

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

PSYCHOEDUCATIONAL WORKSHOP ON ANTICIPATORY GRIEF IN  
ADOLESCENTS OVER A PARENT OR PRIMARY CAREGIVER AND POSSIBLE  
TREATMENTS/INTERVENTIONS

A graduate project submitted in partial fulfillment of the requirements  
For the degree of Master of Science in Counseling,  
Marriage and Family Therapy

By  
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## ABSTRACT

### PSYCHOEDUCATIONAL WORKSHOP ON ANTICIPATORY GRIEF IN ADOLESCENTS OVER A PARENT OR PRIMARY CAREGIVER AND POSSIBLE TREATMENTS/INTERVENTIONS

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A graduate project submitted in partial fulfillment of the requirements  
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The main focus of this project was to gather significant and relevant information on anticipatory grief and how to effectively and healthily help adolescents cope with it, specifically how adolescents deal with an anticipated death of a parent or primary caregiver. It also entails pertinent information on the mourning process, how male and female differs in coping strategies, a variety of ways to support the grieving adolescent, and discussions of the benefits of therapy. All information gathered will be organized and presented in a workshop format for any parent, pre-professional, non-professional, and/or professional interested in learning more on this subject matter.

## **Chapter I**

### **Introduction**

*“There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of overwhelming grief, of deep contrition, and of unspeakable love.”*

*-Washington Irving*

There is an abundance of literature on bereavement involving the sudden loss of a caregiver, but not many discuss the relevance of anticipatory grief and its potential influence among adolescents. The lack of literature on anticipatory grief of a caregiver is not due to the fact that it is not significant, but because it is a relatively new idea/phenomenon, with its first documented research by Erich Lindemann in 1944 (Reynolds & Botha, 2006). Anticipatory grief is described as having the feelings, thoughts, and/or physical sensations that may happen to a person when they know someone is going to die or have the fear that someone may die (Lyles, 2006). These experiences usually occur when a loved one is terminally ill or is nearing the end of their natural life.

#### **Statement of Need/Problem**

There is a limited amount of awareness, knowledge, and resources available about how adolescents cope and deal with the loss of a caregiver when compared to other forms of grief and among other age groups. When it is known that a parent is terminally ill, this initiates the start of the process of anticipatory grief among all family members, which is similar to conventional grief in some aspects, but very different in others.

Anticipatory grief is further complex by prolonged anxiety, anguish, uncertainty, and increased ambivalence, which may result in feelings of guilt (Rosenheim & Reicher, 1986). In particular, when adolescents are dealing with the anticipatory death of their caregiver, it is especially challenging because they are still maturing mentally, physically, and emotionally. Research suggests that adolescents are at greater risks for depression and anxiety than children at any other developmental age (Sheehan & Draucker, 2010). Adolescents struggling with the anticipated death of a caregiver are not readily provided with the psychosocial framework that will help them navigate through the emotional maze they will encounter (Rosenheim & Reicher, 1986). Literature on anticipatory grief does address the potential benefits of anticipated death in terms of finishing up unfinished business and facilitating farewells, but mainly focuses on adults losing a spouse or a parent losing a child, and little has been written on the facilitation of children losing parents (Saldinger, Cain, Porterfield, & Lohnes, 2004). Therefore, there is a need for more knowledge and a better understanding of how anticipatory grief influences adolescents and to discover coping strategies and methods to help them through this emotional roller coaster.

### **Purpose**

The purpose of this project is to create a workshop that includes a power point presentation entailing significant and relevant information regarding how adolescents may or may not grieve for a terminally ill parent or primary caregiver. It will also include a variety of different activities and interventions that may facilitate a positive coping process for the adolescent. This workshop is intended for any parent, pre-professional, non-professional, and/or professional interested in this topic and learning



possible ways of helping adolescents go through such a difficult time in their lives. Hopefully, this project will help others recognize the importance and relevance of anticipatory grief and how it is possible to assist adolescents in having a healthy grieving process that will allow them to move forward with little or no regrets after the death of a parent or primary caregiver.

### **Terminology**

Anticipatory grief – When a person is aware that a loved one will die, which is commonly associated with terminal illnesses. After the person is presented with this fact, their grief can be described as a range of intensified emotional responses that may include anxiety, existential aloneness, sadness, anger, resentment, exhaustion, and desperation (Hottenson, 2010).

Bereavement - The experience of one who has lost something or someone of great significance to them. In pertaining to this particular paper, it will be in regards to a loss of a parent or primary caregiver. It is important to remember that no two losses are the same nor does a person experience them in the same way (Mann, 2013).

Terminal illness – It is an illness that cannot be cured or adequately treated and is reasonably expected to result in death within a period of time. Terminal illnesses may be short-term acute illness (less than 6 months) or a lengthy chronic illness (6 months or more) (Reynolds & Botha 2006).

Complicated Bereavement – Worden explains that it is the intensification of grief to a level where the person feels overwhelmed, resorts to unhealthy and maladaptive behaviors, or stays endlessly in a state of grief without any progression of the mourning process (“Grief and Grieving,” 2013).

## **Chapter II**

### **Literature Review**

Grief and grief therapy has been researched and discussed for many decades, but anticipatory grief is a fairly new concept that deserves the same amount of exploration and research. Anticipatory grief has just as much of an impact on adolescents than any other type of grief. It is important to understand grief itself, the relevance of anticipatory grief and how it affects adolescents. It is vital that appropriate support and resources are offered to adolescents during the time before the death of a loved one, specifically the impending death of a parent or primary caregiver.

#### **Grief**

Grief is defined as a great sadness caused by trouble or loss and a heavy sorrow (Dunne, 2004). Other terms that are used when referring to grief are loss and bereavement. According to Parkes (1999), grief is an emotional response to loss, and the intensity and duration of the grief response are relative to what is lost. The intensity and emotional response to the loss vary according to many factors, including the importance attributed to the loss, the circumstances of the death and the availability and utilization of support networks. In addition, the length and intensity of grief experienced by the bereaved depends on the type of the relationship and the degree of attachment (“Grief and Grieving.” 2013).

The meaning of attachment expands our ability to understand grief. Throughout human development, continual attachments to others are formed throughout our lives. According to Bowlby’s Attachment Theory, attachments develop from the need for security and safety, which are obtained throughout life, and are typically directed towards

a few specific individuals (Worden, 1991). The goal of attachment behavior is to form and maintain affectionate bonds, throughout childhood and adulthood. Bowlby suggested that grief responses are biologically general responses to separation and loss. Throughout the course of evolution, instinct develops around the grounds that the losses of attachments are retrievable. Similarly, behavioral responses that make up the grieving process are positive survival mechanisms that are directed towards restoring the lost bonds (Worden, 1991).

Different types of attachment styles that form are dependent on the kind of bond that is created between the child and the adult primary caregiver. Individuals that are classified as secure-autonomous describe their childhood experiences coherently, value attachment relationships, and consider attachment experiences important to personal development (Dykas & Cassidy, 2011). Whereas, individuals classified as insecure-dismissive either rejects the idea that negative childhood experiences have an impact on personal development or present a generally positive upbringing but is unable to provide supporting experiences. Dykas and Cassidy (2011) also stated that people that are insecure-preoccupied exhibit an excessive, confused and/or passive and non-objective preoccupation with attachment relationships or experiences; while people who are considered insecure-unresolved show lapses in the monitoring of reasoning or discourse when discussing loss or trauma. Attachment avoidance refers to the reluctance of seeking comfort and support from others; and attachment anxiety, refers to the fear of losing others or being abandoned. Individuals who display a secure attachment style have relatively few attachment related anxiety or avoidance. Some attachment theorists believe that individuals' attachment styles come from their childhood attachment

experiences, and studies have shown that adults with insecure attachment styles, compared to those with secure attachment styles provide more negative reports of their upbringing and childhood experiences (Dykas & Cassidy 2011).

Tendencies of secure individuals tend to process potentially psychologically painful information, such as a loss of a loved one, in a cognitively open manner, while insecure individuals tend to engage in defensive mechanisms to block psychological pain from the conscious awareness (Dykas & Cassidy, 2011). Hesse argued that by adolescence, the attachment organization that developed from childhood may predict future behavior and function both within and beyond the family (Scott, Briskman, Woolgar, & Conner 2011). Scott et. al., (2011) also mentioned that attachment representations reflect the individual's unique construct of his or her upbringing by reactions of early experiences from the bond between themselves and their caregiver. Adolescents with secure attachments, learn through childhood experiences of security-promoting interactions with caregivers, how to emotionally manage strategies that protect against anger, and avoid interactions that prompt poor adjustment (Scott et al., 2011). They are able to perceive and generate expectations and attributions about others in a positive schematic way, whereas their insecure fellow counterparts process information in a negatively biased schematic manner (Dykas & Cassidy, 2011).

### **Complicated Bereavement**

According to Karaban (2000), complicated bereavement can be described by the type of loss or by the circumstances around the loss. One of the more common reasons that complicated bereavement may arise can be due to a death resulting from a prolonged illness (Kirwin & Hamrin, 2005). Kirwin and Hamrin (2005) listed Worden's factors that

may interfere with the grief process, which may be the reason for complicated bereavement. These factors are relational: what type of relationship did the person have with the deceased?, circumstantial: what was the circumstance that surrounded the death?, historical: did the bereaved person have complicated grief reaction in the past?, personal: how does the bereaved person's character affect how he or she copes with emotional distress?, and social: does the nature of the death have any social stigma, such as HIV/AIDS?

### **Anticipatory Grief**

Often times, many people only think of grief as mourning that occurs after a death, but in actuality, grief can be more prolonged and occur before a person dies, which is known as anticipatory grief. Anticipatory grief allows time to mentally and emotionally prepare for the death of their loved ones and is experienced by both the dying person and their loved ones (Simon, 2008). Symptoms of anticipatory grief can be physical, emotional and/or cognitive. These symptoms are similar to the grief that follows a death or significant loss (Simon, 2008). During a person's grieving process, it is common to weep, to be unable to talk, and to talk about regrets and guilt. There are also at-risk behaviors that may be harmful to a person's grieving process; and they include: genuine denial of the death, shock or anger of great intensity, the feeling of hopelessness, having panic attacks, and dyspnea (Levin, 1998).

Many think forewarning of a death is associated with more favorable mental health outcomes than other types of death, but that is not the case (Saldinger, Cain, Kalter, & Lohnes, 1999). People assume anticipated death allows a head start on grief; and emotional closure can be reached in advance of the death. In reality, anticipation of

death may be less beneficial for a number of reasons. The child's needs may not be met in the home due to the terminal illness. They are faced with the separation from both the parent who is dying and the parent who is immersed in caretaker responsibilities for the dying parent (Saldinger et al., 1999). The children are also exposed to the dying parent's physical and mental deterioration, which may negatively affect them greatly (Saldinger et al., 1999).

### **Adolescents**

Anticipatory grief alone in itself is difficult to comprehend and deal with for anyone, but it can be especially difficult for adolescents who are experiencing the loss of a parent or primary caregiver. Even though researchers have found that adolescents share the adult concept of death as a universal, inevitable process and are capable of understanding the physiological, psychological, and religious aspects of it, the death of a parent or primary caregiver can be one of the most stressful events for a child, which is associated with increased psychiatric problems before and after the death of a primary caregiver (Morin & Welsh, 1996).

Adolescent bereavement frequently differs from that experienced by adults. It is common that when an adolescent is confronted with these issues, it is reasonable to believe that they have had no previous experience to draw on to help them cope with the feelings of rage, loneliness, disbelief, and guilt that accompanies personal loss. Consequently, the adolescent may not consider that things will get better (Kandt, 1994). Oftentimes, adolescents convey their feelings through behaviors rather than emotions ("Grief and Grieving," 2013). According to Johnson and Wolfelt, adolescents developmentally are going through a major transitional period in their lives and trying to

establish their own identities (Kirwin & Hamrin, 2005). Kirwin and Hamrin (2005) also state that the adolescents' changing bodies make them appear more like adults; and adults may assume that adolescents, with their more adult-like features are emotionally mature enough to handle grief, but this is not the case. Wolfelt suggests to particularly be observant for suicidal thoughts or actions, isolation from friends or family, failing or overachieving in school, major changes in their personality or attitude, serious eating problems, fighting or criminal behaviors, and inappropriate sexual behaviors during the anticipatory grief period (Kirwin & Hamrin, 2005). They can also easily experience a wide range of intensified emotional responses that may comprise of separation anxiety, denial, anger, existential aloneness, resentment, and exhaustion (Hottensen, 2010). Experiencing the death of a parent or primary caregiver during this already challenging time of life may leave adolescents confused, outraged, or depressed (Thomas, 2011).

### **Males versus Females**

There may also be differences in the way male and female adolescents respond to the death of a parent. Literature has shown that gender differences are apparent in their grieving behaviors, which affects their health, especially in psychological aspects (Chiu, Yin, Hsih, Wu, Chuang, & Huang, 2011). Studies have shown that males exhibit more conduct problems and may become more aggressive, physically act out, use drugs or alcohol, and refuse to admit their feelings (Kirwin & Hamrin, 2005). They also express more anger and minimize their display of sadness while females express more sorrow and anxiety. Males are more likely to hide overt expressions of sadness and grief, which may be done to avoid negative interpersonal outcomes that are associated with what is perceived as weakness for males (Chapin & Aldao, 2012). Females tend to experience

severely depressed mood more so than males (Chiu et. al., 2011). They are also more likely to suffer from yearning for the deceased and experience maladjustment problems (Chiu et. al., 2011). Females reported more emotional distress and may need their peers for comfort and support (Kirwin & Hamrin, 2005).

Studies have indicated that gender-stereotyped behaviors are expected among adolescents (Kirwin & Hamrin, 2005). Cultural beliefs and expectations are important factors to consider and keep in mind when discussing the differences between the grieving processes among males and females. In social development theories, it is argued that children learn gender-roles over time through cognitive learning, socializations, and experiences (Chaplin & Aldao, 2012). Generally, girls are expected to display great levels of emotions compared to boys, particularly happiness and negative emotions, such as sadness, fear, anxiety, shame, and guilt; whereas boys are expected to show less of these tender emotions, but display more externalizing emotions, such as anger, contempt, and disgust (Chaplin & Aldao, 2012). The social, biological, and cognitive changes associated with adolescence may be related to an increased emphasis on the importance of behaving according to gender roles and becoming more aware of society and their roles in it (Chaplin & Aldao, 2012).

### **Anticipatory Grief Due to a Terminal Illness: Cancer**

When an adolescent is dealing with the anticipatory grief of a parent or primary caregiver, it is usually due to a terminal illness, such as cancer. Sheehan and Draucker (2010) conducted a study on the interactions between parents diagnosed with advanced cancer and their adolescent children. They stated that unlike younger children, adolescents are at a greater risk for depression and anxiety because they understand the



implications of the diagnosis and prognosis, which allows them to be more aware of the future ramifications of their parent's illness. In this study, the sample consisted of 26 participants, which included 9 parents with advanced cancer, 7 significant others, and 10 adolescent children. Researchers conducted 26 individual semi-structured interviews asking them open ended questions to encourage participants to freely discuss and describe their experiences with each other.

The findings showed that although the participants discussed many feelings and experiences, their main concern was not having enough time together with each other (Sheehan & Draucker, 2010). Both ill parent and their adolescent children experienced regrets about not spending enough quality time with one another before the cancer diagnosis. Realizing this, both parent and adolescent made the most of the time they had left together by being more affectionate towards each other and the adolescent becoming more helpful around the house. What was also beneficial for both was talking about the future and life events that the parent would be absent from, such as, graduations, birthdays, and weddings (Sheehan & Draucker, 2010). It was critical for the adolescent to spend time together with their dying parent and to develop coping strategies during the illness and after the death. Sheehan and Draucker (2010) emphasized that families are able to continuously adapt to changing relationships and hopefully with proper guidance and help, adolescents are able to cope and handle the loss of a parent.

### **Anticipatory Grief Due to a Terminal Illness: HIV/AIDS**

In addition to cancer, if a parent has HIV/AIDS, that would also cause their adolescent children to go through anticipatory grief. An estimated 40 million adults are living with HIV and about 13 million children have already been orphaned by AIDS

(Rotheram-Borus, Weiss, Alber, & Lester, 2005). In the United States, about 350,000 children are living with a Parent With HIV (PWH) and another 36,000-65,000 adolescents had a parent die from AIDS (Rotheram-Borus et al., 2005). Adolescents of PWHs are affected not only by parental death, but also by time spent with a chronically ill parent. Parental illness commonly creates stress throughout the entire family, straining both parents' and especially, children's coping patterns and strategies (Rotheram-Borus et al., 2005).

Being a child of PWH may have a substantial and prolonged impact, both while the parent is living and after the death of the parent. Adolescent children dealing with anticipatory grief are likely to result in specific types of stressors. They may be at a particular risk for drug and alcohol use, alienation, and isolation from family and friends (Rotheram-Borus et al., 2005). Rotheram-Borus et al. (2005) stated that adolescents dealing with the anticipated death of their parent due to HIV/AIDS experience distress marked by loneliness and fearfulness of others, irritability and angry impulses, in addition, a range of depressive symptoms. Some depressive symptoms include low mood, anhedonia, and suicidal thoughts, which occurs during the illness and after the death. Rotheram-Borus et al. (2005) commented that it is not surprising that adolescents reported acute stress depressive symptoms following the death of the parent; it just clearly indicates the importance of early identification and preventive interventions for families experiencing anticipatory grief. It was suggested that interventions promoting parenting skills, family communication, and positive coping for both parents and adolescents may possibly decrease the increase of problem behaviors during the period prior to the parental death (Rotheram-Borus et al. 2005).

## **Manifestations of Normal Grief**

William Worden describes grief as the “experience of one who has lost a loved one to death,” but also notes that grief may be applied to other losses (Mann, 2013).

Worden states that normal grief responses fall under four general categories: feelings, physical sensations, cognitions, and behaviors, which are shown below:

### **A. Feelings.**

(1) Sadness is typically the most common emotion in the grieving experience. It does not necessarily need to include crying, but it usually does. Some individuals fear the intensity of the sadness. They believe that if they allow themselves to really feel the emotion of sadness, they may completely lose it.

(2) Common emotions may also include anger, guilt, depression, loneliness, fatigue, helplessness, shock, yearning, relief, and numbness.

### **B. Physical Sensations**

(1) Grieving individuals may experience hollowness in the stomach, tightness in the chest, a sense of depersonalization, breathlessness, and weakness in the muscles.

(2) Individuals who are grieving may wonder, “Why am I so tired all the time?”

### **C. Cognitions**

(1) During the grieving process, people will oftentimes experience disbelief and confusion.

(2) Some people become preoccupied with the grief and loss to the point of distraction from focusing on anything else.

(3) Others may sense a presence if they have lost someone to death.

Although they know the person is gone, they still feel that he or she is still present.

(a) An example of this would be when a person is positive he or she saw the deceased in a crowd or heard his or her voice.

#### D. Behaviors

(1) Sleep disturbances, such as waking up early in the mornings are normal during the grieving process.

(2) Absent-minded behaviors are common since the bereaved person's mind is preoccupied.

(a) This can be dangerous (as in driving) or benign (as in putting the ice cream in the dishwasher or silverware in the freezer)

### **Grieving Process**

When discussing the grieving process, it is important to mention Kubler-Ross' stages of grief because it has brought to light and helped many understand the grieving process. According to the Kubler-Ross, a person goes through a certain order of stages of grief which are as follows: (Mann, 2013)

#### 1. Denial and Isolation

- The person is unable to believe what is happening to him or her.

Denial is a psychological defense against their anxiety and stress. It is a means of surviving the crisis. Some individuals not only

experience denial, but also need to pull away from others for a period of time to cope with the shock and disbelief.

## 2. Anger

- Anger is an emotional response to things we do not like, are afraid of, or cannot resolve. Often the question is, “Why me?” come up during this stage. People think back to their past and try to see what they may have done to deserve this loss.

## 3. Bargaining

- People try to bargain with a higher power to change things. When bargaining fails, people experience the fourth stage.

## 4. Depression

- When a person recognizes that death is inevitable and the loss becomes overpowering, depression sets in.

## 5. Acceptance

- Eventually the depression lifts as people work through the mourning of the loss and come to accept the inevitability of death.

These are all significant information and have helped many understand the complex world of grief, but in recent years, based on qualitative and quantitative research, grieving is a much more dynamic process rather than stage-like or linear (Thomas, 2011). A grieving person goes back and forth between the stages. Worden prefers to look at the grieving process as a series of tasks. Tasks are not bound to a linear progression, but rather people experience these tasks as they come (Mann, 2013). Tasks also provide something for the griever to do instead of waiting to pass through a stage.

According to Worden, there are four tasks to mourning, which may take place in any order (“Grief and Grieving,” 2013).

A. Task 1 - Accepting the reality of the loss

(1) This task involves coming face-to-face with the reality that the person has died and will not come back. Oftentimes, the bereaved refuses to face the fact that that the person is dead, and may go through a phase of not believing, and pretend that the person is still alive. This denial can take several forms:

- (a) Denying the death. The bereaved may manifest symptoms that range from minor reality distortions to major full blown delusions. They may be keeping possessions belonging to the deceased ready for them use when the deceased comes back, or keeping the room of the deceased untouched for years.
- (b) Denying the meaning of the loss. In an effort to make the loss less significant, they deny the meaningfulness of the relationship. The bereaved may express thoughts such as “We were never close,” “He was not a good person,” or may get rid of all reminders of the deceased so they will not be reminded of their existence.
- (c) Denying that death is irreversible. In trying to maintain the connection with the deceased, the bereaved may search for spiritualists. There may be occurrences of selective forgetting, or blocking out recollections of the deceased. Customary

ceremonies such as burials and cremations might help the bereaved recognize the loss as the ceremony forces them to face the actuality of the death.

B. Task 2: Working through the pain of grief

(1) The process of letting oneself to feel the pain instead of repressing the experience is considered to be beneficial in the normal process of mourning. In some social contexts, the expression of grief may be encouraged. Other subtle messages may be given that the mourner should stop grieving and get on with life. Hence, the expression of grief may be considered unhealthy and demoralizing.

(2) When the mourner distracts themselves from grief, it can hinder the mourning process by avoiding painful thoughts, using thought stopping strategies, avoiding reminders of the deceased and using alcohol or drugs to desensitize.

C. Task 3: Adjusting to an environment in which the deceased is missing

(1) After the death, the bereaved needs to take on new roles in their lives and adjust to the changes in their environment.

(2) It is common that the full extent of what has been lost is not realized for a period of time after the loss has happened.

(3) Many individuals resent the need to develop new skills and cope with the changes in their life.

(4) The bereaved may be heightening their own helplessness by not utilizing or developing the skills needed to help them cope with the

situation. The bereaved individual might withdraw from the world and be unwilling to face the changes in their life.

D. Task 4: Emotionally relocate the deceased and move on with life

- (1) Emotional relocation entails that the bereaved continue the relationship with the deceased with the memories connected to them, in a way they can carry on with their own lives after the death.
- (2) Holding onto the past attachment too tightly instead of allowing the self to develop new relationships can get in the way of this task.

### **Supporting the Grieving Adolescent**

Researches and clinicians have documented variations of long-term impact of significant loss in adolescences' lives and suggest that without effective interventions, experiences of a significant loss, such as of a parent, may undermine the child's development and the progression of skills essential for ongoing development and effective daily functioning (Nader, 2010). It can be difficult to grieve alone, yet it can be challenging for adolescents to connect with their parents or immediate family member with who they are able to be vulnerable with (Thomas, 2011).

Oftentimes, everyone affected by the eventual loss of a loved one tries to shield one another from their grief when, in fact, they would benefit and feel relief by sharing their true feelings with each other, especially adolescents (Hottensen, 2010). In some cases, parents may be unaware of the adolescent children's distress and agony about the impending death (Rosenheim & Reicher, 1986). Allowing adolescents the chance to communicate their true feelings about the anticipated loss of their parent or primary caregiver would allow them to acknowledge and cope with the permanent loss and create



a more flexible planning of the future without them. Being able to experience and discuss the loss with each other can help deepen their relationship and help them experience growth (Hottensen, 2010).

Anticipatory interventions assist children and families going through the difficult time of dealing with anticipated death. Interventions should focus on helping parents discuss their impending death with their child, preparing the child for the transitions to a new caregiver, establishing positive daily routines with the family, and facilitating the child's coping strategies (Haine, Ayers, Sandler, & Wolchik, 2008). Recently, an anticipatory intervention for families with a parental diagnosis of terminal cancer was created to enhance surviving parents' abilities to provide support for their children, provide an environment in which children would feel comfortable expressing their feelings about the loss, and provide consistency and stability in the children's environment before and after the death. Participants of this particular intervention showed trends of children and adolescents exhibiting lower mental health problems and improved self-esteem than those in the control group (Haine et al., 2008).

Jonhson (1999) suggest that with adolescents experiencing anticipatory grief of a parent, parents and families should be honest with each other, be able to talk about the death, encourage the adolescent child to talk to other adults if it is difficult to talk to his or her parent, encourage parents to talk about their feelings, and allow the adolescent private time to grieve on their own as well (Kirwin & Hamrin, 2005).

Hurd (2004) emphasized the importance of a supportive network of people, a strong self-concept, and the ability to think through experiences positively will help the adolescent experience healthy mourning. Hurd (2004) discusses how resilience is closely

related to school achievement and how it would be extremely beneficial to develop school-based programs and resources that promote resiliency, communication, parenting skills, and different coping strategies and activities for adolescents dealing with anticipatory grief. School counselors, educators, and others working with adolescents are in a critically important position to create a non-judgmental, respectful environment where adolescents can express their thoughts and feelings (Thomas, 2011).

It is also interesting to address that adolescents from suburban areas reported the most helpful coping strategy was a reminder that time would help, while in urban areas, adolescents responded that the most helpful comments were reminders to go to school and to get an education (Morin & Welsh, 1996). Morin and Welsh (1996) discussed that this may be due to the heightened level of drugs and violence in the urban areas and education may be viewed as a means of escape from drugs and violence in their lives.

It is important to remember every adolescent's grieving process is unique in terms of content, intensity, and time. It is a time where the grieving adolescent builds memories, recognize the ways that life has changed, and is on a new journey of creating a new self-identity drawing on the past and present to make decisions about their future (Thomas, 2011). The importance of interventions and therapy before the death of a parent or primary caregiver is crucial for healthy mourning; but it is also important to remember the continuation of these interventions after the death as well to help maintain their learned coping skills and strategies (Nader, 2010). Worden states that mourning is considered to be complete when the person is able to experience pleasures, take on new roles, look forward to new events, and when memories of the deceased no longer evoke

physical responses of sorrow and pain, although occasional feelings of sadness may remain (“Greif and Griving,” 2013).

### **Criticisms of Anticipatory Grief**

There are numerous research and studies on grief counseling and its benefits of therapy and interventions, but there also comes criticism. Anticipatory grief is a relatively recent concept with its first documentation by the Lindermann in 1944 (Reynolds & Botha, 2006). Reynolds and Botha (2006) inform readers that some researchers believe that anticipatory grief does not exist. Parks and Weiss (1983) challenged the notion of anticipatory grief and contended that, although an opportunity to prepare for a person’s death may have a positive effect on recovery of the bereaved, any benefits were not due to what Lindermann termed as anticipatory grief, but from people just accepting the inevitability of loss.

It is said that anticipatory grief allows the bereaved time to deal with unfinished business, say their good-byes, clear up any misunderstandings, and prepare for social and family adjustments, which in theory, should result in an easier period of post-death grief for the bereaved compared to those who did not have time in advance (Reynolds and Botha, 2006). Reynolds and Botha (2006) reported that there have been contradictory findings that found that anticipatory grief has had negative effects on bereavement outcomes. The findings on the effects of anticipatory mourning on post-death bereavement have been inconsistent. There have been many studies that have been done in the last 60 years, which have pointed to the positive effects of having advanced warning of the death of a loved one, while other studies produced findings that resulted

otherwise. There have also been studies that did not find any relationship between anticipation and post-death bereavement (Reynolds & Botha, 2003).

## **Treatment**

Death is inevitable and is part of life, but however common it may be, losing a loved one can impair emotional, cognitive, and behavioral functioning. These are some of the major reasons for individuals to seek therapy. It is also important to recognize the importance of culture-based counseling related to grief. Altmaier (2011) quotes Harvey, who defined loss as a “fundamental human experience” from which one can grow and learn to understand others, help others, and develop courage to live with pain. Altmaier (2011) stated that it is critical to keep Harvey’s positive view of grief in mind when counseling those who are grieving because it illustrates therapy as facilitating growth rather than simply mending a loss. Therapy may be a great way to help adolescents during their grief because each therapeutic approach and treatment is geared toward the individual because therapists recognize that everyone comes from a different background and culture. There is no correct model to use when working with the bereaved, but rather the experiences of each individual facilitates the therapist in tailoring the most suited treatment for each client.

In therapy, some therapeutic treatment approaches may include:

### **A. Cognitive-behavioral therapy**

- Standard intervention lasts about 12 to 16 sessions, which includes core components of psychoeducation, parenting skills, cognitive processing, relaxations skills, trauma narrative to help the gradual

exposure of the traumatic event, in vivo desensitization, and conjoint child-parent sessions (Allen, Oseni, & Allen, 2012).

- It lets the adolescent understand the reactions to grief and loss. It also helps develop appropriate coping skills and allows the cognitive restructuring of maladaptive thoughts (Allen, Oseni, & Allen, 2012).

#### B. Narrative therapy

- Narrative therapists collaborate with the adolescent to create a safe place to feel the emotions of grief and to explore the stories that give meaning to the adolescent's life. The use of narrative or storytelling is a useful tool to help make sense of difficult experiences in the adolescent's life, by giving them the opportunity to access alternative perspectives and attain self-awareness (Patterson, 2008).
- A narrative therapy exercise that is often utilized in grief work is the use of written expression, such as letter writing or journaling. This can be a great tool in helping the adolescent in expressing the feelings of grief and accessing their internal resources and strength. It is also a way of continuing the bonds with the deceased and keeping them alive in the bereaved adolescent's life as an internal source of strength and guidance (Patterson, 2008).

#### C. Group music therapy

- Group music therapy usually lasts between 12 to 14 weeks and goals are focused on offering opportunities for expression, contemplation,

and processing grief-related experiences (McFerran, Roberts, & O'Grady, 2010).

- Bereaved adolescents may feel better if they have an opportunity for fun combined with the creative expression of grief alongside their peers (McFerran, Roberts, & O'Grady, 2010).
- Therapy includes writing original songs, free play on percussion instruments, or listening to known songs followed by discussion of meaning. Songs addressing grief-related themes are sought and encouraged by the group leader/therapist, but members also used this as an opportunity as a way to express their identity by associating with particular genres and performers (McFerran, Roberts, & O'Grady, 2010).

Assisting individuals in finding support and encouragement from other resources as well as therapy itself is also important. Interventions outside of psychotherapy that are shown to be beneficial towards the bereaved include physical activity, community involvement, being connected spiritually, attending religious gatherings, journaling, practicing mindfulness, and going to self-help groups (Kosminsky, 2012). Wolfelt emphasized the importance in helping the bereaved “acknowledge the reality of death, embracing the pain of loss, remember the person who died, developing a new self-identity, searching for meaning, and receiving ongoing support from others” in order for a “new reality of moving forward in life without the physical presence of the person who died” (Altmaier, 2012).

## **Chapter III**

### **Psychoeducational Workshop Information/Details**

There are not many articles or information on the affects of anticipatory grief on adolescents due to a loss of a parent or primary caregiver. The limited knowledge and information available on this topic and the delicate developmental stage of adolescents was the motivation behind in creating this project. The intent of this project was to create a one-day workshop that includes a power point presentation (Appendix A) intended for any parent, pre-professional, non-professional, and/or professional interested in becoming more aware in this particular topic and becoming more knowledgeable of possible ways to help adolescents go through such an overwhelming time in their lives. Creating this workshop is in hopes that it will help adult individuals understand the importance and relevance of anticipatory grief and how it is possible to assist adolescents cope in a healthy way.

#### **Workshop Outline**

##### Part 1 of presentation

- Overview and discussion of grief, complicated grief, anticipatory grief and how it affects adolescents

##### Part 2 of presentation

- Discussion of acute and chronic terminal illnesses that parents/primary caregivers may have that affects adolescents

##### Part 3 of presentation

- Review Williams Worden's normal grief and mourning tasks
- Review Kubler-Ross' grieving process and stages

#### Part 4 of presentation

- Discuss different ways in supporting the grieving adolescent
  - The importance of a supportive network of people
  - Preparation of life after the impending death of the parent/primary caregiver
  - Being open to communication with the adolescent
- Overview of different therapeutic treatment approaches
  - Cognitive-behavioral therapy
  - Narrative therapy
  - Music therapy
- Community resources

Throughout the presentation, attendees are welcomed and encouraged to ask questions, share feedback, and discuss their personal experiences and reasons of interest on this particular topic.

#### **Learning Objectives**

- Becoming more knowledgeable about anticipatory grief
- Learning different coping strategies between male and female adolescents
- Distinguishing between healthy and unhealthy ways of coping
- Creating an open and safe environment for the adolescent to communicate and express emotions to the surviving parent, family members, or other adults
- Differentiating between healthy and unhealthy features of continuing the bonds before and after the death of the parent/primary caregiver



- Identify different attachments that the adolescent may have grown up with and is now exhibiting
- Discuss the benefits of individual and family therapy for the adolescent

### **Materials and Location**

Materials provided will include an outline of the presentation (Appendix B) and emergency hotline phone numbers. The workshop is intended for underprivileged families and will be held at school campuses and community agencies in low socioeconomic areas free of cost.

## **Chapter IV**

### **Conclusion**

The main purpose of this project was to create a workshop consisting of a power point presentation that provided significant and useful information on anticipatory grief. Specifically, how adolescents are affected by the anticipated death of a parent or primary caregiver. The workshop presents relevant information on anticipatory grief, the mourning process, attachment styles of adolescents, terminal illnesses of parents that the adolescents deal with, and different ways to support the adolescent during this overwhelming and difficult time in their lives. These workshops are mainly geared toward families who live in underprivileged communities because due to their low socioeconomic status, they are limited to available resources or unaware of them.

### **Discussion**

Many people are unaware that mourning a death of a loved one may in fact occur before the actual death of the person. Many times, anticipatory grief allows some time to prepare for the death mentally and emotionally, but limited time allotted before the death can be extremely emotional and some do not use this time to properly grieve. This can be exceptionally difficult for adolescents losing a parent or primary caregiver because usually, at this age, they have never experienced such a significant loss and are unaware as to how to handle it without proper support and guidance. When adolescents are dealing with the anticipated death of a parent or primary caregiver, it is commonly due to cancer or HIV/AIDS.

Oftentimes, adults and family members try to shield the adolescent from their grief. It would benefit them more if they expressed their emotions and shared their true

feelings to one another. Interventions should focus on helping parents discuss the impending death with their children and have honest conversations about their emotions without any judgments. Every adolescent grieves differently depending on time, situation, and type of relationship they have with their parents and family members. It is important to encourage the grieving adolescent to build memories, be aware that life has changed, and create a new self-identity.

### **Limitations/Future Research**

In general, there is lack of research on anticipatory grief itself and when you combine the affects of it on adolescents, there are even fewer studies on it. It would be valuable if more research is done on this topic in order for people to have a better understanding of the negative effects of it and how to deal and cope with it the best way possible. Mostly, all of the research studies did not take specific cultural and ethnic backgrounds and upbringings into consideration when discussing how adolescents were affected by the anticipatory death of a parent or caregiver. Granted, it was expressed that every individual grieves differently due to culture and personal experiences, but it would be interesting if there were specific studies that compared the affects between different cultures and if different therapeutic approaches worked better for one or the other groups. Also, it would be interesting and valuable if more case studies were conducted, as well as more quantitative research on this topic.

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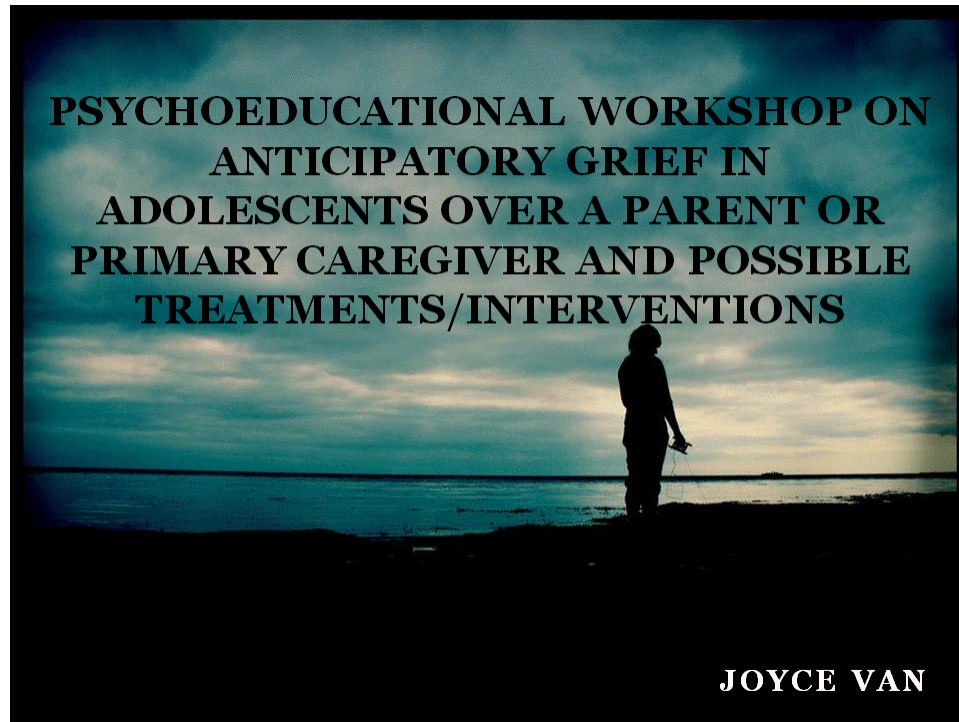
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## APPENDIX A

Slide 1



**PSYCHOEDUCATIONAL WORKSHOP ON  
ANTICIPATORY GRIEF IN  
ADOLESCENTS OVER A PARENT OR  
PRIMARY CAREGIVER AND POSSIBLE  
TREATMENTS/INTERVENTIONS**


**JOYCE VAN**

Slide 2



**GRIEF**

- An emotional response to loss
  - Responses to the loss vary according to many factors



- Importance attributed to the loss
- Circumstances of the death
- Availability and utilization of support networks




## BOWLBY'S ATTACHMENT THEORY

- Grief experienced by the bereaved varies depending on the nature of the relationship and the degree of attachment
- Attachments develop from the need for security and safety
- Types of attachments
  - Secure
  - Avoidant
  - Anxious
  - Ambivalent

## COMPLICATED BEREAVEMENT

- A common reason for complicated bereavement
  - death resulting from a prolonged illness
    - anticipatory grief
- Factors that may interfere with the grief process, resulting in complicated bereavement
  - Relational
  - Circumstantial
  - Historical
  - Personal
  - Social



# ANTICIPATORY GRIEF

*What is anticipatory grief?*

physical, emotional, and/or cognitive

experienced by both the dying person and their loved ones

# ADOLESCENTS

- Adolescent versus adults
  - No previous experience with significant grief
    - rage, loneliness, disbelief, and guilt



- Expresses their feelings through behaviors rather than emotions





## ADOLESCENTS

- Be observant for:
  - suicidal thoughts or actions
  - isolation from friends or family
  - failing or overachieving in school
  - major changes in their personality or attitude
  - serious eating problems
  - fighting or criminal behaviors
  - inappropriate sexual behaviors


## MALES vs. FEMALES

- Psychological differences
- Males exhibit more
  - conduct problems
  - use drugs or alcohol
  - refuse to admit their feelings
- Females
  - experience severely depressed mood
  - emotional distress
  - Rely on peers for support

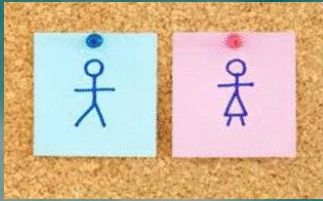


Slide 9

## MALES vs. FEMALES



- Gender stereotypes
  - Social developments
  - Cultural background



Slide 10

## ANTICIPATORY GRIEF DUE TO A TERMINAL ILLNESS

CANCER

HIV/AIDS

- Stressful for the entire family
- Adolescents are at a greater risk for depression and anxiety compared to younger children
  - They understand the implications of the diagnosis and prognosis
  - More aware of the future ramifications of their parent's illness



## ANTICIPATORY GRIEF DUE TO A TERMINAL ILLNESS

- Aware of the limited time left to spend together
  - More affectionate towards each other
  - Adolescents became more helpful around the house
  - Discussions about the future and life events that the parent will be absent from
    - graduations, birthdays, and weddings





## ANTICIPATORY GRIEF DUE TO A TERMINAL ILLNESS

- Early identification and preventive interventions to decrease problem behaviors
  - promoting parenting skills
  - family communication
  - positive coping for both parents and adolescents




## MANIFESTATIONS OF NORMAL GRIEF

- William Worden states that grief responses fall under four general categories
  - Feelings
  - Physical sensations
  - Cognitions
  - Behaviors



## GRIEVING PROCESS

Kubler-Ross' stages of grief



- Denial and Isolation
- Anger
- Bargaining
- Depression
- Acceptance

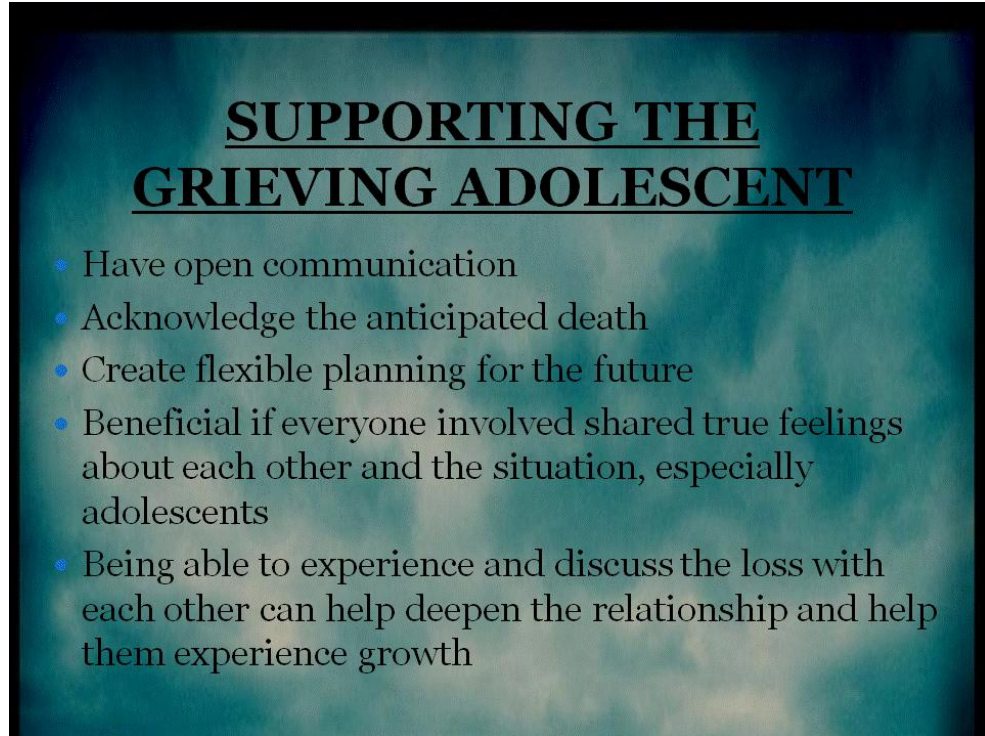


**WILLIAM WORDEN'S**  
**4 TASKS TO MOURNING**

- Task 1  
Accepting the reality of the loss
- Task 2  
Working through the pain of grief
- Task 3  
Adjusting to an environment without the deceased
- Task 4  
Emotionally relocate the deceased and move on with life

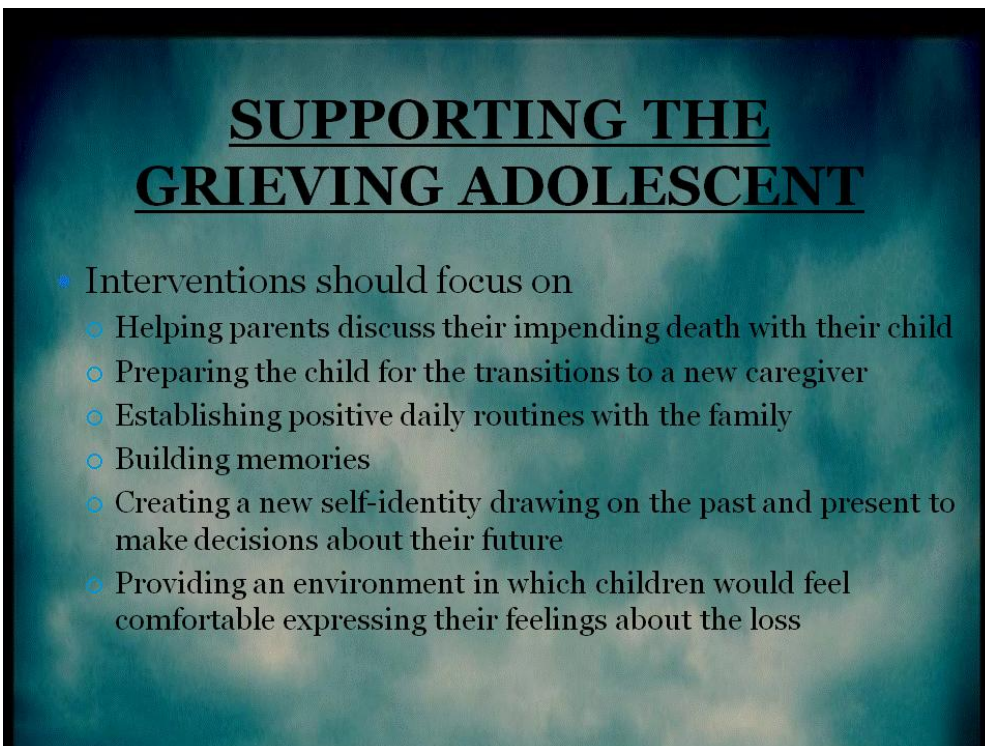
**SUPPORTING THE**  
**GRIEVING ADOLESCENT**

- Long-term impact without effective interventions
  - Slows the child's development
  - Hinders the progression of skills essential for ongoing development and effective daily functioning
- Parents are unaware of the adolescent children's distress and agony
- Oftentimes, everyone affected by the eventual loss of tries to shield one another from their grief



**SUPPORTING THE GRIEVING ADOLESCENT**

- Have open communication
- Acknowledge the anticipated death
- Create flexible planning for the future
- Beneficial if everyone involved shared true feelings about each other and the situation, especially adolescents
- Being able to experience and discuss the loss with each other can help deepen the relationship and help them experience growth



**SUPPORTING THE GRIEVING ADOLESCENT**

- Interventions should focus on
  - Helping parents discuss their impending death with their child
  - Preparing the child for the transitions to a new caregiver
  - Establishing positive daily routines with the family
  - Building memories
  - Creating a new self-identity drawing on the past and present to make decisions about their future
  - Providing an environment in which children would feel comfortable expressing their feelings about the loss



## SUPPORTING THE GRIEVING ADOLESCENT

- Interventions should focus on (cont.)
  - Providing consistency and stability in the children's environment before and after the death
  - Encouraging parents to talk about their feelings
  - Allowing the adolescent private time to grieve on their own


The continuation of these interventions after the death are important and critical in maintaining their learned coping skills and strategies

## SUPPORTING THE GRIEVING ADOLESCENT

Worden states that mourning is considered to be complete when the person is able to experience pleasures, take on new roles, look forward to new events, and when memories of the deceased no longer evoke physical responses of sorrow and pain, although occasional feelings of sadness may remain.

## BENEFITS OF ANTICIPATORY LOSS COMPARED TO SUDDEN LOSS

- Allows time to:
  - Deal with unfinished business
  - Say their good-byes
  - Clear up any misunderstandings
  - Prepare for social and family adjustments



## TREATMENT

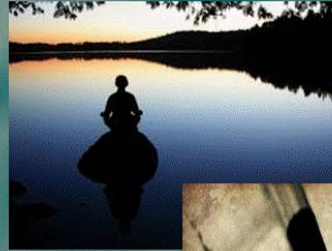
- Therapy
  - Each therapeutic approach and treatment is geared toward the individual
  - Each individual facilitates the therapist in tailoring the most suited treatment for each client
  - Possible therapeutic treatments
    - Cognitive-behavioral therapy
    - Narrative therapy
    - Group music therapy





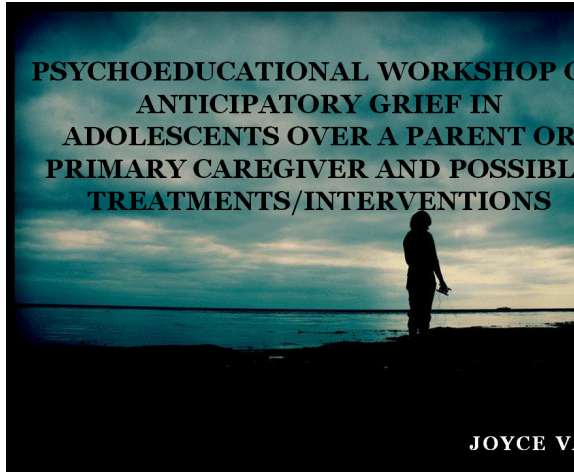
## TREATMENT

- Interventions outside of psychotherapy
  - Physical activity
  - Community involvement
  - Being connected spiritually
  - Attending religious gatherings
  - Journaling
  - Practicing mindfulness
  - Going to self-help groups



## APPENDIX B

**PSYCHOEDUCATIONAL WORKSHOP ON  
ANTICIPATORY GRIEF IN  
ADOLESCENTS OVER A PARENT OR  
PRIMARY CAREGIVER AND POSSIBLE  
TREATMENTS/INTERVENTIONS**



**JOYCE VA**

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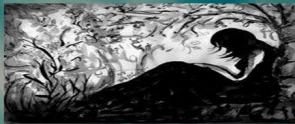
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## ANTICIPATORY GRIEF

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## ADOLESCENTS

- Adolescent versus adults
  - No previous experience with significant grief
    - rage, loneliness, disbelief, and guilt



- Expresses their feelings through behaviors rather than emotions

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## ADOLESCENTS

- Be observant for:
  - suicidal thoughts or actions
  - isolation from friends or family
  - failing or overachieving in school
  - major changes in their personality or attitude
  - serious eating problems
  - fighting or criminal behaviors
  - inappropriate sexual behaviors

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## MALES vs. FEMALES

- Psychological differences
- Males exhibit more
  - conduct problems
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  - refuse to admit their feelings
- Females
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  - Rely on peers for support



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- Cultural background



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## ANTICIPATORY GRIEF DUE TO A TERMINAL ILLNES

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HIV/AIDS

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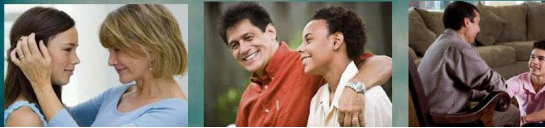
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## ANTICIPATORY GRIEF DUE TO A TERMINAL ILLNES

- Aware of the limited time left to spend together
  - More affectionate towards each other
  - Adolescents became more helpful around the house
  - Discussions about the future and life events that the parent will be absent from
    - graduations, birthdays, and weddings



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## ANTICIPATORY GRIEF DUE TO A TERMINAL ILLNES

- Early identification and preventive interventions to decrease problem behaviors
  - promoting parenting skills
  - family communication
  - positive coping for both parents and adolescents



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## MANIFESTATIONS OF NORMAL GRIEF

- William Worden states that grief responses fall under four general categories
  - Feelings
  - Physical sensations
  - Cognitions
  - Behaviors



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## GRIEVING PROCESS

Kubler-Ross' stages of grief

Denial and Isolation

Anger

Bargaining

Depression

Acceptance

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## WILLIAM WORDEN'S 4 TASKS TO MOURNING

• Task 1

Accepting the reality of the loss

• Task 2

Working through the pain of grief

• Task 3

Adjusting to an environment without the deceased

• Task 4

Emotionally relocate the deceased and move on with life

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## **SUPPORTING THE GRIEVING ADOLESCENT**

- Long-term impact without effective interventions
  - Slows the child's development
  - Hinders the progression of skills essential for ongoing development and effective daily functioning
- Parents are unaware of the adolescent children's distress and agony
- Oftentimes, everyone affected by the eventual loss tries to shield one another from their grief

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## **SUPPORTING THE GRIEVING ADOLESCENT**

- Have open communication
- Acknowledge the anticipated death
- Create flexible planning for the future
- Beneficial if everyone involved shared true feelings about each other and the situation, especially adolescents
- Being able to experience and discuss the loss with each other can help deepen the relationship and help them experience growth

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## **SUPPORTING THE GRIEVING ADOLESCENT**

- Interventions should focus on
  - Helping parents discuss their impending death with their child
  - Preparing the child for the transitions to a new caregiver
  - Establishing positive daily routines with the family
  - Building memories
  - Creating a new self-identity drawing on the past and present to make decisions about their future
  - Providing an environment in which children would feel comfortable expressing their feelings about the loss

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## SUPPORTING THE GRIEVING ADOLESCENT

- Interventions should focus on (cont.)
  - Providing consistency and stability in the children's environment before and after the death
  - Encouraging parents to talk about their feelings
  - Allowing the adolescent private time to grieve on their own

The continuation of these interventions after the death are important and critical in maintaining their learned coping skills and strategies

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## SUPPORTING THE GRIEVING ADOLESCENT

Worden states that mourning is considered to be complete when the person is able to experience pleasures, take on new roles, look forward to new events, and when memories of the deceased no longer evoke physical responses of sorrow and pain, although occasional feelings of sadness may remain.

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## BENEFITS OF ANTICIPATORY LOSS COMPARED TO SUDDEN LOSS

- Allows time to:
  - Deal with unfinished business
  - Say their good-byes
  - Clear up any misunderstandings
  - Prepare for social and family adjustments



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## TREATMENT

- Therapy
  - Each therapeutic approach and treatment is geared toward the individual
  - Each individual facilitates the therapist in tailoring the most suited treatment for each client
  - Possible therapeutic treatments
    - Cognitive-behavioral therapy
    - Narrative therapy
    - Group music therapy



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## TREATMENT

- Interventions outside of psychotherapy
  - Physical activity
  - Community involvement
  - Being connected spiritually
  - Attending religious gatherings
  - Journaling
  - Practicing mindfulness
  - Going to self-help groups



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