

Linden Cameron
MFT 603B: Individual and Family Development
Assignment Week 6
February 24, 2022

Grief And Loss Across the Lifespan - Chapter 5: Grief and Loss in Tweens and Teens

Because teens and tweens are neither overgrown children or immature adults, their brains are distinctly different, making them more sensitive to emotional and social factors. When faced with grief and loss whether from death, a changed relationship, or an experience of social marginalization, adolescents are faced with the double jeopardy of being more vulnerable and less willing to acknowledge a need for help. Adolescence is a time of identity development, regarding romantic and or social relationships with peers, including gender and sexuality orientations. A teen's ability to cope with loss is also affected by adverse childhood experiences such as socioeconomic influences, schooling, and anxiety.

While some consider adolescence to start from age 10 and linger until 25, However, ages 10 to 13 are called the tween years or early adolescence. These are the years between childhood and its concrete operations, cognitive styles, and straight forward relationships, and the true teen ages of 14 to 18 years with its abstract thinking, idealism, and judgements. The tween years and the teen years are generally grouped together and referred to as youth or adolescence. The early stage of adolescence is a time of significant brain changes resulting in changes in hypothetical reasoning, abstraction abilities, growing skills for impulse control, and a clearer sense of self. The latter stages individuals begin to consolidate their identity and often start to build intense relationships with romantic partners and close friends. In addition, adolescents take on more adult Responsibilities including completing schoolwork with little parental assistance, take jobs, learn to drive, and even begin to vote. The adolescent develops into what is called emerging adulthood, now defined as ages 18 to 25 or 30.

Adolescent brains differ from those of children and adults, making them more sensitive to rewards and social interactions while also priming them to take risks and explore new environments. The heightened neuroplasticity of the adolescent brain allows the innovation and creativity unachievable before or after this life phase, as cognitive capacity diminishes as brains are pruned starting in late adolescence and continuing into adulthood.

According to Dobbs adolescent risk taking is the evolutionary need to search for new opportunities and to begin to be opened to taking risks to grow. Siegel also sees adolescents as an important life stage that promotes creativity, growth, and innovation. He coined the acronym of "Adult-ESSENCE" or "Adol-ESSENCE" to stand for Emotional Spark, Social Engagement, Novelty, And Creative Explorations.

Children whose parents die during their childhood or adolescent years may not adequately mourn and later in life may present with symptoms of depression or the inability to form close relationships during their adult years. As a result, intervention focuses on the reactivation of the mourning process for the patient to improve symptomatically and to resume to life tasks that were previously arrested.

There is considerable controversy over whether children are capable of mourning. Some believe that children cannot mourn until their complete identity is formed, at the end of adolescence. Others submit that children can mourn as early as three years of age when object consistency is formed, and there are those who believe the number to be at six months. Another school of thought holds that children do mourn and what is needed is a model of mourning that fits children rather than the imposition of an adult model on children.

A child's grief is subject to emotional reaction to separation, that exists very early and may predate a realistic concept of death. Children lack the cognitive development necessary for understanding death such as finality, transformation, irreversibility, causality, in that ability, and concrete operations. According to Piaget, concrete operations are developed beyond the ages of seven or eighth.

A two-year study of 125 school aged children between the ages of 6 to 17 years of age, regarding the natural course of bereavement demonstrated:

1. By the 1st and 2nd anniversary of the loss of a parent 80% of most bereaved children were coping well. 20% were not coping well.
2. Children doing well tend to come from more cohesive families where communication about the dead parent was easy and where fewer daily life changes and disruptions took place. Children made better adoption to the loss where families coped actively and could find something positive in a difficult situation.
3. Children who were not doing well came from families experiencing many stressors and changes because of the death, and where the surviving parent was young depressed and not coping well. These children demonstrated lower self-esteem and felt less capable of controlling what happened to them in life.
4. The surviving parent's functioning level was a powerful predictor of a child's adjustment to the death of a parent. A poorly functioning surviving parent caused children more anxiety and depression as well as sleep and health problems.
5. The loss of a mother was worse for most children than the loss of a father especially during the second year of bereavement. The loss of a mother purports more daily life changes including the loss of the emotional caregiver of the family. The loss of her mother evidenced emotional and behavioral problems, higher levels of anxiety, more acting out behavior, lower self-esteem, and weaker belief in one's own self-efficacy.
6. Children who were given a choice to participate in the funeral chose to do so. These children demonstrated better outcomes as they prepared beforehand for the service.

Including children in the planning of the funeral had a positive effect and overtime provided the ability to recapture memories of the funeral and talk about it.

7. Many children remained connected to their dead parent through talking to them, feeling watched by them, thinking about them, dreaming about them, and locating them in a specific place. These strong continuing bonds to the deceased parent enable children to better able show their emotional pain, to talk with others about the death, and to accept support from families and friends.
8. Children need support, nurturance, and continuity after the death of a parent. Providing these may be difficult for the surviving parent, and particularly difficult for a surviving father.
9. Bereaved teenagers feel different from their friends because of the loss and often feel that their friends do not understand what it is to lose a parent to death. This is especially true of teenage girls whose mothers die and who are left with a father.
10. Parental dating in the first year of bereavement was associated with withdrawn behavior, acting out behavior, and somatic symptoms, especially if the parent was a father. Engagement and remarriage after a suitable bereavement. Had a positive influence on children leading to less anxiety, depression, and worry about the safety of the surviving parent.

Bereaved children have specific needs that counselors should be aware of. Including:

1. Bereaved children need to know that they will be cared for.
2. Bereaved children need to know that they did not cause the death out of their anger or shortcomings.
3. Bereaved children need clear information about the death.
4. Bereaved children need to feel important and involved.
5. Bereaved children need continued routine activity.
6. Bereaved children need someone to listen to their questions.
7. Bereaved children need ways to remember the dead person.

According to Dyregrov & Dyregrov, the same tasks of mourning that apply to the adult obviously applied to the children to the child, but these tasks have to be understood and modified in terms of the child's cognitive, personal, social, and emotional development.

In The Presence of Grief – Chapter 7: When A Sibling Dies

Although sibling rivalry is a common enough term and in fact often has been the focus of research little attention has been given to the dynamics of the ties that bind sisters and brothers together either as children or as adults. There is a link between siblings that is pivotal in many ways, regardless of whether the relationship is friendly or hostile. The way one sees her or himself in the world is inextricably bound with his or her interactions with the other child or children in their families. In addition, it is believed that a significant aspect of one's personal identity and orientation to life is relative to one's birth order or sibling position.

The relationship between siblings is more likely than any other type of family alliance to be characterized by ambivalence or conflict. When a sibling dies without resolution of negative feelings and there is tension, ill feelings, and resentment, between brothers and sisters, the surviving brother or sister is faced with the task of coming to terms with the situation on his or her own.

In case of a sibling whose relationship has always been solid the death may create an extremely deep void for the survivor. This is the loss of companion, of one's childhood, someone who shared all the vicissitudes and triumphs of growing up, someone with whom to compare notes regarding life in their family of origin.

Whether embattled or beloved, the bond that is severed by the death of one of the siblings is likely to constitute an event of major proportions. Added to this is the fact that demographic changes of parents choosing to have one or two children in our modern era, have altered the context of the sibling relationship, thus heightening the significance of loss in this area.

Journey Across a Life Span – Chapter 10: Puberty and Adolescence

Puberty or preadolescence normally begins between the ages of 11 and 14 and takes approximately two years for completion. It is a time of rapid growth and the development of secondary sex characteristics. Puberty and adolescence begin with the onset of menses or menarche, in girls and the production of semen in boys.

There are four major changes associated with the pubescent period, including, rapid physical growth, changes in body proportions, development of primary sex characteristics (sex organs) and development of secondary sex characteristics.

The term adolescent has Latin roots and means to grow and mature. It is the transitional period beginning with sexual maturity and ends with the cessation of growth and movement towards emotional maturity. This period of development bridges the gap between dependence and independence or childhood and adult. The major characteristics of adolescents include stormy emotions, feelings of insecurity, introspection, experimentation/learning, and testing of values and beliefs.

Secondary sex characteristics in boys include appearance of pubic hair; rapid growth spurt; growth of underarm, body, and facial hair, and deepening of the voice. In girls secondary sex characteristics include breast development, appearance of pubic hair, and under arm hair. Both boys and girls experience growth of the sebaceous gland that produces oils which may be related to the appearance of acne pimples, and growth of the apocrine glands in the armpits and groin producing a characteristic odorous secretion.