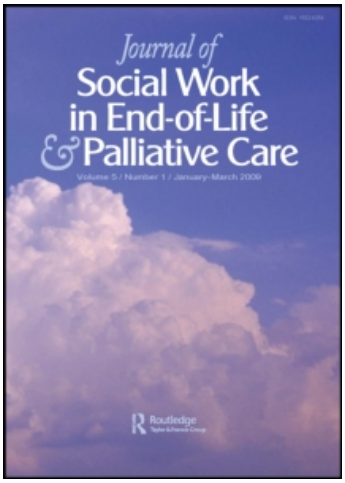

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The Impact of Peer Death on Adolescent Girls: A Task-Oriented Group Intervention

Pamela A. Malone[a]
[a] St. Edward's University,

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The Impact of Peer Death on Adolescent Girls: A Task-Oriented Group Intervention

Pamela A. Malone, MA, LCSW

ABSTRACT. Adolescents' exposure to death is high, with approximately 40% of adolescents reporting past year death of a peer. Each of the estimated annual 14,000 deaths of adolescents has an impact on friends, classmates, and peers, with adolescent girls experiencing more peer deaths within a one year time frame than boys. Much of the literature focuses on parent or sibling death but little on the death of a peer. The sudden and unexpected nature of adolescent deaths appears to be a common experience that deeply affects adolescent girls and puts them at risk for a wide range of negative physical, emotional, social, and cognitive outcomes. The author outlines a task-oriented group intervention that meets the developmental, emotional, cognitive, and gender-specific needs of adolescent girls grieving the death of a peer. doi:10.1300/J457v03n03_04 *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com>*

KEYWORDS. Peer death, adolescent girls, task-oriented group intervention, adolescent friendship and peer relationships, adolescent grief and bereavement

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Pamela A. Malone is a private practitioner, a doctoral student at The University of Texas at Austin, and Adjunct Faculty at St. Edward's University.

Address correspondence to: Pamela Malone, MA, LCSW, 1221 West Ben White Boulevard, Suite. 111, Austin, TX 78704 (Email: pammalone@mail.utexas.edu).

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INCIDENCE OF LOSS

The death of an adolescent is likely to be sudden or violent. The leading cause of death among 12 to 14 year-olds is accidents, followed by cancer, and then homicide; for 15 to 18 year-olds it is accidents, followed by homicide, and then suicide. In 2002 there were more than 13,800 deaths of adolescents between the ages of 15 and 19 (U.S. Department of Health & Human Services, 2004). Of deaths among 15-19 year-olds, 52% were due to motor vehicle accidents, 23% to accidents involving firearms, 14% to homicide, and 11% to suicide. Each of the estimated annual 13,800 adolescent deaths has an unparalleled impact on families, friends, classmates, peers, neighbors, and communities.

Approximately 20% of adolescents report past-year death of a friend (Rheingold, Smith, Ruggiero, Saunders, Kilpatrick, & Resnick, 2004). An earlier study (Ewalt & Perkins, 1979) showed that 40% of adolescents experienced the death of a close friend. A study based on a nationally representative sample of 4,023 adolescents indicated that girls (23%) are more likely than boys (19%) to experience peer death within a one year time frame (Rheingold et al., 2004). Further complicating this is that most adolescents learn about the death of a peer from another peer whereas they learn about a family member's death from another family member (Ringler & Hayden, 2000). Many adolescents have access to telephones, cell phones, email, and instant messaging through which information about a peer death can travel rapidly from one adolescent social network to another. Adolescent grief responses to a peer death can be both profound and intense. Given that the majority of adolescent deaths are sudden and unexpected, adolescents are emotionally unprepared to hear about the unforeseen loss of a peer.

IMPORTANCE AND RELEVANCE

The death of a peer in adolescence is an experience that is often overlooked or minimized and few adults recognize the severity of this loss (Rask, Kaunonen, & Paunonen-Ilmonen, 2002). Many studies focus on the death of a family member or the suicide of a student, but little attention has been given to the death of a peer or the impact on adolescents as "forgotten grievers" (LaGrand, 1985), or "survivor friends" (Sklar & Hartley, 1990). Relationships among adolescents can span a vast array of roles to include classmates, teammates, close friends, members of the same club, romantic interest, neighbor, members of the same church or

synagogue, or a friend of a friend. At times these roles may overlap. Often a peer death is not defined as a significant loss and the relationship goes unrecognized and unacknowledged by the adults in an adolescent's life (Doka, 2002). The disenfranchised nature of adolescent grief can deny adolescents a place and way in which to grieve with grieving norms further defined by parents, other adults, and peers (Rowling, 2002).

Mourning a peer can be a devastating experience for any adolescent, leaving an indelible mark upon the landscape of adolescent emotional, cognitive, and social development. An adolescent's grief experience is profoundly personal (Noppe & Noppe, 2004), and can be more intense, intermittent, and overwhelming than the grief adults experience (Noppe & Noppe, 2004; Christ, Siegel, & Christ, 2002; Oltjenbruns, 1996). Adolescent grief is distinctly different from child or adult grief, due to the developmental issues that are embedded within the process (Noppe & Noppe, 2004). Adolescents live with the sense that peers are too young to die and, therefore, can be traumatized and forever changed by the sudden and unexpected death of a peer (Ringler & Hayden, 2000). The increased awareness about death leads adolescents to anticipate the aging and death of their parents as well as themselves (Noppe & Noppe, 2004).

CONCEPTUAL FRAMEWORK

Adolescent Friendship and Peer Relationships

The world of the adolescent is a very relational world that is dominated by the peer group (Noppe & Noppe, 2004). The major task of adolescence is identity formation with themes of separation and connectedness having primacy. Peer relationships are extremely important and help to shape the emotional, social, and cognitive development of each adolescent, playing a central role in an adolescent's developing ability to deal with various psychosocial tasks (Oltjenbruns, 1996). They get to practice who they are and who they might become. This is an important period for the formation of self-esteem, determination of self-efficacy, absorption of others' perceptions, and acquisition of the ability to manage life demands and unexpected change (Steese et al., 2006).

Adolescents also begin a critical scrutiny of their parents and the other significant adults in their lives. Identity tends to shift away from

parents and family, although attachment to parents is still vital, and move toward forming identity among peers (Noppe & Noppe, 2004). Adolescents perceive themselves as members of the peer culture and view their peers, popular culture, and themselves as the support system that offers feedback and definition. There is absorption with sameness and difference among peers. They want to belong yet do not want to be viewed as just like everyone else. The death of a peer during adolescence challenges the normative growth process.

Adolescent girls relate to their friends and develop relationships differently than do boys. Boys tend to talk in terms of a best friend or close friend whereas girls can have a best friend, close friends, and acquaintances (O'Brien & Goodenow, 1991). Girls become emotionally involved in the lives of a wider range or network of people and their connections with others is a central organizing feature in their psychological make-up (Brown & Gilligan, 1992). Thus, each adolescent death potentially has an impact on more girls than boys.

The Impact and Consequences of Peer Death

Friends and peers play a central role in how adolescents deal with various psychosocial tasks, and the death of a peer may delay successful completion of those tasks (Oltjenbruns, 1996). The death of a peer can upset or complicate, but most certainly have an impact on identity formation which may already be unstable (O'Brien & Goodenow, 1991). Adolescents have not developed the social or emotional maturity to fully incorporate and process bereavement into a coherent world view (Rowling, 2002).

Adolescents tend to seek out peers when experiencing the death of a peer and may feel most comfortable talking with peers who had been close to the deceased peer. Yet simultaneously, they can feel different from and misunderstood by their peers (Ringler & Hayden, 2000). They feel discomfort talking with parents about feelings, often disappointed in parents' reactions (O'Brien & Goodenow, 1991). Many adolescents expect more support from parents than they actually receive. Parents are unsure how to react to their adolescent especially if the deceased peer was not a best friend. Adolescents are often perceived as resilient and not seriously affected by the loss (Ringler & Hayden, 2000). Adults may not recognize the severity of this loss to an adolescent. The adolescent's perception of lack of parental support makes it difficult to find people they can trust with whom to talk about their peer's death.

Adolescents can experience multiple emotions that can exist separately, coexist, or alternate (Webb, 2002). These bereavement reactions may include a sense of bravado, denial, anger and rage, shock, numbness, fear of one's own death, nightmares, insomnia, loneliness, survivor guilt, substance abuse, suicidal ideation, school problems, and a great sadness (Rheingold et al., 2004; Ringler & Hayden, 2000). Adolescents are typically reluctant to show strong emotions, making it difficult to assess the nature and depth of their emotional pain. Their natural and expected narcissism can make them difficult to reach particularly when they experience the untimely death of a peer.

Adolescents live intensely in the present and the experience of a peer's death causes them to look into the future at the possibility of their own death (Kandt, 1994). This is an unfamiliar concept since most adolescents do not have as many experiences with death and loss as adults do. Adolescents are often invested in projecting an image of independence and control over their lives, not wanting to need adults. They may delay or repress their grieving in order to keep up this appearance. Adolescents can look like adults in physique, body development, and attire yet still struggle with the emotional immaturity of their age (Noppe & Noppe, 2004). The adults in their lives may react to this pseudo-sophistication with unrealistic expectations for emotional control. These adolescents may look like they are doing well, but may in fact be postponing their grief reactions which can re-emerges later in adulthood (Kandt, 1994).

WHAT BEREAVED ADOLESCENT GIRLS NEED

Adolescent girls need their voices to be heard, their feelings to be acknowledged and normalized, and an emotionally safe environment in which to do their grief-work. Girls need a place in which to voice their experiences honestly, to receive attentive, empathic listening, and to develop growth-fostering relationships (Steese, Dollette, Phillips, Hossfeld, Matthews, & Taormina, 2006).

The ideal developmentally appropriate intervention teaches and increases coping strategies, identifies and minimizes risk factors, and maximizes protective factors. Risk factors may include the experience of previous losses, isolation, few friends or close relationships, problematic relationships with friends or family, substance use, low self-esteem, and poor school performance (Balk, 1996; Brown & Gilligan, 1992). Protective factors may include good relationships with friends

and family, a sense of connection to the school community, involvement in extracurricular activities, a healthy level of self-esteem, good school grades, and parental involvement. Girls who are part of cohesive friendship groups and social networks that are designed to increase positive connection, personal and collective strengths and competence, and who exhibit high self-esteem are likely to face the death of a peer with fewer long-lasting negative effects (Bearman & Moody, 2004; Steese et al., 2006). The quality of the connection with others contributes to adolescent girls' psychological health, self-image, and relationships (Brown & Gilligan, 1992; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

Adolescence is an extremely vulnerable time period in a female's life due to the intense physical, emotional, cognitive, and relational changes that are taking place during puberty as they transition from childhood to adulthood (Kling, Hyde, Showers, & Buswell, 1999; Ringler & Hayden, 2000; Noppe & Noppe, 2004). Some adolescent girls experience and express their grief through various physical, emotional, social, and cognitive responses (LaGrand, 1985; Sklar & Hatley, 1990; Ringler & Hayden, 2000; Rheingold, et al., 2004). Table 1 outlines the various types of responses.

Girls have been shown to grieve longer and react more strongly around loss than boys (Dyregrov, Gjestad, Wikander, & Vigerust, 1999). Girls are very attentive to their emotions as well as the reactions and feelings of those around them. Bearman & Moody (2004) found that socially isolated girls have substantially increased suicidal ideation following the suicide of a peer. A bereavement group is an effective and healing setting in which to strengthen self-esteem, and to improve the psychological health of adolescent girls who have experienced the death of a peer. It provides a framework toward understanding the impact of grief and loss (Balk, 1996).

TASK-ORIENTED GROUP INTERVENTION

Rationale for Group Intervention

The goal of the task-oriented group intervention for adolescent girls who have experienced death of a peer is to reduce or lessen grief responses. Groups are an important and intrinsic component of an adolescent's life which makes group intervention an effective treatment modality for adolescents confronting the death of a peer (Aronson,

TABLE 1. Types of Grief Responses

Physical	Emotional	Social	Cognitive
Trouble eating	Dazed	Feeling different from peers	Decline in school performance
Sleep disturbances	Numbed	Perception of peers being intolerant of their grief	Difficulty with concentration
Headaches	Shocked	Social isolation	Preoccupation
Stomachaches	Afraid	Isolation from family	Intrusive thoughts
Joint pain	Frustrated	Risk-taking behavior	Distraction
Muscle pain and tension	Depressed	Increased sense of maturity	Realization of the permanency of death
Being ill more often	Alone		
	Anxious		
	Guilty		
	Angry		
	Sad		
	Irritable		
	Vulnerable		
	Uncomfortable when happy		

2004). Many people experience an intense need to assign meaning to a traumatic event, and the relational aspect of group intervention benefits adolescents with this need (Petersen, Bull, Propst, Dettinger, & Detwiler, 2005). According to Armour (2003, p. 521), "a supportive and accepting audience for meaning reconstruction" is critical for adolescents to make sense of their loss and to place it within a new life framework. The various creative tasks involved in this task-oriented group intervention act as a mechanism to elicit and direct meaning making for adolescent girls. Assisting adolescent girls in expressing their emotions through physical activities, play, art, and music leads to healthy and successful coping with bereavement (Rask et al., 2002).

Group intervention must also incorporate the developmental tasks of differing adolescent ages (Balk, 1996). This can be accomplished by creating two separate age appropriate groups that include 13 to 15 year-olds (9th and 10th graders) and 16 to 18 year-olds (11th and 12th graders). The middle adolescence of 9th and 10th graders marks an advance in abstract thinking and an increased capacity for problem-solv-

ing (Noppe & Noppe, 2004). This age group is able to move beyond the typical self-scrutiny of adolescence to see others' perspectives, with a tendency to give more value to the ideas and opinions of their peers (Balk, 1996). There is a decline in absolute thinking, with an ability to tolerate shades of gray and uncertainty. This progression in cognitive development, sense of mastery, competence, and control makes this age group amenable to group intervention.

Late adolescence is marked by many life changes that cause both exhilaration and anxiety for 11th and 12th graders. The accumulation of past successes and failures contributes to the sense of expectancy about the future. The forming and maintaining of meaningful intimate and committed relationships is prized. The evolving maturity during late adolescence tends to eliminate denial as an ongoing coping strategy which then creates more psychological distress than is typically reported by younger adolescents (Balk, 1996). The insight gained and shared during a task-oriented group intervention at this age adds to the adolescent's self-knowledge and sense of a competent self.

The following section outlines one example of a task-oriented group that could be utilized to address the issues surrounding adolescent girls' experiences in response to the death of a peer.

TASK-ORIENTED GROUP STRUCTURE

A 3-month, or 12-week, group is the most advantageous time frame for this close-ended all-girl group to incorporate the tasks involved in each group. Each task-oriented group can last from 60-90 minutes dependent on the setting of the group. A private practice setting has the luxury of time and can feasibly hold a 90 minute group whereas a high school setting could more easily accommodate a 60 minute group. The group is co-led by two therapists who create and ensure a holding environment to contain issues of power and control, especially in the initial phase of the group (Aronson, 2004; Yalom, 1970). To date, this group has consisted of a minimum of 6 girls to a maximum of 10 girls. The group is constructed to focus on 3 main phases: Creating and Relating, Coping, and Transitioning. Continuous assessment and monitoring of risk and protective factors as presented through language, materials, and behavior is an important facet of the task-oriented group intervention. The therapists assess for depression and other mental health concerns on an ongoing basis throughout the group intervention.

Table 2 outlines the task-oriented group structure which describes what occurs in each group session as well as the individual tasks that the girls are asked to complete prior to the next group. Table 3 further describes the implications of each of the group session tasks.

The 1st phase, Creating and Relating, focuses on developing a safe environment in which the girls can relate to one another in their own voices, narrative language, and expressive manners. Group sessions one through four comprise this phase which fosters the development of positive connection with one another as they express their relationship with the deceased peer via creative endeavors to include journaling, poetry, drawing, collage, and/or music. The focus is on the creative activity of meaning making which fosters a sense of looking at their loss in a new and unique way (Petersen et al., 2005). Each girl shares some of this material with the group, and this sharing occurs throughout the entire 12-week period. The therapy room has a sofa, bean bag chairs, large pillows, and carpeted floor on which the girls can sit or lie. Expressive materials such as paper and colored pencils or crayons, clay, small figures, stuffed animals, and beads and string are within easy reach to be utilized during group, if desired. The group sessions end with the girls given a task to complete and bring to the following group.

The 2nd phase, Coping, focuses on normalizing the girls' thoughts and feelings around loss and grief. Again, expression of thoughts and feelings is encouraged through the various mediums introduced during the 1st phase. Psycho-educational information is given to the girls about what it means to lose a peer. The cognitive style of each girl is assessed by how she describes her thought process, feelings, and actions. Various coping strategies are introduced to include specific formats for journaling, the use of physical exercise and body movement, and cognitive restructuring by adding positive cognitions to replace or alter negative thought patterns. Group sessions five through eight comprise this phase.

The 3rd phase, Transitioning, focuses on acquisition of the necessary skills to continue through life without the deceased peer. Protective factors are identified and maximized. The use of ritual is explored. This phase includes group sessions ten through twelve.

The therapists take time together to discuss and assess what worked with the group and what improvements or changes are needed. Feedback from the group is incorporated into any future change. Each group constellation has its own personality, characteristics, and dynamics, making it a living, breathing entity.

TABLE 2. Task-Oriented Group Structure

Group Session	Group Description	Individual Tasks
Group Session 1	Introductions. Establish norms of confidentiality, attendance and members' rights. Each girl describes how and when her peer died, and talks about what has been the hardest for her. Feelings are normalized and validated, explaining that many feelings can be cycled through and revisited in a short period of time. Tone is set for openly using language about death.	Create something that reminds her of her peer: something written, drawn, collaged, or a music track.
Group Session 2	The items brought by the girls are shared and described, read, touched, and/or listened to. Girls talk about the deceased peer and what she or he meant to her. Therapists model empathy and compassion, both verbally and nonverbally.	Keep a daily journal about her experience of peer death.
Group Session 3	Girls read from their journal. Therapists acknowledge effort involved in writing about sadness and other emotions the girls are feeling. Feedback is given from group members about how they relate to and resonate with what each has written. Feelings are normalized and validated.	Keep a Body Awareness Log noting any sensations, feelings, thoughts about her body.
Group Session 4	Girls share their Body Awareness Log. Therapists validate and normalize any physical sensations described, explaining this as the body's way of grieving and trying to make sense of loss. Themes and commonalities are noticed and discussed.	Create a Comfort List that includes what works and does not work for her thus far in getting through, moving on, and coping on a daily basis since the death of her peer.
Group Session 5	Girls share their Comfort List. Group members give feedback and can ask questions about why something works. Therapists point out themes and commonalities among the lists.	Construct something that says who she is right now at this moment in time –Who I Am. It can be music, poetry, prose, a collage, drawings; anything that is a visual or auditory representation of herself.
Group Session 6	Girls share their Who I Am project. Feedback is given and coping strategies are acknowledged and recognized.	Bring in a Coping Strategies List that includes what has worked for her and what she continues to utilize.
Group Session 7	Girls are given materials to work together as a group in constructing a Coping Collage as a compilation of their Coping Strategies Lists to be hung up on the group room wall. Therapists encourage their efforts.	Instructed to use a Breathe Work exercise that involves resting quietly on her bed or floor, thinking about her deceased peer, and consciously inhaling and exhaling with long breathes.
Group Session 8	Girls share about what they thought and felt while doing the Breathe Work exercise. Therapists check for any difficulty with or resistance to doing the exercise.	Create a ritual to remember and honor her deceased peer.
Group Session 9	Girls explain and show or perform their rituals. Therapists suggests ways to incorporate the practice of ritual in every day life as well as at special times.	Think about Unfinished Business and write a letter to her deceased peer.
Group Session 10	Girls read their letter out loud. Therapists give support and encouragement around any unfinished business expressed. Emotions are validated and normalized.	Think about one another and write notes telling what they appreciate about each other as a Validation Activity.

Group Session	Group Description	Individual Tasks
Group Session 11	During the Validation Activity, girls read aloud the notes they have written about each group member. Therapists support and encourage this exchange.	Summarize what she has learned about herself in group.
Group Session 12	Final group involves a Celebration of Life exercise where therapists summarize the group's progress and highlight each individual girl's growth. Girls summarize their perspective on their own growth and discuss how they will generalize the coping skills they have learned to other areas of their lives.	

Points for Consideration

There are a number of client characteristics that could potentially have an impact on the implementation of the task-oriented group intervention. Adolescent girls who present with co-occurring disorders to include a major depressive disorder, substance abuse, a personality disorder, an eating disorder of anorexia or bulimia, and/or self-harm behaviors such as cutting add a challenging element to the group dynamics. Many of these presenting problems are not initially or readily assessed and may emerge as the group intervention progresses. The death of a peer can elicit any previously experienced loss or grief reactions as well as trigger trauma symptoms. This mixture of grief and trauma reactions may not present themselves until the adolescent girl is well involved in the group intervention and has formed connection with the group members. Removing an adolescent girl from group for more intensified treatment shifts the group dynamics and causes another loss experience for both the girls who remain in the group as well as the girl who is removed from the group.

The task-oriented group intervention as it is currently designed is available to many adolescent girls in the community who have access to private practice therapy groups. However, there are substantially more adolescent girls who do not have access to such a group. Many low-income communities do not have private practice therapy groups available in their neighborhoods. The majority of adolescent deaths occur among adolescents living in homes with the lowest household incomes (Rheingold et al., 2004). The race/ethnicity of adolescents who report past-year death of a friend is as follows: 29% of African-American, 27% of Hispanics, 18% of Caucasians, and 11% of Asians (Rheingold et al., 2003). The age ranges of adolescents who report past-year death of a peer is as follows: 28% of 17 to 18 year-olds, 26% of 15 to 16 year-olds, and 16% of 12 to 14 year-olds (Rheingold et al., 2004). Older adolescent African-American girls from

TABLE 3. Implications of Tasks

Group Session 1	The creation of something that reminds the girls of her deceased peer is an attempt at meaning-making. It represents how she is organizing the loss cognitively and emotionally. The various materials and images used in a collage, for instance, is a demonstration of how the adolescent girl incorporates her peer's death into her world view of loss. Music has great significance throughout adolescence (Shaller & Smith, 2002).
Group Session 2	Journaling is a wonderful method for getting inside the thoughts and feelings of the girls. They write about anything that comes to mind particularly around peer death. This gives the therapists and other group members added insight into the cognitive and emotional processes of each girl.
Group Session 3	The Body Awareness Log acts as a somatic barometer of physical well-being. Some adolescents experience aches and pains that include headaches, stomachaches, facial and jaw tension, fist clenching, labored breathing, joint stiffness, heart palpitations, and a general malaise (Balk, 1996).
Group Session 4	The Comfort List gives the girls the opportunity to take stock of what they have been doing to cope with their loss. This in effect empowers the girls to take care of themselves.
Group Session 5	Who I Am is a representation of how the girls view themselves. This gives some insight into their coping strategies. Are they portraying past interests, activities, hobbies, etc? Are they future-oriented in any way?
Group Session 6	The Coping Strategies List allows the girls to reflect on what has been working effectively for them or what has promise for working for them in the future (Stroebe & Schut, 1999).
Group Session 7	Creating the Coping Collage from each girl's Coping Strategies List bonds the girls further and creates an environment of collegiality that diminishes the sense of loneliness and isolation some may be experiencing.
Group Session 8	The Breathe Work exercise enables the girls to control anxiety, fear, and sadness with deep breathing. There will be anxiety inducing situations in the future and learning to breathe through the emotions will benefit each girl in controlling her panic.
Group Session 9	Rituals can be very healing and "can provide a way to master cycles of disruption while remembering, integrating, and transforming the loss" (Dane, 2004). Rituals can provide comfort.
Group Session 10	Adolescents often face Unfinished Business with the deceased. This can be done via writing a letter which is a method that allows the girls to say the unsaid words, to talk about what they wished they did not say, and to say some final words.
Group Session 11	The Validation Activity provides an opening for the girls to discuss the difficulty and importance of telling people they care about what they mean to an adolescent (Kandt, 1994).
Group Session 12	The final group session incorporates a Celebration of Life exercise where everyone looks closely at the gains that have been made throughout the 12 weeks. The group looks at where they have been and how far they have come.

lower socioeconomic households are more likely to experience the death of a peer in the past year (Rheingold et al., 2004). This is the group of adolescent girls most in need of a bereavement group intervention yet these same girls are least likely to receive or have access to such a group. Possible settings for the task-oriented group for adolescent girls in low-income neighborhoods could include high schools, local community centers, and churches.

CONCLUSION

The death of a peer during adolescence may be a life-altering experience that deeply affects adolescent girls. The nature of adolescent girls' friendships and relationships indicates that peer death has a substantial, complex, and long-lasting impact. The developmental aspect of adolescent bereavement adds another complex element to consider when addressing the needs of adolescent girls who have experienced the death of a peer. Successful coping involves the ability to express feelings about grief and loss, problem solve, and create and rely upon sustained, supportive relationships (Noppe & Noppe, 2004).

Group discussion promotes a link between other adolescent girls' shared experiences and their own, which validates and normalizes what they are thinking and feeling (Balk, 1996). The task-oriented group intervention outlined by this author provides a framework within which adolescent girls can develop and experiment with adaptive tasks and coping skills. When these tasks and skills are used in the midst of a social support intervention such as the task-oriented group, they can become a valuable resource that the girls may utilize with other life difficulties and challenges.

There remains a significant need for research in the area of the impact of peer death on adolescent girls. Since relatively few studies have utilized standardized assessments with grieving adolescents (Melhem, Day, Shear, Day, Reynolds, & Brent, 2004), it is suggested that future study and research apply the use of a pre and post test evaluation instrument to the task-oriented group intervention.

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