THE LONG-TERM EFFECTS OF LOSS IN ADOLESCENCE:
EXPLORATION AND EXTENSION OF A CONCEPTUAL SCHEMA

By

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B.Sc.N., The University of British Columbia, 1990

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING

in

THE FACULTY OF GRADUATE STUDIES

(School of Nursing)

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA
April, 1992

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ABSTRACT

This study was designed to examine the long-term developmental effects of adolescent parental bereavement, to identify the factors or conditions that contribute to these effects, and to extend and refine Davies' (1991) conceptual schema. The method used in conducting this study was the grounded theory approach of qualitative research.

Data were collected through a series of interviews with eight adult subjects who as adolescents experienced the death of a parent. An interview guide created from themes in the literature and Davies’ conceptual schema was used to guide the initial interviews. Data were subject to constant comparative analysis to uncover the categories and the core phenomenon. Axial analysis was used to re-assemble the data and make connections between the categories. The resulting conceptualization was then reviewed and validated with three subjects. Finally, the emergent fit technique was used to compare Davies’ conceptual schema with the categories and core phenomenon found.

Results indicated that adolescents experience a phenomenon of disillusionment when they suffer the loss of a parent. The causal conditions of disillusionment were the interaction of the grieving process and the developmental stage of adolescence. Disillusionment was acute at first, became less so as time went on, but never disappeared altogether. Subjects integrated disillusionment into their lives using one or more of five action/interactional strategies: normalizing, rationalizing disappointment, re-sourcing needs, assuming responsibility for others, or self-comforting. Strategies were developmental in nature, with subjects employing unconscious behaviours in the acute phases of disillusionment, and more volitional measures as they matured. What strategies were used and the success with which the strategies integrated the phenomenon were determined by certain intervening conditions. These conditions were personal or situational in nature and included gender, personality, maturity, sibling order, culture, religiosity, circumstances of the death, relationship with the deceased parent, family dynamics and coping styles, characteristics of the surviving parent, availability of support, timing of the loss, and economics. Four short-term consequences of
integrating disillusionment were identified: growing up fast, drifting/meandering, taking responsibility for the self, and fulfilling wishes of the dead parent. Four long-term consequences were identified: becoming impermeable, becoming the lost parent, regretting, and discovering personal strengths.

Results indicated that the adolescent parental bereavement experience was a complex one. Adolescents responded in ways which resembled normal adolescent behaviour, but also reflected the grieving process. Subjects described feeling ‘normless’ and used the most salient of social cues to guide their behaviours at the time of their loss. Surviving parents were, without exception, poorly viewed. Close peers provided support, but less intimate peers reminded subjects how different they were. In later life, disillusionment affected career choices, interpersonal relationships, self-concept, and health behaviours.

Implications for nursing practice included that nurses provide norms for parentally bereaved adolescents, carefully assess coping behaviours as potential defenses, attempt to reduce the estrangement that sets in between adolescents and surviving parents, assess and supplement support systems, and use their knowledge of disillusionment to guide their care of adults who as adolescents lost a parent, and might yet be experiencing its effects. With regard to nursing research, the need for longitudinal, prospective designs using qualitative methods was supported. The results reinforced the need to describe a comprehensive, well-integrated theory of the adolescent bereavement experience.
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ACKNOWLEDGEMENTS

I wish to recognise the many people who have supported this effort in a myriad of ways. First, I would like to express my heartfelt appreciation for my thesis committee: Dr. Betty Davies for her support, her guidance, her indomitable enthusiasm, and her very special friendship; Dr. Heather Clarke for her wisdom, her clarity of thought, and her sense of humour; and Wendy Hall for her careful attention to detail, her insightful and supportive suggestions, and her genuine interest and warmth. I feel exceedingly enriched by my association with you all, and I thank you for that.

Second, I would like to acknowledge the support of my professors at the University of British Columbia Faculty of Nursing. From each I have gleaned some part of the individual who I am today. I also wish to acknowledge the Faculty of Graduate Studies, University of British Columbia for their financial assistance in this undertaking.

I would like to express my deepest gratitude to the eight informants who so graciously shared their experiences and insights with me, stirring what I know to be remarkably painful memories of lost love and security. Without their generosity of spirit, this project would not have been possible.

There are many colleagues and friends who have supported various parts of this process. I thank Debbie McMillan for her practical and spiritual support: practical, in her herculean efforts in preparing the transcripts, and spiritual, in her unflinching support through all the uncertainties, and for patiently waiting for me to resurface when I would 'disappear into the trenches.' I would like to thank Carmel for 'pulling it out at the end' with her sharp, but wise blue pencil. I also thank Ellen for being a 'bud' and for rescuing me from taking myself altogether too seriously.

Finally, I am especially grateful to my husband, Dennis, who asked so little and gave so much at a time when I so desperately needed it, and for his perpetual support of me and faith in my abilities.
CHAPTER ONE

Introduction

Background and Conceptualization of the Problem

Adolescence is "the genesis of individuality; a second social birth" (Kuczynski, 1988, p.77). In adolescence there are beginnings and endings: preparations for future stages, and departures from earlier ones. Adolescence is more than a transition from childhood to adulthood, it is a period with characteristics of its own, a time of unique experiences that belong to this decade alone. It is characterized by fundamental changes in physical, cognitive, emotional, moral, and psychosocial development. It is a time when the repertoire of skills necessary for adult interpersonal relationships are honed; a rapid increase in the diversity of social roles is experienced; reasoning and a mature sense of morality are achieved; and the individual's identity is established. Adolescence ends with the development of an identity separate from parents, and the ability to form mature relationships of friendship and love (Brim, 1965; Erikson, 1968; Kohlberg, 1969; Papalia & Olds, 1981; and Piaget, 1971).

During adolescence, the loss of a significant relationship may interfere in what seems to be a natural, albeit tumultuous progression of development. The most intense bereavement responses are associated with the death of a parent (Raphael, 1983; and Palazzi, De Vito, Luzzati, Guerrini, & Torre, 1990). Death of a mother or father leaves the adolescent particularly vulnerable as the adolescent must deal with his/her own anguish in the midst of a grief-stricken family. In a similar vein, sibling death in adolescence has been described as "one of the most traumatic and least-understood crises that an adolescent could encounter" (Hogan, 1988, p.333). In their study of adolescent sibling bereavement Osterweis, Solomon and Green (1984) observed that bereaved siblings are at risk for
medical, psychiatric and behavioural dysfunction, and claim that adolescence is a particularly vulnerable period during which to experience a sibling's death. What follows from these observations is that whether the adolescent experiences the loss of a sibling or the loss of a parent, bereavement at this time of life may disrupt the achievement of adolescent tasks, and as these tasks are foundational to the achievement of ensuing developmental milestones, has the potential to incur far-reaching effects for the individual's subsequent growth and development.

Only in the past decade has research begun to emerge on the effects of bereavement on the adolescent. Balk (1991), in his review of adolescent bereavement research, points to the need for the development of theoretical models, and views those arising from qualitative methods to be appropriate to furthering the understanding of the experience and effects of adolescent loss. He states that adolescent researchers have neglected this area as the concepts of death and bereavement are so foreign to our ideal of adolescence. Gordon (1986) observes that this denial has dire implications for the bereaved adolescent: "attempts to deny death shortchange the normal adolescent by forcing him or her to deal with the shocking comprehension of loss alone or with uninitiated and uniformed peers" (p.22). In order to provide appropriate support to grieving adolescents as well as to better understand the unique sensitivities that adults who have experienced adolescent bereavement may have, research is required to discern the developmental effects of the adolescent loss experience.

Addressing this gap, Davies (1991) has begun to identify the long-term outcomes of adolescent bereavement by developing a conceptual schema, which describes from a grounded theory approach, the experiences of adults, who as adolescents lost a sibling. Davies' conceptual schema identifies three essential themes: a) enhanced personal growth and maturity; b) being different; and c) withdrawing. Her findings suggest that adolescents who
experience the loss of a sibling perceive a sense of *enhanced personal growth and maturity* as compared to their peers who did not experience a loss of this kind. Her subjects perceived themselves as being well-equipped to face other deaths in later years, rather than feeling it necessary or useful to avoid or deny death. Generally, her subjects reported having an understanding of the meaning of life which they believed was related to their early loss experience - eg. they felt that they were better able to help others who experienced a death of a loved one. Such prodigious psychological growth led to feelings for these individuals of *being different* from their adolescent peers, which for some, resulted in an intolerance for developmentally appropriate behaviours demonstrated by their peers. Their newly-found maturity led to a higher regard for the seriousness of life, which prevented them from comfortably engaging in the developmentally appropriate activities of adolescence as they perceived their peers’ antics as trivial and intolerable. Some subjects responded to these feelings by *withdrawing* from their peers. They expressed a preference for solitary activities which, in some cases led to long-term feelings of sadness and detachment from others.

Withdrawal from peers occurs for the bereaved adolescent at a time when peer relationships are critical to the completion of their developmental tasks. For these individuals, the potential exists for long-term negative outcomes of sibling bereavement including a chronic sense of loneliness and isolation, and difficulty in initiating and maintaining interpersonal relationships (Davies, 1991).

Davies’ three themes noted above were used as orienting points for the development of this study which focused on the similar, yet different experience of adolescent parental bereavement. However, as the method used in the study was grounded theory, Davies’ Schema provided merely a point of departure, and was neither a blueprint nor prescription for analysis. Because the grounded theory approach is a recursive one, Davies’ themes were
refined, extended or refuted as they were compared to the theoretical explanations emerging from the data generated throughout the course of this study.

Statement of the Problem

The general problem addressed in this study originated from a lack of knowledge about how parental bereavement in adolescence affects the achievement of adolescent developmental tasks, and how differential task achievement might affect the completion of adolescent development and entry into adulthood. This study aimed to explore the long-term developmental effects of adolescent parental bereavement, as well as the factors and conditions which contribute to these effects. Knowledge gained about how adolescent parental bereavement may potentially affect an individual's development is necessary in order to provide appropriate guidance and support to adolescents and their families at the time of their bereavement; and later, to foster insight in bereft individuals should the effects of their loss prove to have long-term implications.

Purpose

The objective of this study was grounded theory development, in particular, to extend and refine Davies' conceptual schema (1991). Davies' conceptual schema describes the long-term developmental effects on a group of subjects who, as adolescents, experienced the loss of a sibling. This study sought to explore the experience of adults who have, as adolescents, experienced the loss of a parent. The two studies were similar as they both explore adolescent loss, however they differ in terms of the object of loss. Information from this study was used to determine whether the original schema describing the long-term developmental effects of the loss of a sibling in adolescence "fits" for those who experienced the loss of a parent during adolescence. Fulfilment of this purpose served to elaborate on the dimensions of the original schema, and contribute to the much-needed groundwork to further
nursing theory development related to adolescent bereavement.

**Research Questions**

The research questions that directed the study were:

1. What are the long-term developmental effects of the loss of a parent in adolescence?
2. What are the factors or conditions which contribute to these effects?
3. To what extent does Davies' conceptual schema fit the experiences of the sample of adults who as adolescents experienced the loss of a parent?

**Assumptions**

The following assumptions were inherent in the study:

1. the loss of a parent is an event of some significance for the adolescent at the time of its occurrence;
2. individuals who were selected by the researcher to participate in the study had legitimately experienced the loss of a parent as an adolescent;
3. subjects answered the questions posed by the researcher honestly and frankly.

**Definition of Terms**

The following definitions of major terms were used:

**Adolescence** the span of years between 13 and 17 (this age span was chosen as it corresponded precisely with the age of Davies' subjects)

**Sibling** a brother or a sister, natural or adoptive, sharing the same set of parents, or having at least one parent in common

**Parent** a father or a mother, either natural or 'step' - the person who was parenting the child at the time of the loss

**Loss** a phenomenon that is individually perceived which occurs when anything which has value is separated from the individual - in this study, restricted to
loss associated with death

Long-term a period of time greater than five years.
CHAPTER TWO

Review of the Literature

Relevant research studies and theoretical perspectives were examined in order to place this study within the context of current knowledge in the field. First, an overview is provided of the characteristics of normal adolescence, drawing largely on Erikson’s psychosocial theory of development. This is followed by a review of the adolescent bereavement literature which was generated by several disciplines. Studies examining the effects of the adolescent’s loss of a sibling outnumbered those focusing on loss of a parent. Both areas of inquiry reported similar factors and conditions related to the adolescent’s bereavement, but there was considerable variation in the findings. Therefore, the sibling bereavement literature is presented separately from the parental bereavement literature.

Developmental Tasks of the Adolescent

In his psychosocial theory of development, Erik Erikson (1963, 1965, 1968) identified adolescence as the period of time where the individual faces the crises of ego identity versus role confusion. The adolescents’ rapid physiological growth, sexual maturation, and intellectual expansion underscore their impending adulthood, and they respond by beginning to examine the roles which they will take in adult society. Adolescence is a time for existential confrontations: Who am I? Where am I going? Who do I want to be? What is life all about? Adolescents’ search for identity involves a quest for values which they can accept. These values are ideological and personal, and the extent to which adolescents can be faithful to them is largely determined by their ability to resolve the crises associated with this period (Erikson, 1965).

By the time children reach adolescence, they are capable of propositional and hypoductive thinking - they can dissect ideas, restructuring and recombining them into new
configurations. These cognitive abilities are necessary for the task of ego identity. Erikson (1965) emphasizes that the adolescent effort to make sense of the self and the world is a healthy, vital process that contributes to the ego-strength of the mature adult. This is not to say that the quest for self ends with the attainment of adulthood - Erikson asserts that the journey is a lifelong one, and one which begins in adolescence.

**Sibling Loss in Adolescence**

Prior to the 1980's very little research attention has been given to adolescent bereavement, a situation which is possibly related to the unnatural aspect of death and bereavement during adolescence (Balk, 1991). Another reason that this group's needs may have been overlooked may be because society expects that adolescents are more mature, that they think rationally and can therefore understand and cope with what is happening. In reality, sibling-bereaved adolescents are in an extremely vulnerable position when much that they perceive as stable, much that they value, and much that they have taken for granted is threatened or swept away (Adams & Deveau, 1987). A review of the literature in this area yielded the following themes: self-concept, bereavement responses, family relationships, religiosity, and gender differences.

**Self-Concept**

Adolescent researchers have focused their efforts mostly on studying the effect of sibling bereavement on self-concept. Many of the studies which used self-concept measures to compare sibling bereaved adolescents with their nonbereaved peers found no difference between the two groups (Balk, 1981, 1983; Hogan & Balk, 1990; Morawetz, 1982). Balk's (1983) descriptive study of sibling bereaved adolescents (14-16 years old, n=33) reported that approximately two years after their siblings' deaths, adolescents' adjustment on most dimensions of self-concept as measured by the Offer Self-Image Questionnaire was the same
as that of non-bereaved adolescents. Exceptions were that the bereaved group had a better grasp of a system of moral values, an increased sense of personal maturity, and a sense of having learned some hard life lessons from the experience which they believed their nonbereaved peers had not.

Guerriero and Fleming (1985), in their longitudinal descriptive study of adolescent reactions to sibling death (13-18 years old, n=63), found that bereaved adolescents' self-concepts, as measured by the Tennessee Self-Concept Scale, were actually healthier than those of control subjects during the first year of grief, and although this advantage did not hold over time (4 years), "at no time were the bereaved group's (self-concept) scores significantly lower than those of the control group" (p.15). This positive finding is supported by the findings in a descriptive study of the long-term (7-9 years) effects of sibling death on self-concept (n=58) (Martinson, Davies, & McClowry, 1987). Bereaved siblings scored higher on the Piers-Harris Self-Concept Scale than did the group of children on which the scale was normed. Content analysis of interview data indicated that overall, siblings perceived that they had gained a higher degree of maturity in adolescence, and had a sense psychological growth as a result of their experience. Review of the lowest self-concept scores revealed the factors of comparing unfavourably with the deceased sibling and feeling displaced in the family by other children as instrumental to the adolescents' low self-esteem.

Similarly, in her exploration of the long-term effects of adolescent sibling bereavement, Davies (1991) found that subjects experienced psychological growth, a sense of feeling different from, and withdrawal from their peers. Psychological growth was evidenced by subjects' feelings of comfort with death, ability to help others similarly affected, and their development of a sensitive outlook on life. These three elements contributed to a fourth positive outcome: the subject's sense that they felt good about themselves. Feeling different
was a result of having come to view life as very precious, which itself led to a sense about
the seriousness of life which prevented the subjects from comfortably engaging in the
"developmentally appropriate behaviours of childhood and adolescence" (Davies, 1991,
p.90). This led to the third response, withdrawal from involvement with peers; this at a
time when peer relationships are pivotal to the successful completion of the developmental
tasks of identity establishment and relationship forging.

A further study by Balk (1990) found that differing levels of self-concept as assessed by
the Offer Self-Image Questionnaire for Adolescents were associated with various feelings,
symptoms and behaviours for sibling-bereaved adolescents (n=42). Adolescents with low
self-concept reported greater feelings of depression and fear, suicidal ideation, difficulty with
sleeping, persistent thoughts of the dead sibling, higher levels of confusion about the death
and concomitantly lower levels of anger. Adolescents with average self-concept scores were
more inclined to be angry after the death, but had less trouble eating and sleeping. Over
time, however, these adolescents reported more anger, loneliness, and depression than did
other adolescents who had lost a sibling. Finally, adolescents with high self-concept were
most likely to feel confused and to have difficulty eating and sleeping immediately following
the death, but over time were the least likely to feel confused, lonely, afraid or depressed of
all the adolescents studied.

The foregoing results suggest that the relationship between adolescent bereavement and
self-concept is complex: while it appears that self-concept affects how the adolescent deals
with bereavement, the adolescent’s loss experience also seems to influence the development
of self-concept for these individuals. Bereavement has either no effect on self-concept, or
alternatively, a positive effect on certain aspects of self-concept. More research is required
to understand the complicated interplay between self-concept and adolescent bereavement, as
this bears on the short and long-term adjustments to a profound loss.

**Bereavement Responses**

A number of studies detailed adolescent bereavement responses to sibling loss. In his descriptive studies Balk (1981, 1983), found that emotional responses were initially intense, but diminished over time. However, many adolescents in both studies continued to experience lingering feelings of confusion, depression, anger and guilt. These results are not entirely supported by those of Guerriero and Fleming (1985), who found that their subjects’ depression scores resembled those of their nonbereaved controls by the third year post-bereavement, although subjects persisted in their reports of confusion and sadness. These contrary findings may relate to different research methods: Guerriero and Fleming using a standardized objective measure of depression (Depression Adjectives Checklist) administered four times at six-month intervals, and Balk using retrospective self-report interviewing subjects an average of 23.6 months after the death of their sibling. What is important is that the adolescents *themselves* in both studies felt more confused, depressed, angry, and guilty. One possible explanation for Guerriero and Fleming’s nonsignificant findings is that their adolescent subjects, over time, were better able to conceal their feelings from outside observers.

Adams and Deveau (1987) reporting on two in-depth case analyses, characterize their subjects’ emotional reactions as sad, angry, ambivalent and guilty. *Sad*, about the loss of their sibling, as well as for the dramatic and unwelcome changes in their lives; *angry* at parents for adding to their responsibilities, at the same time as seeming to misunderstand or ignore all that they were feeling; *ambivalent* towards the dead sibling for ‘dying on them’ and forever changing the family circle; and *guilty* for failing to resolve past disagreements.
with the deceased sibling, and for being the survivor. Hogan (1987), in her descriptive investigation of the sibling bereavement response after a three year period (n=40), discovered 39 concept areas which included emotional reactions of anger, anniversary reactions, compassion for mother and father, and avoidance. In her study examining the long-term (X=17 years) effects of adolescent sibling bereavement, Davies (1991) found that immediately following the loss of their sibling, subjects (n=12) remembered feeling shocked, numb, sad, lonely, angry, and depressed. Most of the participants (10) indicated that these feelings persisted over the years, but that they were much less intense than they were during the first few years. In both studies, sibling-bereaved subjects were to some extent still grieving their loss years after the event.

Both Balk (1981, 1983) and Hogan (1987) reported that grades and study habits were noticeably and adversely affected following a sibling’s death. Bereaved adolescents reported trouble concentrating on their school work, feeling preoccupied by all that was going on around them, and to some extent, justified in their failure to attend to their studies. Over time however, grades and study habits returned to normal for most of these adolescents, but for Balk’s (1981) group, a few subjects continued to experience academic motivation and skills below their previous standards. This persistently reduced interest and skill in school work has implications for setting educational goals, selecting career options, self-esteem, and a long-term sense of personal achievement for these individuals.

Guerriero and Fleming (1985) also found that the physical health of their subjects deteriorated over time, and remained different from that of nonbereaved controls for the four year duration of their study. Additionally, female bereaved adolescents had, according to the Cornell Medical Index, poorer physical health than both their male counterparts and their same sex controls, suggesting that there may be a sex difference in how adolescents deal with
their grief. Balk (1983) noted that, immediately following the loss of their siblings, his subjects reported difficulty sleeping and eating where none had been experienced prior to their loss. Contrary to Guerriero and Fleming’s (1985) findings, these difficulties had resolved by the time the study was conducted, an average of 23.6 months after the bereavement experience. Further study of these bereavement responses is required not only to clarify their short-term consequences for sibling bereaved adolescents, but also to elucidate their role in contributing to long-term developmental effects for these individuals.

Family Relationships

When an adolescent loses a sibling, the loss is one which is endured by the entire family. The survivors - both parents and siblings - must adapt to a new reality, a complex family process which is far more complicated than the sum of the individual responses of the survivors. Adams and Deveau (1987) theorize how sibling bereaved adolescents are vulnerable to the consequences of parental grief reactions. Parents may be so consumed by their own grief that they have little energy left to help surviving adolescents. In addition, parents, believing that adolescents desire independence and privacy, may not recognize that adolescents need their support to decrease feelings of isolation and loneliness. Balk (1983) found that less than half his subjects reported talking to family members about their feelings until well after the loss experience. Some authors believe that the lack of attention afforded adolescents is a result of society viewing loss and grief as being most difficult for the parents and young children (Adams & Deveau, 1987; Rosen, 1986). As a result, when a child dies, sympathy and understanding is reserved first for mothers, then to the younger siblings, and to a lesser extent, is extended to the fathers. Adolescent needs are effectively eclipsed in this model - they are expected to deal with their own feelings, place other family members’ needs before their own, and comfort and care for their stricken parents or young siblings. These
heavy expectations and responsibilities come to the bereaved adolescent at precisely the time that they may need to be nurtured and cared for themselves. This theory portends dire implications for adolescents as they demonstrate a high degree of susceptibility to social cues at this time in their development (Basow, 1986). In an attempt to be seen to do the right thing, adolescents may deny their own grieving and grief related needs to attend to their parents or younger siblings.

Adolescent bereavement responses also vary according to the quality of family communication and cohesiveness. In families where members shared their feelings openly, bereaved adolescents reported feeling shocked, numb, lonely and afraid after their sibling’s death, but over time, these intense feelings subsided leaving only a lingering sense of sadness (Balk, 1981, 1983). In families marked by emotional distance, adolescents initially reported feeling guilty and angry, but denied feeling shocked, numb, or afraid. Over time, these adolescents reported feeling confused about the death, but also indicated a sense of relief that the ordeal was over. These studies suggest that families and their characteristic dynamics may be factors which contribute to the long-term effects of bereavement outcome, but more research is required to understand the nature of the relationship.

Hogan’s (1988) study of the effects of time on the adolescent sibling bereavement process found that as time from the death increases, mothers were identified as the principle person with whom bereaved adolescents could talk. Her subjects (n=40) believed that their fathers had become more distant and less available to them as time passed (18-36 months). Other changes in the family included a sense that the family moved from incomplete in the early phase (3-18 months) to normal in the later phase (18-36 months). Hogan (1988) cautions that normal does not imply that the family returned to some pre-bereavement state, nor that bereavement is in any sense time-limited, but rather that a new sense of family is
established with a new set of boundaries and identities.

Finally, in their descriptive study, Hogan and Balk (1990) reported adolescent reactions to sibling death from the perspectives of the mothers (n=14), the fathers (n=14), and the adolescents themselves (n=14). Comparisons showed that the mothers reported their adolescents as having a better self-concept than the adolescent actually had, and that fathers were more accurate in their assessment of this measure in their adolescents. In the same vein, mothers also saw their adolescent’s grief reactions as lasting longer than the adolescents did, and again, fathers were better predictors of this feature. These results reflect the complex dynamics related to family bereavement, and points to the need to study adolescent loss from the perspective of the bereaved adolescents themselves.

Religiosity

Religious beliefs interact with the process of adolescent mourning. The evidence suggests that specific bereavement reactions differentiate religious from non-religious youths, but that the relationship is not straightforward. Balk (1988, 1991) found that religious adolescents report more confusion, while nonreligious adolescents report more depression and fear, however he warns against erroneously concluding that religious belief in and of itself makes coping with a sibling’s death easier. While religion may have taken on increased importance for sibling-bereaved subjects, this turn to religion only occurred after considerable questioning of, and anger at God. Hogan (1988) describes two phases in sibling bereaved adolescents assigning blame for their loss, first to themselves 3-18 months after the loss, and then later to God at 18-36 months. Lagrand (1986) in his study of sibling-bereaved college students reports a gender difference associated with religiosity with female subjects building acceptance of their loss on a foundation of religious belief more so than did male subjects. The question is whether the religious grounding shapes the bereavement
experience, or the bereavement experience effects the adolescent's spirituality. These studies suggest that religiosity may be a significant factor in some adolescents' bereavement experiences, but that generalizations in this area should not be made.

**Gender Differences**

Several gender differences have been noted. Females and males report different feelings during the first few weeks following the loss of a younger sibling, with females feeling less shocked and fearful than did their male counterparts. (Balk, 1981, 1983). In contrast with these findings, Guerriero and Fleming (1985) reported that bereaved females experienced greater death anxiety (anxiety about their own death) than did bereaved males following their sibling's death. Looking at differential expression of feelings, Adams and Deveau (1987) reported that while subjects claimed to be angry following the death of their siblings, they expressed their anger in accordance with their gender. The male response was to become openly demanding and defiant, rebelling against his parents and demonstrating hostility while the female response was more passive, withdrawing and seeking refuge in peer support and substance abuse. Adolescents' sensitivity to social cues is strongest surrounding the issue of gender appropriate behaviour (Basow, 1986). These studies support Basow's theory, suggesting that gender differences exist in both the report of emotional experience of loss, as well as the expression of needs and feelings surrounding the experience. No research was found describing the long-term gender differences in adolescent development following sibling bereavement.

In summary, a number of studies and theorists have examined the immediate or short-term effects of sibling bereavement in childhood and adolescence. Considerably less research has been reported describing the long-term effects of sibling death on surviving children, and only three studies discussed the long-term effects of loss of a sibling in
adolescence. Factors and conditions of adolescent sibling bereavement which have been explored include self-concept, bereavement responses, family relationships, bereavement responses, religiosity, and gender differences. Findings indicate that the relationship between self-concept and bereavement is complex; that psychological and physical bereavement responses are long-lived but vary depending upon the measure used, time elapsed since death, and sex of the subject; that the effect of family dynamics are important and strongly influenced by social expectations; that religiosity of the adolescent, while significant, at this point in theory development, does not lead to conclusive insights; and that gender differences may well influence adolescent's emotional experience and expression of feelings concerning their loss.

**Parent Loss in Adolescence**

While losing a parent in adulthood is grievous enough, it is an especially excruciating experience for adolescents because they have not yet achieved a sense of independence or identity, nor has the intensity of their relationships with their parents been diluted by other attachments and loves (Raphael, 1983; Segal, 1989). Most writings prior to the past decade focused on disturbed adolescents or those who were already engaged in psychotherapy when they experienced their loss. As Corr (1989) points out, grief and mourning are not psychiatric processes, and as such should not be studied from this frame of reference.

What follows is a review of the literature which describes bereavement among adolescents who have lost a parent. As with the research reviewed regarding sibling bereavement, this section will be subdivided according to the factors and conditions discussed in the research findings: self-concept and developmental issues, family relationships and support resources, bereavement responses, religiosity, and gender issues.
Self-Concept and Developmental Issues

Several researchers and theorists have explored the relationship between the adolescent bereavement and the development of self (Castiglia, 1988; Furman, 1984; Josephs, 1982; Palazzi, et al., 1990; Raphael, 1983; and Wass & Corr, 1984). Josephs' (1982) descriptive study of the effects of parental bereavement on adult women (n=30) found that subjects fared differently depending upon their report of a disturbed childhood or of a relatively normal one. Subjects who reported a disturbed childhood tended to feel isolated and insecure at the time of their loss. They frequently reported feelings of guilt and depression in the years following the loss, and as adults tended to feel that their lives were full of emotional turmoil and relationship difficulties. In contrast, subjects who claimed to have had a normal childhood tended to view the bereavement as a painful experience that they endured and left behind without any lasting ill effects. All subjects felt that they had to grow up quickly at the time of their loss; and that they became more mature, responsible, independent and cynical as a result of their loss. As adults they continued to miss the deceased parent and wished that the parent was still alive to share important events with them. He concluded that parental bereavement does not create new personality disturbances, but rather reinforces trends already present from childhood (Josephs, 1982).

In their descriptive correlational study of the relationship between life events and disturbed self-image, Palazzi et al. (1990) found that death of the mother, followed by abortion, and death of the father rated highest amongst events of importance to their adolescent subjects (n=1296). Death of mother was found to have a very high association with disturbed self-image for these adolescents however, as was found with the sibling bereavement research regarding self-concept, the researchers caution against too conclusive an interpretation of the direction of this relationship.
Theorists who have attempted to describe developmental effects of parental loss in adolescence indicate that while vacillations between independence and dependence, and between mature and immature needs and behaviours are normal during adolescence, they are especially consequential when the adolescent copes with the devastating loss of a parent (Raphael, 1983; Wass & Corr, 1984). Parental loss is especially difficult for adolescents as their recent tentative steps towards independence lead them to believe that they no longer need their parents as they did when they were a child, however as Wass and Corr state "it is one thing to be struggling to free oneself and become independent, knowing that both parents are available when needed. It is quite a different experience when death removes a parent in the midst of the struggle" (1984, p.212).

Other theorists have related this interrupted struggle for independence with subsequent difficulty for adolescents/young adults leaving home (Castiglia, 1988; Furman, 1984). Parentally bereaved adolescents, developmentally at the point of leaving the parents, may experience difficulty in either moving away from the surviving parent or following the deceased parent into adulthood. In terms of the first difficulty, the adolescent often remains with the surviving parent for fear that this sole parent might die, which results in the adolescent’s emotional security being entirely invested in the one person. The second difficulty was less well documented in the literature, however both hypotheses merit exploration as the effect on the adolescent’s subsequent development is potentially significant.

Family Relationships and Support Resources

Several investigators have studied the role of family relationships in adolescent bereavement (Cragg & Berman, 1990; Goodman, 1986; Gray, 1987a, 1988; and Hogan, 1988). In his correlational descriptive study (n=50) of the role of the surviving parent in the adaptation of bereaved adolescents, Gray (1987a) found that adolescents who had a good
relationship with a surviving parent prior to and following the loss adapted better (as measured by depression) than those with a poor relationship with the surviving parent. However, he suggested that it may be difficult for adolescents to accept support from the surviving parents for fear that this may compromise their need to be independent and separate. Peers were an alternate source of support, if support was offered in terms of what adolescents felt was appropriate for their age and gender. Findings from this study revealed that the following were of importance to the bereaved adolescent: a) feeling that they were heard; b) that the support received was embedded within a reciprocal relationship; and c) that they were not obliged to discuss anything that they were uncomfortable sharing. These three items relate to the adolescent's developmental task of ego formation, and their corresponding needs to be acknowledged as an individual, to be accepted as an equal, and to exercise control over their life situation.

Cragg and Berman (1990) reported in their qualitative study of adolescents' reactions to the death of a parent from cancer, that subjects (n=10) felt that communication about the parent's illness and death had been open prior to the death, but that patterns between surviving parents and the adolescents changed after the ill parent had died. Discussion within families decreased, with some adolescents reporting that they did not talk about their feelings for fear that they would further upset the surviving parent. This finding is consistent with Castiglia's (1988) theory that parents may not be an adequate source of support for adolescents because at the same time as adolescents require their support, parents are coping with their own feelings at the loss of their spouse. As with Gray's (1987a) findings, alternate sources of support were friends and siblings, with the exception that some adolescents reported having difficulty turning to peers who had not experienced the loss of a parent. Differentiating between experienced and inexperienced peers was repeated in
Goodman's (1986) descriptive study (n=30) where support from the surviving parent was valuable to the adolescent in terms of resolving their grief, followed by support from peers who themselves had experienced the loss of a parent. These studies' findings regarding peer support are consistent with Davies' (1991) findings, where sibling-bereaved adolescents reported feeling different and withdrawing from their uninitiated peers.

Gray (1988) interviewed 50 high school students who had lost a parent through death in the previous five years to investigate who provides support to parentally bereaved teenagers, and how these people are helpful. Support, as measured by the Gottlieb (1978) classification scheme, came from peers, parents, teachers, and school nurses or counselors. Peers were cited as the most helpful supports to subjects (40% of the time), however while close friends were confided in and provided emotional support, the larger network of peers tended to withdraw from subjects leaving them feeling socially isolated and abnormal. Support from surviving parents varied considerably with 34% subjects reporting that their surviving parent was "very helpful," and 30% rating the parent as "not at all helpful." For those subjects who reported the surviving parent unhelpful, several indicated that they had been unable or unwilling to accept the support offered, while others indicated that they wished more support had been forthcoming. Support from teachers was poor, with 42% of subjects indicating that teachers were often unhelpful or only helpful in minimal ways - i.e. telling students to "buckle down" and focus on their school work; drawing attention to the bereaved student as different from his or her peers; and for a few, displaying open hostility towards the subjects. School nurses or counselors were only found to be helpful if subjects were participating in a peer support program (68%).

In summary, surviving parents and peers seem to represent the most important sources of support for parentally bereaved adolescents. For surviving parents, the critical variables
are the pre-death relationship with the adolescent, their ability to cope with their own loss, and the extent to which the adolescent can tolerate depending upon a figure from whom they have been recently pulling away. For peers, the issues appear to be closeness of the relationship, and the similarity between life experiences. For both, parentally bereaved adolescents deem support acceptable or not in accordance with what they feel is age and gender appropriate for them.

Bereavement Responses

Many authors have described the adolescent parental bereavement response (Castiglia, 1988; Cragg & Berman, 1990; Goodman, 1986, Gray, 1987a, 1987b; Josephs, 1982; Murphy, 1986-87). Castiglia (1988) theorizes that when one parent dies, the adolescent may become preoccupied with the possibility of loss of the surviving parent. According to her hypothesis, this fear may be manifest in close attachment to the surviving parent, or paradoxically, in withdrawal or detachment. This theory warrants empirical investigation, as extremes of either alternative may have consequences for the subsequent development of the adolescent.

Josephs (1982) describes subjects responding to the loss of their parent with feelings of grief and sadness. Other frequently reported reactions were shock, anger, and guilt. Subjects indicated that they did not tend to share their feelings or thoughts about the parent’s death with anyone else, and stated that they went through the bereavement experience alone with few, if any interpersonal supports. Similarly, Gray’s (1987a) participants demonstrated higher depression scores than those reported for nonbereaved American high school students on whom his instrument (BDI) was normed. In Gray’s (1987b) study, it was also found that alienation occurred for a number of the adolescents, and that this was associated with the adolescents’: a) difficulty in tolerating and sharing intense feelings; b) anger directed at the
surviving parent, which was displaced from the deceased parent for having 'abandoned' them; and c) sense that parents were too preoccupied with their own grief to comfort them. He also reported that amount of elapsed time did not differentiate the adolescents' responses (the mean amount of time since parents' death was 28.6 months with a range of 6 months to 5 years). Davies’ (1991) study of adults who lost a sibling as adolescents suggests that for a number of these individuals the sense of loss and sadness may lose its sharpness, but never fades away altogether. This has implications in terms of normalizing these feelings for individuals who have suffered either a sibling or parental loss in their adolescence, and requires further investigation.

Murphy (1986-87) completed descriptive correlational research with parentally bereaved college students (n=184) and found that adolescents who reported greater feelings of loneliness also had the lowest self-esteem. She also confirmed that unresolved grief in this group often emerged as the primary factor causing the individual to seek professional counselling. Significant findings were also reported regarding school performance and age of the subject, with younger adolescents (12-15 years) suffering the greatest drop in school grades. Gray (1987b) who also found that younger adolescents experienced greater difficulty with school, hypothesized that this age-related difference may be due to obstructions to cognitive changes which normally occur at this time. What is of concern is whether interference with cognitive development at this time can be overcome, or if "it may be more difficult to make up for lost ground later" (Gray, 1987b, p.523).

Other bereavement responses reported by Goodman (1986) included somatic complaints, negative changes in school attendance and academic performance, and alterations in sleeping habits. Hogan (1988) found that her subjects only experienced difficulty sleeping or concentrating on school work in the first eighteen months, but that this was resolved by
the 18-36 month period post bereavement. These results are contrary to positive findings in Cragg and Berman's (1990) study. They found that their adolescent subjects (n=10) were able to resume the activities and developmental tasks that had been suspended during their parent's illness, that for two subjects their school work improved, and for four adolescents they became more involved in activities outside of the house. In terms of sleeping disturbances, nightmares were reported by one subject only after the death of her parent. How an adolescent responds to such a profound loss will likely depend upon a number of factors including prior relationship with the deceased parent and with the surviving parent, usual methods of coping and previous experience with loss, and breadth and quality of support systems outside of the family unit. More research is required to elucidate the role of these factors as they relate to both the short-term, and the long-term consequences of adolescent bereavement.

Religiosity

As with sibling bereavement, investigators have found relationships between the adolescent’s bereavement response and their degree of religiosity. Gray (1987b) found that subjects who stated that they had beliefs which were religious or spiritual in nature had significantly lower scores on the depression measure (BDI) than did those who did not. He also found that a major depression was found significantly less frequently among adolescents with religious beliefs than among those without. These results, combined with the rather less conclusive findings in the sibling bereavement research, point to the need to more fully explore the relationship between adolescent spirituality and their responses to bereavement.

Gender Issues

Raphael (1983) noted, from his observations of parentally-bereaved adolescents, that adolescents’ powerful sex role expectations differentially affected their expression of feelings.
He observed that males encountered more prohibitions against the expression of grief and frustration, and often responded in a more aggressive manner - testing authority figures and using drugs and alcohol excessively. Females, on the other hand, displayed a longing for comfort and reassurance, in accordance with what Basow (1986) has characterized as gender appropriate behaviours for their sex. Support for Raphael’s clinical observations were found in Gray’s (1987a) study, where male subjects controlled their feelings to a greater degree than did females.

St. Clair and Day (1979) conducted a descriptive correlational study of the relationship between the ego-identity status and values among high school females (n=80). Their tool, based on Erikson’s construct of ego identity, isolated four identity statuses - each a pattern of coping with the identity crises: identity achievement, moratorium, foreclosure, and identity diffusion. Their results indicate that two thirds of the adolescents classified as identity achievers came from homes disrupted by either divorce of the death of a parent. While they advise that their results must be considered cautiously, they point to the congruity between their findings and Newman and Newman’s (1978) hypothesis which suggests that instability in the home facilitates identity achievement of the adolescent female. These results are, in and of themselves interesting, but are even more so when contrasted with Jordan’s (1970) results using the same tool with a population of adolescent male college students. He found that those subjects in the identity diffusion status were more likely to have come from broken homes than those who were in other statuses identified by the tool. The findings from these studies combine to suggest that there is a sex difference in adolescent bereavement responses in terms of achievement of developmental tasks. This has important implications for the subsequent development of these individuals, as successful completion of future developmental tasks relies upon the effective resolution of prior ones. While clearly needed,
no systematic research has addressed the issue of gender differences in the adolescent bereavement response.

Finally, Raphael (1983) has noted that parentally bereaved adolescents may perceive, in their extreme sensitivity to social cues, that they are expected to behave in certain ways. They may believe that they are expected to be 'grown-up' - to comfort other family members, especially if there are younger sibling survivors. These observations are supported by Joseph's (1982) findings where subjects indicated that they felt compelled to grow up quickly at the time of their loss. Because of the tendency to regress at the loss of a parent, this expectation may be paradoxically gratifying for adolescents - to be treated like an adult, yet at the same time frightening - to be expected to fulfil such ponderous needs when feeling so much like children themselves (Castiglia, 1988; Gordon, 1986). Evident here is the notion that adolescents are particularly vulnerable to social cues and expectations concerning gender appropriate behaviour. More research is required to illustrate the effect of sex role expectations on the adolescent bereavement response, considering both the short-term, and the long-term effect that this interrelationship has on the adolescent’s subsequent development.

To summarize, the literature on adolescent parental bereavement investigated approximately the same areas as the literature related to adolescent sibling bereavement. Research findings suggest that there may be a relationship between bereavement and personality or self-concept but that the direction of this relationship is not completely clear. Theorists suggest that loss at this time may have critical consequences for adolescents’ subsequent development, adolescents’ ability to accept support from family, peers and others depends upon many factors including reciprocity, gender, ability and willingness to accept the support, manner in which the support is offered, and age-appropriateness of the aid, and
especially for peers, emotional closeness of the relationship and/or commonality of experience. Bereavement responses included depression, anger, withdrawal, loneliness, alteration in sleeping and school performance. While these responses may be modified by the passage of time, they may not be altogether eradicated. Religiosity may be associated with lower levels of depression. And finally, gender differences may lead to a differential expression of feelings, and differing abilities for males and females to resolve the developmental issues associated with this period.

Summary

Research on normal adolescent bereavement was sparse prior to 1981, but a substantial body of literature has emerged in the past decade. Bereavement produces intense and enduring emotional consequences, and has been shown to affect and be affected by many factors and conditions in the adolescent’s life - personality, self-concept, family relationships and support resources, school work and physical health, religiosity, and gender roles. Research and theory describing short-term adolescent bereavement responses are fairly well developed in both the sibling-bereaved and the parent-bereaved adolescent literature. Less empirical work has been done regarding the long-term effects of adolescent bereavement, but short-term issues give rise to long-term implications as this relates to the establishment of the adolescent’s self-esteem, his or her cognitive development and career goal achievement, and his or her ability to establish and maintain interpersonal relationships. Only three studies (Davies, 1991; Guerriero & Fleming, 1985; & Hogan, 1988) were found describing the long-term effects of sibling loss in adolescence, and Davies (1991) alone has explored the long-term developmental consequences of adolescent sibling bereavement. One study (Josephs, 1982) was found describing the long-term effects of adolescent parental bereavement, but this study examined selected variables in the experience of women only.
This study has been designed to build upon and extend the conceptual schema begun in Davies' (1991) research on the long-term effects of sibling bereavement in adolescence. The research questions which guided this study were established from a) the themes in Davies' conceptual schema; b) examining the factors and conditions identified as relevant in the adolescent bereavement research and theories; and c) exploring the speculations made by these researchers and theorists as to the long-term consequences of the documented short-term effects of adolescent bereavement. The aim of this study was to complement, refine, and expand upon Davies' beginning conceptualization, broadening and raising the level of the theory so that it might provide direction to nursing and other health disciplines in providing care and guidance for this special population.
CHAPTER THREE

Methods

Study Design

The selection of the research method should be determined by the research question and the relative state of theory development in the area of study (Goodwin & Goodwin, 1984; Morse, 1986; Woods, 1988). This study was based upon two questions which asked "what is going on and how," and sought to identify the basic social process used by adults who as adolescents lost a parent. As the questions sought to discover what was operating in the subject's world, to name it, and to understand it, qualitative methods were considered appropriate (Munhall & Oiler, 1986). In terms of theory development, the literature offered little about the long-term effects of adolescent loss of a parent. Based on these two considerations: the nature of the research questions, and the submission of the long-term effects of adolescent parental bereavement to little formal investigation, the researcher selected Glaser and Strauss' (1967) grounded theory approach.

Grounded theory is a method in which factors within a situation are distinguished, basic psychosocial processes are identified, a map of the relationship among these processes is discerned, and theory is generated - all from data which remain in the real world (Field & Morse, 1985; Stern, 1985; Woods, 1988). The aim of grounded theory is to understand how a group of people define, via social interactions, their reality (Stern, Allen, & Moxley, 1982). From the emerging basic psychosocial process, the researcher sought to gain an understanding of the experience of adolescent loss, and the consequences of that loss for subjects' development.

After the initial analysis, coding and sorting of the data, this study utilized Glaser's (1978) "emergent fit" to explore the final research question - "to what extent does Davies'
conceptual schema fit the experiences of the sample of adults who as adolescents lost a parent?" The "emergent fit" method requires that the investigator "develop an emerging fit between the data and a pre-existing category that might work" (Glaser, 1978, p.4). In this study, the pre-existing categories were the themes contained in Davies' conceptual schema. These themes were carefully "fit" with the concepts which emerged from interviews with subjects who experienced the loss of a parent as an adolescent. In this manner, an extant category is not merely borrowed, but rather "earns its way into the emerging theory" (Glaser, 1978, p.4). The concepts resulting from this exercise remain grounded in the data, but are revised so that they fit with a similar but non-identical type of adolescent bereavement. This approach serves to strengthen and enrich a previously developed conceptualization, at the same time as it provides nursing with a broader theory in the area of interest.

**Data Collection**

A number of qualitative methods of data collection were used. These included taping and transcribing personal interviews, recording non-verbal cues and observations concerning the environment in field notes, and recording commentary of an interpretive nature in memos. Data of a more quantitative nature were collected using a researcher designed demographic form (see Appendix B).

Interviews were open-ended and semi-structured in nature. Interviews were conducted with individual subjects (as opposed to subjects within their family circle) to encourage subjects to reflect on and disclose their intimate feelings and perceptions. Subjects were offered the alternative of electing to be interviewed in their own home, or in a private room in the Research Unit at the School of Nursing. In terms of the first interview, two elected to be interviewed in their own home, and six in the Research Unit.
The first interview began with the researcher explaining the study, answering subjects’ questions, and obtaining written consent to proceed with the study. Subjects were asked to inform the researcher if questions were too vague, or if their responses seemed misinterpreted by the researcher. The aim was to provide enough guidance to direct the subject to the area of interest, yet allow what was relevant to the subject to emerge. Each interview began with asking subjects to "tell their story of the death." Occasionally subjects’ responses were tangential to the research purpose (i.e. describing sibling’s development at great length) and the researcher redirected them. Subjects’ comfort with this style of interviewing seemed to develop over the duration of the interview.

Two subjects were interviewed whose data were disqualified from the analysis. The first was a recent refugee immigrant from an Eastern Bloc nation. Her story of parental loss was found to be so intricately entwined with her experience of political oppression and eventual escape from her country, that the researcher was unable to determine the source of this individual’s developmental challenges. Additionally these data were excluded as the subject became an orphan as a result of the loss of her mother in adolescence. Orphaning has unique consequences which require separate exploration. The second subject was not included as she represented the third nursing student in the sample group, and therefore limited the breadth of the sample.

Subsequent interviews were conducted with three of the eight subjects to validate the researcher’s conceptualization and to ensure that the emergent core social process was fully explored and characterised. Three subjects only were re-interviewed as saturation was quickly achieved. The process for the second interview began with exploring the most abstract conceptualization with the subject, and progressing through the more concrete levels - i.e. the overall conceptualization of the phenomenon, followed by the major
categories, and the interrelationships between the concepts, and finally examining the subject's *in vivo* codes. The researcher explained that the most abstract conceptualizations should fit loosely for the subjects: the analogy of fitting like a 'bulky loose sweater' was posed. With each reduced level of abstraction, the researcher explained that the concepts should begin to match the subject's personal experience more closely, with the most personal codes feeling very much like a 'second skin' for them. For each of the three subjects re-interviewed, this perception of an increasingly closer fit held true, and none of the subjects disagreed with the researcher's interpretation of the data.

**Instrumentation**

In grounded theory approaches, the subjects are "the primary source of data," and the interviewers are "the primary instruments" (Sandelowski, Davis, & Harris, 1989). In accordance with this, the interview guide was semi-structured and open ended - to allow the subjects to share their perceptions, while at the same time keeping the inquiry focused on topic. Davies' conceptual schema and the themes identified in the literature were used to generate the trigger questions and formulate a variety of prompters (see Appendix A). This guide was tested for clarity and relevance with the first three subjects who met the study's selection criteria and found to be both understandable and germane. Since no changes were required of the instrument, the data obtained from these subjects were included in the analysis. As the research was concerned with development, while key areas were pursued, the researcher was careful to allow subjects to tell their own story where it departed from these themes. Probes were employed only to elicit the timing and detail of events significant to the subject, and to stimulate further exploration and clarification of the issues (Schatzman & Strauss, 1973). The demographic data were collected at the end of the interview.
Sample Selection

Both purposive and theoretical sampling were used. These techniques are subsumed under the general category of non-probability techniques for sampling. Such techniques are justifiable when a grounded theory approach is taken, as the intent of the researcher is to select subjects who can illuminate the psychosocial processes of interest to the researcher (Woods, 1988). Purposive sampling is the selection of subjects based on selection criteria established by the researcher. This guided the initial selection of eleven potential subjects from the applicants who sought to participate in the study. Of these eleven, one later changed her mind and decided to withdraw her application. Theoretical sampling was then used to guide the selection of the actual subjects who were interviewed. In theoretical sampling, subjects are selected because they can illuminate the phenomenon of interest (Sandelowski, et al., 1989). As indicated, the data from two subjects were found to be inadmissible, therefore the final sample size was eight. Although it had been hoped that a balanced number of male and female subjects could be recruited, after three months of recruiting, the researcher had to be satisfied with a three to five ratio of male to female subjects. The researcher admitted subjects and gathered data until "saturation" occurred (Hutchinson, 1986). That is, the data seemed complete, without gaps, and contributed to the meaning and understanding of the research focus.

Criteria for Selection

The criteria for inclusion and exclusion in the study were set both to provide protection to potential subjects, as well as to guide the researcher towards the selection of subjects who were likely to provide maximum information. Inclusion criteria were as follows:

Subjects must:
1. have experienced the death of one parent only between the ages of 13 and 17 years;
2. be at least 18 years of age, to meet the five year lower limit set on the parameters of "long-term";
3. be able about speak to the experience identified in the research question;
4. be able to communicate in English; and
5. be living within a 25-kilometre radius of UBC.

The first of these criteria was relaxed only slightly for one subject who was three months younger than the lower age limit established. Consultation with an expert in the field of adolescent/childhood research indicated that three months was not significant in terms of variations in developmental maturity for the adolescent.

Criteria for exclusion from the study included the researcher's judgement that subjects would not be traumatized by discussions of their past experience. This included individuals who:

1. were under psychiatric care; and
2. became seriously distraught on exploration of the issues (i.e. uncontrollable weeping, inability to sleep following interview session).

One subject was extremely emotional in the interview session, but was included since she had not actually articulated her feelings about her experiences previous to this interview, and found the session to be highly therapeutic in terms of finding words to express her raw feelings, and an interested and empathetic ear to consider them.

Recruitment of Subjects

Subjects were recruited from the general community by means of notices posted on bulletin boards at the University of British Columbia (UBC) campus facilities, local community centres, libraries, churches, and colleges and by advertisements placed in the
"UBC Reports" newspaper (see Appendix C). Potential subjects responded by telephoning the interviewer. During the initial call the researcher explained the nature of the project, the commitment required of subjects (two interviews of a one hour length maximum), and the inclusion and exclusion criteria. Five respondents did not meet the inclusion criteria for age at which the parent was lost.

Data Analysis

Interviews were transcribed and entered in the Ethnograph software program (Seidel, Kjolseth, & Seymour, 1988). Field notes and memos were also recorded on computer media. These data were then subjected to the constant comparative method, according to the grounded theory approach described by Glaser and Strauss (1967). Constant comparative analysis of the interviews was performed and themes emerged concerning the developmental effects of adolescent parental bereavement, and the factors or conditions which contributed to these effects. Constant comparative analysis of the interviews comprised the following steps:

1. data were assigned substantive codes (level I of open coding);

2. these substantive codes were then sorted into conceptual codes (level II of open coding);

3. conceptual codes were linked in term of their interrelationships (axial coding); and

4. a core category or phenomenon emerged (level III) and linking of the categories yielded a basic psychosocial process (Hutchinson, 1986; Strauss & Corbin, 1990).

For the first few transcripts, substantive codes were assigned to virtually every line of subject dialogue to ensure that all existing themes were uncovered. These codes were most often couched in the subjects' exact wording - eg. "finding people like me," or departed from actual text by one level of abstraction - eg. story of the death. Later transcripts were coded using previously developed codes where the data reflected parallel themes.
In step two, level one codes were sorted into mutually exclusive and more abstract categories. For example "it was different overnight," "I never felt secure again," and "I knew that I couldn’t do what I wanted to now" were subsumed under the more abstract level II category of "forever changed" as these level one codes all described a sense that the subjects perceived that their lives would never be as they were before their loss (see Table I).

Step three involved exploring the relationships amongst the categories in terms of the phenomenon itself, its causal conditions, the context of the phenomenon, the intervening conditions influencing the phenomenon, the action/interactional strategies to cope with the phenomenon, and the consequences of the phenomenon as this relates to the other four categories. This procedure is called axial coding, and is differentiated from the open coding strategy of dissecting and analyzing the data by using methods which put the data back together and make connections between the categories. Axial analysis was conducted both on the level of each individual interview, and on the entire data set as a whole. This bi-level analysis provided the investigator with a micro-picture of the individual experience of the phenomenon, and a macro-picture or group rendering of the phenomenon. To ensure that the coding process did not invalidate the data, the researcher re-interviewed three subjects, asking them about the clarity and validity of the axial coding in terms of their own experience (micro-level) and the group rendering (macro-level). After this, the researcher revisited the literature and consulted with expert clinicians to clarify, elaborate, and verify the dimensions and properties of the categories and their interrelationships. During the process of axial coding, the central phenomenon which emerged was Disillusionment. The phenomenon Disillusionment answers the question 'What is the action/interaction in this data set all about?' The overall management of the phenomenon was 'Integrating
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<thead>
<tr>
<th>MAJOR CATEGORIES</th>
<th>INITIAL CATEGORIES</th>
<th>CODES</th>
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<tbody>
<tr>
<td>1. DISILLUSIONMENT (Phenomenon)</td>
<td>Unmasking reality</td>
<td>- surviving parent before/after death</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- all is forever changed</td>
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<td></td>
<td>Unbelieving</td>
<td>- loss of control, orientation, security and trust</td>
</tr>
<tr>
<td></td>
<td>Intensity</td>
<td>- acute to blunt</td>
</tr>
<tr>
<td></td>
<td>Duration</td>
<td>- life-long</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
<td>- constant to intermittent</td>
</tr>
<tr>
<td></td>
<td>Pervasion</td>
<td>- deep to superficial</td>
</tr>
<tr>
<td>2. INTERVENING CONDITIONS</td>
<td>Personal Factors</td>
<td>- gender</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- personality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- sibling order</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- culture</td>
</tr>
<tr>
<td></td>
<td>Situational Factors</td>
<td>- religiosity/spirituality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- circumstances of the parent’s death</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- relationship with the deceased parent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- family dynamics &amp; coping style</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- characteristics of surviving parent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- availability of support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- timing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- economics</td>
</tr>
<tr>
<td>3. ACTION/INTERACTIONAL STRATEGIES</td>
<td>Normalizing</td>
<td>- feeling different</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- attending to social cues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- playing down differences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- reorienting norms</td>
</tr>
<tr>
<td></td>
<td>Assuming Responsibility for Others</td>
<td>- dealing with adversity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- dealing with dependency/incompetence</td>
</tr>
<tr>
<td>MAJOR CATEGORIES</td>
<td>INITIAL CATEGORIES</td>
<td>CODES</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Re-Sourcing Needs</td>
<td>- seeking approval, attention, discipline, guidance, values</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- substituting for lost parent</td>
<td></td>
</tr>
<tr>
<td>Comforting</td>
<td>- dreaming about lost parent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- carrying dead parent within</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- going back to better times</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- gilding</td>
<td></td>
</tr>
<tr>
<td>Rationalizing Disappointment</td>
<td>- dealing with violation of norms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- dealing with dependency</td>
<td></td>
</tr>
<tr>
<td>4. CHANGING THE DEVELOPMENTAL PATHWAY (Short-Term Consequences)</td>
<td>Growing up fast</td>
<td>- deferring personal needs</td>
</tr>
<tr>
<td></td>
<td>Drifting/Meandering</td>
<td>- intuiting adult apprehension</td>
</tr>
<tr>
<td></td>
<td>Taking Responsibility for Self</td>
<td>- making career choices</td>
</tr>
<tr>
<td></td>
<td>Fulfiling Wishes</td>
<td>- vacillating about decisions</td>
</tr>
<tr>
<td></td>
<td>- separating/escaping</td>
<td></td>
</tr>
<tr>
<td>5. LIVING WITH THE DEVELOPMENTAL SEQUELAE (Long-Term Consequences)</td>
<td>Discovering Personal Strengths</td>
<td>- following the wishes of the dead parent</td>
</tr>
<tr>
<td></td>
<td>Becoming Impermeable</td>
<td>- learning empathy, tolerance, compassion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- caring about connections</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- valuing self-reliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- raising barriers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- withdrawing</td>
</tr>
</tbody>
</table>
Disillusionment' and describes the basic psychosocial process that occurs when individuals experience the death of a parent in adolescence, and integrate this experience into their lives.

Discovery of the core category and synthesis of all the categories into a basic psychosocial process achieved the fourth and final step in the analysis and synthesis of the study's data. Table II illustrates the axial categories.

After the data set was coded, analyzed, and synthesized, the researcher attempted to "fit" the themes developed by Davies to the categories and the core phenomenon found. This process required that the researcher remain completely open to potential inconsistencies in data patterns, and the subsequent need to refine, extend or refute Davies' themes, or create new ones. This step in the process of data analysis and theory extension became a sort of dialectic, with the data informing and shaping the schema, and the schema conceivably organizing, but never imposing meaning on the data. The result was that all three of Davies' (1991) concepts - psychological growth, feeling different, and withdrawal from peers - were discovered within the overall conceptualization of disillusionment.
TABLE II  AXIAL CODING OF THE DATA

<table>
<thead>
<tr>
<th>Causal Conditions</th>
<th>Phenomenon</th>
</tr>
</thead>
<tbody>
<tr>
<td>- death of a parent and grieving process during adolescence</td>
<td>- disillusionment - a realization that no-one and nothing is reliable</td>
</tr>
<tr>
<td>- sudden/anticipated and same/diff sex</td>
<td>- disillusionment - same/diff sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Context</th>
<th>Intervening Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- intensity</td>
<td>- timing of the loss with respect to other changes</td>
</tr>
<tr>
<td>- pervasion</td>
<td>- economic stability of the family unit</td>
</tr>
<tr>
<td>- duration</td>
<td>- availability of support</td>
</tr>
<tr>
<td>- frequency</td>
<td>- characteristics of &amp; relationship with the surviving parent</td>
</tr>
<tr>
<td>of disillusionment</td>
<td>- family dynamics</td>
</tr>
<tr>
<td></td>
<td>- culture</td>
</tr>
<tr>
<td></td>
<td>- individual biography</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action/Interactional Strategies</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>- normalizing</td>
<td>early - growing up fast</td>
</tr>
<tr>
<td>- assuming responsibility for others</td>
<td>- drifting/meandering</td>
</tr>
<tr>
<td>- re-sourcing needs</td>
<td>- taking responsibility for self</td>
</tr>
<tr>
<td>- comforting</td>
<td>- fulfilling wishes</td>
</tr>
<tr>
<td>- rationalizing disappointment</td>
<td>later - discovering personal strengths</td>
</tr>
<tr>
<td></td>
<td>- becoming impermeable</td>
</tr>
<tr>
<td></td>
<td>- becoming the lost parent</td>
</tr>
<tr>
<td></td>
<td>- regretting</td>
</tr>
</tbody>
</table>

However, the arrangement of these concepts differed according to the action/interactional strategy used by the subjects, and the effect of subjects' personal and situational factors.

Three developmental routes were identified which contained some or all of the elements of Davies' (1991) schema. Subjects who used the 'assuming responsibility' strategy were found to explain their experience and their development in ways which most closely approximated the schema.

By using the emergent fit technique described in this design, the analysis completed the
grounded theory loop: the theory was extended and strengthened, and yet remains firmly grounded in the experiences of the subjects who generated it.

**Validity and Reliability**

**Validity**

Validity in grounded theory differs from that of empirical research approaches because it is "subject-oriented, rather than researcher-defined" (Sandelowski, 1986, p.30). Therefore, the data were valid as they were grounded in the lived experiences and psychosocial processes described by the subjects (Hutchinson, 1986). However, in order to further enhance the truth-value of the data, the researcher employed several techniques.

During the course of the interview, the researcher often reflected her perception of the subject’s message in an effort to ensure validity of the data.

Ms. V.: So I, we did go down [for mother’s funeral], but it was the day after
Interviewer: So you really didn’t get a chance to be there with your family?
Ms. V: No, I didn’t (voice trails off quietly)
Interviewer: It sounds like that’s still something that’s bothering you.
Ms. V: Yes, I haven’t worked through that one totally and it still doesn’t feel right.

The researcher also reviewed and validated the categories and the process as a whole with three subjects. This was undertaken to ensure that the identified categories were accurate and that the researcher’s conceptualization of the process represented the subject’s experiences.

At this time, the investigator engaged in a "selective sampling of the literature" to see what has been written about the concepts which were emerging (Stern, 1985, p.156). This process enriches the emerging concepts without colouring them, as the researcher used only literature which fit the concepts, and rejected that which did not (Stern, 1985). Theories of grief and adolescent development explained the causal conditions of the phenomenon.
disillusionment. The distinctive features of the action/interactional strategies used by subjects were supported by combining the synthesis of these theories with selected theoretical work which characterizes adolescent bereavement from a developmental perspective. Intervening conditions were supported by the adolescent bereavement literature which was presented in the literature review in Chapter Two. It was at this point that the researcher realized that this body of literature deals with examining specific effects of adolescent bereavement in the immediate or the short-term. Because neither a comprehensive nor a long-term approach has been taken in adolescent parental bereavement research, no literature was found that explained the process of integrating disillusionment: the phenomenon as it relates to the coping strategies used, as these both relate to the long-term developmental consequences.

Reliability

Reliability assesses the degree to which the data represent the real phenomena or process (Krippendorff, 1980). According to Sandelowski (1986) rigour in a qualitative research study is measured by the research's "audibility," which means that a research consumer should be able to clearly identify the decision trail used by the researcher in the project (see Table I). The researcher also ensured reliability by asking the thesis advisor to audit her findings. Upon completion of first level coding, the advisor coded the data in a parallel fashion and then the two sets of codes were compared. Agreement was almost unanimous. Later, as the researcher developed categories and synthesized them to create core categories, the advisor challenged the researcher's conceptualization and provided guidance. The second advisor also reviewed the emerging conceptualization and provided feedback concerning its soundness and comprehensiveness. Finally, the researcher sought input from an expert nurse clinician to determine the validity of the links forged between the categories, and the clarity and relevance of the emergent conceptualization.
Ethical Considerations

Initially, ethical approval was sought and obtained according to the guidelines set forth by the University of British Columbia Behavioural Sciences Screening Committee for Research and Other Studies Involving Human Subjects (Appendix D). The Ethics Approval Form and a summary of the study was given to institutions who agreed to post the study advertisement on their information boards (see Appendix E). Individuals interested in participating initiated the relationship with the researcher by telephoning her at her home. During this initial contact, the researcher provided information about the study, the requirements of participants, answered any questions that prospective participants had, and arranged a meeting time and place. At the first meeting, the researcher more fully explained the study and the commitment to participate, and again answered questions which were raised. Respondents were then provided a consent form which they were asked to read, consider, clarify with the researcher, and sign (Appendix F). Although clearly indicated on the consent form itself, a verbal reassurance was added that participants had the right to: a) refuse to participate; b) withdraw from the study without penalty; c) refuse to answer any particular questions; and d) elect to stop tape or erase recording at any point in the interview.

Anonymity was assured by not using subject’s names on any transcripts or written material. Confidentiality was assured by conducting interviews in private locations, either at the School of Nursing, or in subjects’ homes. Cassette tapes, transcriptions, field notes and memos were kept safely in a locked drawer in the researcher’s home. The transcripts, field notes, and memos will be kept indefinitely by the researcher, but the cassettes will be erased once approval for the final report of this work has been obtained.

The process of recalling past feelings of bereavement and the investigation of their lingering sense of melancholy was a visibly upsetting experience for most of the subjects. At
several points during the interviews, the tape recorder was stopped in order to give subjects a
chance to collect themselves. Taping was not resumed until subjects indicated that they were
prepared to continue. At several occasions, subjects were offered the opportunity to stop the
interview altogether, but at no time was this suggestion pursued. One subject who was
particularly upset, was offered a referral for supportive counselling. She indicated that she
was aware of her resources, and declined the referral at that time. Several subjects remarked
at the conclusion of the interview how they felt "lightened" or "relieved" by the experience
of being able to tell their tale in its entirety.
CHAPTER FOUR

Results

The results in qualitative research are the inferences that are drawn from analyzing the data (Catanzaro, 1988). Subjects contributed information about their experience of their loss, and about how it changed their development and lives. From this data, common themes were identified by building a logical chain of evidence and perceiving conceptual coherence in the data. The findings are presented in the following manner. First, the characteristics of subjects and their family situations are presented. Second, the process of integrating disillusionment is described: the phenomenon of disillusionment itself, its causal conditions and context, action/interactional strategies used by subjects, intervening conditions including situational and personal factors, and both the short and the long-term effects on the development of the individual. Third, the subjects' responses to participating in the study are presented.

Characteristics of Subjects

General Characteristics

Eight subjects (five females, three males) participated in the study. All but one had experienced the loss of one parent between ages 13 to 17, and one subject was thought close enough to the lower age limit to be admissible (12 years, eight months). All had suffered their loss a minimum of five years previously (range of 5 to 34 years with a mean of 21 years). Ages of subjects at the time of this research ranged from 22 to 47 years, with a mean of 35 years. Four subjects were married, with one having married for the second time. The remaining four were single, with one subject having married and separated once in her early twenties. Three subjects had their own children. Two families had three adolescent/young adult aged children, and one was a single parent with a 21 month old
Characteristics of Loss Situation

Two subjects had lost their fathers, while six had lost their mothers. The adolescent/lost parent groupings were as follows: four were mother-daughter; two mother-son; one father-daughter; and one father-son. All six mothers died of cancer, and both fathers died of heart failure. Only one parent died suddenly and unexpectedly, the remainder were ill for periods ranging from 4 months to the subject's whole life (then 13 years old) with a mean of about 40 months.

Sibling Relationships

All subjects had at least one sibling at the time of their loss: two subjects had one brother (one adopted); one had two sisters; one had two brothers; and four had two sisters and a brother. One female subject had lost a brother to a violent death a few years after the loss of their parent. All other siblings were alive and well at the time of the interview.

In terms of sibling order, five were the youngest, and two were the eldest in the family. Only one subject was the middle child in sibling order but had been the eldest left at home at the time of the parent's death, and so identified with the eldest ordering more than the middle. This observation was borne out by this subject's data which appeared remarkably similar to that of other female eldest siblings.

Religious Affiliation

Subjects represented a variety of religious affiliations: Anglican (3); Catholic (1); Jewish (1); Protestant (1); Unitarian (1); and (1) agnostic. Only three subjects described themselves as practising their faith. All subjects' religions were the same as their family of origin's - none were religious converts.
### TABLE III  Demographic Characteristics of Subjects

<table>
<thead>
<tr>
<th></th>
<th>1G1</th>
<th>1B1</th>
<th>2G1</th>
<th>2B1</th>
<th>3G1</th>
<th>3B1</th>
<th>5G1</th>
<th>7G1</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE NOW</td>
<td>39</td>
<td>47</td>
<td>35</td>
<td>34</td>
<td>22</td>
<td>27</td>
<td>46</td>
<td>31</td>
</tr>
<tr>
<td>SEX</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>F</td>
</tr>
<tr>
<td>AGE THEN</td>
<td>12</td>
<td>13</td>
<td>17</td>
<td>13</td>
<td>17</td>
<td>14</td>
<td>15</td>
<td>14</td>
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<tr>
<td>INTERVAL</td>
<td>26yrs</td>
<td>34yrs</td>
<td>19yrs</td>
<td>21yrs</td>
<td>5yrs</td>
<td>13yrs</td>
<td>31yrs</td>
<td>17yrs</td>
</tr>
<tr>
<td>PARENT</td>
<td>father</td>
<td>father</td>
<td>mother</td>
<td>mother</td>
<td>mother</td>
<td>mother</td>
<td>mother</td>
<td>mother</td>
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<tr>
<td>COMBO</td>
<td>fath/daught</td>
<td>fath/son</td>
<td>moth/daught</td>
<td>moth/son</td>
<td>moth/daught</td>
<td>moth/son</td>
<td>moth/daught</td>
<td>moth/daught</td>
</tr>
<tr>
<td>TIME ILL</td>
<td>nil-sudden</td>
<td>whole life</td>
<td>1yr</td>
<td>4mos</td>
<td>4yrs</td>
<td>13mos</td>
<td>2yrs</td>
<td>5yrs</td>
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<td>cancer</td>
<td>cancer</td>
<td>cancer</td>
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</tr>
<tr>
<td>SIB ORDER</td>
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<td>youngest</td>
<td>eldest</td>
<td>youngest</td>
<td>middle</td>
<td>youngest</td>
<td>youngest</td>
<td>youngest</td>
</tr>
<tr>
<td>SIBS</td>
<td>1 brother (adoptive)</td>
<td>1 brother</td>
<td>1 brother (deceased)</td>
<td>2 sisters</td>
<td>1 brother</td>
<td>2 sisters</td>
<td>2 brothers</td>
<td>1 brother</td>
</tr>
<tr>
<td>RELIG-P/NP</td>
<td>Jewish NP</td>
<td>Anglican NP</td>
<td>Unitarian P</td>
<td>Anglican NP</td>
<td>Catholic P</td>
<td>Agnostic</td>
<td>Anglican NP</td>
<td>Protestant P</td>
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<td>Russian</td>
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<td>Scottish</td>
<td>Canadian</td>
<td>Swiss</td>
<td>Croatian</td>
<td>British</td>
<td>Canadian</td>
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<td>ACCULT</td>
<td>complete</td>
<td>part</td>
<td>part</td>
<td>---</td>
<td>complete</td>
<td>complete</td>
<td>part</td>
<td>---</td>
</tr>
<tr>
<td>MARITAL</td>
<td>S</td>
<td>M (X2)</td>
<td>M</td>
<td>S</td>
<td>S</td>
<td>M</td>
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<td>S</td>
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<td>3 - 2F, 1M</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3 - 2M, 1F</td>
<td>1F</td>
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<td>masters</td>
<td>high school</td>
<td>college</td>
<td>undergrad</td>
<td>high school</td>
<td>undergrad</td>
<td>college</td>
<td>undergrad</td>
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<tr>
<td>EMPLOY</td>
<td>teacher</td>
<td>apartment mgr</td>
<td>student</td>
<td>marketing</td>
<td>student</td>
<td>pharmacist</td>
<td>home ec./mktg</td>
<td>admin asst.</td>
</tr>
</tbody>
</table>

interval = time since loss  combo = parent/subject  relig-p/np = practising/nonpractising  accult = degree of acculturation
Ethnic Characteristics

All but one subject were born and raised in Canada. The one was brought up in Britain, but had emigrated to Canada with her husband some 20 years previously. Three subjects who identified their family’s culture with their family’s country of origin were described as partly acculturated. Three other subjects who identified a non-Canadian culture for their parents but who described themselves as Canadian in every way were identified as completely acculturated. The final two subjects described themselves as Canadian and as such were not evaluated in terms of acculturation. None of the married subjects had adopted new cultural orientations from their spouses.

Education

All subjects had a minimum of high school education. Two had graduated from college programs; three had completed undergraduate degrees, and one had completed a graduate degree. One of the high school graduates was in the process of obtaining a psychology degree via distance education, while another of the college graduates was enrolled in a post-RN baccalaureate program.

Employment

All subjects were employed - seven gainfully. One was a teacher, one an apartment manager, one a pharmacist, and one an administrative assistant. Two subjects were involved in marketing: one as a home economics consultant, and another in the field of media relations. Two were full time nursing students, one of whom held a part-time casual nursing position.

The Process of Integrating Disillusionment

The following section describes the conceptual analysis of the process of integrating disillusionment which characterizes subjects’ perceptions of how their loss experience in
adolescence affected their subsequent development. First, the phenomenon disillusionment is explained in terms of causal conditions and context; next, action/interactional strategies for responding to, or managing the phenomenon are described; next, intervening conditions which determined selection of action/interactional strategies are described; followed finally by the short and long-term developmental consequences of the phenomenon. Figure 1 provides a schematic representation of the process of integrating disillusionment.

Disillusionment

Disillusionment is the phenomenon which occurs when an adolescent experiences the death of a parent: it results when the grieving process is overlaid on the developmental characteristics and tasks of adolescence. Disillusionment reflects aspects of both the grieving process and adolescent development, but is unique in that it represents a synthesis of both causal conditions in an integrated phenomenon. An analogy of a cake is useful - the cake entails many distinct elements (ie. flour, eggs, baking powder) each with their own properties and characteristics, but when added to the cake batter, the elements combine to produce something reminiscent of, but dissimilar to, any one of its constituent ingredients.

Several theorists and researchers have characterized the grieving process through both descriptive and explanatory models. The grieving process is defined as the changes, over time, in the experience (feelings and perceptions) that a person endures after realizing a loss (Burnell & Burnell, 1989; Kastenbaum, 1977; Osterweis et al., 1984). Numerous conceptualizations of the grieving process have been described, but Rando (1984) maintains that they all cover the same basic feelings, and that only their labels for these feeling differ. Because of this, she proposes a model for the grieving process with three broad categories or phases: a) avoidance, in which there is shock, denial and disbelief; b) confrontation, in
SHORT-TERM CONSEQUENCES

PERSONAL FACTORS

LOSS OF PARENT

SITUATIONAL FACTORS

GROWTH & DEVELOPMENT

ADOLESCENCE

MATURE

TRIGGERING EVENTS

* * * * * *

ACTION/INTERACTIONAL STRATEGIES

DISILLUSIONMENT

SHORT-TERM CONSEQUENCES

LONG-TERM CONSEQUENCES

GRIEVING

ACUTE

BLUNT
which grief is most intense and reactions to the loss are most acutely felt; and c) reestablishment, where grief declines and a reentry into the daily routine follows.

The second element in disillusionment is the developmental stage of adolescence. Adolescence has been characterized as a time when individuals begin their life-long struggle to make sense of their world. Adolescents perceive people and events with new cognitive skills which redefine their reality. Ordinarily, this task of unmasking reality is a gradual one, allowing the adolescent to integrate new perceptions into his or her view of the world.

Disillusionment embodies the key elements of the grief process as they interact with the developmental process of adolescence. Both grief and disillusionment include feelings of shock, denial and disbelief; separation, pain and loneliness; and resolution or reorganization occurring over time. How adolescents experience these feelings is strongly influenced by their stage of growth and development. Disillusionment differs from grief as the feelings of shock, denial and disbelief are influenced by the normal adolescent re-vision of perceptions and beliefs - unmasking reality becomes abrupt, occurring without the stability of the family unit. Similarly, the grief feelings of separation, pain and loneliness interact with the normal adolescent separation from the family unit. Finally, resolution and reorganization are complicated by the adolescent’s process of becoming. The question is one of resolution and reorganization to what, or to whom, as the adolescent’s perception of self and his or her world is so rapid and radically transforming.

Disillusionment begins with feelings of shock and disbelief. Mrs. P’s description of the first few days following the loss of her mother illustrates:

Ms. P: Oh, just absolutely, I think, just empty and devastated, just like a shell. As though walking in a dream. I don’t really remember the first few days. I remember the first day and then I remember the funeral but I don’t remember anything else.
The sense of disorientation is long lasting. Four years after his mother's death, Mr. B.
describes his persistent sense of disorientation:

Mr. B: And I was, yeah, I was sort of searching for a solid ground, as it were, or a
framework or something to try and latch on to. I was feeling a little bit set
adrift from a, from a noisy, happy home with four kids and two parents...it
was just me and him...I think I was much more circuitous in my career path.

When adolescents lose a parent, their family is shattered: the unthinkable has happened,
and nothing will ever be as it was before. Subjects reported an acute sense that their world
had changed forever - their family was irrevocably altered and their belief systems disrupted.
A reorientation to reality was necessary to accommodate these changes. One subject
described the difference between normal adolescent unmasking of reality and the
disillusionment experienced by the parentally bereaved adolescent:

Mr. B: Ordinarily, when teenagers have this experience [unmasking reality], I think of
it like the careful peeling of an onion, exposing each layer as the kid feels he
(or she) is ready. When I had this [disillusionment], it was like somebody cut
the onion in half...there was no time to leisurely explore the layers, they were
sheered away abruptly, exposing raw and weeping edges.

Disillusionment was characterized in terms of its context - the specific set of properties
or dimensions that pertain to a phenomenon (Strauss & Corbin, 1990). The dimensions of
disillusionment are its intensity, duration, frequency, and degree of pervasion. Subjects
classified disillusionment as initially acute and of long duration, but with diminished
intensity over time. Ms. T's description of her inability to make an emotional commitment
to people in her life for fear that they too would disappear like the lost parent captures the
essence of the phenomenon:

Ms. T: I had an incredible fear of commitment that, and it's not that strange 'cause
since then, I've had other people die in my life and it was sort of like, if I
love somebody, they could leave me and dying on you is the ultimate loss.
The ultimate "out the door" gone. And I was really afraid to allow people to
get close enough to hurt me, that they would leave, forever. And it took me a
long, long time to be able to trust somebody enough to make some kind of
emotional commitment to them. And I still have problems with it.

Two phases of disillusionment were described by subjects with respect to the phenomenon's intensity: an initial acute phase, characterized by a keen sense of insecurity, and a subsequent blunted sense of disillusionment which receded, but did not completely disappear altogether. The acute phase of disillusionment was characterized as follows:

Ms. L: Yeah, I've never felt that I've had security. No. So, a big worry, has always been for me about, when I was a teenager, about being an orphan, and being able to look after myself and who would take us in.

The subsequent blunt phase of disillusionment is illustrated in the following passage which also demonstrates the life-long duration of the phenomenon for the subject:

Ms. T: Well, less than it used to but, no I don't think I'll ever have total control over it. That, that fear that somebody's going to leave me.

Subjects also reported disillusionment having a frequency dimension, with intermittent experiences of the feelings related to disillusionment associated with triggering events such as meeting with people who reminded them of their lost parent, attempting to establish close relationships with others, or exposure to perceptual stimuli such as familiar music or scenes.

Mr. B: In fact the one woman I was probably closest too, I cried a reasonable amount when we were together...And it's so weird the way she'd, I'd connected her with my mom. I could, I used to get this weird image of her and my mom in the kitchen at our summer ranch...and I've got a real connection with the late sixties, the music and movies, most of them in music.

The degree of pervasion of disillusionment can be characterized in terms of how deeply disturbed subjects were by their altered perceptions of reality. One subject describes her disillusionment with her surviving parent as one which involved a violation of her perception of social norms, not merely an altered perception of social norms:

Ms. V: The next day, after my mom passed away, my aunt came from Switzerland. And I'd never met her before, she looked exactly like my mom, and she took up with my dad, that, that same day. I'm not joking. Well, they started you know acting like they were married. I guess my dad was going through a
crisis with losing my mom, they were married for I don't know how many years.

Another subject's experience of disillusionment was less pervasive, demonstrated by his description of his relationship with his surviving parent:

Mr. M: I'd grown used to the fact that I felt that he [brother] was more supported by my mother [than I was]. It wasn't that she didn't care for me, it's just that that was the way it was, you know. Having raised children of my own, I can now understand this better.

In addition to the foregoing dimensions of the phenomenon, disillusionment entailed a referent or referents. In this study, disillusionment occurred in connection with the surviving parent, authority figures in the adolescent's life, expectations surrounding what family life should look like, and the individuals' own hopes and dreams for what might have been in their lives had their deceased parent survived.

Without exception, all eight subjects indicated that after the loss, their interaction with their surviving parent was negative:

Ms. V: Well, I thought it was just because my mom passed away, that he stopped, just ignoring us, but when I think about it now, he was always like that. But more so, after my mom passed away because my mom used to get on his case to pay attention to us. But he ignores us now very much so, ignoring me. Because he wants to live with his girlfriend now instead of us.

Ms. P: Well, as I said my father fell to pieces, and I picked up the household chores.

Ms. T: I loved my father but he was so dependent on me that I couldn't, I was, I was the adult in the family. He wasn't. I was parenting him, and I was taking care of him, and I found that so oppressive and strange, you know. Because he just reversed roles on me, right, like within a period of 24 hours. We were in different positions... And I was also taking care of children, and I was too young to be responsible for three children and an adult male person in the household.

Clearly, some subjects' negative re-visioning of the surviving parent may be related to the surviving parent's grieving process. Absorbed in their own grieving, surviving parents may have been incapable of caring for anyone other than themselves at the time of the loss.
Ms. L: But she [surviving parent] was you know, I mean obviously she was very upset. Also, when somebody dies suddenly they do a police investigation automatically, so that was something that she had to go through too.

As well, surviving parents may not have perceived what their adolescent children required of them. Subjects reported that they felt that parents did not understand how they were feeling, but also owned that they were careful not to do anything that might have drawn direct attention to their needs.

Mr. N: At thirteen I'm not sure I would have know what to do with it, if he [surviving parent] had been nice to me. If he tried to be supportive. I'm not sure I could have been receptive in an appropriate way then. I might have welcomed it but yeah, when I was 21, 22 you know, but not when I was thirteen.

Another focus for subjects' disillusionment was previously esteemed authority figures including teachers and health professionals. As adolescents develop, it is not unusual for them to unmask the reality of who their teachers are (normal human beings) and compare that with who they thought their teachers were (all-knowing, infallible super beings) and find them wanting. However, what differed with disillusionment is the abruptness with which this occurred, and, as can be seen from the following excerpt, the insight which the adolescent developed about peoples' new-found reactions to them:

Ms. T: I don't think they'd [teachers] ever dealt with somebody who had lost a parent before, so it seemed like they were all kind of aghast that this would happen. It was really strange. I went to the guidance counsellor to ask for a study block instead of a class and she said, "Well", you know, got all kind of huffy and said, "Who do you think you are?" And I said, no I think you should hear why I want this study. And as soon as she heard my name she went, "You're the girl who ..." And I, yeah, well I guess, I'm the girl, who ... and every teacher I approached with this kind of thing. You know, went "Of course, you're the girl who ..." You know, and I was separated from my peers that way by the adults in the high school. And that was a really strange experience. I guess they hadn't experienced loss either, I don't know...maybe they thought I was going to burst into tears in front of them, which they didn't want me to do. I don't know, they did, they treated me different.

Health professionals also became a focus for disillusionment, mainly due to their involvement
with the family during the course of the deceased parent’s illness and death. The following excerpt illustrates one subject’s deep disillusionment with her mother’s [deceased parent] nurse:

Ms. V: Not one of them [nurses] ever talked to me. One of them phoned me at home, I was seventeen, and said, "How old are you?" "I’m seventeen". She goes, "Where’s your father?" And I said, "At work". And she goes, "Oh, well your mom’s been admitted into the hospital this morning." And I thought she was just at the doctor’s office. And she told me to get down to there right away, and look after her, otherwise she was going to restrain her. It was the first time she’d been on morphine...so that nurse was terrible and I want to kill her if I ever see her again.

This experience motivated Ms. V to enter the nursing profession where she hoped to use her experience to ‘do things right’ for individuals in such situations.

Another focus for disillusionment was family life in terms of what it had been, and what subjects felt it had become:

Ms. T: I had to take care of all these people who were so incredibly incompetent at taking care of themselves. And, I mean, you can’t really blame the children, because they’re children, but my brother was old enough to do some taking care of himself, and never did actually until he died. They were quite young, they were, my sisters were 6 and 8 years old, respectively, so they were just kids...And I guess actually, my family fell apart and, at that time when my mother died. I say now that my family pull together but no, at that point, no we didn’t. We really, we really blew apart.

The final focus for disillusionment was the individual’s expectations: - the shattering of his or her hopes and dreams of what he or she had expected from life. This is well illustrated by the following example where the subject contrasts where she felt she was going with her life before her father died, and how her expectations were altered after the loss of her father:

Ms. L: I had just found out coming home for lunch from school that day. I was really happy, I remember being really happy that day too, one of my happier days of my life, I guess, for some reason. I don’t know why, because I was getting more socially active and I was really happy about that and I was looking forward to a volleyball game, I don’t know if it was that night or the next
night we were going to play...

[and after]  A huge change, a huge change. I mean, I'm sure that I went through all my teenage years feeling like I had the weight of the world on my shoulders. I had to look after my brother. I mean, I had played piano, taken lessons. I had to quit my lessons. It was just, I was always worried. And I think I've never really gotten over that.

To summarize, the causal conditions for the process of integrating disillusionment were the interaction between the grieving process and the developmental stage of adolescence. Disillusionment retained some resemblance to both, yet has unique dimensions of its own. These dimensions were intensity, characterized as acute to blunt; duration, characterized as lifelong; frequency, described as intermittent and associated with certain triggering events or situations; and degree of pervasion, described as deep to relatively superficial. Disillusionment occurred in reference to the surviving parent, authority figures in the adolescent’s life, expectations surrounding what family life should look like, and the individuals’ own hopes and dreams for what might have been in their lives had their deceased parent survived.

**Action/Interactional Strategies**

Action/interactional strategies have certain properties. First, they are sequential and thus can be examined in terms of movement or changes over time. Second, they are purposeful or reflexive, in that they are either volitional responses or reflex reactions to a phenomenon. Third, failed or absent action/interactional strategies are as potentially important as are actual and/or successful strategies. Fourth, action/interactional strategies are always subject to intervening conditions (Strauss & Corbin, 1990). Subjects used five action/interactional strategies to integrate their disillusionment into their lives: normalizing, rationalizing disappointment, re-sourcing needs, assuming responsibility for others, and self-comforting.
Normalizing.

The goal of normalizing was to live (or seem to live) as normally as possible despite the effect of the disillusionment. This strategy was used when subjects sensed that they were very different from their peers after their loss:

Ms. V: What ways do I think I’m different? I have a totally different family. I don’t have a mother.

Another subject compared how she saw herself in relation to her peers before her loss to after her loss:

Ms. T: I definitely felt isolated from the people I went to high school with, en masse, because I was treated differently. I was never particularly close to most of the people in high school. I had like a group of friends that I had, that I always felt different from the kids in high school anyways. And this just sort of was the final thing, well, I was different.

This example demonstrates the intervening condition of the individual’s personal biography. That is, feeling different (and subsequently using a normalizing strategy) cannot be ascribed to disillusionment alone - the subject had a predisposition to feeling isolated before her parent’s death. The question of whether the events led to personality changes, or whether personality characteristics prompted certain events, was addressed throughout the analysis.

Normalizing was manifested by subjects ‘playing down differences’ from their peers. This was a means to encourage peers to make less of a fuss about the death, and thus reduce attention to how different subjects were from their peers:

Int: So then the appropriate thing that your peers could have done was to appear as if it didn’t happen for you.

Mr. N: Yeah, it’s probably what I would have encouraged. Yeah, just regular business as usual.

Normalizing was also a strategy which served to hide the alterations in the family. The following excerpt poignantly describes how one subject utilized the opportunity of changing
her address to change her biography:

Int: But at the time you were with your friends you felt just like them.
Ms. B: I sure did, but I didn’t want them to see my family...When I went back up to Cherryville nobody really knew, they didn’t know that my mom died, like I was just the new kid to them, they didn’t know how long ago she’d died. To them, I’d never had a mom so they didn’t know how I felt.

However, it seemed that no matter how hard subjects tried to be ‘just like everyone else,’ or how successful those attempts were in terms of their peer groups perceptions, subjects still were acutely aware that they had experienced something that their peers had not, and this set them apart from their peers in ways which they could not ‘play down,’ especially to themselves:

Ms. T: Well, there was no doubt [I was different] because, I was, I had three younger siblings, and I spent my time at home taking care of the little kids and my brother and the house, and doing the wife, mother things, instead of doing high school things. You know.

Ms. P: Well they still had families around them, and two parents and they came home and everybody was there and, they didn’t come home to an empty house.

Subjects who found the normalizing strategy unsuccessful, or who did not use it at all were disturbed about the lack of norms for how parentally bereaved adolescents should behave:

Mr. B: You’re not sure whether you’re supposed to be really sad or, because nobody ever tells you...and you never knew, of course, you’re not quite sure, how you’re suppose to act, what other people expect of you...I didn’t have a sense of, I hadn’t seen a movie about it and I hadn’t read a book about it.

Mr. N: I really felt that, like how am I supposed to act? These people want something from me, what is it?

When information was unavailable about what was expected from them, subjects drew upon the most salient social expectations which were either clearly spelled out for them by a concerned onlooker, or deduced from subjects’ past experience of how they sorted role ambiguities out. The following supports the first interpretation:
Ms. T: Somebody took me aside and said, "Are you ready for all this?" I said, "What do you mean, am I ready for all this?" He said, "For what's going to happen to you next. What your role is going to be?" Because he obviously, actually it was our minister, picked me out as the person who was going to be the strong one. And I said, "I don't know what you mean." I was really confused, like totally did not know what was going to happen to me. And he said, "Well, you know, you're really going to be put in position where you're going to be working really hard."

And the next excerpt supports the latter:

Mr. M: Well, if you felt bad or unsure, you, you just carried on, because this was a mark of character, you carried on and did what you had to do.

This second excerpt also related to the subject's culture. Mr. M’s family was quite British, with specific emphasis on the military aspects of the British culture. Therefore, few emotions were divulged by members to each other, or to outsiders, and stoicism was highly regarded. Again, the likelihood to use (or fail to use) a coping strategy was rooted in the individual's personal factors.

In the absence of distinct models, subjects demonstrated a heightened sensitivity for what was, and what was not socially acceptable behaviour. These models for behaviour were clearly divided along gender lines: subjects appeared to adopt a rigid conception of self as male or female which was based upon stereotypical sex-typed behaviours. Females adopted the role of nurturer, regardless of whether or not they had lost the pivotal nurturing figure:

Ms. T: And I was always very competent and I guess, you know, that's the function of being an eldest child in a way. But it's probably also a function of being a female and expected to know how to do all these things, you know. How to do the grocery shopping, how to look after the children - all the mother work.

In contrast, males tended to respond with strongly sex-typed masculine behaviours, avoiding emotional expressiveness and experiencing difficulty in both seeking or receiving help:

Mr. M: Never thinking of asking for help from anyone and not really understanding why things didn't work. Surely if you just soldiered on it would always be all
right, but, no, that's not how I've found later that it works.

Subjects reverted to sex-identities with which they were most comfortable. It is symbolic that the female subject referred to herself as 'the mother,' while the male subject associated himself with 'soldiering' - both reminiscent of games children play about grown-up sex roles. This observation illustrates the synthesis of the grieving process and adolescent development: regression is a common grief response, while establishment of an adult sex role is one of the central tasks of adolescence. The synthesis becomes something different than either process would ordinarly yield: in this case, subjects matured because of having to face the devastating loss and upheaval in their family, but they expressed their gender role maturity in ways that were familiar and comfortable - they reverted to those roles which they knew from an childlike conception of self as female or self as male.

Over time, subjects saw themselves as less sharply different from their peers. Rather than continuing with the 'playing down' tactic or searching for external norms of behaviour, subjects reoriented their self-image a more comprehensive conception of how they 'ought to be.' The following excerpt describes one subject's early discovery of new found normality:

Ms. L: But then I found people who didn’t question it [my loss], and I think that well they’re probably having a problem too, and they probably see it as fine and we’re probably both the same.

With time, this reorientation to 'self as normal' was reinforced as subjects expanded their circle of acquaintances and discovered more people who shared their experience (or one similar). They came to view their experience as ubiquitous:

Ms. P: But then two years after that I went away to do my teacher’s training, and then, I guess I met people who had come from different walks of life. Somebody, who, you know, separated, divorced. And in those days, thirty years ago, it wasn’t done. There were people who operated with one parent. Maybe not suffered the same thing, but they had a trauma in their lives.

However, at no time did subjects acknowledge feeling 'like ordinary people' - from the time
directly following their loss right up to the time of this study:

Ms. L: Oh, definitely, I always felt different. I think I’ve always felt that my whole life though...and I think this just augmented that, it just made me feel more different, like I had less than anyone.

Families as a whole also used normalizing strategies. The British subjects (3/8) indicated that a ‘stiff upper lip’ policy was adopted by family members, and that caution was taken to hide from outsiders that they were experiencing difficulties:

Ms. P: We put on a stiff upper lip, chins out and we’ll carry on as normal and we’ll pretend that nothing is untoward...but people were private in Britain, in those days. You know you always called them Mrs. So and so, your friends’ parents. And you know they never asked, and of course, we never told how upset the family was.

In all three cases, subjects indicated their grief would have been far less painful had their feelings and concerns been dealt with in a more open and accepting climate. Subsequently, two of these individuals chose careers in the helping professions, a choice which they attributed to their own unsupported bereavement as adolescents.

In summary, normalizing was an action/interactional strategy used by subjects to manage the phenomenon of disillusionment and move through the process of integrating disillusionment into their lives. Subjects tried to feel as normal as possible at a time when all that they had depended upon was disintegrating. Normalizing was directed towards peers, with subjects using a technique of ‘playing down’ their feelings and concerns as a way to convince peers that they were the same as the rest of the group. Normalizing failed as a coping strategy when subjects lacked clear social cues about how parentally bereaved adolescents ought to act. This void was filled, either by direct instruction from a concerned bystander, or by subjects drawing from their own personal interpretation of how they should behave if outside help was unavailable. With the absence of clear cues, subjects adopted mature behaviours, but ones which were based upon rigid conceptions of gender appropriate
behaviours. Over time, most subjects relied less heavily on external norm references and came to use their personal and expanded notions of normality as a measure for their behaviour. Finally, normalizing was also used by the family unit as a whole. Although all families used this strategy to some degree, normalizing was most used by families of British extraction.

**Rationalizing disappointment.**

Disillusionment varied from profound to relatively unimportant. Where it was profound, subjects described a *violation* of their perception of reality, rather than a mere *alteration* of their perception. One strategy for integrating this aspect of disillusionment was rationalizing disappointment. This strategy protected the adolescent from highly charged emotions by transforming them into innocuous intellectualizations. Use of the strategy is not exclusive to the disillusioned adolescent, it is also used by normal adolescents to control the emotional upheaval associated with revising their reality. However, bereaved adolescents rationalized disappointment in response to an abrupt and unthinkable alteration in reality, and without the benefit of family stability.

The following three excerpts demonstrate the continuum of disappointment for which subjects used rationalizing disappointment. The first excerpt represents the most profound feelings associated with the loss with both a personal betrayal and a violation of social norms; the second demonstrates rationalizing disappointment when the subjects faced a personal betrayal only; and the third excerpt demonstrates rationalizing the most moderate sense of disappointment. Note the ambivalence expressed in the accusation/acquittal sequence which is characteristic of rationalizing disappointment:

Ms. V: The next day, after my mom passed away, my aunt came from Switzerland. And I'd never met her before, she looked exactly like my mom, and she took up with my dad, that, that same day. [angrily shaking as she sobs] I'm not
joking. Well, they started you know acting like they were married [shaken and uncontrollably weeping]. I guess my dad was going through a crisis with loosing my mom, they were married for I don't know how many years.

The early use of this strategy seems largely reflexive - subjects did not seem to consciously employ it, and rationalizing was like a knee jerk reaction to having articulated true and exquisitely painful perceptions of people or expectations that the adolescent had come to rely upon. The second excerpt illustrates the accusation/acquittal sequence again when the disappointment is a personal betrayal experienced with the surviving parent:

Ms. T: Because he [father] just reversed roles on me, right, like within a period of 24 hours. We were in different positions. And I didn't think it was right, and I probably still don't. But I mean that's what he had to do to survive. I mean I understand, you know, understand what happened to him.

This second example differs from the first as it lacks the sense of outrage that the first excerpt demonstrates. Ms. T. was disgusted and disappointed, but she was clearly not experiencing the abhorrence that Ms. V. expressed. The third example illustrates rationalizing at the farthest end of the profound to unimportant disappointment continuum.

In this situation, the disappointment had originated before the loss, was more chronic in nature, and the subject had developed some insight into the dynamic through his own relationship with his children:

Mr. M: I'd grown used to conflict with brother and in the fact that I felt that he was more supported by my mother. It wasn't that she didn't care for me, it's just that that was the way it was, you know. Having raised children of my own, I can now understand this better.

Rationalizing disappointment seemed developmental in nature, being highly reflexive soon after the loss, and becoming more conscious and purposeful as the individual matured.

Rationalizing disappointment was also used when the adolescent was disappointed with other foci of disillusionment. The two following excerpts demonstrate how a subject accused/acquitted her family and excused her teachers:
Ms. T: I had to take care of all these people who were so incredibly incompetent at taking care of themselves. And, I mean, you can't really blame the children, because they're children. They were quite young, they were, my sisters were 6 and 8 years old, respectively, so they were just kids.

Ms. T: I don't think they'd [teachers] ever dealt with somebody who had lost a parent before, so it seemed like they were all kind of aghast that this would happen.

When subjects attempted to use rationalizing disappointment, but were unsuccessful, they expressed a great deal of ambivalence toward the focus of their disappointment:

Ms. B: My father [surviving parent] wasn't really supportive but like I said, things were pretty strained...My dad is, for a man really irresponsible and as an adult now I would say he was an alcoholic...I remember thinking that he was a jerk at lot of times, but I guess that's not his fault.

In summary, rationalizing disappointment was used by subjects to reduce the sharp impact of the disillusionment. Saying 'it doesn't matter' or 'there was a good reason for this' helped to blunt the pain of subjects' deep disappointment with people or circumstances on whom they had once depended and/or respected. Rationalizing disappointment may be in some respects a normal process of adolescent development, however bereaved adolescence used this strategy in response to an abrupt change in reality perception occurring without the benefit of family stability. The nature of rationalizing disappointment changed as the individual matured, being reflexive soon after the loss experience, and more purposive and with maturity. Failure of the strategy was associated with feelings of ambivalence towards the focus of disillusionment that were never entirely resolved.

Re-sourcing needs.

Disillusionment resulted in adolescents perceiving that the object of disillusionment could no longer be relied upon to meet their needs for support, discipline, guidance, or hope. The goal of re-sourcing needs was to find alternative ways to satisfy needs, it was a strategy used to integrate disillusionment for the adolescents. The following set of excerpts
demonstrate how one subject perceived that his need for affirmation was previously met by his father, how his mother failed to meet the need, and his attempts to re-source his need in other relationships. The pattern is one of losing the need meeting parent, testing and finding the surviving parent wanting, and re-sourcing needs in new ways:

Mr. M: He [lost parent] always treated me beautifully. I think that my success in life, and, these relationships, my own children, is due to the example I had with my father. You know, that I was able to show them tenderness and caring...and I was good in school. I was semi-decent in sports. I got along well with people. I think I felt that I was somehow or other capable of a lot of things, and identified this with my father.

Mr. M: He [brother] said, "You know, I always looked on by my mother as my pal, my support," and that wasn’t how I felt, about her. I felt I was trying to win her affection, trying to buy her affection and could somehow, quite never do it.

Mr. M: I don’t know what I was looking for. Here was a person [second wife] who would accept me and, of course, sexuality is very important. In my second marriage, I was adopted by my wife’s family and I just found that great! Very loving, affectionate woman. Very caring, warm family, and where was all this when I was a kid?

Soon after the disillusionment, re-sourcing needs was reflexive and unconscious. The following excerpt demonstrates one subject’s perception of her need meeting behaviour shortly after the loss of her mother:

Ms. V: The reason I went out and got into trouble was because my girl friends said, you should get out, should get out of the house. So I took a whole bunch of girls to a movie and crashed the car. I honest to God didn't know how to drive. It was, I think it was, a kind of message I think, well maybe it was subconsciously a way to get my dad’s attention.

After a period of time, subjects were able to look back on their behaviour and view it as purposive and goal directed. This insight developed only after years of reflection, and is demonstrated by the following two excerpts:

Ms. L: I mean I did crazy things that I mean were very risky, but I didn’t put myself in danger... But she [surviving parent] was really lenient, I mean I used to get away with, I mean, I said to her she went too far. And, and I think, I realize
it now, that you know from whatever I've read, studies I've read, kids test their parents limits and it's a way of them getting security. And she never set up any boundaries for me.

Mr. B: I had a great time in boarding school. One of the best periods of my life. Now as I look back I don't think I would have gone to boarding school had my mother been alive because I think I would have got a lot of those things from her. I certainly would have got the encouragement, which I never did from my father. I yeah, I would have got the encouragement, positive reinforcement from her, the attention.

Later in life, subjects used the strategy quite consciously. They could articulate what they needed, and how their behaviour was consciously directed towards satisfying that need. In the following excerpt, the subject recognized that the loss of her mother deprived her of a role model which she consciously re-sourced years later in her boyfriend's mother:

Ms. B: One person that I became very close to was my boyfriend's mother which was when I was nineteen, twenty. I was very close to her and she actually was a lot like my mother and so I became very close to her and still am friends with her. I think that a lot of that was because she was just like my mom, and I wanted to be around somebody who was like that.

Intervening conditions determined a) what needs were salient, b) what resources were sought, and c) how successful subjects were in their re-sourcing strategies. The most significant intervening conditions were personal characteristics, the pre-death relationship with the lost parent, characteristics of, and relationship with the surviving parent, and family dynamics and coping style.

In some situations, subjects identified where they did not or were unable to use re-sourcing, and described the consequences of not using this strategy. In the following example, the subject is quite clear that he would have had less difficulties had he been able to successfully re-source his need for guidance:

Mr. M: Well, I look back in my late adolescence and I say, gee, you know, it's too bad I didn't have a little guidance you know. Because a lot of the problems I had then, were simply that if I'd been close to somebody, an adult who was fairly well put together, I think I wouldn't have had the difficulties that I had.
Finally, re-sourcing needs was also used when other foci of disillusionment, such as the family unit, no longer met the subject’s requirements. The following excerpt illustrates the subject’s attempt to re-source her sense of security, lost at the disintegration of her family, in subsequent relationships:

Ms. B: I had probably, two major, major relationships. One was when I was for seven years from the time I was nineteen until I was twenty five. And he was a nice guy, but too like my father. He didn’t want commitment, he didn’t want responsibility in a lot of ways, wasn’t willing to own up to that kind of stuff like that. But I expected to marry him. That’s what I wanted, I wanted stability, I wanted normal, I wanted what my friends’ parents had, that sense of security.

There were also successes and failures in attempting to regain the security that the dissolution of the family structure had destroyed. Subjects who were unable to successfully re-source their needs never entirely dealt with the loss of security associated with the death, and thereby were less successful in integrating disillusionment:

Ms. L: Yeah, I’ve never felt that I’ve had security. No. So, a big worry, has always been for me about, when I was a teenager, about being an orphan, and being able to look after myself and who would take us in.

In summary, the action/interactional strategy of re-sourcing needs was a direct response to subjects’ perception that their familiar sources of need satisfaction were gone (as with the lost parent) or unsatisfactory (as with the foci of disillusionment). Re-sourcing needs was often directed at the surviving parent, who was often found wanting. This resulted in either an aborted attempt to satisfy the need, or in the adolescent using other ways to obtain what they felt their surviving parent could no longer provide. Aborted need-meeting attempts or failure to re-source needs were associated with long-term difficulties. The strategy was developmental in nature, with the behaviours becoming more purposive as the individual matured. The use of the strategy and the nature of the re-sourced need was dependent upon intervening conditions, most notably personal characteristics, the pre-death relationship with
the lost parent, characteristics of, and relationship with the surviving parent, and family
dynamics and coping style.

**Assuming responsibility for others.**

Assuming responsibility entailed taking on the obligation of meeting other family
members’ needs. In so doing subjects avoided their own profound sense of disillusionment.
This strategy was used exclusively by the females in the study, thus gender was an
intervening condition. As noted under ‘normalizing,’ assuming a nurturing or fostering role
is gender appropriate for females, and as such, is another example of reverting to the most
familiar role in the face of disillusionment. Again, the strategy entails elements of the two
overlapping considerations of disillusionment: regression, associated with the grieving
process; and search for a gender appropriate conception of the self, a task of adolescent
development. The synthesis is mature, but rigidly sex-stereotypic behaviour.

The avoidance gains of the strategy are illustrated in the following subject’s description
of the first few days after her loss:

Ms. T: And I didn’t get to go through the, I didn’t get a lot of time to go through all
that shock, denial, disbelief, whatever, stuff that you get to go through. I went
from my mother’s dead to somebody has to do the cooking and I just put all
that other stuff on hold, a lot of my grieving on hold...and my father just fell
apart. He was very, very dependent on me at that time. Yeah, so I just, you
know, picked myself up, pulled it together and just put everything on hold.

As with other strategies, assuming responsibility for others was used differentially in
association with the focus of the disillusionment. The foregoing example demonstrates Ms.
T’s assuming responsibility for her surviving parent. In the following example, the subject
assumed responsibility for her family situation:

Ms. L: …because I was eight and a half years older than my brother, and I had to
look after him all the time. So wherever I went somewhere on the weekend,
he had to come with me. So I didn’t have like a teen time really, and I
couldn’t go get a part time job, either, cause I had to help my mom.
Assuming responsibility was only partially successful in integrating disillusionment. Most attempts were deemed unsuccessful, with subjects estimating that the cost of the strategy outweighed any benefit:

Ms. B: I went right from being the kid the one who got no responsibility to all of a sudden I was doing the shopping...my sister, we split everything...it [learning responsibility] could be advantageous but I didn't think I ever had a time of being carefree.

Ms. L: ...I think that, that I had to grow up too fast. I think I didn't, I've never had that carefree, well, maybe lots of people haven't. I don't know but I think other people have...had that carefree time, you know what I mean?

Subjects indicated that assuming responsibility only deferred their sense of disillusionment, but never eradicated it. Feelings experienced but not addressed at the time of the loss resurfaced later and had to be resolved. The following excerpt demonstrates the reappearance of the turmoil in the subject's life:

Ms. T: So I just picked myself up, pulled it together and just put everything on hold. I can't say that I didn't experience my grieving and anger, cause I did it at a later day. I got out of home, and went through all the stuff that I was supposed to when I was 17 when I was about 19.

Assuming responsibility seems to have been a reflexive response to disillusionment, with subjects describing their actions as foregone conclusions - the sense that somebody had to do it, and as females, it was just naturally their responsibility:

Ms. P: Well, as I said my father fell to pieces, and I naturally picked up the household chores.

For some subjects, assuming responsibility was the cornerstone for later career development. It is difficult to know if subjects had been predisposed to helping prior to the disillusionment, but at the very least, the strategy enhanced any helping tendencies that subjects had:

Ms. T: I'm in nursing. I think that, other than having to do all this mother work at 17, I think I have an affinity for it...But I think it [the loss] really directed me
that way. I was always a really take charge kind of person, you know taking care of everybody, but I think it [the loss] really accentuated those characteristics in me.

To summarize, the strategy of assuming responsibility entailed behaviours which were aimed at dealing with the adversity of the family situation, and meeting the dependency needs of family members. It was a strategy used exclusively by females, in keeping with a very narrow social interpretation of gender appropriate behaviours. The goal of the strategy was to avoid dealing with and integrating disillusionment. The strategy was only ever partially successful, with avoidance leading to deferment of disillusionment to a later time, or with subjects estimating the cost of the strategy far outweighing its gains. Assuming responsibility may be associated with intervening conditions such as personal predisposition to altruistic behaviour. The strategy (with or without the predisposition to helping) was also associated with the choice of a helping career.

**Self-comforting.**

The goal of this strategy was to console the individual in the face of his or her disillusionment. Self-comforting was manifest in reflexive and volitional ways. In terms of the former, two subjects dreamed about their lost parent, an experience which was at first frightening in face of the reality that the parent was dead, but which became more comforting as subjects grew used to it:

Ms. B: I used to have dreams about my mother, nightmares. I remember that I’d dream that I would say ‘Well mom, you’re dead’ and she would say ‘Yeah, I am’ and they were just like nightmares because I knew that she was dead, and then she’d be there. And finally, after I don’t know how long, I told my dad, and he said ‘Oh, ---, why don’t you think of it like she’s visiting, and enjoy the time with her - yeah, she’s dead, but accept that and think of it positively, that she’s now here with you.’ And ever since then they [dreams] were always more positive - I still get them occasionally, but they’re more positive.

Other subjects reported that they purposively carried a notion of their dead parent
within themselves. Subjects expressed comfort in their feelings that their deceased parent was with them and aware of their feelings and needs. The following two excerpts illustrate the more conscious use of self-comforting:

Mr. B: Where did mom go? It's sort of good, I like remembering it. It makes me feel good to have her memory. I like to think she'd be proud of me for the things I've done and the person I've become. When I do something that's not so good I think, you know, she'd love me anyway you know.

Mr. N: When I do something that I know my mom would have loved or whatever, I really feel good, you know...and the religious part of it at that time would have been just believing that she was, in a superstitious rather than religious part of it, would be believing she was still around.

Another means of self-comforting was for subjects to revel in the memories of better family times before the loss. Subjects reported this activity to be a potent source of comfort, immediately after the loss experience, but moreso as they grew older. This strategy was used when subjects felt especially dissatisfied with their world. The following excerpt describes a subject's use of the strategy just after he had terminated a major relationship:

Mr. B: I could, I used to get this weird image of her [ex-girlfriend] and my mom [lost parent] in the kitchen at our summer ranch. I was sitting around baking bread in the kitchen, this big mixing pot, and everything around there is original as it was in 1915, no electricity, right, and this big mixing pot and my mom used to make sticky buns. And that was a big deal. We used to come in the middle of the afternoon if you were doing, riding horses all day whatever, sticky buns. And that was great, you know, eight years old, mom made sticky buns.

The same subject described keeping part of himself as adolescent in a fantasy world - he knew what time this world represented and exactly why he has chosen to keep the memory alive and nurtured:

Mr. B: There's a part of me that's stuck back in '69, it was the last time it was all together then...I think it was the last time I had any sense that life was good and pure...I sort of wonder, there's part of me that's stuck back there, but I like that part too in a way, I like keeping that guy inside me.

'Gilding' is a later self-comforting strategy, used when subjects developed a heightened
value for their deceased parents whom they described as having superhuman characteristics - more warm, compassionate, and understanding:

Mr. B: I'm sure memories have become rosified as it were, but she's somebody who all our friends, all the kids friends could relate to, it sort of like I mean I have friends now whose mothers, or a couple, who are like that...and she was always, and she was a caregiver and sort of the motherly sense in that. I mean that I just know that she would have been the person to say, 'It's okay to be scared, it's okay to be scared and not know what's going on - it's not your fault.'

Mr. N: Well I do feel that realistically that I see her in a much more golden light because she died because had she lived, I would have grown up to that realization that most people have that their parents are actually nincompoops or whatever. You know, everybody goes through that, where you go 'You guys aren't perfect.' So, I felt that that would have happened and then, it wouldn't be the same. As it is I remember her being, the most angelic, although I know realistically that wasn't the case. 'Cause I remember, problems with her too, but these things take on a more golden light.

The benefit of the strategy was that subjects felt comforted remembering such happy times in their lost childhood. This comfort seemed to assist subjects to deal with their grief and to get on with their developmental tasks. The disadvantage was that the elevated regard for the dead parent made it very difficult for subjects to have reasonable expectations of others, specifically the surviving parent:

Mr. B: I really felt good about remembering mom this way, but I know that it didn’t help the feelings that I had for my dad. I mean, dad was never my favourite, but I know that I did this comparison thing between what I chose to remember of mom and what I chose to focus on in dad. Dad really didn’t have much of a chance.

To summarize, self-comforting was an strategy used to soften the sharp edges of subjects' feelings and assisted them to integrate the disillusionment into their lives. This strategy provided a safe fantasy world into which the adolescent, and later the adult, could retreat and find consolation. Use of the strategy was unconscious soon after the loss (dreams) and more volitional as the individual matured. The use of the strategy was not
without cost. Comparisons were made between the gilded memory of the lost parent and the surviving parent. In this way the strategy served to exacerbate the disillusionment associated with the surviving parent.

Summary.

This section has presented the five most frequently used action/interactional strategies reported by subjects: normalizing, rationalizing disappointment, re-sourcing needs, assuming responsibility, and self-comforting. The strategies used to integrate disillusionment were developmental in nature, with subjects employing unconscious behaviours in the earlier and more acute phases of disillusionment, and using more volitional or purposive measures as they matured. Strategies were most often successful in managing the phenomenon of disillusionment, but all extracted a cost of some sort to the individuals who employed them.

All five action/interactional strategies were subject to various intervening conditions. In some instances it was difficult to explicate the relationship between the two: did the intervening condition predispose the individual to the use of the strategy (such as an altruistic nature and the use of assuming responsibility), or was the strategy modified by a pre-existing intervening condition (re-sourcing security where the surviving parent had never been able to provide this)?

Intervening Conditions

This section presents the broader structural context pertaining to disillusionment - the conditions which facilitated or constrained the use of the action/interactional strategies. These conditions were classified as either personal or situational factors. Personal factors relate to those which were intrinsic to subjects, while situational factors were extrinsic to subjects. This is not intended to be an exhaustive list of all possible intervening conditions possible, but describes only those which clearly facilitated or constrained the
action/interactional strategies.

**Personal Factors**

Gender, personality, maturity, sibling order, culture, and religiosity/spirituality, were the personal factors identified. Each factor is described separately for the sake of providing an accurate representation, although they were actually found to be interrelated.

**Gender.**

Female subjects all relied upon the strategy of assuming responsibility for others. For two subjects, assuming responsibility was reinforced as the 'right thing' for them to do, as they were also the eldest sibling. However, even where female subjects were the youngest in sibling order, they still expressed a sense of duty for looking after someone, usually their surviving parent. In contrast, male subjects relied upon the normalizing strategy, expressing a desire to draw little or no attention to themselves and to be treated like 'one of the ordinary guys.' The difference in choice of strategies correlates with stereotypical sex-typed behaviours, with girls assuming caring nurturing roles and boys containing and suppressing highly charged emotions. The following excerpts typify male and female coping strategies:

Mr. N: I never talked with my peers...I don’t recall, until just recently ever talking about my mom...I know I didn’t want to articulate my feelings. I didn’t even want to really think about them, because I felt that if I don’t dwell on them, well they’re not there.

Ms. T: And he [minister] said ‘Well, you know, you’re really going to be put in a position where you’re going to be working really hard.” And I didn’t get to go through the, I didn’t get a lot of time to go through all that shock, denial, disbelief, whatever, stuff that you get to go through. I went from my mother’s dead to somebody has to do the cooking and I just put all that other stuff on hold, a lot of my grieving on hold.

The reliance on highly sex-typed behaviours has been explained as a synthesis of the grief response of regression with the adolescence task of establishing a gender appropriate conception of the self. Faced with the normlessness of their predicament, subjects described
acting in very mature ways, but with behaviours which demonstrated they had reverted to rigid sex-typed roles. Evidence for this lack of norms was provided by Mr. B:

Mr. B: And you never knew, of course, you’re not quite sure how you’re supposed to act, what other people expect of you... I didn’t have a sense of, I hadn’t seen a movie about it and I hadn’t read a book about it.

This intervening condition has implications, not only for the choice of strategy, but ultimately for the consequences of disillusionment as a whole.

**Personality.**

Numerous personality factors were observed, but this discussion is limited to those which were germane to subjects’ selection of coping strategies. These factors included altruism/self-centredness and sociability/introversion.

Altruistic individuals most often used the strategy of assuming responsibility. One subject who assumed the care of her father and three younger siblings describes herself:

Ms. T: When I was a kid I always wanted to be a doctor. Then at one point, I thought that I’d like to be a teacher. I sort-of got into nursing via becoming a pre-school teacher, a child care worker. It always felt like that was where I was going.

Int: They’re all helping professions.

Ms. T: Oh yeah, like I said before, I was always like that, taking care of everybody, but I think it [loss] consolidated those traits in me real early.

The strategy of assuming responsibility for others did not seem to inspire a newfound sense of altruism, but rather the subject was other-centred for as long as she could recall. She chose the strategy, possibly as it was in keeping with her personality.

Another subject recalled her self-centredness during her mother’s terminal illness:

Ms. B: And I remember some awful things like being embarrassed that she was sick, and she knew that I was embarrassed that she was sick. And I would have girlfriends staying the night and she would get up and we would hear her being sick and I would think ‘Oh God, I wish that you just wouldn’t do that,’ you know. I remember running downstairs and screaming at her just to take something, not so that she would feel better, but so that I wouldn’t have to listen to it.
Subjects with a self-centred personality showed a preference for the normalizing strategy. These individuals seemed to believe that 'if I pretend it’s [unhappiness, disillusionment, etc.] not there, then it will go away.' The following excerpt illustrates how useful this subject found this strategy to be:

Ms. B: You know, I have no patience at all with people that are sick now and I think that I always tell myself they’re just being a hypochondriac and not really sick, there’s no reason for being like that. And I think it’s a just sort of a way of coping - denial in there, I don’t want people to be sick in my life...I think about death, I deny it, nobody’s sick.

Ms. B: I don’t do breast self examination. And it’s almost, I wonder if, is it because I’m afraid of finding something.

The second personality factor, sociability/introversion predisposed subjects to using re-sourcing needs, and rationalizing disappointment respectively. One sociable subject described how she utilized her peer relationships to help re-resource some of her needs:

Ms. T: I had a couple of very good friends in high school. Just help coming from the strangest places. And they used to come home with me every afternoon. One of them would clean the kitchen for me, and the other would put on the laundry for me. We’d walk home from school, they’d come over, and they would help me so that I could get dinner ready for the family. And that was sort of their contribution to my making it through.

It seems logical that re-sourcing needs would only be effective for individuals who were first reasonably sociable.

The following excerpt illustrates how an introverted subject felt isolated:

Ms. L: After dad died, I went back to being very introverted, I dropped out of socializing, basically, and I became very studious. I’m a very introspective person, maybe it’s just my personality. I remember for a long time that I didn’t talk in any of my classes.

For Ms. L, feeling isolated was associated with a sense that no one was there for her, which itself may have become a self-fulfilling prophecy as she explored her interpersonal environment for support. The last excerpt demonstrates how Ms. L, finding her
interpersonal environment unresponsive to her needs, subsequently used the strategy of rationalizing disappointment:

Ms. L: I would say that I really didn’t have anyone there for me to any great degree. My mom, you know she was pretty overcome and my brother was only three. My aunt, my mom’s sister and only sibling, was there. But she’s not a very supportive type of person, but I’m sure she had her own problems at the time with her marriage and her kids and everything else. A lot of cousins who had lived here were all moving away...It’s funny, because my closest cousin was fourteen, and yet I don’t remember her being that supportive. But I think she wasn’t very happy at home and she had her own problems, you know, teenagers. I mean - god - everybody was going through something it seems.

Ms. L suggested four potential sources of support: mother, sibling, aunt, and cousin. For each the rationalizing pattern of accusation/acquittal is discernable - mother was overcome, brother was too young, aunt had marriage problems, and cousin was not very happy at home. The subject was faced with accepting the unacceptable - that no-one cares for her. Rationalizing forestalls this disillusionment.

To sum, altruism/self-centredness and sociability/introversion personality traits influenced the choice of strategies. Altruistic individuals most often used the strategy of assuming responsibility, self-centred personality types used normalizing, sociable subjects used re-sourcing needs, and introverted subjects used rationalizing disappointment.

Maturity.

A third personal factor which influenced the use of strategies was the individual’s maturity, especially as this was related to their degree of separation from the family unit, and the security and stability of their self-concept. Several subjects recalled the aftermath to their loss, and the consequences to their self-concept:

Ms. P: But in those days, one never talked about adolescence. Adolescence wasn’t really recognized as a definite stage. It was just you were no longer a child and you were getting older so you had to behave differently. And then, you know if you were unsure of yourself you had to just buckle down make sure you got sure of yourself.
Ms. L: And plus, I was chubby, and all I know is the kids were really tiny and I don’t know why. But I felt like I’d been there [chubby] for years so I had a poor self image I would say in some ways. And I think this [loss] just augmented that, it just made me feel more different, like I had less...

Ms. V: Has it changed me? I think I’m very insecure. Because I don’t have anyone to rely on like other people...I just know that. I know I’m insecure. But I don’t really demonstrate it very much...I have a totally different family. I don’t have a mother...I get jealous because a lot of friends have families that they talk about in nursing class. Isn’t that terrible? Because they all have regular families and stuff to go home to.

These data suggest that most subjects felt that their most insurmountable feeling of loss to the self was their sense of security. How this insecurity affected the choice of strategies was also dependent upon other personal/situational factors. For instance, Ms. P’s culture and family dynamics were associated with her use of normalizing; Ms. L’s introverted personality were associated with her use of rationalizing disappointment; and Ms. V’s gender, family dynamics and the characteristics of her surviving parent were associated with her use of assuming responsibility strategies. This clearly demonstrates the interconnectedness of intervening conditions and the use of strategies.

This above noted assault to the self-concept had implications for the second aspect of personal development, degree of separation from the family. Some subjects reported indecision about their separation from home and family:

Ms. L: I don’t think I would have been as involved in my family, I would have left home, I think I would have lived away from home more. I kept coming back and living at home, well into my well, it’s thirty, even though I’ve lived away for two years, one year and then a few years later, another year, in other cities, I almost did that in order to pull away from my mother.

Ms. T: Yeah, it was hard, just breaking away. And, then I couldn’t do that, any more really.

Subjects experienced a tremendous sense of ambivalence in taking this normal step in adolescent development. Witnessing their surviving parents response to the loss of their
spouses, subjects indicated that they did not wish to add to their parents' pain by
‘abandoning’ them. In this sense, degree of separation from the family was associated with
the strategy of assuming responsibility, with these adolescents assuming responsibility for
their surviving parents’ happiness.

In contrast, another subject speculated that the loss of her parent might have been the
only thing that had made leaving home possible for her:

Ms. P: Now my husband says that if my mother had still been alive, (he never met
her), he said that, she was obviously a very, very strong personality person,
from all he hears about her, but, maybe bigoted in a way in her ideas. You
know this is his quote that he feels we never would have emigrated had she
still been alive, that the pull for me to stay there would have been to big for
me to say, no, I’ll leave.

This subject used normalizing to integrate disillusionment. Perhaps Ms. P (and her husband)
suspected that her need to be perceived as ‘normal’ might have prevented her from leaving
home - that had her mother lived, there may have been duress concerning the impropriety of
the daughter’s striving to be independent.

Finally, another subject had vivid dreams about losing his right to be in his home:

Mr. N: I had nightmares, repeated nightmares, about having that home ripped away.
In one of them my friends are all over, and we’d just slept out on the back
porch and it was a sunny day and we were making pancakes in the kitchen and
everyone’s having fun. And someone says, ‘Hey -----, didn’t your dad sell
this place?’ I realize it’s someone else’s house and we were are making
pancakes and the people come home and we’re hiding under the chairs.

This subject differed from the first two as he did not feel a) that he ought to stay at home, or
b) that there may have been any resistance to his leaving. Mr. N had a strong sense that he
was pushed out from his family circle. This sense was related to his perceptions of his
surviving parent’s embarrassing courtship and untimely remarriage:

Mr. N: He [surviving parent] didn’t stay home alone every night. He ended up going
out. He was secretive about it, and so we were almost hating him for that.
Like ‘Who are you going out with?’ He embarrassed us all by...he ended up
getting married to a woman he met in the classified ads in the paper, so he embarrassed us all.

Mr. N used self-comforting to deal with his deep disappointment at his father’s behaviour, as well as his perception that he was forced out of the family circle.

**Sibling order.**

Subjects’ sibling order also exerted considerable influence over the choice of strategy. Where the subject was the youngest in sibling order, there was a profound sense of needs being unmet or ignored by the surviving parent and older siblings:

Mr. B: I certainly would have got the encouragement, which I missed. I would have got the encouragement, positive reinforcement from her [deceased parent], the attention. You know, whereas my dad would sort of basically look at what’s wrong, you know, why are you embarrassing me.

Youngest siblings drew most heavily on re-sourcing needs. In contrast, eldest siblings were more acutely aware of the added burden of their responsibility and the subsequent loss of their adolescence:

Ms. V: It [household responsibilities] was just up to whoever was the oldest...my feelings were that I had to take things on because I felt I was the oldest.

Ms. T: And I was always very competent and I guess, you know, that’s the function of being an eldest child in a way.

Ms. L: I’ve always, you know, being the eldest maybe, also, I always felt like, like I felt always that I took over the role of my father in my family in some way. I know it sounds weird...I’m sure that a lot of people feel, look back on their teenage years and think, oh no, this and that, but I definitely did not feel I had a happy teenage period.

Eldest siblings used the strategy of assuming responsibility.

**Culture.**

Culture, the fifth factor influencing subjects’ use of strategies was especially notable in those who described themselves as being British. These two subjects described their family response to the loss as relatively stoic:
Mr. M: We were brought up very much in the English 'stiff upper lip' tradition and I can remember...a friend of the family tried to talk to me about my feelings there [funeral] and everybody else hushed them up.

Ms. P: I think they [family] did it out of the kindness of their hearts because they put on a stiff upper lip, chins out and we'll carry on as normal and we'll pretend that nothing is untoward...so many things left unsaid.

Both subjects used the normalizing strategy, and seemed to invest a substantial amount of energy in ‘keeping things looking the same.’

There were no two other subjects of the same culture to permit comparisons.

Religiosity/spirituality.

Religiosity, part of the sixth and final personal factor, refers to any aspect of religious affiliation. It is differentiated from spirituality which refers to a belief in a higher being or a natural order without subscribing to any one religious creed. They are presented together as they both represent ideological sources of comfort.

Three subjects described their connections with religious institutions or their religious beliefs as being instrumental to them during the time surrounding the loss, and at other times of crisis in their lives:

Ms. B: Yeah, I don't know how I would cope with her death if I didn't believe in God and that I feel really strong about. I don't know how people can feel that death is too final otherwise if they don't believe in God. Otherwise it just isn't fair, why would she be sick, you know she was just 39 when she got cancer. She was 44 when she died.

Ms. V: We're Catholic. So, I started going back to church and, I joined a young adults group and they helped me to get through.

Ms. T: And I had some good friends, even family, a youth group that I was involved in...and I had a really strong sense of community in that church. Still do, even though I don't attend. I know that there are people there that would always help me. And that love me. After many years. Love me because of my parents, you know they say, this is Peggy and Bill's daughter, and we will do for her.

These three subjects used the strategy of re-sourcing needs, with their respective religious
groups being the newly found source of comfort, guidance and security.

Alternatively, two subjects reported feeling a sense of outrage with a God who would let this happen to them:

Ms. P: Religion was a social thing for me. That was all we could do was guides and we'd go to church, a youth group. But as soon as I went away to be a student, it became no part at all. In fact, I was sort of, you know, resentful. How could this be? Somebody [deceased parent] who's dedicated their life to doing good things and going to church regularly, you know, my mother died at 49.

Ms. P relied heavily on rationalizing disappointment and normalizing as methods to integrate her disillusionment.

Finally, one subject, while he denied any religious feelings per se, identified himself as 'spiritual' as a result of his loss experience:

Mr. N: An old girlfriend of mine said 'You know, you've got a beam of sunshine that follows you around.' Something that I've had, it seems all through post-adolescence until now - I just have the best luck. Maybe that's an attribute of my own, that I'm happy and satisfied with the beauty of the things I have, things that come to me.

Mr. N mostly used self-comforting and normalizing strategies. Self-comforting was a logical choice as Mr. N's spirituality was from within. Normalizing was also a reasonable choice of strategies as the subject perceived his external environment as offering him nothing at all, or worse, patronizing him:

Mr. N: I still don't know how to act in that sort of situation [losing a parent] and conversely, I don't know how to talk to somebody who has had a loss or whatever. But I think that's how I felt at the time [after mother died], you know 'You don't know my mom, you don't know me - don't pretend that you know how I feel!'

To summarize, six personal factors influenced the subjects' choice of strategies to integrate disillusionment. These factors included gender, personality, maturity, sibling order, culture, and religiosity/spirituality. These factors were presented here as separate entities,
although they actually occurred in various combinations in the interview data.

Situational Factors

Situational factors which affected the strategies to integrate disillusionment included the circumstances of the parent's death, the pre-death relationship with the deceased parent, family dynamics and coping styles, the characteristics of the surviving parent, availability of support, timing of the loss with respect to other significant life events, and economics. These seven factors, like the ones described under developmental sequelae and personal factors, occurred in constellations of circumstances, as opposed to being singly distinguishable situational determinants. They are presented here as single elements for the sake of characterization only.

**Circumstances of the parent's death.**

Circumstances of the parent's death included the abruptness of the death, as well as the degree to which subjects were aware of the impending death of their parent when this was an anticipated event. In terms of abruptness, subjects' foreknowledge of the loss ranged from sudden and unexpected in one case, to one subject having lived with the knowledge that his father was unwell and could die at any time ever since he could remember. Both these subjects' parents died from heart disease. The other six subjects had some degree of preparedness for the loss as their parents were all diagnosed with cancer. The mean time between diagnosis and death for these parents was 26.8 months.

Looking at the most sudden loss experience, the researcher noted that this subject expressed a great deal of concern about her instant loss of security, her lifelong remorse for what her life might have been had her father lived, and her fear for the vulnerability of her surviving parent:

Ms. L: It was just, I was always worried. And I think I've never really gotten over
that...And in therapy, I found out that I still have that, that I worry about losing my mom [surviving parent]. And it's so ridiculous, of course you're going to lose your mother at some point, but I know it stems - I'm going to get upset now - from that adolescent, that feeling of suddenly loosing my father.

This subject used rationalizing disappointment as a means to deal with her profound sense of loss and disillusionment.

In contrast, the subject who knew his whole life that his father was ill and might die expressed his sense of loss quite differently. He focused on what he had gained from his relationship with his deceased parent, rather than what he had lost with his father's death:

Mr. M: Obviously the pattern in my life would have been different. I don't feel bitter that my father died. I mean that was, he was 79, he had a good life, you know, he always treated me beautifully. I think that my success in life, and these relationships, my own children, is due to the example I had with my father.

This subject used the strategy of re-sourcing needs - he had a very clear conception of what he had enjoyed in his relationship with his father, and used this as a template in his search for the perfect family situation. The following demonstrates Mr. M's sense that he had found what he was looking for:

Mr. M: Here was a person [second wife] who would accept me and, of course, sexuality is very important. In my second marriage, I was adopted by my wife's family and I just found that great! Very loving, affectionate woman. Very caring, warm family, and where was all this when I was a kid?

Still other subjects who, knowing that their parent was ill and dying, took responsibility for their dying parents' peace and serenity. The following excepts illustrate this observation:

Ms. T: And the other thing is I knew she was dying. I knew that I had to come to some kind of resolution with her and make some kind of peace because...and I mean I wasn’t able to totally do that but we spent more time together. She spent a lot of time in her room doing, things like she was really immobilized with her pain still, even after she started chemo, and stuff like that. So she spent time doing really quiet things, and I used to go in and spend time with her after school. I'd sit with her and talk to her and, you know, just companionship kind of things and I think we became better friends.
Ms. B: Yes, I was close to my mom and my sisters were reacting at the time - they were going through a lot of experimenting and partying and boys and drugs were happening with them. The usual sort of things that were happening in the 70's, and what I thought I would do is not upset my mother. My sisters and my brother did upset my mother. And she would cry and be upset and I was a sweet thing.

Later in life these subjects used the strategy of assuming responsibility to integrate their disillusionment.

Where the loss was anticipated, one subject indicate that he was aware of the impending loss of his parent shortly after the diagnosis was made:

Mr. B: As I said it was one of those things where they didn’t diagnose it right away. It wasn’t readily apparent what it was. She was just unwell for a while and then I went away to camp with the school, retreat, in early May, and when I came back it [the terminal nature of the disease] was announced. I don’t feel anything was kept from me.

On the other hand, two subjects indicated that they were left pretty much on their own to figure out what was happening:

Ms. B: I think we tried to keep it quiet and I really had no idea that she was going to die because she had always gotten better, she was always in the hospital and she was always getting better.

Ms. P. And then I suppose I was about twelve when my mother first discovered she had cancer, and then they [parents] became very, much more inwardly attuned to each other. And I felt as though at that time, although I didn’t know it was cancer, because that word was never mentioned, and one never discussed things like that. And I guess for the kids’ sake everybody pretended that everything was kept from me.

The latter group used the normalizing strategy, whereas the former subject was quite adept in re-sourcing his needs:

Mr. B: I asked him [surviving parent] to send me to boarding school. I had just finished grade 7. And you know, somehow I sort of figured out with myself what I actually, sort of consciously knew or not, that things were going a little weird with me at that point, or there were some things on the horizon. Boarding school was great because it gave me a framework, something to latch onto. There were rules. There were limits, and there was a lot of encouragement which quite frankly I hadn’t got from my dad.
Whether or not families shared information among themselves, and how much discussion occurred concerning members’ feelings was closely related to family coping styles and communication patterns.

**Family dynamics and coping styles.**

Some subjects described family relationships as highly individuated, and verging on chaotic with the superimposition of the loss:

Ms. V: We [family] didn’t deal with it [as a group] at all. We were all separate except for my younger sister and I.

Mr. B: Well it certainly went downhill, because essentially the other three kids sort of moved on at that time. They were going off to school somewhere, living in Europe for a year and so it was myself and my father at home.

Depending upon other intervening conditions these subjects used different strategies. Ms. V, the youngest in sibling order and quite self-centred, used normalizing, presenting a different picture of her family to the world than what her family truly was. Mr. B, also the youngest sibling order and very alienated from his surviving parent, used self-comforting measures. Ms. T, the oldest in sibling order, female, and altruistic used the strategy of assuming responsibility for others. Again, the interplay between intervening conditions and strategy use is evident in these examples.

Family coping styles varied widely. In the short term some were maladaptive and alienating for subjects. One subject described the loss of his father as precipitating a shift in the power balance within the family structure:

Mr. M: The differences were about my brother was alive with my mother and I was alive with my father became very pronounced and I felt in retrospect I feel I was scapegoated. The triangle that existed then...in terms of physical dominance, my brother dominated me physically. He played senior men’s rugby when he was sixteen and usually pushed me around and knuckled my shoulders so that I was black and blue and stuff like this. And I just hated it, I hated the feeling of powerlessness.
Other subjects described a sense of being shut out of the family, either through coping styles used by their parents during the loss, or by the behaviour of their surviving parent subsequent to the loss:

Ms. P: So then I suppose really, in the last couple of years when she was sick, then things changed a little bit. It was not so much fun being around and we felt we were being shut out because my mother and father had this sort of relationship...so I think that we then stopped doing things as much as a family.

Ms. V: So then, I, let's see, my dad got a whole bunch of different women, and he, I think about, this lady came to live with my dad. She was 18. I can't stand her because when she moved in she told us that we were terrible, and the reason my mom died was because we caused it, her death.

These two subjects used normalizing: the impropriety of their parents' behaviour made them wish to hide this from themselves and their world.

Other subjects described reacting to their sense of alienation with highly self-destructive behaviour:

Mr. N: Looking back I feel bad about the things that I did that year [after the loss]. The way I treated my girlfriend, was bad at the time. Relationships with my friends went downhill, in fact, I drank a lot. The first year of university, I drank a lot. And I was depressed for probably the first and only time ever, I'd never really been depressed, but I was then.

In the next two excerpts, subjects describe how self-destructive their siblings were:

Ms. V: My brother, he drew close to a sixteen year old, no twelve year old girl at the time. He was fifteen, I guess. And he grew too close to her, so when she wanted to break up things four years later, he threatened to kill himself because he was too attached to her because he took her on as family instead of us at the time.

Ms. T: But my brother was old enough to do some taking care of himself, and never did actually until he died. But that's another story.

The "other story" for Ms. T was that her brother committed suicide as a young adult.

In the long term, subjects reported the development of cohesiveness with their siblings which they felt would not have happened if their parent had lived:
Mr. B: We [subject and sibs] were just discussing that only one of the four of us have been married. We sort of wonder if we have unnaturally high expectations in our relationships, because we relate very well to each other.

Ms. P: I think I mentioned the positive aspect is that my siblings and myself became really close. So that's really great.

Ms. B: And that was how he [brother] dealt with it [loss] and he said that, and he really tries to keep us all close now, and it's really kind of neat...I think of the new relationship that's developing with my siblings is part of it, and that's really positive. It's taken a long time to come - fifteen, sixteen years - but that part of it is very positive - I feel very close to my brother.

Neither the self-destructive behaviour, nor the sibling cohesiveness was associated with any one strategy per se, but both have implications for the consequences of integrating disillusionment.

**Relationship with the deceased parent.**

The third situational factor was subjects' prior relationship with the deceased parent. The impact of the loss experience, as well as subjects' willingness to be dependent upon the surviving parent were contingent upon the degree of attachment that the subject had for the lost parent.

All subjects except one described the lost parent as being the pivotal parent in their family unit. For these individuals, loss of their parent represented more than loss of one half of the parenting team, it meant loss of family life as they had come to know it. Subjects described the feelings concerning the loss of this pivotal individual, and the subsequent disintegration of their family unit:

Ms. B: And my mom was the stable one...You know I mean it's funny. I never really thought about that, but very well, I mean she was a great carer and she was really in the pivot of the household...in sort of managing things at home and backing up my father wholeheartedly.

Mr. B: It [relationship with deceased parent] was pretty close. Because I was the youngest by six years and because I guess, physically I had a strong resemblance to her, I guess there was quite a close bond. I suppose closer
than the other kids in a different way. You know I was sort of a tag on at the end. It was very different from the relationship with my dad. I was very close to my mother and very comfortable with her and I always felt she was on my side. You could sort of tell her things and know that it was safe...so it was very different when it was just me and my father. The poor guy, I’m sure he had a lot that he was, you know pretty sad, sad for him too.

The special nature of this lost relationship prompted subjects to remember the lost parent as ‘larger than life,’ or ‘better than the best,’ a strategy which was described earlier as gilding. Idealizing the lost parent also caused subjects to be highly critical of their surviving parent. Therefore, the close relationship with the lost parent exacerbated the subjects’ feelings of disillusionment with the surviving parent. Although rationalizing disappointment was attempted by these subjects, this strategy was constrained by the inequity of the comparison between the lost parent and the surviving parent.

**Characteristics of the surviving parent.**

As described above, all subjects compared their surviving parents to their deceased parents whose memory had been raised to the ideal, and all found their surviving parents wanting in some way or another. Subjects expressed varying degrees of insight regarding their criticism of their surviving parents’ shortcomings, but all were critical nonetheless:

**Ms. B:** The normality was gone, my mom was, my dad is, for a man really irresponsible and as an adult now I would say he was an alcoholic. At the time I don’t remember that I thought that or anything about him. I remember thinking that he was a jerk at lot of times, but more that than anything else.

**Mr. B:** You know whereas my dad would sort of basically look at what’s wrong, you know, why are you, you’re embarrassing me. He’s quite insecure and, but I feel sorry for him in a lot of ways. He’s very anxious and, you know, he’s got like these kids were underachievers... I can’t imagine hugging my father or him hugging me. You know a hug, you know this must be tough for you [dad], something like that would have meant the world to me. It just would have made all the difference.

These perceived shortcomings in surviving parents intensified the disillusionment and was managed by strategies such as rationalizing disappointment, assuming responsibility for
others, and re-sourcing needs, depending upon the presence and effect of other intervening conditions, especially gender, sibling order, personality, and the availability of support.

Availability of support.

Support was described in the positive sense as not expected and available, or expected and available, and in the negative sense as expected and not available, or not there at all. Not only was availability of support an issue to subjects, but also was the acceptability of in terms of what subjects felt comfortable receiving from whom. Support came from various sources - peers, family, friends of the family, and the church. The following examples demonstrate subjects' positive experience of support. Mr. B recounted the support that he received from friends:

Mr. B: Actually, now that I think of it there's a fellow who was my best friend at that point, who was, was sort of whole gang of people I hung out with, kids, like he was not necessarily part of the gang but he was my best friend. He, I remember was someone I could talk to about stuff like that. We had the kind of friendship, or were the kind of people who could be easily verbal, for 13 year olds.

Ms. P and Ms. B describe the support they received from their family:

Ms. P: Well she [aunt] came to stay before my mother died, she was there when she died and stayed you know, a few days but then I ended up staying with her for a couple of weeks in the summer.

Ms. B: And so I went to my sisters' a lot I remember going there late at night and just crying and crying that I hated it at home, and they would say, 'Just hop on the bus and come over' so they were really good to me in those days and I would stay with them until I felt better about things.

Ms. T describes the support that she received from friends of her family:

Ms. T: Yeah, there was, my mom had a really, she had a really close circle of friends who were with her when she died and those people to this day, kind of keep an eye out for my family. Especially, me because they know me better because the other kids were sort of young, and an unknown quantity, but, they knew me as an almost adult, fledgling adult, I guess. And still, see me, and feeling responsible for me in a funny way.
And finally, Ms. T again describes the support that she received from people at her church:

Ms. T: And I had some good friends, even family, a youth group that I was involved in...and I had a really strong sense of community in that church. Still do even though I don’t attend. I know that there are people there that would always help me. And that love me. After many years. Love me because of my parents, you know they say, this is Peggy and Bill’s daughter, and we will do for her. That still exists.

Source of support was related to other intervening conditions in terms of facilitating or constraining strategies. For example, Ms. T’s numerous sources could be associated with her sociable personality, sibling order (eldest) and religiosity. These intervening conditions together were associated with Ms. T’s use of both the assuming responsibility and re-sourcing needs strategies. Mr. B’s excerpt is also most revealing. He had an exceptionally close relationship with his mother [deceased], an antagonistic relationship with his father due in part to a poor previous relationship but exacerbated by gilding, and a strongly sex-typed aversion to any display of emotion. This combination of intervening conditions was associated with normalizing - which Mr. B. did with the ‘whole gang of people he hung out with,’ and also re-sourcing needs - which Mr. B used with the best friend.

Peers figured prominently in this overview of support sources, which was not unexpected as adolescents’ developmental tasks include becoming more reliant upon peers and less so on family members. The difference when disillusionment occurs may be that the peer group become even more essential in terms of representing one of the only bastions of normality left to the disillusioned adolescent: if all else fails, they can always turn to their peers.

Not all expected sources of support proved reliable to subjects. Most notable were teachers and health professionals. The following excerpts illustrate the expectations and disappointment experienced with teachers:
Ms. L: Nobody came to me from the schools - they knew my father had died suddenly, and I did get a card, a nice card from the class. And my English teacher, who also happened to be a school counsellor, it's unbelievable to me now, and she asked me a question and of course I would always say "I don't know" because I'd never talk. That was my standard line. And she got, I guess so frustrated with me that she started to rant and rave in front of the class, saying, "How can anyone ever stand you, you never talk?" And "How can your parents stand you?" And obviously she didn't know, I guess but you know another teacher, especially a counsellor would have taken me aside and said, you know, "Is everything all right?" or, or looked at me and my life. And nothing was ever done like that. She just totally humiliated me in front of the class and I still wouldn't talk.

Ms. P: I remember the head mistress calling me and saying, "Look unless you get buckled down to it you're going to fail - you'll be terrible, useless. And I thought, I'm going to show you. So I passed them [exams] all...in defiance, but oh no, nobody said "How are you managing?"

The next excerpt describes one subject’s disappointment with health professionals:

Mr. N: I, I think that any help would have been done before, at the time she was dying...just talking to us, I mean having someone who knows what to say, to people who are going through...I'm looking at it now because I work at the cancer clinic and I see these people go through all sorts of consultation with every health care professional, and I think they have a better time of it than I do because no one ever said anything to me.

The strategy of rationalizing disappointment was used most extensively when expected support was not forthcoming.

Finally, some subjects remembered the experience as one where they felt that they had received no support from anyone:

Ms. L: I would say that I didn’t really have anyone there for me to any great degree.

Ms. B: All around the ground were all these flowers for mom and there was nothing, nothing for these four little kids who didn’t have a mother. We felt as if nothing was for us kids. All four of us felt that way, our house was locked and sealed, to probate the will or whatever, and this was our house with all our stuff in it. It was just our stuff and I think we needed it because we had nothing else, we really felt that nobody was there for us.

These two subjects represent the poorest in terms of their resource bases. Both described a profound sense of disillusionment with their loss, with little to reassure them that their world
would eventually right itself. Both had undergone psychotherapy for a period of time, and continued to experience problems with establishing long-term interdependent relationships.

Overlaid on subjects’ perception of the availability of support was their sense of the acceptability of support. In the following three excerpts, subjects’ willingness to accept support is seen to be a potent constraint to their ability to re-source needs, especially as this related to their peers:

Mr. B: I mean, I think they were being sort of respectful of my feelings, by, in one sense carrying on as if nothing happened but also just letting me do whatever, including me but not seeking me out too much...basically they were just kind of there and letting me know that we’re all a group together still. But not putting you on the spot.

Int: But it seems to me, as I hear you speaking, that had someone come forward and said, "--------, you must be terribly sad", that you would have found very invasive.

Ms. P: That’s right.

In these examples, while the strategy of re-sourcing needs was constrained, normalizing was facilitated.

To conclude, subjects’ availability and acceptability of support combined with other intervening conditions to influence the use, and the success of certain strategies in integrating disillusionment.

Timing.

Timing was conceptualized in terms of timing of the loss with respect to other life events. Adolescence involves many developmental changes which are normal and expected for this age such as physical, cognitive, and interpersonal changes. In addition to these expected developmental changes, some subjects experienced concurrent changes in residence and/or schools. While developmental changes are a part of the disillusionment experience itself, the relative salience of these changes at the time of the loss, combined with other
intervening conditions, influenced the use of various strategies. The following example illustrates Ms. P's experience of developmental changes:

Ms. P: Adolescent years, which you know you probably feel very insecure anyway, as you're growing up and you're probably, I know I was heavier than I am now, and you know, you get spots and you're sort of learning to get to know people. And you think, oh, is this really what I wanted from life?

Ms. P's negative experience of her developmental changes was associated with the use of rationalizing disappointment (to delude herself), and normalizing (to delude others).

Other subjects experienced situational changes at the time of their loss. The following two excerpts demonstrate first the benefits of moving, and second the disadvantages:

Ms. B: There I was I guess, living in a strange city when I went back up to Cherryville nobody really knew, they didn't know that my mom died, like I was just the new kid to them, they didn't know how long ago she'd died.

Ms. V: And we just moved out to Orangeville, at the time and...it was a difficult time because I was graduating from high school and wondering what to do.

How this transition was perceived depended upon the subject's personality. Ms. B was sociable, but quite self-centred; Ms. V was the opposite - introverted and other-centred. Ms. B used normalizing strategies, while Ms. V used rationalizing disappointment to integrate disillusionment into their lives.

This final excerpt portrays how the two changes (developmental and situational) interact with one another:

Ms. L: ...and then I went to high school in grade eight - which is just like a big, you really feel lost when you first go to high school. So it wasn't really good timing for me - that transition.

Ms. L was to spend years of insecurity and disorientation as a result of her experiences.

Economics.

This particular factor was only salient for two subjects who experienced a lack of money, and was totally irrelevant for the six who had adequate economic resources. The
following excerpts demonstrate the influence of inadequate finances:

Ms. L: My mom [surviving parent] had to go to work, and she didn’t really have really good job skills. She had very limited education. Although she had worked before we were born, but you know, it had been some years and she couldn’t make enough money to support a family.

Ms. V: Well, I didn’t have any money all the time because I paid the mortgage on the house and stuff like that, because we went into debt after my mom died too, because of course she couldn’t work. So she didn’t have any social security. So we got into major debt from the funeral and when my dad was spending money on his girlfriend.

These two subjects indicated that their feelings of insecurity, and regrets for what might have been were strongly rooted on their financial lack:

Ms. L: It was just, I was always worried. And I think I’ve never really gotten over that...I mean I had a lot of trouble concentrating and I mean, and I think I wouldn’t have had that trouble concentrating so much if I wasn’t so worried about all these different things. And preoccupied. Money was a big thing.

Ms V: I actually took some art for a while, because I’m good at that actually...art’s what I like to do, but it’s not financially the smart thing to do...I sold some pictures as an artist, one brought me $200. I was making money, but it wasn’t reliable, so I didn’t think it was any good, so I went to nursing school.

Both subjects used rationalizing disappointment (for what might have been) and assuming responsibility (as a means to exert control over their chaotic world) to integrate their disillusionment.

Summary.

This section described the situational factors which influenced subjects’ selection and use of strategies, and therefore the integration of disillusionment into the subjects’ lives. The most significant situational factors included the circumstances of the death of the parent, the relationship with the deceased parent, family dynamics and coping styles, the characteristics of the surviving parent, availability of support, timing of the loss with respect to other significant life events, and economics.
Consequences

The strategies used in response or to manage a phenomenon result in outcomes or consequences. Consequences may be actual or potential, happening in the past, the present, or the future. Consequences themselves may be in the form of action/interactional strategies - they are not restricted to situations or states. One final feature of consequences is that while they may be outcomes, they are not necessarily endpoints. That is, consequences of one action or set of actions, may become a condition affecting subsequent action or interactions (Strauss & Corbin, 1990). With this feature in mind, the researcher categorized consequences as short-term or long-term, and neither as mutually exclusive of one another. Short-term consequences are grouped under the heading ‘Altering the Developmental Pathway,’ and represent the ways subjects perceived their loss experience altering how they grew up. Long-term consequences are grouped under the heading ‘Developmental Sequelae’ and represent the more enduring consequences of both the loss experience, and the short-term consequences of that experience. Differentiating consequences in this way, the researcher sought to distinctively characterize the long-term effects of adolescent parental bereavement.

**Short-term consequences - Altering the developmental pathway.**

Four distinctive, but not mutually exclusive ‘pathways’ were identified as the short-term consequences of disillusionment: growing up fast, drifting/meandering, taking responsibility for self, and fulfilling the wishes of the lost parent. These themes are presented here as separate entities only for the sake of description, however subjects experienced one or more consequences at the same time.

**Growing up fast.**

Four (out of eight) subjects described a sense of an accelerated maturity, and indicated that circumstances were such that they felt compelled to grow up fast. These four were
female subjects who relied heavily on the strategy of assuming responsibility for others. So
great was their sense of obligation to others that they felt the need to mature rapidly, and that
they had no time to waste on their own adolescent needs and interests:

Ms. L: ...I think that, that I had to grow up too fast. I think I didn’t, I’ve never had
that carefree, well, maybe lots of people haven’t. I don’t know but I think
other people have...had that carefree time, you know what I mean?

Ms. T: ...I think it consolidated those traits in me really early, that I became this kind
of a person at 17 instead of going into that kind of a person at 25...yeah, I
grew up in very short order.

Ms. P: ...because I feel as though now, I never had an adolescence. I didn’t really
have a teenage time.

These demands were made on subjects at a time when they felt their peers to be carefree and
happy. The contrast induced feelings of being different from other people, and a sense of
remorse for this lost epoch of childhood.

A feature of growing up fast was a heightened sensitivity to environmental cues.
Subjects who stated that they had to grow up fast, also described their ability to perceive
adult apprehension in a manner that they felt exceeded the ‘normal’ intuitive capacities of
their peers. The following excerpt illustrates this feature:

Ms. T: I don’t think they’d [teachers] ever dealt with somebody who had lost a parent
before, so it seemed like they were all kind of aghast that this would happen.
It was really strange...You know, I was separated from peers by [the
behaviour of] the adults in the high school. And that was a really strange
experience. I guess they hadn’t experienced loss either, I don’t know...maybe
they thought I was going to burst into tears in front of them, which they didn’t
want me to do. I don’t know, they did, they treated me different.

As time went on, subjects reported their peers ‘catching up’ to them. However, while
the perception of feeling different was diminished somewhat, the sense of remorse for the
loss of adolescence was heightened. One subject describes blaming some of her less adept
behaviours as an adult on her lost adolescence asserting itself:
Ms. P: And now as an adult when I do something stupid or clumsy like if I drop things on the floor, I just tell my kids, it's okay, it's just your mom being a teenager, making up for the lost time.

Male subjects did not speak to the issue of growing up fast, and when this was explored during the second interviews, this concept was rejected as 'not fitting for me' by the men. This response is consistent, as the strategy associated with this consequence was one which was used by female subjects alone.

**Drifting/meandering.**

Drifting/meandering refers to subjects' incapacity or reluctance to undertake decisive action. One of the foci of disillusionment was the adolescent's hopes and dreams, characterized by a loss of orientation - to what was, to what is, and to what would be now that their world had changed so radically. This sense of disorientation made it difficult for some subjects to make and act upon decisions, and consequently they described a period of drifting or meandering. The following excerpts portray two subjects' experience of drifting/meandering:

Mr. B: And I was sort of searching for a solid ground, as it were, or a framework or something to try and latch on to. I was feeling a little bit set adrift from a, from a noisy, happy home with four kids and two parents, it was just me and him...I think I was much more circuitous in my career path.

Mr. N: The only reason I came to university was because I wanted to live in Cherryville and, so that somebody said 'Go into pharmacy, there'll be lots of jobs, you can make lots of money.' I had all the prerequisites so I just jumped in and did it. Never serious about it, I'm still not completely serious about, but it's been pretty good - better than some of my friends who have gotten degrees but no jobs. But I never really made up my mind about what I wanted to do...everyone was going to university. I didn't know what else to do.

As can be seen from these examples, drifting/meandering occurred in relationship with re-sourcing needs: Mr. B's need for guidance and security, and Mr. N's need for belonging.

Where a decision was resolved, subjects reported a sense of vacillation, especially
where the options appear to favour *self* interest over *other* interest

Ms. V: Well, I tried to [help pay for the food and bills] but I was also thinking of myself and trying to save money for university. Isn’t that terrible?...sometimes I feel guilty about it, once in a while.

Ms. L: But I don’t think I would have been as involved in my family, I would have left home, I think I would have lived away from home more. I kept coming back and living at home, well into my thirties, even though I’ve lived away for two years, in other cities. I almost did that in order to pull away from my mother. I always felt like I couldn’t...it’s sort of weird, I felt as though I was so responsible.

As can be seen from the excerpts above, much of the ambivalence surrounded the issue of separation, with subjects expressing a great deal of concern about withdrawing their support from their surviving parent or the family unit. This ambivalence was associated with the strategy of assuming responsibility, which was in conflict with the normal adolescent task of separating from the family unit. These subjects felt the normal yearning to ‘get out and get on with their lives,’ but were impeded by their sense of responsibility for the family.

Another area where subjects expressed indecisiveness was concerning career choices. Disillusionment was described as an abrupt unmasking of reality which led to a sense of mistrust concerning the world that subjects lived in and the people whom they had respected. To manage this sense of disillusionment, some adolescents used the self-comforting strategy of gilding, which resulted in unrealistic expectations and subsequent disappointment with the surviving parent. The following excerpt demonstrates the affect that disillusionment had upon decisions surrounding career choices:

Ms. P: But I wonder if my mother had still been alive, whether I would have chosen a different career and a different vocation... I think I might have gone into pharmacy or into rehab nursing.

This example suggests that Ms. P felt compelled to take a course of action which, on reflection, she might not have taken had her mother survived.
Taking responsibility for the self.

Taking responsibility for self was an affirmative step away from the state of disorientation associated with the loss in an effort at integrating disillusionment and being more decisive about determining choices. It can be thought of as the same ambivalence as was described in drifting/meandering, but where the need for separation and individuation prevailed over their sense of obligation for the family. Taking responsibility for the self was either proactive or reactive. The following excerpts illustrate the proactive consequence:

Ms. L: Anyway, they [psychologists] instigated my moving out of home at that program. It was good.

Ms. T: And I went from taking care of three other people to taking care of just me, and it felt really, really good.

This particular developmental pathway represents a sharp divergence for Ms. L. and Ms. T, both of whom had used the strategy assuming responsibility for others. Ms. L had particular difficulty with changing her priorities, whereas Ms. T claimed to have had none. Evidently the strategy of assuming responsibility was still useful in some way for Ms. L, but had become useless for Ms T.

Taking responsibility for the self was also reactive. When asked, several subjects (4/8) characterized their eventual leave-taking as 'escaping from an intolerable situation' rather than 'moving towards a desirable situation:'

Mr. M: No, I had, no I had no difficulty leaving home. I was, I wanted to get out of there so badly.

Ms. P: Part of leaving home was because I didn’t want to stay.

Mr. N: It [leaving home] was, I got to get out of here.

Int: Are you still at home?
Ms. V: No, thank God. No, not at all. I couldn’t wait to be out.

Whether proactive or reactive, subjects expressed a great deal of ambivalence about
what they were doing, but also realized the importance to their own development to take such
action when they did. The following excerpts illustrate subjects' satisfaction with their
decision to leave home:

Ms. T: I was still 17. I graduated from high school and left two weeks later.
Int: And was that difficult for you?
Ms. T: No, it was great, actually. It was, yeah, one of the most liberating
experiences of my life...one of these friends of my mother's had a house she
was vacating for the summer. She needed somebody to keep care of it, so I
left with 50 dollars in my pocket and a place to stay and a job. And I left and
I, I never went back.

Ms. P: I lived with a group of girls who, who really [gave me] wider perspective on
things that I'd had...when you’re British, you know the game, we were all
probably, restricted, some more so than others. No. This was the first time
when I felt that I had no restrictions

For some subjects (2/8), responsibility for the self was associated with a sense of
reinvesting their energies in living, and regaining their previously lost sense of equilibrium:

Mr. B: When I got there [boarding school] I was in set three, set four, you know, but
in six months I was in set one doing well and it seemed pretty obvious that I
was flourishing. Got into sports for the first time ever and I was basically a
tall, lanky kid, who grew tall without hardly any muscle. And yeah, sports
were great.

Ms. L: Seventeen, eighteen, yeah, I guess that's when I came out to some degree. But
then I sort of had a mini crisis at the end of grade twelve thinking, well what
am I going to do with the rest of my life.

As might be suspected from the above noted excerpts, taking responsibility for the self
guided subjects towards a heightened value for self-reliance. This longer-term developmental
consequence is addressed in the next section of the report.

Fulfilling wishes.

Fulfilling wishes refers to subjects engaging in behaviours or making decisions with the
aim of pleasing the deceased parent. This was described as a means of guiding decision
making, with the correct decision being that which the subject felt their deceased parent
would have wanted for them. This consequence stems from the strategy of self-comforting, with the adolescent operating in a quasi-real world of here and now behaviours aimed at pleasing a cherished memory. The following excerpt illustrates one girl’s difficulty in deciding what to do and whom to do it for, herself or her dead mother:

    Ms. V: And my mom had asked me to be a nurse actually, when she passed away, she asked me to go back to church, she asked me to be a nurse, and I was thinking about it but I didn’t want to do it. I was kind of mad with her for about two weeks, but I didn’t want to do that. I’m just doing it because my mom, after thinking about it, you know thinking, any way, I’m here [nursing school].

Other subjects described the similarity between who they had become and who they thought that their deceased parents might have wanted them to be. This type of fulfilling wishes differed from the decision guiding one, as it was not a conscious consequence and only became perceptible in retrospect. In either type of fulfilling wishes, subjects expressed mixed reactions: comfort for having ‘pleased’ the deceased parent, but also concern for having done what was truly right for them.

Summary.

Subjects were asked to describe how their loss experience changed the way in which their life unfolded. Four short-term consequences or developmental pathways were identified: growing up fast, drifting/meandering, taking responsibility for self, and fulfilling the wishes of the lost parent. Each was described as a separate entity, but in reality, subjects experienced one or several consequences at one time or another during their development. These pathways were predicated by the strategies used by the subjects to integrate their disillusionment, and themselves lead to what has been characterized as long-term consequences.

Long-term consequences - Living with the developmental sequelae.

The developmental sequelae or long-term consequences of integrating disillusionment
were characterized as positive, negative and relatively neutral. On the negative side, subjects described a feeling of becoming impermeable as well as a sense of remorse for what might have been in their lives if this loss had not occurred. On the positive side, subjects perceived that they had discovered personal strengths which they were sure they would not have developed otherwise. Neutrally, subjects perceived that they had become (in both positive and negative ways) just like their lost parent. These consequences - becoming impermeable, regretting, discovering personal strengths, and becoming the lost parent, are considered the long-term consequences of disillusionment as they are more indelible in quality that the short-term consequences were. As with the action/interactional strategies from which these concepts arise, the developmental sequelae are more salient to individuals in relation to triggering events which occur in their lives. However, while action/interactional strategies were considered relatively temporary in nature, the long-term consequences were described as never completely fading away.

**Becoming impermeable.**

Becoming impermeable describes subjects achieving a state where, like a membrane, they were highly selective about who they let in and who they kept out. Although most people practice some kind of control over the emotional proximity of others, for parentally-bereaved adolescents the criteria for admittance to the inner emotional circle becomes much more critical. Through the phenomenon of disillusionment, subjects learned that their world was unpredictable, that it was not trustworthy, and often cruel. Strategies described to integrate this realization were often aimed at protecting the adolescent’s fragile ego: *normalizing* - where the individual refused to accept that they were different from others when they so desperately wanted to fit in and be understood; *rationalizing disappointment* - where the individual sought means to blunt the sharp edges of their disappointment with their
world; *self-comforting* - where the individual employed means (consciously or otherwise) which served to console them over their loss; and *assuming responsibility for others* - where concentrating on other peoples’ requirements served to divert the focus from the bereaved adolescent’s own acute needs.

Becoming impermeable was manifest in a combination of behaviours: withdrawing, raising barriers, and developing a fear of abandonment, commitment, and intimacy. Withdrawing was described by subjects as a way to keep emotionally distant from people who might hurt them. When evaluating who might, and who might not hurt them, subjects indicated that they never expected that their lost parent would hurt them, and that even though it was unintentional, (through their death), they had. After this injury, subjects indicated that no-one was ever as truly trustworthy, and that withdrawing ensured that they would never be vulnerable to peoples’ fallibility again. The following excerpt describe one subject’s experience of withdrawing:

Ms. L: Yeah, I, well I think I’ve often felt alone. It’s hard for me to talk about. I think I’ve often felt alone, now because I couldn’t relate to other people of my age.

For some subjects who were acutely disillusioned, withdrawing was not perceived as completely sufficient to protect the self, as there was always an opportunity that people might ‘come in after them.’ One further protective measure was employed to prevent this - raising barriers. Mr. B, who was particularly close to his lost parent, described how he protects him self from ‘it’ ever happening again:

Mr. B: [I’ve had] No long term romantic relationships. Which in some ways I’ve continued throughout my life...I hide what I feel and I don’t want to expose all the safe little areas inside, kind of scared spots inside of me, the private self. To open that up and then, what if they’re gone. You know what if, you’d done that and something happens, they leave you.

Behind these barriers Mr. B described sheltering his ‘self’ as he was at thirteen years
old, when his mother had died. He indicated that he was aware of this aspect of his self, that he nurtured and protected it. It represented a place where he could go when he was in need of comfort and reassurance: back to a time and self that existed before all that had happened had occurred:

Mr. B: But I also, I think somewhere in there I don’t want to let them into my soul place. That’s pretty close to my mom. I don’t know, I think, I know, part of me, is still this thirteen year old kid, is always stuck there, and will be this thirteen year old kid kind of wondering where his mom went, and where she’s gone. And I kind of protect that part of me and I don’t probably let a romantic partner get there too much. I sort of wonder, there’s part of me who’s stuck back there, but I like keeping that guy inside me.

This passage demonstrates a direct consequence of the self-comforting strategy, with the subject using an internal means to meet his need for love and belonging.

Other themes related to the concept of becoming impermeable included behaviours which were manifestations of fear of commitment, fear of intimacy, and fear of abandonment. Again, Mr. B illustrated how he met his physical needs for closeness without having to risk emotional proximity:

Mr. B: More than a few women I had basically a sexual relationship with and did not let them get to know me very well and shut that down and, if I put myself in their position, to be honest, I’m not real proud. I know that I basically hurt their feelings. I certainly in my younger years I enjoyed my sexual relationship. Not so much now, I don’t feel real proud about hurting someone’s feelings. I guess that I know what I’m capable of now. I know that I’ve encouraged women to like me, more for the purpose of being sexual with them, from my standpoint. I’m the kind of person who tends to hold things inside more. You know, somewhere along the line I figure out a way to let it out, but I’m not a wildly emotional person. So, it’s sort of self-defeating in a way. You don’t want to be tough, you don’t want to shut stuff down, show pain or hurt, and then, it’s sort of funny. You have to be careful what you ask for in life, because sometimes you get it.

These fears interfered significantly with subjects’ abilities to form close interpersonal relationships with others. For two subjects, concerns about establishing relationships eventually became the impetus to seeking professional counselling:
Ms. L: Well, I’ve gone through actually, quite a bit of therapy. I don’t really know. I wasn’t really aware consciously that if I wouldn’t spend the night with a man that it’s because I didn’t want to let him into that much of my life. I don’t know if I finally figured this out from some of my relationships or from therapy.

Ms. B: I had probably, two major, major relationships. One was when I was, for seven years, from the time I was nineteen until I was twenty five. And he was a nice guy, but too like my father. He didn’t want commitment. He didn’t want responsibility in a lot of ways, wasn’t willing to owe up to that kind of stuff like that. But I expected to marry him. That’s what I wanted, I wanted stability, I wanted normal, I wanted what my friend’s parents had...and the other fellow was, is, the father of my child, and he is even more irresponsible that the first fellow. And that’s actually why I went into counselling, I’ve got to look at me, you know with this latest term co-dependence, I think that I’m probably a lot of that, you know.

Of the eight subjects interviewed, six had difficulties establishing relationships, with one other most likely to encounter this as she matures. Although all three males expressed difficulty in establishing relationships, only these two females were concerned enough by this to seek professional counselling. This may be reflective of the strong sex-typing described earlier, where relationship tending would be seen as the sole responsibility of women.

**Becoming the lost parent.**

Becoming the lost parent described consequences which were characterized by subjects’ perceptions that they had grown up, for good or evil, into a person remarkably similar to who their lost parent had been. This consequence differs from fulfilling wishes, in that becoming the lost parent is more permanent than fulfilling wishes, and the former is the embodiment of *who the parent was*, and not merely *what the parent wanted* for the subject. Becoming the lost parent was also a consequence restricted to those individuals who lost the same sex parent.

Becoming the lost parent was associated with the strategies of self-comforting - with the subject drawing comfort from being just like someone they remember so extraordinarily
fondly (gilding); and assuming responsibility - where the subject (knowingly or unknowingly) used their deceased parent as the model for how a responsible person behaves.

Paradoxically, becoming the lost parent was a source of comfort for some individuals, and a source of dread for others. The following excerpts describe a positive association with the lost parent:

Ms. T: I was, you know, sixteen, and breaking out of home, and getting independent and my mother, I guess she was too much like me, in a way. Well, I know she was, now, at the time I couldn't see it, but now I can...and the fact, I think, the fact that my mother was a nurse probably affected my career choice too.

Mr. M: He [lost parent] always treated me beautifully. I think that my success in life, and, these relationships, my own children, is due to the example I had with my father. You know, that I was able to show them tenderness and caring...and I was good in school. I was semi-decent in sports. I got along well with people. I think I felt that I was somehow or other capable of a lot of things, and identified this with my father.

In contrast, two subjects regarded their becoming like the lost parent with dread. Both had lost their mothers and had, later in life, become parents themselves. Having had their own children set into motion a concern that history might repeat itself - that they too would suffer the same illness and/or death that their mothers had. The following demonstrates the fear that these subjects lived with:

Ms. P: I'm anxious about all sorts of things. Neurotic, first of all about cancer of the breast, so that, you know, I measured the time when I had actually overtaken when my mother first discovered it, over that hump. It's been like climbing Mount Everest. You know, going up and up and up and getting to the top, and then sort of going, phew, but just a little bit. But then also, you know every time the kids have gone out in the car, those sorts of things. And also, probably when my own children were little, well not so much I don't think, because I didn't really think of crib death quite so much. But, that very special, sort of, almost a great feeling of responsibility being a mother, but here I am as a mother...I want to emphasize the, I guess the fear, of repetition.

Ms. B: I mean I don't do breast self examination. And it's almost, I wonder if, is it because I’m afraid of finding something...it preoccupies me. I think about it
and I think about how awful it would be, to be sick like that... It would be horrid to, yeah, I think of what would happen if I wasn’t here for her [subject’s own daughter]. Yes, with birth comes death, and you start thinking about those things.

This fear of dying like the lost parent was rather free-floating, and was triggered by developmental periods which were reminiscent of the lost parents’ circumstances shortly before dying. Ms. P’s excerpt demonstrates this best with her measuring her own life against her mothers to mark the exact time of the discovery of the metastatic lump. Ms. P was so connected with her mother’s experience that she could poignantly describe the feelings her mother must have had shortly before her death:

Ms. P She must have felt dreadful because she was leaving before her job was finished and I know exactly now, being in the same position. But here she was, leaving a family she hadn’t finished bringing up.

Regretting.

The third long-term consequence was regretting, specifically for the loss of subjects’ adolescent period, and more generally for all that ‘might have been’ had the lost parent lived. Those who expressed regret for their loss of adolescence were typically those individuals whose use of the assuming responsibility strategy had resulted in the short-term consequence of growing up fast. As assuming responsibility was used only by females, the long-term consequence of regretting the loss of adolescence was also expressed only by females:

Ms. T: Well, there was no doubt, because, I was, I had three younger siblings, and I spent my time at home taking care of the little kids and my brother and the house, and doing the wife, mother things, instead of doing high school things. You know. Yeah, I grew up in very short order.

In this sense, assuming responsibility was not wholly successful in integrating disillusionment - its use deferred the disillusionment, it did not eradicate it.

Other sources of regret were related to what has been described as ‘might have been,’ which included career choices, relationship choices, and life choices in general. The
Ms. V: I’m sure that I’d be a lot different if mother had lived. I’m sure, but because I would have my mom and dad living together still, I’m sure they’d still be married. And she’d probably would have supported me going to school, you know she wanted me to continue education, that was important to her. And, let’s see, I think I’d be much different. I think I would have been happier.

Mr. B: And in terms of if my mother had been alive, I think I would have been quite similar to my brother who was six years older, you know, I guess. I would have gone through largely what he did. Go through public school. He’s basically fairly average, reasonably successful. Fairly middle of the road and just, you know, grow up an average kid, I think...I think I would have been more comfortable with myself and more at ease in relationships, is what I see. I’m guessing I would have been involved in more long-term relationships. 

Both responses reflect the changes that the subjects sustained following their loss: Ms. V experienced less happiness; Mr. B. had less capacity to trust. Both are outcomes of integrating disillusionment.

One final expression of regret described by one subject was the lost potential to experience a mature relationship with her mother who had died when she was 15 years old. She expressed regret for the lost opportunity, as well as resentment towards people who did not value their parents enough:

Ms. P: One of the things I do have is almost resentment in a way when I see daughters now complaining about their elderly mothers. You know I mean some have a really nice relationship and are obviously very happy to be caregivers, but others are sort of bitter about looking after their parents. But when I see a happy relationship of mother and daughter. I see them going off for lunch, and doing things together, I think I’m resentful in that respect that I, gosh, I couldn’t have that.

Subjects expressed a fairly astute perception of who they might have been and how their life might have unfolded had this loss not occurred when it did.

Discovering personal strengths.

The fourth and only positive long-term consequence was discovering personal strengths. Discovering personal strengths involved subjects’ perception that their efforts at integrating
disillusionment had made them stronger or better persons in some way. This consequence was associated most strongly with the use of normalizing, or with assuming responsibility for others. With normalizing, discovering personal strengths was only a consequence for those who reached a point of reorienting their norms to an internal and more comprehensive conception of how they ‘ought to be.’ By reorienting their norms, these subjects allowed themselves to be themselves, and accepted this as worthy and good. On the other hand, assuming responsibility for others was, in itself, praiseworthy, and subjects who used this strategy had little difficulty in discovering personal strengths as a consequence.

One personal strength that subjects described was having acquired a greater capacity for empathy and understanding than they might otherwise have had. For the ‘normalizers’ this strength came from reorienting their norms and discovering the worth in people like themselves. For the ‘responsibility assumers’ this strength arose from dealing with the adversity that they had grappled with. The following excerpts demonstrate the two different sources (respectively) of the personal strength:

Mr. M: I’m quite such successful with borderline kids. And with young adults because I think I identify very much with them.

Ms. T: I think, it [mother’s death] probably, made me kinder, you know. And more, more understanding of what, of pain that people go through, that it’s hard to explain myself. That I don’t think you can be empathetic until you’ve had some kind of experience that you can, you know, relate it to. Not that I’m saying that I should lay my own feelings on top of somebody else’s, but I know, I know, I mean, I say I know, when I say to myself I know how they feel, I know how they feel. And I give people, a lot more room, I’d say, more accepting of, of people’s deviations in emotions. I try and see why they’re doing, as opposed to saying, "This is really ridiculous. I can’t see why they’re doing that." I, yeah, I think that as an adult it’s made me a better person in a way.

In general, subjects believed that their own trials of loss and hardship had fostered a more compassionate attitude towards kindred sufferers. Subjects who expressed this heightened
sense of empathy were also ones who described their experience of their parent’s illness (all were deaths which occurred after long illnesses) in terms of their parents’ pain and anguish, and not in terms of their own suffering. This other-centredness reinforces the notion that the predisposition towards an altruistic nature might have already been established for these individuals before their loss experience, and that perhaps their experience only heightened their capacity for compassion.

In contrast to these other-centred individuals, one subject who was described as having a self-centred personality expressed a decreased tolerance for ill people - that she suspected them of malingering or hypochondria if they claimed to be ill. Her intolerance, she understood, was a manifestation of a coping strategy of denial: that if she refused to believe that someone was ill, she did not have to seriously entertain the idea that they might die and leave her:

Ms. B: You know, I have no patience at all with people that are sick now and I think that I always tell myself they’re just being a hypochondriac and not really sick, there’s no reason for being like that. And I think it’s a just sort of a way of coping - denial in there, I don’t want people to be sick in my life...I think about death, I deny it, nobody’s sick.

This subject was, before her mother died, equally concerned with how her mother’s illness and suffering affected her as she was about how it affected her mother:

Ms. B: And I remember some awful things like being embarrassed that she was sick, and she knew that I was embarrassed that she was sick. And I would have girlfriends staying the night and she would get up and we would hear her being sick and I would think ‘Oh God, I wish that you just wouldn’t do that,’ you know. I remember running downstairs and screaming at her just to take something, not so that she would feel better, but so that I wouldn’t have to listen to it.

Again, this reinforces the notion that subjects may not have become whom they did without some predisposition to that personality or characteristic before the loss.

A second personal strength that grew out of subjects’ loss and their subsequent
hardships was caring about connections. Subjects' early loss had provided them with an understanding that life is fragile, and a concern about maintaining the vital connections with loved ones:

Mr. B: But essentially we always got along fine, and in fact if anything, we were just chatting about this the other day, because all of us were together. We were just discussing that only one of the four of us have been married. We sort of wonder if we have unnaturally high expectations in our relationships, because we relate very well to each other.

Ms. B: And he [brother] really tries to keep us all close now, and it's really kind of neat...I wonder, I don't know now I think of the new relationship that's developing with my siblings is part of it, and that's really positive. It's taken a long time to come - fifteen, sixteen years - but that part of it is very positive - I feel very close to my brother.

Ms. P: I mentioned the positive aspect is that my siblings and myself became really close. So that's really great. And even though we're on far corners of the world we tend to try and see each other every year or every other year...that's a real positive thing. And that probably is the most positive thing, that we're a very close family.

The third personal strength identified by subjects was a heightened sense of self-reliance. This personal strength was a natural outcome of taking responsibility for the self, and/or assuming responsibility for others. Subjects indicated that having had to look after themselves and others from an early age had resulted in a perception that they were highly self-sufficient and 'masters of their own destiny:'

Ms. B: When I went to university, my friends, that it was their first time out on their own, they would blow all their money, on, on going out for food going out for, buying a bunch of clothes and not have anything left, but I was used to budgeting, I was used to doing all that.

Ms. P: I think it made me stand on my own two feet. Probably a good organizer.

Ms. T: I think I was always a really, take charge kind of a person, you know, taking care of all those people, but I think it really accentuated those characteristics in me...I guess I never knew how much I was capable of doing for myself and how strong and independent I am. And I know that if it comes right down to it, I will always be all right...yeah, I'm definitely a survivor.
Ms. T: I guess I wouldn't have known how capable I was at taking, I was always taken care of as a child. You know, my parents always did everything for me. I guess I never knew how much I was capable of doing for myself and how strong and independent I am. And I know that if it comes down to it, I will always be alright.

Closely related to self-reliance was one subject's description of resiliency - he had been through it all and was now immune to anything that remotely resembled disillusionment:

Mr. N: I feel very strong, I feel resilient to stress, and to grief and the pressure and all that. I feel tough, super tough. I think I became very mature at that time, and so much so over that year now, I probably became more mature than I would have at all, the other way. That's how I feel just because of what I went through and how I dealt with it.

Finally, this same subject described an overall sense that he felt that he was likely a far nicer human being than he might have been had his mother lived:

Mr. N: So I was the baby and got everything, I wouldn't say, just as an aside - the only thing that prevented me from growing up to the spoiled jerk was the fact that my mom died and I had to grow up real fast and get into a lot of things and then get out on my own, which wouldn't have happened otherwise. I think, I remember myself being very different sort of person before than after.

Over time, subjects indicated that they were able to 'make something good' out of their catastrophic experiences, lending evidence to the old adage that 'every cloud has a silver lining' although the lining may take considerable time to show through.

Summary.

This final section of the conceptual analysis has described the long-term consequences, or developmental sequelae of the process of integrating disillusionment. Consequences were found to be positive, negative, and relatively neutral. Subjects described their consequences as becoming impermeable, becoming like the lost parent, regretting, and discovering personal strengths, and related these consequences to their disillusionment, and the action/interactional strategies that they had used to integrate their disillusionment into their lives. The long-term consequences were described as being indelible in nature, as they were ones which subjects
described as having become very much a part of who they are today.

Subjects' Experience of Participating in the Study

This third and final section presents an account of subjects' experience of participating in the study. Most subjects indicated that the interview was of therapeutic value to them. Mr. B's comments underscored his perception of the therapeutic value of the interview session:

Mr. B: I'd been thinking about mom [deceased parent] quite a bit over the summer, it'd been close to the top of my mind for a couple of months, and sort of increasingly, and then you came along, and I realize that since we've talked I've been very peaceful about the whole thing, and I've been very easy in my feelings, and I haven't been troubled by it. I just sort of have gone back to, something that happened twenty one years ago - the memory's still there, but I feel very calm about it, whereas obviously it was simmering near the top before we talked. So it's nice for me, I really appreciate this...and I enjoyed getting it out and analyzing it a bit, and talking about things.

The subject who was youngest and closest to the loss experience indicated that she was unsure why she had volunteered as she felt that the whole episode might be disturbing:

Ms. V: I thought, what am I doing because I'm going to get upset and ruin my day. This subject revealed that this was the first time she had told her tale in its entirety, and the first time that she had put words to feelings which, until then, she could scarcely bear.

Another subject expressed an interest in how she would 'measure up' in terms of the rest of the subjects' experiences, suggesting that the feelings of being different from others were still highly operative for her, and that she continued to use an external measure for her strategy of normalization:

Ms. L: I'll be interested to hear how this all [research] ends up, if I'm like the other people that you speak to.

In terms of the researcher's subjective observations, one subject's motivation to participate in the project seemed to be his need to be seen as an expert on his own
experience. This subject 'quizzed' the researcher on her knowledge of the field of adolescent bereavement, and seemed to relish recommending authors and studies about the phenomenon to the researcher.

Finally, while some subjects possessed their own personal reasons for participating in the study, all participants expressed gratification to have had the opportunity to contribute in a meaningful way so that other parentally bereaved adolescents might benefit.
CHAPTER FIVE

Discussion and Implications

The purpose of this chapter is to explain the findings of the current study, to orient the study within the context of related knowledge, and to consider the implications for nursing practice and research. This study sought to describe the long-term developmental effects of parental bereavement in adolescence. In Chapter Two, a review of the literature established that while a substantial body of literature concerning adolescent bereavement has emerged since 1980, very little exists that describes the long-term effects of adolescent bereavement, and only one study was found which specifically explored the long-term effects of adolescent parental bereavement. Although the literature reviewed in Chapter Two served as a basis for the discussion, themes discovered in the data which did not arise in this original review required the addition of research and theoretical literature.

The discussion is organized to reflect the three research questions which directed the study. The first question is addressed in relation to the long-term developmental effects of the loss of a parent in adolescence - the consequences of integrating disillusionment. This discussion will include an exploration of the factors and conditions which contributed to these effects, the focus of the second research question. The third question exploring the extent to which this study’s findings fit Davies’ (1991) conceptual schema will also be addressed.

A word must be said here about the nature of the existing adolescent bereavement literature. Research in this area has been, almost exclusively, quantitative in its approach. Thus, a body of knowledge has been developed which examines particular variables in relation to adolescent bereavement - eg. self-concept, support systems, alteration in specific behaviours such as school performance, eating, and sleeping. What has not been reported is a comprehensive description of the experience of the parentally bereaved adolescent. One
theory of adolescent parental bereavement was discovered, but could only be used sparingly as the theory is rooted in psychoanalysis and thus shares this approach’s shortcomings. No literature was found that supported this study’s conceptualization in its entirety. However many of the variables discussed in the literature were embedded in this study’s findings, but it was exceedingly difficult to discuss this study’s comprehensive conceptualization using such narrowly focused research.

**Integrating Disillusionment**

The research findings revealed that the adolescent who loses a parent experiences the phenomenon of disillusionment which provokes behaviours which have been described as the process of integrating disillusionment. Disillusionment was characterized as the interaction of the grieving process with the developmental tasks of adolescence, and as such comprised elements which were similar to both, but not exactly like either. Subjects responded to, or managed the their experience of disillusionment by using certain action/interactional strategies which to denied, blunted, or forestalled the impact of disillusionment. These strategies included normalizing, assuming responsibility, re-sourcing needs, self-comforting, and rationalizing disappointment, the selection of which was related to certain intervening conditions (see Figure 2). The use of these strategies resulted in specific outcomes or consequences, which were classified as short-term or long-term in nature. Short-term consequences at one point in time became action/interactional strategies or the intervening conditions that lead to the long-term, or more indelible consequences of disillusionment. The interrelationship between consequences and action/interactional strategies is illustrated in Figure 2.
Growing Up Fast

Assuming Responsibility

Normalizing

Drifting/Meandering

Taking Responsibility (for the self)

Fulfilling Wishes

LONG-TERM CONSEQUENCES

Becoming Impermeable

Becoming the Lost Parent

Regretting

Discovering Personal Strengths

INTERVENING CONDITIONS

male
- self-centred personality
- British culture
- ill-informed about death
- maladaptive family coping style
- support unacceptable
- concurrent negatively perceived changes

female
- other-centred/outgoing personality
- surviving parent - weak
- attached to family
- eldest sibling
- death expected

outgoing personality
- youngest sibling
- connected with religious groups
- death expected
- surviving parent negatively perceived
- support available & acceptable

surviving parent perceived as
- inappropriate/embarrassing
- more separated from the family
- spiritual

introverted personality
- religious but angry with God
- death expected
- positive relationship with dead parent +
- negative perception of surviving parent
- support unavailable
- economics inadequate
- concurrent negatively perceived changes

STRATEGIES

Assuming Responsibility

Re-sourcing Needs

Self-Comforting

Rationalizing Disappointment

SHORT-TERM CONSEQUENCES

Growing Up Fast

Regretting

Discovering Personal Strengths

FIGURE 2 - ASSOCIATIONS BETWEEN INTERVENING CONDITIONS, STRATEGIES, AND CONSEQUENCES
Disillusionment

Disillusionment was the phenomenon that occurred when the adolescent’s parent died. Disillusionment resulted when the individual confronted the developmental issues of adolescence at the same time as he or she must deal with the stressors of the grieving process. The concept of disillusionment is new to the field of adolescent bereavement, and as such was not found in the literature. However, support for aspects of the phenomenon was found in the literature which describes adolescence, grieving, and adolescent bereavement.

During adolescence, previously held conceptions and understandings are re-examined, analyzed and changed to meet a maturing view of reality. Ordinarily, this process of unmasking reality is gradual, with adolescents pulling away from familiar beliefs and models as their own identity and values steadily take shape. Unmasking reality can, and often does result in the childlike images of all-perfect, all-knowing models disintegrating, never to be reassembled as they were in childhood. Although the process of unmasking may be a steady one, it is not without its ups and downs. Adolescents vacillate widely between child and adult perceptions and feelings, and experience a great deal of ambivalence between wanting to be independent of their parents, and realizing how dependent upon their parents they actually are. The upheaval of unmasking reality is made tolerable for adolescents because they usually experience these changes from within the security and stability of their family unit (Papalia & Olds, 1981; Wass & Hannelove, 1989). Erikson (1963) describes adolescence as a ‘psychosocial moratorium,’ where the adolescent is focused on a search for commitments to which they can be faithful. He maintains that these commitments are both ideological and personal, and the extent to which young people can be true to them determines their ability to resolve the identity vs. role confusion crisis of this stage,
determines their capacity for future development, and ultimately influences their adult personalities.

Numerous authors have proposed theories of grief and bereavement (Bowlby, 1980; Freud, 1957; Lindemann, 1944; Parkes, 1986; and Rando, 1984). Rando’s (1984) work examined the various theories of the grief process, and concluded that while each may focus on different foci and may use different labels for concepts and theories, they all describe the same basic feelings associated with loss. Because of this similarity between theories, Rando (1984) suggested that the normal grief process could be described as fitting into three broad categories/phases, into which all other conceptualizations could be collapsed. She describes these categories/phases as avoidance, in which there is shock, denial and disbelief; confrontation, in which the grief is most intense and reactions to the loss are most acutely felt; and reestablishment, where the grief declines and a reentry into the daily routine follows.

Fleming and Adolph (1986) state that studies of adolescent bereavement leave the investigator perplexed, as the conflicts associated with adolescence are so similar to the ones inherent in the grieving process. Both adolescent development and the grieving process involve adapting to a loss and coping with changed inner and external realities, and both must encounter the ambivalence and conflicts inherent in the phases of grieving or of separation - avoidance, confrontation, and reestablishment.

Integrating disillusionment embodied the conflicts, ambivalences, and the adaptations of the parentally bereaved adolescent. Disillusionment, the phenomenon, was characterized in terms of its dimensions, and was found to occur in relationship to one or a combination of four referents. The dimensions of disillusionment were described as intensity, duration, frequency, and degree of pervasion.
Phases.

Two phases of disillusionment were described by subjects with respect to the phenomenon's intensity: acute and blunted. The acute phase is characterized by a keen sense of shock, followed by a debilitating insecurity. This initial phase of disillusionment corresponds with Rando's (1984) first and second phases of grieving. The first phase of the grief process is characterized by a sense of shock, numbness and disbelief; the second by a sense of generalized anxiety associated with the unknown and unfamiliar, and feelings of anger and/or guilt. The first phase of disillusionment differs from Rando's (1984) conceptualization of the grief process because the adolescent has been caught in the midst of voluntarily attempting to separate themselves from the parents. When a parent dies, instead of the adolescent gradually peeling away from the constant parent, the parent is sheared away from the adolescent, abruptly and prematurely. The resulting disorientation and insecurity are profound - just when the adolescent is trying to figure out the meaning of life, life suddenly becomes meaningless. Parentally bereaved adolescents learn, in this acute phase, that their world is unsafe and that no-one is impervious to death and/or abandonment (Fleming & Adolph, 1986).

The second phase of disillusionment was described by subjects as 'blunted,' and one which did not ever completely disappear. This corresponds to Rando's (1984) third phase of the grief process, characterized by a gradual decline of grief and the beginning of the social and emotional re-entry into the everyday world. What is markedly different for the parentally-bereaved adolescent is that there is no previously established point of re-entry. The bereaved adolescent is caught in the midst of becoming - "he [sic] is seeking an image he does not know in a world he rarely understands, with a body he is just discovering" (Jones, 1969, p.332).
**Duration.**

The notion that the blunted phase of disillusionment never really disappears altogether relates to the phenomenon's duration. The research that has been conducted on the duration of grief is inconclusive. Most studies follow the bereaved individual for a period of eighteen months, and do not include information about what happens after this point. This prevents researchers from making valid, generalized statements about the 'normal' length of the grieving process. Rando (1984) states that although it was once thought that grief symptoms only lasted six months, it is now believed that some symptoms may take up to three years to resolve. Furthermore she asserts that the adage "Once bereaved, always bereaved" remains true, and that there will be aspects of the loss that will remain with the bereaved until he or she dies (Rando, 1984). This notion that bereavement is lifelong is supported by Castiglia "It is important for caregivers to understand that mourning never ends" (1988, p.158). With adolescence being a particularly decisive time for the formation of identity, it is not surprising that the experience of bereavement at this time would lead to seemingly indelible consequences for the individual. Foundations are being laid which, for good or for ill, will remain with the individual for the rest of his or her life.

**Frequency.**

Disillusionment was also found to have a frequency dimension, with subjects reporting periodic exacerbations of disillusionment associated with triggering events such as meeting with people who reminded them of their lost parent, attempting to establish close relationships with others, or exposure to perceptual stimuli such as familiar music or scenes. This feature is not unlike the normal anniversary reaction associated with grieving, except that the feelings which are mobilized include a profound sense of mistrust and insecurity which is atypical of normal anniversary grief reactions (Osterweis, et al., 1984).
Degree of pervasion.

Degree of pervasion described how deeply disturbed subjects were by their altered perceptions of reality. This dimension seemed closely related to the magnitude of departure from previously held norms, as well as the degree of intimacy concerning the focus of the disillusionment. Magnitude of departure varied from a mere alteration to a serious violation of the subject's perceptions of reality. Alterations in perceptions of reality and social norms are normal tasks of adolescence, but are disrupted for the bereaved adolescent when the surviving parent (and other role models) act in ways which the adolescent perceives as violating their newly forming value-system. Surviving parents may be particularly susceptible to negative 'revisioning,' as they themselves are preoccupied with their own grief reactions to the loss of their spouse. This observation is consistent with Galloway's (1990) findings that 60% of young adults' relationships with their surviving parent altered greatly following the other parent's death. They expressed anger and resentment at the surviving parent's coping behaviours, along with a compulsion to assume the parenting role.

Referents.

Disillusionment occurred in connection with specific referents: surviving parents, authority figures, expectations surrounding what family life should look like, and adolescents' hopes and dreams for what their lives might have been had their deceased parent survived. The first two referents are commonplace to the normal adolescent experience of unmasking reality, while the third and fourth referents are the usual foci of reorientation in the grieving process. When adolescents ordinarily unmask reality, they can do so from the relative security of a stable family life and their own expectations of what their future holds. When adolescents ordinarily encounter loss it can be faced from the relative security of the stability of relationships with significant others in the bereaved's life. When all four foci are
the subject of disillusionment, the consequences threaten to overwhelm the bereaved adolescent.

The following section discusses the action/interactional strategies used by adolescents to integrate disillusionment. Woven into this discussion is the role of the various intervening conditions in determining the selection and/or the effect of the differing strategies (see Figure 2).

**Action/Interactional Strategies and Associated Intervening Conditions**

Subjects used five action/interactional strategies to integrate disillusionment: normalizing, assuming responsibility, re-sourcing needs, self-comforting, and rationalizing disappointment. Which strategy was used, and the success with which the strategy served to move the adolescent through the process of integrating disillusionment was determined by certain intervening conditions. These conditions were characterized as personal or situational in nature. Personal factors consisted of gender, personality, maturity, sibling order, culture and religiosity, while situational factors included circumstances of the parent's death, pre-death relationship with the deceased parent, family dynamics and coping style, characteristics of the surviving parent, availability and acceptability of support, timing of the loss, and economics.

**Normalizing.**

Normalizing is similar to what Fleming and Adolph (1986) have conceptualized as *self-image* and *belonging*, as it demonstrates the adolescent's adjustment to a new and unwelcome self-image of being bereaved and relates to a fear of being misunderstood/rejected or disliked by peers for being different. Adolescents used normalizing to protect their self-image and their family image. The strategy was used most often by individuals who were characterized as both self-centred and sociable.
Normalizing helped the adolescent to forestall or deny his or her integration of the disillusionment brought about by changes which occurred in the self and the family. In this sense, normalizing is similar to denial in helping to protect the adolescent’s fragile ego. Accepting that one is bereaved compels the adolescent to accept that he or she is different and somehow set apart from his or her peers. Several subjects indicated that peers’ most supportive actions were in fact non-actions - treating the subject as if nothing had happened. This strategy helped the adolescent to keep one thing stable (peer relationships) in the midst of a complete loss of stability in the family unit. This finding is consistent with Raphael’s (1983) observations of parentally bereaved adolescents who felt different from their peers because they were fatherless or motherless. This difference was heightened by the fact that they were at an age where they were particularly sensitive to the norms of the peer group. Adolescents may resent any stigma associated with their altered status, in particular any pity or shame. Feeling different was also extended to the family which was perceived as altered or incomplete. The stigma of being bereaved caused adolescents to suppress or repress their emotional responses and needs, so that the process of grieving became a rather private one for adolescents, or it occurred intermittently when circumstances were favourable and the ego could allow the susceptibility (Raphael, 1983). In either case, normalizing extended the process of bereavement over a considerable period of time as the loss was slowly resolved.

Normalizing was used most often by subjects who were characterized as both self-centred, and sociable. Self-centredness is not unusual for normal adolescents - they are often preoccupied with how they are seen by their peer group and others (Cook & Phillips, 1988). Sociability is also characteristic of normal adolescents as they undertake the task of forging new relationships with people outside of their immediate family (Corr & McNeil, 1986). The combination of the two personal characteristics makes adolescents vulnerable to the
impact of others’ perceptions on their self-image.

Other subjects expressed distress about the lack of norms for how parentally bereaved adolescents should behave. This finding is consistent with adolescent bereavement responses studied by Gapes (cited in Raphael, 1983). His subjects maintained that they often had little knowledge of what was normal in a grief reaction, and so were most hesitant to show their natural responses for fear that they would be seen as abnormal. In the current study, the effect of normlessness was exacerbated by the personal intervening condition of maturity, with the adolescent’s behaviour vacillating between childlike and dependent, and mature and self-reliant. Adolescents faced a dilemma: while the loss experience caused regression, family dynamics required that they assume grown-up roles (Castiglia, 1988; Gordon, 1986). Subjects reported that in the face of this dilemma, no norms were available to them.

When information was unavailable about what was expected from the adolescents, they reported drawing upon what seemed to be the most salient of social expectations. These models for behaviour were clearly divided along gender lines with subjects adopting a rigid conception of self as male or female which was based upon stereotypical sex-typed behaviours. Females responded by adopting the role of nurturer, irrespective of whether they had lost the pivotal nurturing figure or not, while males described an inclination for strongly male sex-typed roles such as ‘soldiering on’ and testing authority. Thus, gender proved to be a powerful intervening condition that influenced the use of this strategy.

Similarly Raphael (1983) reported that bereaved adolescent males often repressed their feelings, as they perceived the longing for a father or mother as childish or unmasculine. This resulted in an inability to talk about what happened or to express their feelings. In contrast, girls more easily expressed their feelings of longing and loss, as it was more acceptable that they do so. Gray (1987a) confirmed these findings, with parentally bereaved
male adolescents controlling their feelings to a greater degree than did female subjects.

As time went on, subjects found similarly affected individuals and came to see themselves as less sharply different from their peers. Rather than using external norms on which to model their behaviour, subjects reoriented to their own internal norms and developed a more comprehensive perception of how bereaved individuals ought to be. A similar observation was made by Cragg and Berman (1990) and Goodman (1986) who found that adolescents learned to come to terms with their identity as ‘bereaved’ by interacting with other people who had suffered a similar loss. Although in time, subjects found, and were able to relate to people who had experienced losses like themselves, at no time did subjects acknowledge feeling ‘like ordinary people’ - from the time directly following their loss experience right up to the time of this study. Feeling different is examined later in the study as a long-term consequence of adolescent bereavement.

Normalizing was influenced by the presence and salience of developmental changes in the adolescent’s life (presented under ‘Timing’ as a situational factor). These changes were negatively perceived (ie. weight gain, acne), and combined with disillusionment, proved a powerful assault to the subjects’ self-concept. Normalizing protected the subjects from this offensive. This observation is consistent Palazzi et al.’s (1990) documentation of the interrelationship between the adolescent’s self-concept and the subjective importance of parental bereavement. The authors, however, caution against a too rapid interpretation of the direction of this relationship. The relevance of parental bereavement may be heightened by a poor self-concept, or parental bereavement may impair the adolescent’s sense of self as worthwhile: the relationship is unclear. Whatever the direction of the relationship, the combined effect of parental bereavement and a shaky self-image leads to the more urgent need for a coping strategy such as normalizing to integrate the disillusionment.
Finally, normalizing was also used by the family unit as a whole, and was thereby influenced by the intervening conditions of family dynamics and coping styles as well as culture. To some degree normalizing was used by all families, but was strongly associated with subjects whose families had a strong British cultural influence. These families employed a 'stiff upper lip' policy amongst the family members and towards individuals outside of the family. Those subjects whose families reacted in this manner indicated that their loss experience would have been far less painful had their feelings and concerns been dealt with in a more open and accepting climate. This is consistent with findings concerning the effect of family communication and cohesiveness on adolescent bereavement responses. Adolescents of families marked by emotional distance reported feeling confused about the death long after its occurrence, while those whose families' were characterized by openness reported only a lingering sense of loss (Balk, 1981; 1983).

To summarize, normalizing was a strategy used by parentally bereaved adolescents because they were highly sensitive to the social stigma of being bereaved and uncertain about being somewhere between a child and an adult. The strategy was associated with a self-centred and sociable personality, and the presence of other negatively perceived developmental changes. Bereaved adolescents adopted highly sex-typed gender appropriate roles in response to a lack of norms. Normalizing was also used by the family unit as a whole, particularly for those families who were of British cultural origins. Support for the strategy was not found in the literature per se, but certain aspects of normalizing and associations between these aspects and other variables were supported by several authors.

Assuming responsibility for others.

Assuming responsibility was one of the strategies participants used to integrate disillusionment. Subjects who used this strategy tried to deal with the adverse family
situation and meet the dependency needs of family members. The purpose of the strategy was to distract the bereaved adolescent’s attention from her feelings of disillusionment with the family situation or the surviving parent, or both, by focusing her attention on her duties and obligations that she felt compelled to undertake as a result of the loss. The strategy was used exclusively by females in keeping with a fairly narrow interpretation of gender appropriate behaviours. Similarly, Josephs (1982) reported that adolescent girls who lost their mother or father felt that they had to become more mature and responsible as a result of the loss. Newman and Newman (1978) also suggested that instability in the home facilitates identity achievement in female adolescents. Raphael’s (1983) observations of bereaved adolescents provide an explanation for these findings: "If there is great uncertainty in the self about who one is and what one will become, there may be strong ego pressures to consolidate some identity choice... bereavement heightens the uncertainty about who one is now that one is ‘fatherless’ or ‘motherless’...and the adolescent may seek an identity, any identity to resolve the anxiety" (p.159).

Assuming responsibility was influenced by subjects’ altruistic and/or sociable personalities. Altruism is compatible with this strategy as it is other-centred, rather than self-centred in its motivation. Assuming responsibility for the surviving parent and siblings was facilitated by the adolescent’s ability to re-source her needs through her outgoing and sociable personality. These findings demonstrate the complex interplay between intervening conditions and action/interactional strategies - rarely were they found to be unidirectional and simplistic. Palazzi et al. (1990) made a similar observation: they emphasized the complexity of the interactions between external and internal factors as this related to life events (including parental bereavement) which disturb the self-image of adolescents.

The greater the ambivalence about separation from the family unit, the more likely
were subjects to assume responsibility. Several subjects described curtailing the beginnings of their adolescent struggle for independence out of concern for leaving the surviving parent all alone, or for fear that left unattended, this parent might also 'die on them'. These findings are supported by theorists Castiglia (1988) and Furman (1984). Both maintain that the singularity of the surviving parent, coupled with the adolescent’s new found sense of the precariousness of life, may make it difficult for the adolescent to move away from the surviving parent, with adolescents inappropriately assuming the responsibility for their surviving parents’ happiness and/or well-being.

Assuming responsibility was also associated with the circumstances of the death as this interacted with gender. Two females described consciously altering their behaviour in an effort to please their sick parents when they perceived that they were dying. This is consistent with gender appropriate behaviour for females as nurturers, and is interesting when compared to male subjects who, having the same foreknowledge of their loss, did not describe altering their behaviour in any way to please or comfort their dying parent. No research or theories describing the constellation of these factors was found in the literature to support or refute these observations.

A fourth intervening condition, lack of economic stability, influenced the use of the strategy. Subjects described a heightened sense of responsibility in terms of their ability and, consequently their obligation to assist in the family’s finances. Raphael (1983) stated that economic lack potentiates the adolescent’s fear and helplessness which is already experienced as a result of the loss of their parent. He describes assuming adult or ‘bossy’ behaviour as a reaction formation against this profound helplessness and fear. No other studies or theories were found which dealt with the impact of financial lack on the adolescent bereavement experience or its consequences. Research samples are typically drawn from white, middle
class families and may not reflect the economic lack that other groups experience. As this present study suggests that economic lack may negatively influence the experience of disillusionment, investigation of this variable is warranted.

The strategy of assuming responsibility was only ever partially successful in integrating disillusionment. Avoiding disillusionment led merely to a deferment of the experience of the phenomenon. Feelings associated with the loss resurfaced again at a later time in the individual's development, but at a time when the subject felt prepared to deal with it. Raphael's (1983) observations are consistent with this finding. He describes parentally bereaved adolescents as suppressing their emotional responses in fear that if they do not, they may lose emotional control and be censured. Feelings resurface when secure relationships facilitate them - i.e. the surviving parent is able to respond to the adolescent's needs, or another significant other provides the opportunity for the adolescent to safely share his or her memories and feelings. This finding underscores the benefit that the adolescent accrues in terms of enhancing their sense of control with assuming responsibility. However, subjects also found that they could not gainsay their own emotional needs forever, and that when they were prepared, when they felt safe enough, they were able to express their anger, their grief, and their profound disillusionment.

Another drawback of this strategy was the enormous cost that it extracted from its users. These subjects all expressed a sense of having lost their adolescence - that assuming responsibility catapulted them into adulthood missing the innocent and carefree years of their youth. This loss will be further explored under both the short and the long-term consequences of disillusionment.

To summarize, assuming responsibility was a strategy undertaken solely by female subjects to integrate disillusionment. The purpose of the strategy was to distract the
bereaved adolescent's attention from her feelings of disillusionment with the family situation or the surviving parent, or both, by focusing on her duties and obligations that she felt compelled to undertake as a result of the loss. Use of the strategy as a means to manage disillusionment was supported by several references in the literature. Assuming responsibility was influenced by intervening conditions of gender, an altruistic and sociable personality, maturity, lack of economic stability, and the circumstances of the death as this factor interacted with the subject's gender. The strategy was only ever partially successful, with subjects deferring disillusionment, rather than avoiding it altogether. Use of the strategy wrest a very high cost from the subjects, who claimed that they had to forfeit the years of their adolescence.

Re-sourcing needs.

Re-sourcing needs was a direct response to subjects' perception that their familiar sources of need satisfaction were gone (as with the lost parent) or unsatisfactory (as with the foci of disillusionment). The strategy and the nature of the re-sourced need were found to be dependent upon several intervening conditions, most notably personality characteristics as this interacted with availability of support, circumstances of the death, religiosity, and the interaction between the pre-death relationship with the lost parent and characteristics of, and relationship with, the surviving parent.

This strategy was used most often by subjects who were sociable, and who were able to accept outside support. Support sources included peers, family, friends of the family, teachers and health professionals, and the church. Several studies by Gray (1987a; 1987b; 1988) examined the role of social support in the adaptation of bereaved teenagers. In comparing the difference in helpfulness between surviving parents and peers, Gray (1987a) reported that most (40%) adolescents chose a peer as being most helpful, rather than the
surviving parent (28%). These findings are consistent with the current study, where all subjects expressed difficulty in relating to their surviving parent.

Subjects reported receiving support from other members of their family - in particular, siblings and aunts. Although several authors have explored the role of the surviving parent in adolescent parental bereavement (Cragg & Berman, 1990; Gray, 1987a, 1987b, 1988; Hogan, 1988; and Raphael, 1983) no research was found that examined the role of siblings or the extended family. Moreover, subjects in the current study received support from 'friends of the family' - other families who had been involved with their own family prior to the loss. No research was found examining this aspect of social support either. Both areas require investigation to reach a better understanding of the influence of social support on parentally bereaved adolescents' endeavours to re-source their needs.

Not all persons who were sources of support to subjects proved to be dependable. Of particular note were teachers and health professionals. Gray (1988) examined the role of teachers in the support of bereaved adolescents. His subjects (n=50) reported that their teachers were often unhelpful (42%) or only helpful in minimal ways. Unhelpful responses were similar to the ones described in the current study: a) telling students to 'buckle down'; b) drawing attention to their loss (and therefore their difference) in front of peers; and c) open hostility towards the student.

Re-sourcing needs was used often used when the loss was expected. Similarly Gray (1987b) found that suddenness of death was associated with a significantly lower measure of intellectual control. The relationship suggests that where the loss is anticipated, the adolescent may have better intellectual control, which may lead to the use of more efficient problem solving strategies such as re-sourcing needs.

In addition to re-sourcing needs from peers and surviving parents, this strategy was
also found to be used in conjunction with God and religious groups. Belief in God was expressed by one subject as a way to cope with the unfairness of her loss - that as long as she believed in God, she could believe that her mother was not gone in any final sense, and that the untimeliness of her death had some rationale. Two subjects described turning to religious groups for support. They reported receiving unqualified love and support from this group which they could not expect from any other source. The unqualified nature of such support is very likely similar to the sense of acceptance experienced in the lost relationship with the deceased parent. These findings are consistent with those of Galloway (1990) and Cragg and Berman (1990). Galloway found that subjects who reported important religious affiliations prior to the death felt comforted by their religion and noted that their faith in God became deeper. Cragg and Berman findings reported that parentally bereaved adolescents identified both clergy and church contacts as supportive.

Re-sourcing needs was often directed at the surviving parent who, more often than not, was found wanting. Several studies support this finding. Bowlby (1980) found that after a parent dies, the modes of discipline often change, with the surviving parent either becoming excessively strict, or inconsistent. Elizur and Kaffman (1982) and Hilgard, Newman and Fisk (1960) noted that favourable adjustment for parentally bereaved adolescents was related to the parenting strengths of the surviving parent. These strengths included being reality-oriented, strong in terms of keeping the home intact, and having attitudes that fostered independence and tolerance for separation. Possessing these strengths is a challenge for any parent, especially one who is grieving for a lost spouse, who may have previously played only a peripheral role in child rearing, and evaluation as a ‘good’ or ‘bad’ parent is based upon the adolescent’s comparison of their parenting abilities with the deceased parent’s abilities.
This third point is particularly significant to the adolescent’s perception of the adequacy of the surviving parent in meeting their needs. In the current study, the bereaved adolescents gilded the dead parent, a process which involved preserving and idealizing the good qualities of the deceased parent. In comparison, the surviving parent was perceived as the ‘bad’ parent. This dynamic was consistent with other findings of studies rooted in psychoanalysis, where bereaved adolescents experience hostility, which is displaced from the deceased parent onto the surviving parent, and represents an attempt to undo prior feelings of hostility towards the parent who died (Arthur & Kemme, 1964; Neubauer, 1960; and Wolfenstein, 1966). Still other studies found that surviving parents may not be an adequate source of support for the adolescent, as they are in the midst of trying to cope with their own grief at the loss of their spouse (Castiglia, 1988; Cragg & Berman, 1990; and Goodman, 1986).

Both groups of research are germane, with the consequences for bereaved adolescents representing the results of a powerful combination of the two. Whatever the reason for adolescents disillusionment with surviving parents, adolescents responded by either aborting the attempt to satisfy the need or turning to other individuals or structures to provide what they felt their surviving parent could not.

Re-sourcing needs was developmental in nature with the behaviours becoming more highly conscious and thus more purposive as the individual matured. Looking first at adolescent attempts to resource needs, one male subject’s need for guidance was manifest in his desire to be sent to boarding school. He did not see this as such until his behaviour was reviewed in terms of his unmet needs. Another female subject’s need for attention was manifest in her crashing her father’s car. Again, she did not see this as a cry for attention until much later in life. The male subject’s response to seek guidance is consistent with Hodges’ (1990) findings which suggested that parentally bereaved males are more likely to
cope with their loss through seeking order and organization. The female’s behaviour is consistent with Raphael’s (1983) findings that parentally bereaved adolescents may angrily act out, partly to elicit care from those who do not seem to recognize their needs, and partly to punish the self for what has happened. Fleming and Adolph (1986) also described dramatic or resistive behaviour as a means of ‘attracting care’ for the bereaved adolescent. Adolescent ‘acting out’ is a normal means for adolescents to draw attention to their needs; however bereaved adolescents differ in their profound sense of insecurity - they are marked as less worthwhile (or this terrible thing would not have happened to them) and their world is unsafe.

As subjects matured, they were able to clearly articulate what they needed and how they went about getting their needs met. For example, the need for a ‘normal’ family structure was consciously sought out by one female subject as an adult when she selected her boyfriends. Pregnancy was the outcome for this subject. A male subject experienced an early and failed marriage as a result of his attempts to resource a family through marriage. These findings are consistent with Weizman and Kamm’s (1985) theory which suggests that bereaved adolescents will act out their wish for replacement and need to belong to someone through sexual activity. This search for someone to alleviate the deprivation can, they state, lead to pregnancy and early marriage. As the sense of disillusionment blunted, the needs remained but the individual had a more accurate perception of what they are and how to go about meeting them.

Failure to re-source needs led to long-term problems such as difficulty in establishing close interpersonal relationships. There is a body of literature which points to long-term consequences of adolescent bereavement, but most subjects were drawn from samples outside the mainstream (criminals and psychiatric patients). These studies have been criticized by
the researcher as being of little value in explaining the experience of the parentally bereaved adolescent. The long-term consequences of unmet needs for parentally bereaved adolescents will require empirical support from future research.

To summarize, re-sourcing needs was a strategy used in direct response to subjects’ perception that their familiar sources of need satisfaction were gone (as with the lost parent) or unsatisfactory (as with the foci of disillusionment). The use of the strategy and the nature of the re-sourced need was influenced by personality characteristics which interacted with the availability of support, circumstances of the death, religiosity, and the interaction between the pre-death relationship with the lost parent and the characteristics of the surviving parent. As with other strategies, re-sourcing needs was unconscious in the early and acute stage of integrating disillusionment, and more highly conscious in the later and blunt stage of the process.

**Self-comforting.**

Self-comforting was used by subjects to console themselves in the face of their disillusionment. This strategy provided a safe fantasy world into which the adolescent, and subsequently the adult, could retreat and find consolation. The use of the strategy was less conscious at the time of the loss, and more volitional as the individual matured. Self-comforting was influenced by the personal factors of maturity and religiosity, as well as the situational factors of family dynamics as this interacted with sibling order and gender, and the relationship with the deceased parent.

Self-comforting was manifest in the bereaved adolescent’s dreams of the lost parent. According to Osterweis et al., (1984) dreaming represents one of a constellation of searching behaviours associated with an intense yearning for the lost person. They state that when the lost person fails to materialize, searching behaviours decrease and despair sets in. This
theory is partly consistent with the findings in this study. For one subject, dreams of her deceased mother were confusing at first until they were reframed as comforting by her father. Thereafter, the subject dreamt of her mother less frequently, and found her dreams more comforting. This finding differs from Osterweis et al.’s (1984) theory in that the subject did not report a sense of despair that her mother failed to materialize.

As subjects matured, they employed the self-comforting strategy more purposively. Subjects perceived that they ‘carried the dead parent within,’ and that this parent watched over them and cared for them. Similarly, Elizur and Kaffman’s (1982), in a study of children’s bereavement reactions following the death of the father, reported thatbereaved children fantasized in an attempt to maintain the illusion that the deceased person was nearby. This was achieved by two means: a) intensive revival of the image of the lost parent from the past (recalling joint experiences); and b) denying the finality of the death and expecting the father’s return in the future. The second strategy was not relevant to the current study since the subjects had achieved a higher level of cognitive development, understanding death in abstract and reality-based terms.

Self-comforting was also associated with religiosity. Subjects differentiated between orthodox religiosity and ‘spirituality’ or ‘superstition.’ Religiosity in the first sense referred to a belief in a god, being part of a religious community, and attending religious ceremonies: the purpose was to provide structure and support of a more tangible nature for the adolescent. Spirituality or superstition described a personal sense of an ethereal world, more often ambiguous than concrete. This provided a fantasy world for the subjects, one that could be accessed at will, especially when subjects felt particularly dissatisfied with their existing world.

Males who had lost their mothers with whom they had been particularly close, who
were youngest in sibling order, whose family dynamics tended towards individuation as opposed to cohesiveness, and whose relationship with their surviving parent was antagonistic used this spiritual self-comforting strategy. The constellation of these features led to gilding, where only the happy, good memories of the deceased were saved, and the painful, troubling memories were pushed back. Carter's (1989) study of bereaved adults uncovered a similar theme which she called 'holding.' She described holding as a "selective preservation encompassing the bereaved one's desire to maintain all, particularly that which was good, from the loved one's lost existence" (p.356). Subjects in the current study acknowledged the gilding process and its benefits. They were also aware that this process led to exceptionally high expectations of the surviving parent. Gilding was damaging in that it created distance between the adolescent and a potential source of comfort and support, the surviving parent. Arthur and Kemme (1964) found that adolescents who had lost a parent denied their anger towards the deceased parent and projected this hostility towards the surviving parent. The researcher concurs with the displacement of anger from the deceased parent to the surviving one: however, she submits that the anger may not be just prior to the death, but rather, is born of the profound sense of disillusionment at having been abandoned by the parent at a time when the adolescent still feels that he or she needs them so much.

To summarize, adolescents used self-comforting to deal with their profound sense of disillusionment with their world. The purpose of the strategy was to create a fantasy world into which the adolescent, and subsequently the adult, could retreat and find comfort. Self-comforting was unconscious soon after the loss of the parent (dreams) but was used later in life by those who identified themselves as 'spiritual' or 'superstitious.' This retreat into fantasy contrasts with the 'religious' subjects who used their belief systems to provide structure and predicability in their worlds. Gilding was a self-comforting measure
undertaken exclusively by males of the youngest sibling order who had lost their mothers with whom they had been exceptionally close. Use of the gilding strategy was not without cost: elevating the deceased parent amplified the disillusionment associated with the surviving parent, and removed a significant source of support.

Rationalizing disappointment.

Rationalizing disappointment attenuated the impact of adolescent disillusionment with others and their world. Saying ‘it doesn’t matter’ or ‘there was a good reason for this’ helped to blunt their deep disappointment with people or circumstances which they had once respected and/or depended upon. Rationalizing disappointment may be a normal process in adolescent development, as suggested by Oscar Wilde: "Children begin by loving their parents. After a time they judge them. Rarely, if ever, do they forgive them" (Concise Oxford Dictionary of Quotations, 1985, p.271). Bereaved adolescents used this strategy in response to an abrupt change which occurred without the benefit of family stability. For parentally bereaved adolescents, if the disillusionment with parents, or other foci is unmanageable, they most certainly do not forgive, nor do they ever forget.

Although no research was found which directly examined the bereaved adolescent’s use of rationalizing disappointment as such, Murphy (1986-87) reported findings which are consistent with the conceptualization of this strategy. In his study of parentally bereaved college students, he reported that those who reported fewer grief responses to their parent’s death also reported greater feelings of loneliness and lower self esteem. This study found that when subjects said ‘it doesn’t matter,’ what they really meant was ‘my feelings don’t matter’ or ‘I don’t matter.’ Rationalizing disappointment was an method of objectifying a profoundly disturbing experience. The strategy served to protect the self: at the same time it paradoxically denied the significance of the self.
Rationalizing disappointment was unconscious soon after the loss experience, and more volitional as adolescents matured and gained insight into their behaviour. When subjects were more mature, they based their assessments of situations 'having a good reason for happening' and, in fact 'not mattering to them' on more reasonable evidence. This evolution is consistent with Piaget's (1952) conceptualization of the intellectual development of adolescents. He maintains that adolescence marks the beginning of the capacity for hypodeductive reasoning which is rarely fully operational until the age of 16. The shift in rationalizing disappointment from an unconscious defense mechanism to a reasoned interpretation of reality fits with this theory of the development of the individual’s capacity to reason.

Rationalizing disappointment was used with all foci of disillusionment: persons, situations, and expectations. This strategy often directly followed failed attempts to re-source needs with these foci. When the strategy failed, feelings of ambivalence towards the focus of disillusionment resulted. Adolescents either despaired entirely, or vacillated between despising and pitying their surviving parent. Rationalizing disappointment embodied this ambivalence. Contrary to these findings, Gray (1987a) reported that most parentally bereaved adolescents found their surviving parent helpful, and only a few found them to be very unhelpful. He stated that "the extreme ratings of surviving parents as either very helpful or not at all helpful make sense in terms of the adolescents’ conscious or unconscious recognition that this relationship was important to their emotional survival" (p.32).

Rationalizing disappointment was used by subjects who had introverted personalities. This is consistent as rationalizing disappointment is an internal adjustment of reality, as compared to the normalizing strategy (undertaken mostly by extroverted or sociable persons) which involved an external alteration of reality. Similarly Gray (1987b) reported higher
levels of sensitivity regarding the perceptions of others with independent and aggressive personalities, and increased incidence of depression with passive and dependent personalities. Although the variables differ between Gray's study and the current one, it can be seen that an external orientation is associated with the more outgoing individual, while an internal orientation (depression) is associated with the more introverted individuals.

Rationalizing disappointment was also associated with economic need. Raphael (1983) stated a reduced financial status represents a very significant additional loss to the bereaved adolescent, one that may be resented but yet to which they must adapt. Subjects were disappointed when, following their parents' death, they had to give up their accustomed lifestyle. Although subjects felt deprived, they were reluctant to blame either the deceased parent for not having provided for them, or the surviving parent for being unable to maintain their lifestyle. Subjects typically voiced their disappointment, articulated their blame, and quickly recanted their indictment with statements like "But that wasn't her fault" or "he did what he could, considering everything." Subjects were acutely uncomfortable with the accusation and chose to rationalize their disappointment instead. The alternatives were bleak for these individuals: if they held that it was negligent of the deceased parent not to have seen to their needs, then they were faced with the unacceptable conclusion that the deceased parent did not care enough about them to look after them. Similarly, if they held that the surviving parent was not capable of supporting them, then they must face the question of what would become of them. In either case, rationalizing disappointment protected adolescents from highly charged emotions by substituting relatively innocuous intellectualizations. It provided a sense of control to adolescents who were especially fearful that things were out of control.

One final factor which significantly constrained rationalizing disappointment was the
prior relationship with the deceased parent as this was compared to the relationship with the surviving parent, or gilding. Elevated perceptions of the deceased parent (especially where the relationship had been particularly close) made it difficult, if not impossible, for the surviving parent to 'measure up.' Where the focus of rationalizing disappointment was the surviving parent, and the gilding strategy was employed, even the most cleverly conceived intellectualizations about the surviving parent’s shortcomings proved inadequate. The disparity between what the adolescent expected, and what the surviving parent was humanly capable of providing was too great for the strategy to bridge. Evidence of this dynamic was not found elsewhere in the literature.

To summarize, adolescents used rationalizing disappointment to attenuate the impact of their disillusionment with others and their world. As such, evidence for this strategy was not found in the literature, but the denial aspect and the intervening conditions that influenced this strategy were consistent with the literature on adolescent bereavement. Adolescents employed rationalizing disappointment with all foci of their disillusionment, particularly in response to failed attempts to re-source needs with these foci. Failure of the rationalizing disappointment led to ambivalence towards the focus of the strategy. The strategy was influenced by maturity, an introverted personality, economic lack, and gilding.

Summary.

This section described the five most frequent action/interactional strategies reported by subjects to integrate their disillusionment: normalizing, assuming responsibility, re-sourcing needs, self-comforting, and rationalizing disappointment. Adolescents used normalizing to deal with their sensitivity to the social stigma of being bereaved and the normlessness of being somewhere between child and adult. Assuming responsibility was used solely by female subjects and distracted the bereaved adolescent’s attention from her feelings of
disillusionment with the family situation or the surviving parent, or both, by focusing more on the obligations that she felt compelled to fulfil as a result of the loss, than the loss itself. Re-sourcing needs was a direct response to subjects' perception that their familiar sources of need satisfaction were gone (as with the lost parent) or unsatisfactory (as with the foci of disillusionment). Self-comforting was used for consolation in the face of adolescents' disillusionment. Finally, subjects used rationalizing disappointment to attenuate the impact of their disillusionment with others and their world. The choice of strategy, and the success with which it integrated disillusionment into subjects' lives was determined by various personal and situational factors. Strategies were developmental in nature, with unconscious behaviours employed in the earlier and more acute phase of disillusionment, and more purposive measures used as subjects matured and integrated disillusionment into their lives. Strategies had varying degrees of success in integrating disillusionment, and all extracted some cost from the individuals who employed them. No support was found for the conceptualization per se, however evidence for various aspects of the strategies were found in general bereavement literature, adolescent developmental theory, and research which explores particular variables associated with the adolescent bereavement experience.

Short-Term Consequences

Short-term consequences of integrating disillusionment were described as alterations in the developmental pathway as they were consequences, but also because they led to more permanent long-term consequences. Four consequences were identified: growing up fast, drifting/meandering, taking responsibility for the self, and fulfilling the wishes of the lost parent.

Growing up fast.

Subjects who had used the strategy of assuming responsibility to integrate their
disillusionment described an accelerated maturation. Their sense of obligation to support and/or provide for the family was so great that they felt an urgency to mature quickly, thereby precluding any opportunity to meet their own adolescent needs and interests. Josephs (1982) reported that subjects felt that they had to grow up fast, believing that they had become more mature, responsible, independent and cynical as a result of the loss. Similarly Cook and Phillips (1988) theorized that "the adolescent may have new family responsibilities forced upon him [sic] or may feel that society expects this maturity of him which makes him assume adult behaviour before he is ready to do so" (p.41).

Growing up fast led to a heightened perception of being different from peers. Subjects felt duty-bound and encumbered at a time when their peers were carefree. Similarly Davies (1991) reported that adults who, when adolescents, suffered the loss of a sibling felt different due to their new found maturity and their sense of the preciousness of life. Raphael (1983) also documented parentally bereaved adolescents adopting adult behaviour as a reaction formation against their profound sense of helplessness and fear. Current findings differ in that the sense of growing up fast was experienced only by female subjects who used the assuming responsibility strategy. Male subjects, when questioned about this perception of growing up fast, denied experiencing this. Other researchers investigating sex differences in adolescent parental bereavement indicate that only female subjects grow up fast (St. Clair & Day, 1979; Jordan, 1970). Since adolescents are vulnerable to social cues about appropriate behaviour, especially gender role behaviours (Basow, 1986), one explanation for this finding may be that females receive strong behavioural cues that they should properly be nurturers, especially where pain or infirmity are involved. Gender differences in the area of adolescent bereavement need further investigation before any conclusions can rightfully be drawn.

Subjects reported that another feature of growing up fast was a heightened sensitivity to
environmental cues - they were able to perceive adult apprehension in a highly intuitive manner. This finding can be explained as a combination of two features: one, the normal acute sensitivity to social cues experienced in adolescence; and two, the sense of stigma that bereaved persons are made to feel in a society that becomes embarrassed and strained when faced with death and bereavement (Papalia & Olds, 1981; Parkes, 1986). No other research was found that identified this heightened intuition with adolescent bereavement.

Growing up fast and the sense of being different from their peers was most acute early in the disillusionment, but this sense of being different faded (although did not ever disappear altogether) as the subjects discovered others in the course of their life who had suffered losses similar to their own. What remained, however, was a feeling of remorse for the loss of their adolescence - a feeling which was found to be life-long.

Drifting/meandering.

Drifting/meandering referred to subjects’ inability or reluctance to take decisive action. This short-term consequence related specifically to the adolescent’s disillusionment with his or her hopes and dreams, and the sense of disorientation which resulted. Subjects who used the strategy of re-sourcing needs most often experienced drifting/meandering. Their search for what they needed was poorly focused, and largely unconscious, making their choices in school, jobs, or careers seemingly random and aimless. Even bereaved adults, while reasonably articulate about what they do not want or need, have great difficulty focusing on and articulating what they do want or need (Davidowitz & Myrick, 1984). The task is much more onerous for adolescents who are only learning who they are and what their life is about, and who have just discovered that their world seems completely untrustworthy.

Indecision centred around the issue of separation for several subjects, and for some led to longer term consequences of never fully separating from the surviving parent: a) never
marrying; and/or b) experiencing separation as a catapult into independence, rather than a step-by-step move in that direction. Separation was especially difficult for those who used the assuming responsibility strategy. Assuming responsibility for the family was at odds with the normal adolescent yearning to ‘get out and get on with life,’ and this led to a profound sense of conflict for these adolescents. Consistent with these findings, Gordon (1986) stated that:

the family system, fragmented by the death, may attempt to turn the older adolescent into a surrogate parent, thus truncating the separation process. Responses to this threat to independence include staying home to care for mom or dad and never marrying or, feeling the tug of war between independence and inappropriate family responsibilities, severing ties to the family more quickly than would have occurred if the parent’s death had not taken place. (p.25)

The short-term consequence for parentally bereaved adolescents in Gordon’s work was a ‘tug of war,’ overlaid upon normal adolescent vacillations and restlessness.

In comparing the normal adolescent separation experience with that of the parentally bereaved adolescent, Wass and Corr (1984) indicated that the normal family with two parents allows the adolescent to break away gradually on a trial basis, and to thrive on activity outside of the immediate family setting. Even during periods of intense independence where adolescents are critical and often openly hostile towards their parents, there still remains the comforting knowledge that they can return home and be taken care of as they were in former years. Parentally bereaved adolescents do not separate with the benefit of this comfort.

Drifting/meandering was also influenced by the loss of one role model, and the subsequent disillusionment with the other. The self-comforting strategy of gilding further complicated the situation. Subjects who used this strategy created one impossibly perfect model, and one hopelessly incompetent one. Little wonder they had difficulty deciding on a course of action. The consequence of drifting associated with the gilding dynamic was not
Taking responsibility for the self.

Taking responsibility for the self is described as the sociological attainment of adulthood, and as such is considered to be one marker of the end of adolescence. Sociological adulthood entails self-supporting activities such as choosing a career, choosing a mate, founding one’s own family, and taking responsibility for legal and sociopolitical obligations (Papalia & Olds, 1981). For the individual who was parentally bereaved as an adolescent, taking responsibility for the self differs from the normal adolescent process as it is preceded by situations of extreme disorientation and ambivalence (as in drifting/meandering), or conversely, of inappropriately high levels of responsibility (as in assuming responsibility for others).

For individuals who drifted or meandered after their loss, taking responsibility was characterized as a positive, proactive step towards reintegration of their life. This finding is consistent with Furman’s (1984) description of parentally bereaved adolescents’ resumption of living: "Often their [bereaved adolescents] mourning of the deceased and the developmental step toward independence from him or her coincide and speed the adolescent’s reaching out for new and different relationships outside the family" (p.197). The proactive step of reinvesting their energies into living led to subjects highly regarding self-reliance. In contrast, for subjects who assumed inappropriately high levels of responsibility for the family, taking responsibility took a different course. It was either painfully drawn out with subjects never truly establishing a self-supportive life, or impetuous, with subjects describing their separation from family as an ‘escaping from’ rather than a ‘moving towards.’ These findings are consistent with Gordon’s (1986) conclusions: adolescents who lose a parent may either stay home to take care of the surviving parent and never marry, or sever ties with the
family more quickly and more permanently than they ever would have, had the parent’s death not taken place. With either consequence, the potential for unresolved anger and/or remorse was high.

**Fulfilling wishes.**

Fulfilling wishes referred to actions taken by subjects to please the deceased parent, and stemmed from the action/interactional strategy of self-comforting. Subjects who used this strategy not only dreamed or imagined the deceased parent being with them, but also envisioned what the deceased parent would have wanted for them. These images were then used to guide subjects’ decisions. Subjects expressed mixed reactions to this process: comfort with having done what they thought would have pleased the deceased parent, yet great uncertainty about having done what was truly right for them.

Fulfilling wishes in the sense that it has been presented here was not found in the literature, however Raphael’s (1983) description of the bereaved adolescent’s tendency to identify with the deceased parent offers some explanation. He stated that adolescents who lose a parent experience a great uncertainty within the self about who and what they are and will someday become. This uncertainty may spur the adolescent to seek an identity, *any* identity to resolve this anxiety. In this study, the bereaved adolescents used their perception of their deceased parent’s wishes to guide who they become and resolve their anxiety about this issue.

**Summary.**

Four short-term consequences of integrating disillusionment were described: growing up fast, drifting/meandering, taking responsibility for the self, and fulfilling wishes. Each consequence was discussed as a separate entity; however, subjects actually experienced one or several consequences after their loss. Support for aspects of the consequences were found
in the literature, however, with the exception of growing up fast, support for the concepts themselves was not discovered. As with other aspects of integrating disillusionment, these consequences related to normal adolescent growth and development and the resolution of the grief process.

**Long-Term Consequences**

The long-term consequences of integrating disillusionment were identified as 'living with the developmental sequelae.' The concepts that comprise these consequences - becoming impermeable, becoming the lost parent, discovering personal strengths, and regretting - are considered 'long-term' as they represent the more permanent aftermath of disillusionment. As with the short-term consequences, these four concepts are discussed separately; however, in reality they were highly interrelated.

**Becoming impermeable.**

Becoming impermeable was described as subjects' developing a highly selective semi-permeable membrane around the self. Parentally bereaved adolescents not only have lost a parent, but also have lost the stability of the family structure. These adolescents perceived their world as unpredictable and untrustworthy. Adolescents used one or several strategies to cope with their loss and keep them safe from their untrustworthy world. The strategies which resulted in the long-term consequence of becoming impermeable were ones which drew heavily on denial - normalizing, assuming responsibility for others, rationalizing disappointment, and self-comforting. Becoming impermeable protected subjects from the emotional proximity of others in three ways: withdrawing, raising barriers, and developing a fear of abandonment, commitment, and intimacy.

1. **Withdrawing**

When an adolescent's parent died, he or she immediately sensed the sharp difference
between him or herself and peers. If peers reacted with discomfort and awkwardness, this difference was reinforced. Parentally bereaved adolescents perceived themselves as being alone - no one could really understand them. This sense of being misunderstood combined with the perception that emotional proximity leads inevitably to grief. Subjects withdrew to keep people at an emotional distance. They had invested their love and trust in the safest of relationships and had been profoundly disappointed - why should they risk again?

Withdrawing is a normal part of grieving. In their review of the bereavement literature, Osterweis et al. (1984) indicated that social isolation and feelings of loneliness are common, and often continue for some time. They associate this withdrawal with shifts, not only in self-perception, but also in ways that a person is perceived by others. Similarly, Raphael (1983) noted that parentally bereaved adolescents show marked withdrawal from relationships when they lose a parent; they avoid emotional closeness for fear that they may be hurt again. Unchecked, this sense of isolation can prove problematic in establishing adult relationships.

In contrast, Epp (1989) reported no significant difference in isolation between bereaved individuals and their nonbereaved controls. Epp’s study focused on young adults and older adolescents therefore, at the time of parental death, her subjects may have been more advanced in terms of having accomplished the developmental tasks of adolescence. Epp’s subjects would have mastered the tasks of separation, identity formation (beginning), and establishing intimate relationships, placing them in a less vulnerable position than individuals in early or mid-adolescence who either do not yet have these skills, or who are caught in the midst of attaining them.

2. Raising barriers.

A profound sense of isolation occurred for the parentally bereaved adolescents precisely when they should have been cultivating the interpersonal skills which lead to healthy and
mature relationships. Failure to achieve this adolescent task resulted in, not only to a sense of self as isolate, but also an active cultivation of boundaries to keep people out. Behaviours used to keep people out included lying and treating other people particularly badly precisely when intimacy was intensifying. Similar findings were reported by Weizman and Kamm (1985) who stated that adolescents may experience not only the inability to form close and lasting relationships for fear of losing someone important again, but also an unwillingness to overcome their fear. No studies were found which specifically supported this active aspect of becoming impermeable, possibly due to the fact that so little attention has been given to the long-term consequences of adolescent bereavement.

3. Developing fears.

Parentally bereaved adolescents developed a fear of commitment, intimacy, and abandonment which persisted into adulthood. Of the eight subjects interviewed, six had difficulties establishing relationships, with one other likely to encounter this as she matures. Intimate relationships were evaded by a) establishing a relationship with someone who subjects knew to be unreliable; b) entering into a series of superficial short-term relationships; and c) demanding perfection from the partner. As with all aspects of becoming impermeable, the behaviours protected the individuals from the unbearable vulnerability of an intimate interpersonal relationship which would normally be expected during adolescent development, thereby saving them from the repetition of the abandonment experience (Gordon, 1986; Jacobson, 1988).

**Becoming the lost parent.**

Becoming the lost parent related to subjects’ perception that, for better or worse, they had become a person remarkably similar to their deceased parent. This consequence was
restricted to those subjects who had lost the same sex parent.

Becoming the lost parent in the positive sense was associated with the strategy of gilding. In this case, subjects not only remembered, but actually became the best of what they recalled the deceased parent to be. Assuming responsibility led to the same consequence, with subjects consciously or unconsciously relying on their memories of the deceased parent to model how they should responsibly behave. In a study by concerning the role of identification in bereavement, Johnson and Rosenblatt (1981) reported that emulating the good qualities of the deceased parent represented both a conscious and an unconscious defense mechanism, and that done in moderation, could be enriching for the subject. Becoming the lost parent in this context was both conscious and enriching for subjects in the current study. Subjects expressed a sense of satisfaction with being similar to someone who they admired so much.

In the negative sense, becoming the lost parent entailed a perception that subjects would be so much like the lost parent, that they too would grow ill and die. This was a source of dread for subjects: a general anxiety concerning the precariousness of life and their own mortality, and a more specific fear that they too would contract cancer, or suffer a heart attack, as their parent had done. Fleming and Adolph (1986) also reported that general concerns about death were a manifestation of the bereaved adolescent’s concern about the unpredictability of events. Adolescence is normally the time where individuals achieve a mature conception of death as an integral part of life and as an irreversible phenomenon. Usually, however, adolescents integrate this cognition while retaining the comfortable illusion that it will ‘never happen to me.’ When bereavement occurs in adolescence, the individual is struck by both the finality and the proximity of death at the same time - this can lead to a fear, a fascination and/or a preoccupation with death. One of the ways that adolescents cope
with their death fears is by believing that they are invincible (Austin & Mack, 1986; Wass & Hannelove, 1989). Parentally bereaved adolescents know that they are not.

Fear of becoming ill or dying like the lost parent is consistent with other researchers’ findings (Furman, 1984; Johnson & Rosenblatt, 1981). They indicated that subjects identified with their deceased parents’ symptoms and experienced difficulty in following their deceased parents’ pathway into adulthood. In the current study, however only female subjects expressed this concern. Gender differences were also noted by Guerriero and Fleming’s (1985) who reported that bereaved adolescent females had greater death anxiety than bereaved males. These findings have implications for the adult client who was parentally bereaved in adolescence. Even what seems the most innocuous of symptoms or procedures may hold them in what is truly mortal fear.

Regretting.

Regretting referred specifically to the subjects’ loss of their adolescence, and more generally, for all that might have been had the deceased parent lived. Lost adolescence was most closely associated with assuming responsibility for others. Regretting was the emotional consequence of realizing just how much the protective strategy had cost the individual. Raphael (1983) also addressed this cost stating that parentally bereaved adolescents may experience strong pressures to fulfil the role of the absent parent, but that if they should take over this role, they are likely to be forced to premature identity foreclosure. The result is regret for the loss of the carefree feeling of adolescence that parentally bereaved adolescents perceive their peers experienced.

More generalized feelings of regret stemmed from comparisons between how life had unfolded and what their prebereavement expectations of life had been. Subjects perceived that their experience had handicapped them in their ability to trust, to form relationships, and
to experience joy. Similar findings were not noted in the literature, likely because long-term consequences of adolescent bereavement have not been investigated to any great extent.

Regretting also referred to the lost opportunities for significant parent/child experiences: daughters who would never be given away by their fathers, grandchildren born who would never know their grandparents, and adult mother-daughter friendships that were never to be experienced. Rando describes these types of reactions as "normal grief reactions occasioned by certain specific changes and experiences that illustrate to them [the bereaved] the loss they have sustained" and likens them to normal anniversary grief reactions (1984, p.116). This type of regret underscores the indelible feature of disillusionment - not only concerning the expectations that were decimated at the time of the loss, but for all the future expectations that would never be realized.

Discovering personal strengths.

This consequence varies from the first three as it was the only one representing a positive aftermath of the parent's death. It was associated with two strategies - normalizing and assuming responsibility for others. For subjects who used the normalizing strategy, discovering personal strengths was a consequence only for those who were able to reorient their norms to an internal and more comprehensive conception of how they ought to be. These subjects learned, not only to accept themselves but also to value that self. The arduous task of accepting themselves brought with it a measure of tolerance and compassion for other seemingly unacceptable people.

Subjects who used the assuming responsibility strategy were readily able to articulate their personal strengths which had enabled them to assume the responsibilities and endure their adversity. They also learned about compassion and empathy by having to practice it with dependent family members. Moreover, they valued connections with others to a higher
degree, and valued their self-reliance.

Positive outcomes have been reported in other studies of bereavement. Galloway (1990) noted that young adults gained an increased sensitivity to human suffering and pain, and felt a new sense of maturity and strength following a parent’s death. Kessler (1987) described adult subjects experiencing positive changes in their self concepts in terms of increased independence, compassion, strength, and purposefulness. Oltjenbruns’ (1991) study of 93 late adolescents who had suffered the death of a loved one found that 74% reported having a deeper appreciation for life, 67% showed greater caring for loved ones, 56% strengthened emotional bonds with others, and 53% developed emotional strength.

Balk (1983; 1990) also reported that adolescents who were sibling bereaved believed they were more mature than their peers. Finally, Davies (1991) reported that nine out of twelve sibling bereaved subjects experienced positive consequences of their loss including a psychological comfort with death, being able to help others, developing a sensitive outlook on life, and a general positive feeling about the self. Similar to the ‘responsibility assumers’ of the current study, Davies’ subjects indicated that the catalyst for their psychological growth had been dealing with the adversity of their situation.

**Summary.**

Adolescents who lost a parent experienced the phenomenon disillusionment which resulted from combining the developmental tasks of adolescence with the grieving process. Adolescents integrated disillusionment into their lives using a variety of strategies including normalizing, assuming responsibility, re-sourcing needs, self-comforting, and rationalizing disappointment. Which strategy was used, and the success with which the strategy managed and/or responded to the disillusionment was determined by various personal and situational factors. Personal factors consisted of gender, personality, maturity, sibling order, culture,
and religiosity; situational factors included circumstances of the parent’s death, pre-death relationship with the deceased parent, family dynamics and coping style, characteristics of the surviving parent, availability of support, timing of the loss, and economics.

Consequences of integrating disillusionment were either short-term or long-term, with long-term consequences lasting up to the time of the study (a mean of 21 years). Four short-term consequences were evident: growing up fast, drifting/meandering, taking responsibility for the self, and fulfilling wishes. Likewise, four long-term consequences were discussed: becoming impermeable, becoming the lost parent, discovering personal strengths, and regretting. As with all other aspects of the process of integrating disillusionment, these consequences were shown to proceed from normal adolescent growth and development as it interacts with the experience of being parentally bereaved at this time. Support for these findings was found in the literature which examined specific variables in association with adolescent bereavement. These variables were imbedded in the conceptualization, however no comprehensive theory of adolescent parental bereavement was found. This section has addressed the first and second research questions. The third research question which will be considered in the next and final section of the discussion.

**Davies’ Conceptual Schema - Emergent Fit**

Davies (1991) conducted in depth interviews with 12 adults, who in their early adolescence lost a sibling. Long-term outcomes were identified as psychological growth, a sense of feeling different, and withdrawal from peers. Davies’ theoretic schema relating these outcomes is as follows:

The sense of personal growth and maturity arouses feelings of being different from peers, and may result in an intolerance of developmentally appropriate behaviours demonstrated by peers. Some siblings respond to these feelings by withdrawing from their peers at a time when peer relationships are critical to completing developmental tasks. For such siblings, feelings of sadness and loneliness become long-term. (p.83)
The results of the current study are similar in some respects to Davies' (1991) findings, and different in others. First, in the current study parentally bereaved adolescents emotionally withdrew from their peers immediately following their parent's death because they had a sense that they were different. They were bereaved, they felt marked, set apart, and excruciatingly awkward. For many, a great deal of energy was invested in the normalizing strategy. Although feeling intensely distressed at the loss of their parent, they insisted that peers treat them 'just like always,' concealing from their peers their profound disillusionment for fear that they would be perceived as abnormal and/or pitiable. Where this strategy evolved into an internal orientation of 'normal,' these subjects then experienced a perception of personal growth leading to a positive sense of feeling different which led, not to a withdrawal from peers, but to a more tolerant and compassionate view of people.

Other subjects who 'felt different' were those who used the assuming responsibility strategy to integrate their disillusionment. These individuals, all of whom were female, felt a compulsion to assume adult responsibility for siblings and/or their surviving parent. This compulsion arose from two sources: a) the adolescent reverting to a fixed and rigid conception of gender appropriate behaviour in an attempt to hold fast to something immutable in the midst of their upheaval; and b) the adolescent picking up adult behavioural cues in their extreme sensitivity to social expectations. The compulsion to assume adult behaviours and responsibilities was reinforced by the paucity of normative information about how bereaved adolescents should behave. These individuals indicated that they felt different from their peers because their adult responsibilities prevented them from engaging in what they perceived to be the carefree, irresponsible activities of adolescence. They felt compelled to grow up fast, to be selfless in their service to family members, and to view adolescent 'antics' as frivolous and 'not for me.' These subjects tended to withdraw from all
but the most supportive of their peers, and where peers were unequal to this task, were inclined to be somewhat isolate. As a result, subjects who used the assuming responsibility strategy felt different from others, and experienced a life-long regret for the untroubled adolescence that they should have had, but did not. This pattern more closely resembles Davies’ (1991) schema, but differs in that the long-term outcome is regret, and not loneliness per se.

Long-term loneliness was experienced by those subjects who never having resolved their fear of commitment, intimacy, and abandonment associated with this first and devastating loss, became impermeable. Becoming impermeable was a sort of permanent withdrawal, where the subjects became highly selective about who would gain access to their inner self. What is operative here is a profound lack of trust - a fear that should the individual ever allow him or herself to become emotionally close to someone again (like the lost parent), that they would again be susceptible to disillusionment and abandonment. To prevent this, subjects who came to this point were willing to forgo intimacy altogether. This developmental route contains Davies’ (1991) elements of feeling different and withdrawal, and results in long-term feelings of sadness and loneliness, but it does not entail to the same degree the outcome of psychological growth as Davies’ schema does.

In summary, all three of Davies’ (1991) concepts - psychological growth, feeling different, and withdrawal from peers - were found to be embedded in the conceptualization of integrating disillusionment, however, the arrangement of these concepts differed according to the strategies used and the effect of subjects’ personal and situational factors. Three developmental routes were identified which contained some or all of the elements of Davies’ (1991) schema. Subjects who used the assuming responsibility strategy to integrate their disillusionment were found to explain their experience and their development in ways which
most closely approximated Davies’ (1991) conceptual schema.

Nursing Implications

The study’s findings are relevant to two realms of nursing: nursing practice, and nursing research. Implications for nursing education are implied from those which impact on practice, and are summarized after the practice implications are presented.

Implications for Nursing Practice

The paucity of work in adolescent bereavement has left nurses without guidance concerning the effects of bereavement on adolescents, how to recognize these effects, and how best to support the adolescent during this time in a manner which fosters the adolescent’s completion of age appropriate psychosocial tasks. Understanding adolescent bereavement reactions is essential to nursing, as nurses are most often in optimal positions to assess the impact of loss on the adolescent. Results from this study have implications for nursing practice in three time phases: a) before the loss - in predicting problems resulting from adolescent grief at an early stage and providing anticipatory guidance to adolescents whose parents are seriously ill; b) shortly after the loss - in preventing complications that may arise from adolescent parental bereavement; and c) long after the loss - in understanding and supporting clients who, because of their loss experience as adolescents, may encounter life changes from a unique standpoint.

Anticipatory guidance.

Where the death of a parent is expected, nurses are in an excellent position to offer anticipatory guidance to adolescents and their families. First, nurse can assess the extent to which the adolescent and/or the family has accepted the inevitability of the event. Families who have not first accepted the impending death of a member are not psychologically prepared to hear, or benefit from guidance about that event. Until this state is achieved, the
nurses can only support and observe, ensuring that no one family member is lost in the process. When acceptance of the inevitability of the death is achieved, nurses can use their knowledge of bereavement to support and guide the adolescent and the family.

Specifically, nurses should provide adolescents with behavioural and emotional norms. Adolescents need to know what to expect in terms of the grieving process and how they might feel as a result of being bereft at their particular stage of development. They need to know that unmasking reality is a normal adolescent task, but that it will be more abrupt for them because their circumstances will require that they urgently engage in a review of their beliefs and values. If adolescents can expect the sense of disillusionment to a degree, there is a chance that its effects may be less negative, if not less profound. Anticipatory guidance can be aimed at enhancing the positive consequence of psychological growth, while at the same time preventing less adaptive consequences such as becoming impermeable or developing a morbid fear of becoming ill and dying like the parent. To do this, nurses need to: a) reassure adolescents that their feelings are normal and tolerable; b) reinforce that it is permissible and desirable to show people how they feel; c) relate that peers may need some specific guidelines for how to behave towards them; and d) counsel that adolescents may come to see life in a different light as a result of their experience but that this is a good and healthy way to "be different."

The results of this study also direct nurses to assess specific intervening factors which have the potential to influence adolescents reactions to, and consequences of, parental loss. Of particular note are personality, gender, maturity, pre-death relationship with the deceased parent, characteristics of the surviving parent, availability and acceptability of support, timing of the loss, family dynamics and coping style, and economics. Findings pointed towards the effect of the adolescent's personality on the experience of disillusionment, rather
than vice versa. Adolescents who are sociable and altruistic might be counselled with respect to the likelihood that they will feel that they should assume responsibility for the family unit, especially where the adolescent is female. Other family members should be involved in this exploration, as results indicate that their behaviour supports and feeds into this strategy. Means whereby responsibilities can be shared should be explored so that no members feel that their needs must be sacrificed to meet those of the family.

Maturity is a point of assessment for nurses, as this study suggests that the degree to which adolescents have separated from the family will play a major role in the adolescent’s ability to confront the issue of independence from the family. Those adolescents who are well differentiated from the family, and who have the rudiments of a life separate from the family unit seem to be least vulnerable. Nurses should be alert to adolescents who are yet highly dependent upon their family for identity and security - these individuals may need much support in the restructuring of the family unit. If surviving parents are cognizant of this, at the very least, nurses can counsel against behaviours which serve to exacerbate the adolescent’s indecision - ie. over-reliance on the adolescent, giving the adolescent mixed messages about separation expectations, etc. On the constructive side, nurses can point out other sources of support for providing some stable ground in the midst of the bereaved adolescent’s acute disorientation. Such support might include members of the extended family such as grandparents, aunts or uncles, or other supports available in the community such as church groups, or friends of the family.

Where the adolescent is particularly close to the dying parent, care should be taken that estrangement does not set in between the adolescent and the surviving parent. Nurses can help both adolescents and parents to find ways to build bridges between one another, and not walls. To a certain extent gilding will occur for all parentally bereaved adolescents.
However, if adolescents are aware of the potential for denigrating their surviving parents, then they can perhaps reframe their perceptions.

The foregoing nursing implication relies upon yet another situational factor, the availability of support. Nurses should help adolescents make a list of whom they feel they can turn to and for what needs. The process of compiling a list will make the source of support more apparent for adolescents, and possibly more likely to be accessed. Taking an inventory of support sources will also uncover gaps in the adolescent’s support network and nurses can plan strategies to remedy this. Not only can nurses provide information on sources of support, but also about how adolescents can access these supports. The behaviour element is crucial here, because it would be an oversight to assume that adolescents know how to ask for help or how to receive it; findings from this study indicated that support must be both available and acceptable to parentally bereaved adolescents.

Finally, nurses should make an assessment of the family’s dynamics and coping style, especially as this might be influenced by either economics or culture. Results from this study suggest that families for whom the dying parent is the pivotal parent are likely to experience greater disruption. This situation is only further complicated if the impending loss will also entail a downward adjustment of the family’s economic status. Nurses, working with social workers and social agencies, should direct the family towards sources of assistance before they are in a state of disorientation and disillusionment, so that adequate supports will be in place when the parent eventually dies. Thus, the impact of the disillusionment might be reduced, and adolescents safeguarded from developing in ways that leave them indelibly bereft, not only of their parent, but also of their hopes and dreams.

In terms of cultural influences on disillusionment, this study revealed that families of British cultural origins behaved in ways which turned family problems inward upon the
adolescent, and also thwarted their drawing on outside support. The finding that culture influences bereavement is worth noting: nurses should be alert to the possibility that families' culture will effect how adolescents respond to their situation.

**Preventing complications.**

The findings of this study demonstrate that parental bereavement in adolescence has the potential to effect the individual both in the short-term and the long-term. Understanding disillusionment would help nurses develop skills in assessing, planning, and intervening with adolescents who have recently experienced the loss of a parent, so as to prevent the negative long-term consequences of this experience and enhance the positive ones. Nurses could explore which foci are involved, and which might yet be unaffected. From this assessment, nurses could help parentally bereaved adolescents find ways to access the unaffected referents. This involves the nurses helping adolescents to reframe their experience in ways which allows for, and tolerates imperfections in others or their beliefs. Thus, nurses reduce the sense of betrayal for adolescents, and build upon their sense of compassion and empathy.

Second, nurses should be aware of the integrating strategies that adolescents might employ, and assess the personal and situational factors that might predispose adolescents to using one or another. Nurses' understanding of the purpose of a particular strategy helps in planning interventions that affect adolescents' underlying fears, and not solely their symptoms. For example, nurses observing seemingly capable female adolescents would be cautioned against presuming that they are coping with their loss in a healthy and mature manner. What may prompt this behaviour is a profound sense of disillusionment, an overwhelming fear of loss of control, and may result in bitter resentment for having to assume this role. In contrast, parentally bereaved adolescent males who behave as if all is normal may be concealing feelings of loss and loneliness for fear that they will be seen as
abnormal, or worse still, pitiable. Neither behaviours should be reinforced, however nurses must exercise extreme sensitivity when breaching these defenses. Having trusted and been abandoned once in their lives, parentally bereaved adolescents are likely to be difficult to reach. Nurses who understand this experience can use strategies that build a trusting relationship with such adolescents, using this relationship to demonstrate a counter example of trust invested, and not betrayed.

Third, understanding that adolescence is a time of searching for meaning in life, nurses can help adolescents to reframe their experience as one which strengthens them, rather than diminishes them. This particular strategy would not be an early one, and nurses would need to be sensitive to cues indicating that adolescents were open to a new interpretation of their loss. Soon after the loss, adolescents need time to experience their outrage, grief, and anger. Attempting too early to reframe the loss as an experience for which there may be gains could either shortchange bereaved adolescents’ need to express their outrage, or conversely, exacerbate their sense of social stigma by suggesting that they should think or be otherwise. However, if nurses are perceptive, they will know when adolescents are ready; when they ask questions which indicate that they are ready to hear constructive suggestions.

Fourth, from the study’s findings, it appears that teachers need some direction when dealing with parentally bereaved adolescents. Subjects described teachers as either unsupportive, or actively nonsupportive, adding to their disillusionment and sense of isolation. School nurses, or where these are not available, community health nurses could formulate programs which explain adolescent parental bereavement: the strategies that are used to integrate disillusionment, and the role that teachers may play in influencing the course of parentally bereaved adolescents’ development. Well-prepared teachers could become a source of support for parentally bereaved adolescents instead of the impediment
that these findings suggested they were.

Finally, a word needs to be said addressing communication with parentally bereaved adolescents. Subjects indicated that nonsupportive things were said to them; moreover when guidance or comfort was offered, it was often by people who subjects felt had no right to speak to their experience. The nonsupportive aspect of support was addressed in the foregoing discussion of teachers, but legitimacy of support persons remains an issue. Individuals who would be supportive to parentally bereaved adolescents must have first earned the privilege of this position. Unqualified support persons were not only ineffective in their attempt to support, but were in fact, damaging. Subjects who spoke of this experience indicated that they felt patronized and that their loss experience was belittled. Before support can be legitimately offered, nurses must first have established some legitimacy in their role as support person. Legitimacy, according to the subjects in this study, is derived from either having personal knowledge of the adolescent from an established relationship, as having experienced a loss which is comparable theirs. The first constraint relates to relationship building between nurses and bereaved adolescents. This must be done carefully, with respect given to the emerging adolescent-as-adult, and consideration shown for the adolescent-as-child’s need to be dependent. The second constraint relates to nurses’ therapeutic use of self and/or their ability to connect bereaved adolescents with others who have had this experience. If nurses can relate to the experience themselves, they have a unique opportunity to normalize bereaved adolescents’ feelings in ways that are permissive and supportive. Also, putting adolescents in touch with other similarly bereaved individuals will expose them to people who legitimately know how they feel, and from whom they can learn adaptive ways to come to terms with their loss and integrate their disillusionment.
Care of adult clients who were parentally bereaved adolescents.

This study demonstrated that adolescents whose parents died experienced long-term developmental consequences. Nurses can use these findings to help understand and support clients who, because of their adolescent loss experience, confront critical periods in their lives from a unique standpoint.

Individuals who lose a parent in adolescence may learn from that experience that their world and the people in it are untrustworthy which may lead to the long-term consequence of becoming impermeable. The impermeable adult is likely to meet all situations calling for trust with fear and uncertainty. This has implications for such clients as a) those who are about to undergo major (or even minor) surgery; b) those who must depend upon nurses to accomplish some or all of their activities of daily living; or c) those who are waiting for, of have just received information that their disease is either benign or malignant.

Clients facing procedures will require a great deal of support and reassurance. Nurses need to realize that whether or not a procedure is life threatening may be inconsequential - the fact that these clients are compelled to trust is likely to mobilize their fears. Clients who need to be dependent upon nurses will do so with great reluctance: they have learned that depending upon people leads to disappointment and abandonment. Nurses need to reassure clients that they trustworthy, that clients' needs are significant, and will be met. Clients who are expecting information of a life-threatening or life-saving nature (eg. biopsy results) are likely to receive the information, good or bad, with scepticism. Good news could be viewed as an oversight, or attempts to conceal 'the truth' from them. Bad news could be denied or ignored leading to behaviours which are life-threatening. Nurses who can establish trusting relationships with their clients are in an excellent position to overcome this perceptual handicap, teaching them that there are people in their world on whom they can depend.
Parentally bereaved adolescents also developed a fear of becoming ill and dying like their parent. Understanding this consequence of adolescent parental bereavement, nurses can be alert to situations that may trigger the adult’s fear of becoming ill and dying. Potentially, any contact with the health care system could trigger this fear, but specifically, those situations which closely resemble the deceased parent’s illness and death are most potent. This has implications for acute care intervention, as well as prevention strategies. In terms of acute care intervention, any situation which resembles the dead parent’s may be overwhelmingly fearsome, with clients being unable to see anything but the worst conclusions. Nurses can use their knowledge of this dynamic to assess the circumstances of the parent’s death, and to find ways to: a) support the client’s anxiety, but reinforce that the current situation is not like the parent’s; or b) if the situation is similar, support the client in what might be an inordinately gloomy view of the possible outcome, and try to instill some hope. In terms of prevention strategies, one subject indicated that she was negligent in her breast examination because she was afraid to find a lump - that this might lead to the horribly disfiguring surgery, the pain, and the death that she remebered her mother suffering. Nurses who are aware of this dynamic will know to take a family history and to follow up on concerns such as this one presents. Fear, combined with ignorance, presents a formidable barrier to programs aimed at reducing risk in certain patient populations. This finding has dire implications, especially for the children of cancer victims, as the susceptibility to many cancers has been shown to have familial tendencies. Nurses involved in community health who are aware of this problem can redouble their efforts to reach this fearful, but highly susceptible population.

Subjects who used the assuming responsibility strategy expressed a sharp sense of regret for their lost adolescence, and all subjects indicated a sense of remorse for what might
have been in their life had their parent not died. This finding has implications for nurses who support clients engaging in their life review. This could occur with the threat of an upcoming procedure, in anticipation of a potentially life-threatening pathology report, and in caring for clients who are terminally ill. Nurses who understand the significance of this lost period and/or the lost opportunities, are in an excellent position to listen and respond to their clients who dwell on this in their life review. Nurses who are unfamiliar with this feature of disillusionment might undervalue this aspect of their client’s experience.

The positive long-term consequence of integrating disillusionment was the individual’s discovery of personal strengths. Understanding this, nurses can assess how this may be manifested for clients who as adolescents were parentally bereaved, and use this knowledge to guide interventions. For instance, nurses who are aware that a client has a high regard for self-reliance can be especially careful to approach care in a way that supports and builds upon this. The approach would be collaborative, and respect would be shown to the client as the expert on his or her own needs and abilities. The second positive consequence was that these individuals have extremely strong connections with significant others. Nurse can find means to ensure that clients who experience this positive consequence have ready access to these people, and devise ways in which these people can be closely involved in the plan of care. A third aspect of discovering personal strengths was learning empathy, tolerance and compassion. Nurses can help these clients to extend their compassion and/or tolerance to themselves at times when they may need to be dependent upon others, or require care. All the foregoing strategies are ones that nurses are likely to consider in giving care to any one of their clients, parentally bereaved or otherwise. However, what this study helps to do is to guide nurses towards those areas that require careful assessment, and given certain situations, to suggest strategies which are likely to be successful in promoting the health and holistic
well-being of parentally bereaved clients.

Implications for nursing practice have ramifications for nursing education. Implicit to an understanding of parentally bereaved adolescents and the adults that they are likely to become, is an appreciation of development during adolescence, the grieving process, and the results when the two come together. The researcher recommends that grief, bereavement, and loss be included in the basic nursing curriculum, and that these concepts be studied as they affect the individual at various points across the life span. Only in this way will nurses gain an understanding of the dynamic interplay between the stage of development and the loss experience, as this occurs for adolescents, and for individuals at all life stages.

Implications for Nursing Research

Implications for nursing research are discussed in terms of both the methodological issues inherent in studying adolescent bereavement, as well as the recommendations that can be made for theory building in this area of investigation.

Methodological issues.

The findings emphasized the need for research which addresses the long-term effects of adolescent bereavement, rather than merely the short-term or immediate consequences. The data obtained from exploring the long-term developmental effects showed some resemblance to short-term and immediate effects, but were distinctively different. Undoubtedly, studies which include the short-term and the long-term effects of bereavement as well as the factors which influence both, would be illuminating sources of information about the individual’s experience of the loss event and the effects that this event has for him or her over time. In turn, this would lead to preventative, corrective, and supportive interventions which could be provided by all members of the health care team. Ideally, adolescents who are likely to lose a parent ought to be observed before the event, and followed through the experience to their
adulthood using a longitudinal, prospective design. The enormous investment in such a research program may prove prohibitive, but it is an ideal nonetheless towards which to aspire.

A second reason that a longitudinal, prospective design is desirable is that it addresses the biases and shortcomings that have been criticized in much of the adolescent bereavement literature. In terms of bias, much of the work prior to 1980 studied subjects with established psychiatric conditions to attempt to see if loss in adolescence had been a variable. This approach has obvious implications for the generalizability of findings which a longitudinal, prospective design would effectively overcome. Subjects' experiences could be studied as they 'unfolded' and findings from this type of research would be readily generalizable. In terms of shortcomings, it was noted the research in adolescent parental bereavement has been circumscribed, with researchers studying the effects of bereavement on select variables, or vice versa. A longitudinal, prospective study would yield comprehensive portrayal of the adolescent bereavement experience providing a much needed framework in which other research might be oriented.

Another suggestion is to build upon this study, comparing parentally bereaved adolescents who lost a parent suddenly, with ones who lost a parent to an expected death, and both to a control group of normal adolescents who had not suffered any significant loss experience. This approach would bring into sharper definition the effects of adolescence as they differ from those of bereavement, and would provide researchers with much needed information about the effects of the abruptness of the loss experience.

Since the findings from this study reflect information that has not been reported in the adolescent parental bereavement literature, it seems appropriate to suggest that qualitative methods are well-suited to the address the general area of bereavement investigation. Data
emerging from qualitative methods is rich and deep, in contrast to quantitative data which tends to be broad and more generalizable. Triangulating both methods would prove to be the most powerful design of all. However, the discovery of new concepts which had not otherwise been uncovered by adolescent bereavement researchers, suggests that all areas of bereavement theory might develop exponentially if qualitative methods were to be employed.

**Theory building.**

This study demonstrated that conducting the same research with other similar but non-identical groups can extend and refine beginning conceptualizations. Davies’ (1991) conceptual schema provided a point of departure for this research, and the findings were then brought full circle to extend and refine the schema from which the study was generated. In this way, information can be systematically collected, analyzed, compared, and integrated, making theory building an orderly and progressive undertaking. For theory building in a young science like nursing, and one which involves the use of theories borrowed from adjacent disciplines, an orderly approach is necessary to ensure that the theories on which the profession is based are sound and well-integrated.

To perpetuate this approach to theory building, the following questions which this study raises are posed to contribute both to the knowledge of parentally bereaved adolescents, and to their care management.

1. What difference exists in the experience of adolescents who are unexpectedly parentally bereaved, those who are parentally bereaved when the loss was expected, and between both these groups and normal nonbereaved adolescents?

2. What effect does gender have on the experience of adolescent bereavement?

3. What effect on adolescent bereavement does the gender of adolescent have as it interacts with the gender of the lost parent?
4. What influence does alteration in economics have on the parentally bereaved adolescent?

5. How does culture influence adolescent bereavement?

6. What action/interactional strategies do sibling bereaved adolescents use?

7. How does integrating disillusionment differ in functional and dysfunctional families?

8. How do adolescents perceive the role of the nurse in terms of meeting their needs after the death of a family member?

Limitations and Strengths

This study was a descriptive study designed to investigate the long-term effects of adolescent parental bereavement, and how various personal and situational factors affected that experience. The intent of the study was to better understand how the adolescent responds to parental bereavement so that caregivers might more finely tune their therapeutic interventions to prevent, alleviate or mitigate negative consequences of the loss experience. The descriptive in depth nature of this study and the time and financial constraints of the researcher limited the number of informants who were interviewed, and the number of interview sessions that could be undertaken with each. The small sample size tends to limit the generalizability of the results. In qualitative research however, the term generalizability is used to refer to the depth of the data, rather than to the breadth of representativeness of the subjects or the research setting (Sandelowski, 1986). The researcher's option for depth over breadth was based on the premise that "anyone's experience, if well described, represents a slice from the real world" (Denzin, 1978, p.134). As this study demonstrates however, further study and comparison of results from similar but non-identical groups broadens the development of the theory, but also keeps the theory securely grounded in the data from which it was originally generated (Stern, 1985).
The second limitation related to the threat of self-selection, although as the intent was to select informants who could best illuminate disillusionment, self-selection to some degree was necessary. Subjects were recruited by way of written advertisements to which they responded by telephone. This required several decisions to be taken by potential subjects: the decision to take down the number, the later decision to call the researcher, the third decision to agree to participate, and the fourth decision to actually show up at the interview session. The researcher was fascinated by the commitment demonstrated by subjects, and asked them if they would share their reasons for participating in such a study. Responses included: a) they wanted to help others; b) they were interested to see how they compared up to other subjects; and c) they were curious about the research. The tenacity to participate, combined with subjects’ reasons for wanting to share in the research project may have made this a highly selective group of subjects.

Other potential barriers were subjects’ literacy and their access to a telephone. As well, exclusion criteria purposely eliminated subjects who were other than English speaking and/or under psychiatric care. As the relationship between emotional problems and adolescent parental bereavement has been demonstrated, the exclusion of those under psychiatric care may have eliminated important information about the effects of disillusionment. Excluding non-English speaking subjects may also have depleted the results as all subjects who declared a cultural leaning were British, and there were no other cultures adequately represented in the sample for comparison. This is an especially important limitation as nurses care for an increasingly mixed patient population about whom they have limited theory from which to draw. The literature concerning parentally bereaved adolescents shares this cultural homogeneity, with white anglo-saxon subjects being the norm.
The third limitation related to the purpose and design of the research. The researcher asked subjects to speak to their experiences over time, which itself entailed a degree of reflection. However, the research question sought to investigate the subjects' development up to the present time, and thus only relied upon memory recall in a small part.

A strength of the study was that it began to address the paucity of research pertaining to the long-term developmental effects of adolescent parental bereavement. Although study limitations must be taken into consideration, this study represents the first step towards understanding, from an adult's perspective, what it is like to grow up and take leave from a family that is shattered by the loss of a parent. This study's findings were also used to confirm and extend Davies' (1991) conceptual schema, and thus represent an important step in theory building. It is essential for nurses to understand and integrate a theory of bereavement as it relates to human development into their practice. The findings from this and Davies' study begin the framework for such a theory.
REFERENCES


Goodwin, L.D., & Goodwin, W.L. (1984). Qualitative versus quantitative research or qualitative and quantitative research? *Nursing Research, 33*(6), 378-380.


Appendix A

Interview Guidelines

As we discussed, the purpose of this study is to understand the long-term effects on the development of individuals who, in their adolescence, experienced the death of a parent.

There are no right or wrong answers to the questions which I will ask you: what I need to hear from you is a description of your experiences, so I expect that your observations will be as unique as you are. Please feel free to skip any question that you may feel uncomfortable answering. The tape can be stopped at any time, and we can erase anything that you would rather not have recorded. First we will start with your experience of the event of your mother/father’s death, and then try to follow how that experience may have effected the way that you have grown into who you are now.

1. Please tell me the story of your mother/father’s death.

2. Please describe for me the relationship you had with your mother/father before her/his death.

   What were things like at home after your mother’s/father’s death?

3. What effect did the death have on you at the time?

   Promters:
   shocked
   confused
   depressed ------------------ > describe
   lonely
   afraid ------------------ > of what?
   guilty ------------------ > about what?
   angry ------------------ > at whom?
   illnesses
   closer to/withdrew from family
   closer to/withdrew from friends
   felt different from friends ---- > how?
   changed eating habits
   difficulty sleeping
   change to school work/school attendance
How long did ________ (insert effect) last?

4. How do you think people expected you to feel?

5. Do you think that if you had have been a boy/girl (opposite sex of informant) that you would have felt or behaved differently?

6. What effects do you see your mother’s/father’s death having had on you since that time and up to the present - good and bad?

Prompts:
harder to make friends/closer to friends
afraid that other parent will die
afraid that people you love will die/leave
always feel older than friends - how?
difficulty leaving home - how?
increased sense of responsibility - for sibs, - for surviving parent
changed the direction that your life might have taken - education, career, marriage, other?
changed your sense of what is important in life?

5. What factors/conditions do you think made a difference to how you felt about this experience at the time?

Prompts:
family dynamics
quality of friendship
relationship with God
other significant others (ie. teacher, Big Brother/Sister)
outlook on life

6. What factors/conditions helped or hindered your ability to deal with this experience?

Prompts:
parent support
friend support
talking with others who had lost a parent
relationship with God
past experience with death
other interests/distractions
passage of time
leaving home/staying home/travelling
7. How do you think you might have turned out differently if your mother/father had not died?

8. Is there anything else that you would like to add about the effects of this loss on your life that we haven’t touched on?
## Appendix B

### Demographic Data

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Education History:  


Occupation:  


Appendix C

Advertisement for Volunteers

1. Advertisement placed in "UBC Reports"

Participants needed for a study investigating the long-term effects of adolescent bereavement. Must have lost either parent at least five years ago, and have been between 13 and 17 years at the time of the loss. Two one-hour interviews required. Please call Ann McKintuck in Nursing at 224-3921/224-3999

2. Advertisement posted on community bulletin boards:

Did one of your parents die while you were a teenager?
and
Has it been five years or more since then?
and
Are you willing to share your experience to help others?

If so, then please call me. I am studying the long-term effects of adolescent bereavement. The study is for my MSN thesis, and is conducted under the supervision of the School of Nursing, UBC. Two interviews, each one hour long, will be required. If you are interested or if you know someone who may be, please call 224-3921 and ask for Ann.
Appendix D

Ethical Approval

The University of British Columbia
Office of Research Services

BEHAVIOURAL SCIENCES SCREENING COMMITTEE FOR RESEARCH AND OTHER STUDIES INVOLVING HUMAN SUBJECTS

CERTIFICATE OF APPROVAL

INVESTIGATOR: Davies, E.
UBC DEPT: Nursing
INSTITUTION: UBC-Campus
TITLE: Long-term effects of loss in adolescence: Exploration of a conceptual schema
NUMBER: B91-186
CO-INVEST: McKintuck, A.
APPROVED: JUN 27 1991

The protocol describing the above-named project has been reviewed by the Committee and the experimental procedures were found to be acceptable on ethical grounds for research involving human subjects.

Dr. R.D. Spratley
Director, Research Services and Acting Chairman

THIS CERTIFICATE OF APPROVAL IS VALID FOR THREE YEARS FROM THE ABOVE APPROVAL DATE PROVIDED THERE IS NO CHANGE IN THE EXPERIMENTAL PROCEDURES
Appendix E

Summary of Study

STUDY BACKGROUND: Long-term effects of loss in adolescence: Exploration of a conceptual schema

The long-term effects of bereavement have not been studied in any sort of systematic fashion. Bereavement research is usually limited to the first year or two following the loss, that period being widely accepted as the 'normal' time duration for grief resolution. The continuation of grief responses beyond this time has been cited as manifestations of unresolved, chronic, or pathological grief. This is disturbing, as the concepts of what constitutes 'normal' or 'resolved' are ambiguous, and as such subject to wide variation in their interpretation.

Research conducted by Dr. Betty Davies indicates that the non-pathological bereavement response continues for much longer than commonly assumed. Dr. Davies' research was conducted on adults, who as adolescents lost a sibling. From her investigation she has developed a conceptual schema which describes themes which were prevalent in the discussions of what subjects perceived as being different for them as a result of their loss.

This project seeks to examine the experience of adults who as adolescents experienced the loss of a parent. Data arising from this investigation will then be utilized in an attempt to extend and refine Dr. Davies' conceptual schema. The study is descriptive in nature, employing qualitative methods of data collection and analysis. The goal of this project is grounded theory development. It is hoped that findings will further theory development in the area of adolescent bereavement, and should eventually contribute to the improvement of nursing practice in this field. Informants will be recruited from the general public according to the following inclusion criteria:

1) must have experienced the death of one parent (natural or adoptive) between the ages of 13 and 17 years of age
2) must be five or more years past that experience (no ceiling on how long ago)
3) must be willing to speak about their experiences
4) must be able to communicate in English
5) must consent to participate in the study after having received a verbal and written explanation of the research.

Exclusion criteria includes that informants must not:

1) be under psychiatric care
2) be seriously distressed on exploration of the issues.
Appendix F

Consent to Study

The School of Nursing
T. 206-2211 Wesbrook Mall
Vancouver, B.C. Canada V6T 2B5

CONSENT TO PARTICIPATE

PROJECT TITLE: The Long-Term Effects of Loss in Adolescence: Exploration and Extension of a Conceptual Schema

Co-Investigator
Ann McKintuck, RN, BSN - Master’s Candidate
UBC School of Nursing,
Tel: 224-3921

Principal Investigator/Faculty Advisor:
Dr. Betty Davies - Assoc. Professor
UBC School of Nursing,
Tel: 822-7456

PURPOSE OF THE STUDY:

The intent of this study is to describe the experience of adults who in their adolescence experienced the death of a parent. Specifically, the purpose is to describe the long-term effects of parent loss in adolescence, and to identify those factors or conditions which may have contributed to these effects. This study follows from an initial undertaking by Davies (1991) and seeks in part, to explore and/or extend her findings. It is anticipated that the results of this study will contribute to knowledge about the bereavement process over time, and will provide direction for appropriate intervention by health care professionals.

I, ________________________________, agree to participate in the research study described above. I have had the study explained to me and I understand that:

a) I may refuse to comment or answer any question at any time;
b) I may withdraw from the study at any time without penalty;
c) I am free to stop the interview at any time;
d) It is not the Investigator’s intent to provide health care; however, in the event of a serious concern, she may exercise her professional judgement and refer me to the appropriate health care services;
e) I may not directly benefit from this study.
I expect that:

a) The average duration of the interview will be 45-60 minutes;
b) I will be interviewed twice, in a private room at UBC School of Nursing or in my home, as mutually agreed-upon;
c) The interviews will be audiotaped and transcribed, and the audiotapes will be erased upon completion of the study;
d) The transcriptions will be secured in a lock cabinet for five years and will then be destroyed;
e) All transcripts will be identified by a code number known only to the Investigator and members of her Thesis Committee; my name will not appear in any research reports, published or unpublished;
f) The content of my discussions with the Investigator will be held in the strictest confidence.

I have been given the opportunity to ask whatever questions I desire of the Investigator, and have had all such questions answered to my satisfaction. I realize that I can ask for additional information at any time. I will be given an opportunity to see a summary of the final report. I acknowledge that I have received a copy of this consent form.

__________________________________________  ________________________________________
Subject                                                                                   Witness

__________________________________________
Date