Adolescent Encounters with Death: A Historical and Sociological Overview

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Introduction

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THE EMERGENCE OF ADOLESCENCE

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hillippe Ariès, a cultural historian, in his book Centuries of Childhood (1962), reminded readers that childhood was discovered in the Middle Ages. By that Ariès did not mean that some particularly observant peasant all of sudden noticed that three-foot tall people were working in the fields with him. Rather Ariès meant that, until that time, childhood was not viewed as a distinct phase of human development. Prior to that, children were often treated as miniature adults, dressing like adults and working and playing with them. In the Middle Ages childhood was now seen as distinct. Adults began to dress children differently, and there was greater recognition of their unique needs; the worlds of children and adults began to divide.

In a similar way, the concept of adolescence began to emerge around the time of the Industrial Revolution. Prior to that time there was little separation between the worlds of adults and adolescents. Once children reached puberty they often took on adult responsibilities – marrying, working, and even defending the home and hearth. Many religious and cultural rituals such as confirmation or bar mitzvah still reflect these rites of passage in which a child is seen to be symbolically moving from childhood into adulthood.

However, after the Industrial Revolution, societies began to acknowledge a transitional period between childhood and adulthood. This shift can be evidenced societally in the United States in mandatory
school attendance and the passage of child labor laws. Organizations such as Boy and Girl Scouts and 4-H Clubs developed to serve this population, and these societal changes led to an increased academic interest in adolescent development.

**Adolescent Development**

Psychologists and developmental specialists began to recognize the unique developmental tasks encompassed in adolescence. Adolescents, they indicated, needed to gradually separate or differentiate from their parents in order to emerge as independent adults. As the adolescent struggles with this process, there is inevitably increased conflict with parents and other authority figures. However, this conflict can often be exaggerated in popular culture. Most adolescents adjust well throughout this period and maintain close, albeit sometimes ambivalent ties, with parents. Indeed, one aspect of the increased cognitive development in adolescence is the ability to understand other perspectives and points of view (Balk, 2009). So it is important not to overestimate the conflicts of adolescence, both external and internal, as many adolescents retain a sense of continuity with their past and maintain supportive relationships with their families and intimate networks.

Along with independence, adolescents need to develop their own identity. This identity formation affects every aspect of being, from what the adolescent believes, how he or she behaves and dresses, and even what the adolescent thinks.

Finally the adolescent has to deal with intimacy. This process is complex and includes developing both strong and sustained friendships as well as romantic relationships, perhaps even including a life partner.

The process of adolescence occurs at various levels. Biologically, adolescence encompasses puberty as the bodies of these young people experience multiple physical and hormonal changes that signify the physical emergence of adulthood and the emerging ability to reproduce sexually. There are emotional changes brought on by both hormonal changes and the aforementioned need to differentiate from parents. Cognitively, adolescents are now capable of more abstract thought. Socially, adolescents are expected to begin to develop clear career and life goals, even if they are tentative and subject to change. Given the extent of these physical, psychological, and social changes, it is little wonder that most societies marked this transition with varied rites of passage.
Adolescence is often divided into three distinct periods. Early adolescence is coterminous with the entry into middle school. Interestingly, while the grades, and therefore ages, of the beginning of middle school vary, adolescent behavior generally begins there. For example, adolescent friendships become more selective. While children will often form friendships on the basis of convenience, the young adolescent tends to see friendships as an aspect of identity; you are in part defined by those with whom you associate. Middle adolescence is generally linked with high school; late adolescence is associated with that period between the end of high school and the development of a fully differentiated and independent self.

In many Western societies, that period of late adolescence continues to lengthen, so much so that Arnett (2000) has suggested a new category of “emerging or young adulthood.” Arnett notes that there is often a continuing and long process of emerging independence for people in their twenties. They have emerged from the school-based culture typical of adolescence but are not yet fully independent. Still living at home, many of them are delaying marriage, remaining childless, depending at least in part financially on parents, and not yet committing to careers. Arnett does note, however, that around 40% of individuals in this age span have made a full transition to adulthood, working, living independently, and raising families.

**Adolescence: A Generational Perspective**

In addition to acknowledging the development differences of adolescence, it is also important to acknowledge generational differences. Generational differences are often a hidden form of diversity. Yet each generation or age cohort is framed by its own set of historical, social, and demographic factors that differentiate that generation from other cohorts.

Middle and older adolescents are primarily from “Generation X,” also called the Millennium Generation. While the birth years of each generation are somewhat debated, this generation refers to those born around between 1982 and 2000 (Strauss & Howe, 1991). This generation was born in a time when there was a deep interest in youth. At a time when abortion and contraceptive services were very available, this was a wanted and nurtured generation. Governments, both federal and state, passed programs designed to address the health, education, and safety of this generation. Parents too were very concerned about both safety
and self-esteem; often children in this generation had comparatively limited free time as many were enrolled in supervised activities and social promotion was supported. Strauss and Howe (1991) suggest that this generation’s high and perhaps unrealistic expectations may be dashed as they enter a highly competitive world in adulthood, in the sense that their experiences may have created “work-life unreadiness.”

An increased emphasis on, and respect for, diversity has tended to make this a more tolerant generation. Societally, this generation has been exposed to the quick and constant stimulation of television and other media. Some see that constant stimulation as leading to the high diagnostic rate of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder. These diagnoses may be exacerbated by parental concerns that have often focused on any perceived divergence from performance norms. Research shows that this has become one of the more medicated generations.

This was also, especially in the younger members of this cohort, the first generation of digital natives, growing up with computers and the Internet as well as cell phones. These technological advances have had significant impacts, and have also spurred a fault line along social class, widening a distinct between the haves and have nots into the knows and know nots. While many of this generation have grown up with easy access to computers, the poorer members of this generation may have much more limited access.

The youngest adolescents are part of “Generation Z,” born after the beginning of the millennium. Like most age cohorts born on the cusp, they share many characteristics with middle and older adolescents. They are even more technologically connected, growing up in a world with not only computers and the Internet but smartphones, tablets, and massively multiplayer online role-playing games (MMORPG).

Yet these young adolescents have also grown up in a world post 9/11. They have experienced the Great Recession as well as numerous incidents of horrific school violence. This then is a cautious generation. They have learned early that information on the Internet cannot always be trusted and even the most seemingly benign sites may harbor destructive computer viruses. Unlike the earlier generation, they are not as drawn to escapist literature like Harry Potter, veering more toward dystopian, post-apocalyptic books such as The Hunger Games.

In addition to being digital natives, Generation Z does share some characteristics with adolescents of Generation X. Like prior
generations, Generations X and Z grew up in a world where guidance counselors and social workers were common in school and many large corporations had robust EAP programs. These are generations that have grown up in a world where information is freely exchanged. Still, they may not realize the potential consequences of the lack of privacy and confidentiality inherent in the online world. Counselors working with this population can expect that they will be "googled" and may need to develop policies in their consent forms regarding social networking sites ("to friend or not to friend"). They may also have to address the use of cell phones and texting in group and individual sessions. In addition, since adolescent members of both generations who are grieving may use the Internet for a variety of functions including memorialization, support, and information about grief, it is critical to maintain an ongoing dialogue about Internet use.

**ADOLESCENT ENCOUNTERS WITH DEATH**

We often speak of adolescence as a time when strength, energy, and health peak. It is not much of an exaggeration. Adolescence is a period of great growth and development – physically, cognitively, and emotionally. Today it is also one of the healthiest periods of life. Less than one percent of deaths in the United States are experienced between those in the adolescent demographic. Adolescents, for the most part, have survived the genetic or congenital diseases of birth without falling yet to the degenerative diseases of older age. Less than 12% will die each year from such illnesses. Here the leading causes of death are cancer (6%), heart disease (3%), and then other genetic or congenital conditions such as muscular dystrophy or cystic fibrosis (Minino, 2010).

The large majority of adolescents die of largely preventable causes, such as accidents, suicides, and homicides. Forty-eight percent of adolescent death is accounted for by accidents, and nearly three-quarters of those are due to automobile accidents. Homicide and suicide account for another near quarter of deaths, with homicide being the leading cause of death among African American male adolescents. Gender and age also play a role. Male adolescents are more likely to die than females and the death rate increases as one ages in adolescence. This means that adolescents are likely to die traumatic deaths that are both sudden and preventable, two factors likely to complicate loss in adolescents as they grieve the loss of a peer from such causes.
In addition to these peer losses, other losses experienced by adolescents, such as the death of a parent or sibling, are likely to be out-of-order deaths that may be sudden as well. Harrison and Harrington (2001) found that over 77.6% of their sample of British adolescents had experienced the death of someone close to them by that point in their life. The intrusiveness of the death, that is, how much the death changed their lives, was a critical factor in how they viewed and coped with that loss.

Finally, adolescents are likely to experience not only direct but indirect experiences with death. Given the traumatic nature of the deaths that most adolescents experience, it is not unusual that such deaths are reflected in the video games, films, and music that appeal to adolescents. While Anderson and Bushman's analysis suggested that playing such games habituated violence, desensitizing players to violence and increasing anti-social behavior, others have found that participation in such games calms violence by offering symbolic catharsis (Kestenbaum & Weinstein, 1985).

**Adolescence and Loss, Death, and Grief**

Despite the comparatively low death rate of adolescents, death is very much part of the adolescent world. As mental health professionals, clinicians, educators, end-of-life specialists, volunteers, and, most importantly, parents, we do adolescents little good by ignoring that reality. This book, arising from and accompanying our annual program, focuses on ways to assist adolescents as they encounter loss, grief, and death. Here we invited some of the foremost experts in the field to share their insights on this critical topic.

Subsequent sections delineate the variety of losses adolescents encounter as well as the ways to support adolescents with life-threatening illness as well as grieving adolescents. Because of the unique developmental issues inherent in adolescence, it is critical for organizations such as hospices, palliative care units, schools, and other counseling programs to develop services and programs that are specifically tailored to the unique needs of adolescents who are dying or bereaved. For example, ethical issues can be complicated with adolescents experiencing a life-threatening illness; younger adolescents, while not legally of age to offer consent, should be full participants in their treatment and assent to medical decisions in keeping with their individual ability, and family and cultural
context. In addition, due to the unique developmental issues of adolescents, grief support such as individual counseling or group support should be carefully tailored, understanding factors that can complicate an adolescent's grief. Interventive strategies that build on the developmental strengths of adolescents are essential. And throughout this book, we intersperse the voices of adolescents, for adolescents are best able to articulate both their losses and the sources of their support.

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