the teen's return to a healthy life, the therapist can monitor goals according to the preliminary assessments conducted and present teens with certificates of conclusion. In an environment of evidence-based practice, CBT is an alluring post-modern treatment for adolescent sibling bereavement.

Existential, narrative, and cognitive behavioral therapies present a handful of interventions discussed in this dissertation for the treatment of adolescents who have experienced the death of a brother or sister. As awareness of the special needs of this group is recognized and this population becomes increasingly identified, it is proposed within that social workers will seek out and employ a post-modern perspective that acknowledges all the unique and powerful factors influencing bereavement in order to treat these teens.

CHAPTER SEVEN: CONCLUSION

This dissertation represents an attempt to summarize the literature on adolescent sibling bereavement and create a categorization of the coping styles that impact identity development based on theoretical analysis. Strengths in identifying the *hyper-mature, replicating, prematurely individuated,* and *resilient* teens are manifold. With these categorizations, clinicians will now be able to identify symptoms of adolescents who may be struggling following the death of a sibling and search for appropriate interventions to help them. The charts provided highlight the struggles faced by siblings who have encountered the death of a brother or sister. The categorizations suggest appropriate interventions for teens in their struggle to deal with the traumatic loss of a sibling. In addition, research can be streamlined so that studies on each specific coping style can be further explored. As well, categorization stipulates differences and similarities between each coping style can be examined. Furthermore, the categorizations of the coping styles that impact identity can evoke an enrichment of education for social work students regarding adolescent bereavement and is applicable to numerous practice settings, from hospital to hospice, school to outpatient clinic. This dissertation also fuses identity theory with research from a social work perspective.

However, there is still room to grow. A greater web of understanding the development of adolescent identity before, during, and after sibling bereavement is still necessary. This field of research in this area has been limited, and more studies are needed to continue to validate and enrich the findings of this dissertation. The coping styles outlined in this dissertation are only a starting point, and it must be assumed that there are numerous sub-categorizations of each style: for example, other theorists might

ask, is there a prematurely individuated hyper-mature teen? And are there more complex coping styles yet to be identified? What of the unknown categories, the urban poor adolescent who is studied frequently in trauma literature yet unidentified in studies on adolescent sibling bereavement?

As always, we must make room for more collaboration with other disciplines in order to learn from diverse voices. Uniting with trauma, education, and mental health research, to identify only a few other venues, can help the therapist access a greater population with whom to study and ponder treatment for this unique population. It is hoped that these categorizations will evolve and expand so that social workers may be better prepared to intervene when bereaved adolescent siblings arrive in clinical settings.

Post-modern interventions with bereaved adolescent siblings create a space for therapist and client to connect in a place of shared reality. From a constructivist perspective, grief and loss are ongoing, transformative experiences. There are no hierarchical expectations that a teen must overcome the loss of a sibling. It is only expected that the teen create a narrative to share with the social worker, who helps him or her reinterpret the meaning of the death and how it has impacted life itself. Post-modern interventions, like the growing identity of an adolescent, are dynamic, plastic, and constantly reworking reality. They are more suitable for this population that has already been bound by familial and societal expectations that dictate how to grieve, and encourage freedom of expression.

Social workers must be aware of the profound effect their practice exerts over individuals within the therapeutic milieu. Interventions with bereaved adolescent siblings create the capacity to create positive coping responses, echoing over the course of a

lifetime. The central task for adolescents involves maintaining the memory of a sibling without losing their own identity in the process. The loss of one's identity and individuality, all that makes a person him or herself, may be viewed as a form of death itself, as Yalom writes: "Whose death will make me truly dead?" (Yalom, 1989, p. 204). It is hoped that with a better understanding of coping styles that ultimately impact identity development in adolescents is grounded in theory, and the incorporation of post-modern interventions, teens who have been impacted by the death of a brother and sister can *live* to their fullest potential.

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