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Reactions Following the Sudden Death of a Classmate*

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ABSTRACT

Findings from a study of adolescents grief reactions following the sudden accidental death of a friend and classmate are presented. The group (26 classmates) was followed up after one and nine months. Interviews and a questionnaire including the Impact of Event Scale and the Hogan Grief Inventory were used. The general grief scores on the Hogan Grief Inventory indicated that the grief level was similar to that of adolescents who had lost siblings. The scores on the Impact of Event Scale showed a decline in distress level from 1 to 9 months. However, after 9 months about 1/5 of the students still scored above a clinical cut-off point indicating high post-traumatic stress levels. Recommendations for improving help following such events are presented.

Key words: adolescents, grief, trauma, Impact of Event Scale

Introduction

Friendship are believed to be important for children and adolescents' development of social competency, identity, self-image and autonomy (Parker & Asher, 1987; Rawlings, 1992). Through involvement in peer relationships and friendships young persons learn about communication, social competence, and distance and closeness to others. With increasing age, friends and peers are sought out for support, consolation and for discussing problems or worries. Despite the importance of friendship and peers in adolescence and later life, the loss of a friend has been sparsely researched. Most literature on adult, childhood and adolescent bereavement concentrates on the loss of close family members. Although reports on intervention programs or so called postvention in school systems following losses are quite common in recent literature (Catone & Schatz 1991; Celotta, 1995; Bertole & Allan, 1988; Mauk, Gibson & Lodgers, 1994), systematic research on classmates' reactions following the death of a student is limited. A class will contain students that spend much time together as a group, although the amount of close friendships between students may vary greatly. In a class, students function as a social unit where grief and the experience of support may be intensified and strengthened depending upon the milieu in the class.

A special issue of *The Journal of Adolescent Research* (volume nr. 6, no 1, 1991) provides a comprehensive review of adolescent grief. Those who grieve a friend, the "disenfranchised griever" (Doka, 1989), lack an identified social position in relation to the loss, with no special place in the funeral and no formal rights. Still, when a friend dies, there will be best friends, close friends and more distant friends left to deal with their loss. When an adolescent dies, friends may lose a playmate, a confiding partner, a classmate, a friend in sports or their best friend in childhood. Making such losses even more complex; the death of a friend or classmate during adolescence will often be sudden and dramatic (Balk, 1991). The nature of such deaths can lead to a mixture of grief and trauma reactions, complicating the recovery process (Dyregrov, 1993; Nader, 1997; Pynoos et al., 1987).

Previous research has documented that the loss of a friend in adolescence can lead to reactions parallel to that of losing a family member (Balk, 1991; McNeil, Silliman & Swihart, 1991; Schachter, 1991-92). Shock, anger, disbelief, confusion and sadness are among the reactions reported following the death of a classmate or friend. McNeil and coworkers (1991) in their study of adolescents' reactions to a peer's death from cancer, report that immediate grief reactions (sadness, shock, anger and numbness) were particularly evident among his classmates. Concentration difficulties and ensuing school-difficulties are also reported

(McNeil Silliman, & Swihart, 1991). Brent and coworkers (1993a,b) documented a high rate of depression (29%) in friends and acquaintances of suicide victims. However, this encompasses a psychiatric high-risk group independent of the suicide (Brent et al., 1993b). Adolescents report their friends as the preferred source of support following the loss of a friend (Balk, 1991; Swihart, Silliman, & McNeil, 1992).

Regarding the longevity of grief reactions, several researchers have noted that children and adolescents continue to grieve for indeterminate periods of time (Balk, 1991; Davies, 1991; Martinson & Compos, 1991; Martinson, Davies, & McClowry, 1987). The notion of an “end point” to grief in adolescents was challenged by a community-based study of bereaved adolescent siblings by Hogan and DeSantis (1992), that found that adolescent siblings maintained a continuing, ongoing attachment to their dead brother or sister, as found by others following parental bereavement (Silverman, Nickman & Worden, 1992). Regarding the death of a classmate we have little knowledge of the longevity of reactions.

There are few studies that have addressed gender differences in adolescent grief. Following the murder of their teacher, Dyregrov, Matthiesen, Kristoffersen and Mitchell (1994) found that girls reacted more strongly and talked more with both friends and their parents about the event, than boys. Balmer (1992, reported in Fleming, & Balmer, 1996) found that female sibling-bereaved adolescents exhibited lower self-esteem and higher anxiety/insomnia levels than males. Regarding posttraumatic reactions to different traumatic events there are several studies where girls report more symptoms or reactions than boys (Burke, Moccia, Borus, & Burns, 1986; Curle & Williams, 1996; Giaconia et al., 1995; Khoury et al., 1997; Vernberg, LaGreca, Silverman, & Prinstein, 1996). Higher rates of PTSD in women than men has been found to be a function of higher probability of PTSD development in women, not the prevalence or type of exposure (Breslau, Davis, Andreski, Peterson, & Schultz, 1997), a finding supported in a study among older adolescents (Giaconia et al., 1995)

Positive change or growth has also been reported among adolescents following the loss a sibling or friend (Balk, 1991; Hogan & DeSantis, 1994; Martinson et al., 1987; Oltjenbruns, 1991; Schachter, 1991; Swihart et al., 1992). These changes may take the form of a deeper appreciation of life, a greater caring for loved ones, strengthened emotional bonds with others, and the development of emotional strength.

In the last decade there has been an increase in awareness of children in grief within the school system. Many schools have developed crisis contingency plans (Capewell, 1994;

Dyregrov & Raundalen, 1994; Grossman et al., 1995; Yule & Gold, 1993) and provide different services for classmates and friends after the death of a student.

This article will focus on the dramatic accidental death of a classmate described below and address the following questions:

- a) what are the typical immediate and long-term reactions of classmates following the death of an adolescent friend?
- b) are there indications of positive changes or growth?
- c) are there any observable gender differences among the classmates?

Method

The event

On Sunday 23rd of January, 1994 Bergen, Norway was struck by the hardest storm in recent times. Although the population on the western coast of Norway is used to winter storms, the power of this one was not predicted. It struck hard and suddenly and made tremendous damage to the forests in and around Bergen, the second largest city in Norway. The material damage was extensive, but luckily no lives were lost, except for a thirteen year old boy. He lived in an apartment block but held rabbits in a small cage nearby, and went to see to them, as he was afraid that the wind would damage their cage. He walked around a small playground, when a slide was taken by the wind and hit him at the back of his head and instantly killed him. No one saw what happened, and some of his friends found him. The storm and the death received major coverage in the media, but as they held back announcing his name, most of his friends learned about the event through other friends either during the day of death or the next morning at school.

The community priest notified the main teacher of the boy that was killed about the death on the morning of the next day. The priest gave an orientation to all teachers to secure that they had a common platform from which to inform all students. The priest and the main teacher facilitated talking about the event in the classroom. Later the same day the class visited the scene of the accident in the company of some teachers and the priest. The classmates wrote letters of condolence to the boy's home, and they prepared words of remembrance that was printed in the city's major newspaper. Twice before the funeral the priest met with the class, informed them about the liturgy, and discussed the role of the class in the funeral. The student's class was given leave from the school to participate in the funeral, while other students needed a notice from their home. Although the class talked about the event in class in the period following the loss, no formal intervention by school guidance or

mental health professionals was undertaken. More information on the school's response can be found in Dyregrov, Bie Wikander and Vigerust (1998).

Sample

The class consisted of 27 students, of which 26 agreed to participate (13 of each gender). Their mean age was 14.2 years, and they attended the eight grade (in Norway children used to start school at 7 years of age). One boy regarded himself as a best friend of the deceased, two boys acknowledged being a very good friend and 7 girls and 8 boys acknowledged being a good friend. Three boys and five girls reported not to know him well. The boy had only been part of this class for half a year.

Questionnaire and inventories

The first part of the questionnaire concerned demographic questions, and questions regarding previous losses, activities at the school following the death, and support from the school, family and friends. Most questions were structured, but some were open. The second part of the questionnaire assessed the degree of closeness that the students felt toward the deceased, asking them to state how close they felt to their dead friend and how much time they used to spend with him. The questions were partly based on McNeil and coworkers (1991). The third part of the questionnaire assessed the immediate reactions when they learned about their friend's death as the students remembered them. These questions were developed for this study based on the first author's experience with grief and crisis reactions. Among reactions assessed were shock, unreality, disbelief, etc. The categories ranged from 1 (not at all) to 4 (very much) (see Table 1). Questions about acknowledged growth or changes in meaning were also included.

The last part of the questionnaire consisted of two inventories. **The Impact of Event Scale:** (Horowitz, Wilner, & Alvarez, 1979). This scale was used to assess the degree of intrusive thoughts and images (IES-I) and the degree of avoidance of thoughts and reminders of the event (IES-A). This scale is one of the most widely used scales to measure posttraumatic distress following critical events (Paton, 1990). It consists of 15 items, measuring distress on a 4 point Likert scale (0 = Not at all, 1 = Rarely, 3 = Sometimes, 5 = Often). Cronbach's alpha at one month was .76 for IES-I, .76 for IES-A and .73 for IES-Total. At nine months Cronbach's alpha was .78 for IES-I, .81 for IES-A and .87 for IES-Total. Horowitz (1982) criteria for low (<9), medium ($\geq 9 < 19$) and high (≥ 19) distress were established for the two subscales (IES-I & IES-A) separately. A clinical cut-off point is usually set at 30, with those who score above 30 comprising those at high risk for having a posttraumatic stress disorder (Yule, 1992, 1998).

The Hogan Sibling Inventory of Bereavement: (Hogan, 1990; Hogan & Greenfield, 1991). An adjusted version of the Hogan Sibling Inventory of Bereavement was used to assess grief reactions in the sample. This inventory consists of 46 questions and has two subscales, one a measure of personal growth (22 items), the other a measure of general grief (24 items). The scale has 5 answer categories, from 1 = Almost always true, to 5 = Hardly ever true. Thus a low score on the subscales indicates higher levels of grief or growth. Cronbach's alpha was .77 after one month and .78 after nine months.

The thirteen 'closest' classmates were selected for interview. Closeness was determined on the basis of their own assessment of closeness. The interview guide was developed on the basis of the research literature on adolescent grief and clinical experience from work with this age group. The interview is described in more detail in Dyregrov, Bie Wikander and Vigerust (1998).

Procedure

The first author contacted the primary teacher in the boy's class to ask for permission to conduct a study to learn more about reactions following the death of a friend. The necessary permission were asked for and given by the central school authorities and the school administration. Parents were informed and students gave written consent to the investigation.

One month following the event, two graduate students from the clinical psychology program at the Bergen University and the first author handed out questionnaires to the students in the class and they were given one school-hour to fill it in. One student declined to fill in the questionnaire, and one student did not want to be interviewed. In addition, the two psychology students conducted interviews with half of the classmates.

Nine months following the death we paid a second visit to the class and they filled in a questionnaire with some of the same questions as on the first questionnaire, including the two inventories mentioned below. In addition some new questions about changes in values and personal growth were included. The student who declined to fill in the questionnaire at Time-point 1 one filled in the questionnaire at Time-point 2. One student was absent on this second occasion.

Following the administration of the questionnaire, the class was given feedback on the results from the first questionnaire, and had the opportunity to discuss the results and ventilate other important themes. Finally a meeting was held for the teachers and administration at the school, where they were oriented about the results. Care was taken to secure anonymity.

Results

Immediate reactions

The students were asked to state to which degree they experienced a variety of immediate reactions. Table 1 outlines the results. Shock reactions in the form of unreality, disbelief and shock were most common, describing a form of emotional blocking or numbing, although fewer acknowledged a dream like experience.

“It took some time before I really understood that he was dead”

“I could not understand that it was true, it was just not comprehensible”

Many acknowledged the experience as something that was “burnt” into memory. Emotional reactions like crying, anger, and to a lesser extent fear were also common.

“When I entered the classroom, it started dawning on me. I started to cry and then the priest explained what happened”.

“I think I got a little scared because someone could disappear like that without notice”.

“I thought it was so unjust. I was so angry with the priest as he represented God. I could not understand how he could do this to our classmate. I felt that God had taken the slide and thrown it”.

Apparently, few tried to or were unable to push the information out of their thoughts, few became apathetic or protested loudly. Girls and boys did not differ significantly on any of these questions.

Grief and growth over time.

The students were asked to assess how long they felt it took or would take to get over the loss. Table 2 depicts the result at both 1 and 9 months following the loss for the two genders. The girls estimated that they had used or would use more time to overcome the loss than boys, though it was a boy that got killed. As many as 58% and 38% of the girls at one and nine months respectively, indicated that they never believed they would get over the loss, compared to 21% and 0% of the boys at the respective two time points. The girls also reported that the deceased meant significantly more to them than the boys at both one and nine months (see Table 3).

The scores for the two time points on the Hogan Inventory of Bereavement (see Table 4) indicated a slight and insignificant increase in grief and decrease in personal growth (a low score on the subscales indicates higher levels of grief or growth). There were no significant differences between boys and girls on either the general grief subscale or the growth subscale, except at nine months when boys reported significantly less grief than girls (boys \underline{M} = 87.1, \underline{SD} = 7.8; girls \underline{M} = 78.2, \underline{SD} = 13.1, t = 2.09, p < .05). At nine months the students were

asked to evaluate six statements concerning growth (see Table 5). Girls acknowledged significantly more of such changes than boys on three of these statements, and the direction was the same for the remaining three. The girls acknowledged significantly more that they knew better how to support a friend, having matured as a consequence of what happened, and that persons they cared for had become more important. All students (100%) acknowledged at least one positive outcome on these statements.

Impact of Event Scale

The results for the Impact of Event Scale at the two time points (the scores represent those who had filled in this questionnaire at both time points) showed a significant decline for both subscales and the total IES score (see Table 4). There were no significant differences in IES scores between boys and girls. Using Horowitz' (1982) criteria, 36% evidenced high distress, 56% medium distress and 8% low distress on the intrusion subscale at one month, and 28%, 56% and 16% at nine months respectively. For avoidance the percentages were 24, 36 and 40 for high, medium and low distress at one month, and 0, 36 and 64 at nine months respectively. Ten students scored above the recommended clinical cut-off point (>30) at one month (6 boys and 4 girls) and 6 at nine months (4 girls and 2 boys). Of the six scoring >30 at nine months all except two were in the >30 group at one month. One of the two students scoring >30 at the second measurements filled in the questionnaire only at nine months (boy), while the other (girl) showed an increase in the IES total level from 29 to 34.

Pearson product-moment correlations between the Hogan Inventory of Bereavement (HIB) and the Impact of Event Scale revealed a statistically significant relationship between the Grief subscale of the HIB and IES Intrusion ($r = -.64, p < .01$), and between the Growth subscale and IES Intrusion ($r = -.43, p < .05$) measured at Time-point 1, and between the Growth subscale and IES Intrusion ($r = -.49, p < .05$) measured at Time-point 2. More grief and growth was paralleled by more intrusion.

Helpful activities

The students reported good support from the school following the boy's death (69% answered very good and 27% good), and they found the measures that the school had put in place to help them, good (42% very good, 54% good). When asked on the questionnaire whom they found it easiest to talk with about the death, 80% answered a friend of the same sex, 7% answered a friend of the opposite sex, and 13% their mother (only 15 of them answered this question). During the interviews classmates complained about hurtful

comments and inappropriate behavior from other students more distant from the deceased. This was especially so during the memorial and funeral, but also during breaks at school.

Discussion

The small sample size limits generalizability and should be kept in mind when interpreting the result. However, the response rate was almost 100%. No formal diagnostic interview was made and there is no corroborative information from parents or teacher. The study addresses grief and trauma reactions as measured by a few instruments on two occasions in the time period following the loss. Although it has captured some of the dynamics of these reactions, it does not address changes that may be subsequent to the first nine months in the recovery processes.

Subjectively the classmates in this sample evidenced strong and intense immediate reactions following the loss of their friend. Most of them reacted with shock and a sense of unreality. While grief reactions and the perception of growth remained stable over the two time points, traumatic reactions in the form of intrusion and avoidance, as measured by the IES, declined over time. However, around 1/5 of the group still evidenced scores reflecting high levels of posttraumatic stress. Following Yule's (1992, 1998) suggestion of clinical cut-off point, they score at a level indicative of a posttraumatic stress disorder.

The general grief scores on the Hogan Grief Inventory at one month were similar to the scores of a group of adolescents (13-18 year) studied by Hogan (data communicated by Nancy Hogan, 1995) who had lost a sibling 3 to 18 months before. At nine months the grief of the present group was somewhat higher than this sibling bereaved group. This confirms previous research that has shown that the loss of a friend during adolescence can lead to reactions parallel to that of losing a family member (Balk, 1991; Swihart et al., 1992). The continued level of grief may reflect an ongoing attachment to their classmate, parallel to that found in bereaved siblings (Hogan & DeSantis, 1992) or bereaved children and adolescents after parental death (Silverman et al., 1992).

The scores on the Impact of Event Scale indicate that the group experienced a relatively high degree of intrusive images and thoughts following the loss, and although there was a decline in this level, many still scored in the high (28%) or medium (56%) distress group after nine months. Avoidance levels were much lower, but more than one third continued to experience medium distress levels of avoidance nine months following the death. At nine months six students (23%) scored above the clinical cut-off point, associated with the diagnosis of posttraumatic stress disorder (Yule, 1992, 1998). In view of the fact that some of the deceased's closest friends were not part of the class, the level of grief and traumatic

reactions is surprisingly high and stable. Balk (1991) did not find that time since death influenced the nature and dynamics of grief in a study of sibling-bereaved adolescents, and the continued level of grief and traumatic distress indicate similar results in the present study. This stability should lead teachers and support personnel to take into account the persistent effects of the loss of a classmate over time.

Girls felt they would take more time to overcome the loss and felt that the deceased meant more to them than the boys did. This is surprising as adolescent peer groups typically inhibit social encounters between boys and girls (Rawlings, 1992), and the deceased spent more time with friends of the same sex than with members of the opposite sex. Previous studies have indicated that adolescent girls define themselves through connections and interpersonal ties, while boys seek self-definition through separateness and independence (Douvan & Aldelson, 1966; McDermott et al., 1983). The fact that females are likely to experience more concern over other's distress than males (Trobst et. al., 1994), and the consistent finding that women have relatively high levels of dispositional empathy in comparison to men (Eisenberg & Lennon, 1983), may explain the "closeness" the girls felt towards the deceased and their expectations about recovery. The results may also reflect that girls are more attentive to their emotions than boys, as found among adults (Lutzky & Knight, 1994) or that boys are less expressive than girls. Girls have also been found to judge stressful events to be more upsetting than boys (Brown & Cowen, 1988).

The lack of significant gender differences on the Hogan Grief Inventory (with one exception) and the IES scale can reflect that reactions on these inventories were less affected by the "closeness" factors mentioned above. More boys than girls also acknowledged him as being a good or very good friend. Based on this one would have expected boys to evidence more reactions on the inventories than girls. However, females usually react more to traumatic events than males (Breslau, Davis, Andreski, & Peterson, 1991; Breslau et al., 1997; Davidson, Hughes, & Blazer, 1991; Helzer, Robins & McEvoy, 1987; Kessler, Sonnega, Bromet, & Nelson 1995), and the equal level may reflect that the event impacted boys enough to make their scores equal to that of girls.

The level and persistence of reactions is surprising given that the boy only had been part of this class for half a year, and that information from the deceased's parents and social network indicated that none of his closest friends (6 in all) belonged to this class (although one classmate rated himself as a best friend). Thus the centrality of the relationship to the students, in the form of the role that he played in their life and the time they spent together with him outside of school, was limited. Still, without him being a very intimate friend or

confidant for the students, the grief reactions were persistent and one fifth continued to harbour posttraumatic distress at a high level nine months following the loss.

On the personal growth scale, the students evidenced somewhat more growth than the bereaved siblings in Hogan's study did at both one and nine months. The stability of both grief and growth over time is somewhat surprising. One would have expected a decrease in grief and an increase in growth as more time allowed for cognitive and emotional integration. In the interviews conducted after one month, many students acknowledged positive changes such as an increased appreciation for others and life in general, and a sense of increased maturity. In the questionnaire at nine months this was verified (see Table 5), and all students identified at least one positive outcome, almost identical to Oltjenbruns (1991) who found 96% identifying a positive outcome. It may be that these positive changes occurred early before our first data collection point and that they remained over the nine months, similar to the changes reported by others (Oltjenbruns, 1991; Schachter, 1991; Swihart et al., 1992).

Girls acknowledged more changes in the experience of maturity, personal values and ability to support friends in need than boys. Oltjenbruns (1991) did not find any gender differences on questions concerning positive outcomes. She recruited her group by sending letters to random students. The students were older, had experienced the death of a close family member or friend, and the death occurred during the two past years. The diversity in the sample and methods may account for the divergent results. The higher scores for girls on some of these growth questions may reflect the general tendency of girls to acknowledge more reactions or it may be that girls were more able to captivate on the positive changes that such an event lead to. If girls talk more among themselves, there might even be a “contagious” effect of such changes as it allows for a joint discovery. If this is the case, support staff may help both boys and girls by addressing this issue as part of the follow up. Oltjenbruns (1991) suggest this when she writes “it is important that helpers facilitate adolescents’ understanding of a possibility that life-enhancing outcomes might ultimately be a part of their bereavement experience (p.50)”. As with the other gender differences, our finding may reflect the emphasis placed on interpersonal relationship in girls (McDermott et al., 1983).

Interestingly, a high score on intrusion was associated with a score indicating personal growth. Dollinger (1986) found that those most upset by a traumatic event (a lighting strike that killed a child playing soccer) were most likely to make any attribution for it. Dollinger (1986) reviews literature that points to the loss of control, traumatic events, and disconfirmed expectancies as likely candidates for generating an attributional search. The event in the

present study certainly had characteristics that may have triggered ways of finding some meaning in the meaningless. Vernberg et al. (1996) found a strong positive relationship between greater psychological distress and greater use of coping efforts following a hurricane. The same relationship has been found following a school coach accident (Curle & Williams, 1996). It seems reasonable to conclude that higher distress lead to more frequent use of cognitive strategies to handle the distress, including the experience of positive consequences. However, the beneficial value of this strategy in reducing traumatic distress remains questionable.

Implications for intervention

We agree with Yule and Gold (1993) and Stallard and Law (1994) that there is a need to educate teaching staff more about the nature and duration of the psychological effects of traumatic events. The present event represented both trauma and loss. Although the affected school seemed well prepared and rapidly responded to the event, teachers obviously were less aware of the effects of the event on their students, especially over time. The intensity and duration of grief reactions and traumatic distress following such unexpected deaths are greater than both teachers and support-staff imagine. The class intervention was not adequate in helping all the students, although it provided the students with time to talk and process the death, for experiencing that their responses were normal, and allowing them to comfort one another.

Students on the whole, however, were satisfied by the school response (see Dyregrov, Bie Wikander, & Vigerust, in press). However, the event in all its unpredictability and unfairness (the boy was out to see to his rabbits) may seriously have challenged the students' beliefs or assumptions about the world, leaving behind a shaken cognitive foundation than could not be bridged by a few possibilities for discussion early after the event took place. Based on the results presented here, it seems important to go beyond the students' evaluation of the services provided, and recommend a more comprehensive follow-up. This is in line with what McNeil et al. (1991) recommended in their high school case study.

The students in this report found it most easy to talk with fiends (in particular friends of the same sex) about their loss, as found by McNeil et al. (1991). Bereaved adolescents identify peers as the persons most able to provide unconditional support (Hogan & DeSantis, 1994). Although most students had a need to sit together and talk shortly following the death, the need will be different over time, and later in time groups session can be scheduled for those who still feel affected by the loss.

Based on the result from the follow-up at nine months it seems likely that some of these students would have benefited from mental health assistance over time, as 46% of the students still after 9 months reported that they believed it would take several years (8%) or they never would (38%) overcome the loss. The percentage of students scoring above the cut-off point on the IES, indicating a score often associated with a diagnosis of PTSD, and the persistence of grief over time, adds to the importance of addressing the long-term effects of such deaths.

The interplay between traumatic distress, grief reactions and growth is complex. Grief and intrusive distress are correlated, with adolescents having more intrusive images and thoughts also evidencing more grief. Clinically it is believed that relieving the intrusion takes precedence over mourning (Nader, 1997; Pynoos, Nader, et al., 1987). However, interventions in classes (at least in Norway) seldom focus on this aspect following losses, and concentrate on the grief reactions that ensue. This approach may have to be changed as a substantial group of adolescents (1/5) continue to experience traumatic distress.

In this situation the availability of the school psychologist or other professionals with a mental health background for individual sessions, as used elsewhere after traumatic losses (i.e., Kneisel & Richards, 1988; Mauk & Weber, 1991), or an opportunity for students to meet in groups over time, were unused options. Capewell (1994) notes that schools are good at concrete action and planning, such as memorial services, but cope less well with emotional issues, except by referring students to counselors or guidance personnel.

Classmates indicated during the interviews that hurtful comments and inappropriate behavior from other students following the death burdened them. This parallels the findings from the grief literature in general, where bereaved people complain about the hurtful comments of other (Lehman, Ellard, & Wortman, 1986; Range, Walston, & Pollard, 1992). It has also been reported following adolescent sibling bereavement (Hogan & DeSantis, 1994). It highlights the need for the school to focus on how the school environment in general responds to the death of a student.

The value placed on peers by teenagers suggests that the support-staff provide information to the affected members of the school community on what helps and hurts in such situations. Teenagers may need some advice on how to help each other and how to support those who are high in the grief hierarchy (close friends). Teachers have an important task in providing more precise advice on how to behave toward classmates and friends. In Norway few schools have been proactive in this regard, and there is a need for educating children and adolescents in how they can develop social skills in supporting a friend in need (Lewis &

Lewis, 1996). In doing so, the school system can foster resiliency and a nurturing environment for children and adolescents that may help promote healthy grieving. While the things that help and hinder adolescents following the death of a sibling has been researched (Hogan & DeSantis, 1994), we need to study this in more detail following the death of a classmate and/or friend. The social dynamics of these situations may differ, as exemplified by how classmates perceived negative comments experienced from some students in other classes. The group dynamics and the possibility for building a support system among classmates can possibly be capitalized on in a more positive way following the death of a classmate, than for adolescents following sibling death.

In summary, some of the important clinical implications from this study worth considering when helping after the death of a classmate are:

- a) For classmates that experience a sudden death in their midst, follow-up may be needed for more than the first month after death. Both grief and traumatic reactions may persist over time. Grief groups would allow for ventilation and normalization (Lohnes & Kalter, 1994; Quarmby, 1993; Tonkins, 1996).
- b) Having a detailed crisis contingency plan in place and activated shortly following the death of a pupil or student, will increase the chance of securing good follow-up for affected groups.
- c) Teaching and support staff needs to be aware of possible differences in the two genders regarding how they experience and react to such events and how they seek support from friends, family and others following such losses.
- d) Screening measures to identify those in need of further help may be indicated to secure that students in need of help do not go undetected.

References:

- Balk, D. E. (1991). Death, bereavement, and college students: a description of research at Kansas State University. Paper presented at the Annual Meeting of the Association for Death Education and Counselling, Boston, March 6.
- Bertola, J., & Allan J. (1988). School management of the bereaved child. Elementary School Guidance & Counseling, 23, 30-39.
- Brent, D. A., Perper, J. A., Moritz, G., Allman, C., Schweers, J., Roth, C., Balach, L., Canobbio, R., & Liotus, L. (1993). Psychiatric sequelae to the loss of an adolescent peer to suicide. Journal of the American Academy of Child and Adolescent Psychiatry, 32, 509-517.
- Brent, D. A., Perper, J., Moritz, G., Allman, C., Liotus, L., Schweers, J., Roth, C., Balach, L., & Canobbio, R. (1993). Bereavement or depression? The impact of the loss of a friend to suicide. Journal of the American Academy of Child & Adolescent Psychiatry, 32, 1189-1197.
- Breslau, N., Davis, G. C., Andreski, P., Peterson, E., L., & Schultz, L. R. (1997). Sex differences in posttraumatic stress disorder. Archives of General Psychiatry, 54, 1044-1048
- Breslau, N., Davis, G. C., Andreski, P., & Peterson, E. (1991). Traumatic events and posttraumatic stress disorder in an urban population of young adults. Archives of General Psychiatry, 48, 216-222.
- Bromet, E., Hough, L., & Connell, M. (1984). Mental health of children near the Three Mile Island reactor. Journal of Preventive Psychiatry, 2, 275-301.
- Brown, L. P., & Cowen, E. L. (1988). Children's judgement of event upsettingness and personal experiencing of stressful events. American Journal of Community Psychology, 16, 123-135.

- Bruke, J. D., Moccia, P., Borus, J. F., & Burns, B. J. (1986). Emotional distress in fifth-grade children ten months after a natural disaster. Journal of the American Academy of Child Psychiatry, 25, 536-541.
- Capewell, E. (1994). Responding to children in trauma: a systems approach for schools. Bereavement Care, 13, 2-7
- Catone W.V., & Schatz, M.T. (1991). The crisis moment. A school's response to the event of suicide. School Psychology International. 12, 17-23.
- Celotta, B. (1995). The aftermath of suicide: postvention in a school setting. Journal of Mental Health Counselling, 17, 397-412.
- Curle, C. E., & Williams, C. (1996). Post-traumatic stress reactions in children: gender differences in the incidence of trauma reactions at two years and examination of factors influencing adjustment. British Journal of Clinical Psychology, 35, 297-309.
- Davidson, J. R., Hughes, D., Blazer, D. G., & George, L. K. (1991). Post-traumatic stress disorder in the community: an epidemiological study. Psychological Medicine, 21, 713-721.
- Davies, B. (1991). Long-term outcomes of adolescent sibling bereavement, Journal of Adolescent Research, 6, 83-96.
- Dolka, K.J. (1989). Disenfranchised grief. Lexington: Lexington Books.
- Dollinger, S. J. (1986). The need for meaning following disaster: attributions and emotional upset. Personality and Social Psychology Bulletin, 12, 300-310.
- Douvan, E., & Adelson, J. (1966). The adolescent experience. New York: John Wiley & Son.
- Dyregrov, A. (1993). The interplay of trauma and grief. In occasional paper no. 8: Trauma and Crisis Management. Association for Child Psychology and Psychiatry Occasional Papers.
- Dyregrov, A. & Raundalen, M. (1994). Sorg og omsorg i skolen. Bergen: Magnat forlag.

- Dyregrov, A., Bie Wikander, A. M. & Vigerust, S. (in press). Sudden death of a classmate and friend. Adolescent's perception of support from their school. *School Psychology International*.
- Dyregrov, A., Matthiesen, S. B., Kristoffersen, J. I., & Mitchell, J. T. (1994). Gender differences in adolescent's reactions to the murder of their teacher. *Journal of Adolescent Research*, 9, 363-383.
- Eisenberg, N., & Lennin, R. (1983). Sex differences in empathy and related concepts. *Psychological Bulletin*, 94, 100-131.
- Fleming, S., & Balmer, L. (1996). Bereavement in adolescence. In C. A. Corr and D. E. Balk (Eds.), *Handbook of adolescent death and bereavement* (pp. 139-154). New York: Springer Publishing Company.
- Giaconia, R. M., Reinherz, H. Z., Silverman, A. B., Pakiz, B., Frost, A. K., & Cohen, E. (1995). Traumas and posttraumatic stress disorder in a community population of older adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34, 1369-1380.
- Grossman, J., Hirsch, J., Goldenber, D., Libby, S., Fendrich, M., Mackesy-Amiti, M.E., Mazur, C., & Chance, G.H. (1995). Strategies for school-based responses to loss: proactive training and postvention consultation. *Crisis*, 16, 18-26.
- Helzer, J. E., Robins, L. N., & McEvoy, L. (1987). Post-traumatic stress disorder in the general population. *NewEngland Journal of Medicine*, 317, 1630-1634.
- Hogan, N. S. Hogan sibling inventory of bereavement. (1990). In J. Touliatos, B. Perlmutter & M. Straus (Eds.), *Handbook of Family Measurement Techniques* (p.524). Newbury Park, CA: Sage.
- Hogan, N. S., & DeSantis, L. (1992). Adolescent sibling bereavement: an ongoing attachment. *Qualitative Health Research*, 2, 159-177.

- Hogan, N. S., & DeSantis, L. (1994). Things that help and hinder adolescent sibling bereavement. Western Journal of Nursing Research, *16*, 132-153.
- Hogan, N. S., & Greenfield, D. B. (1991). Adolescent sibling bereavement symptomatology in a large community sample. Journal of Adolescent Research, *6*, 97-113.
- Horowitz, M. J. (1982). Stress response syndromes and their treatment. In L. Goldberger & S. Bresnitz (Eds.), Handbook of stress - Theoretical and clinical aspects. New York: The Free Press.
- Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: a measure of subjective stress. Psychosomatic Medicine, *41*, 209-218.
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. Archives of General Psychiatry, *52*, 1048-1060.
- Khoury, E. L., Warheit, G. J., Hargrove, M. C., Zimmerman, R. S., Vega, W. A., & Gil, A. G. (1997). The impact of hurricane Andrew on deviant behavior among a multi-racial/ethnic sample of adolescents in Dade County, Florida: a longitudinal analysis. Journal of Traumatic Stress, *10*, 71-91.
- Kneisel, P. J., & Richards, G. J. (1988). Crisis intervention after the suicide of a teacher. Professional Psychology: Research, Theory and Practice, *19*, 165-169.
- Lehman, D. R., Ellard, J. H., & Wortman, C. B. (1986). Social support for the bereaved: recipients' and providers perspectives on what is helpful. Journal of Consulting and Clinical Psychology, *54*, *4*, 438-446.
- Lewis, M. W., & Lewis, A. C. (1996). Peer helping programs: helper role, supervisor training, and suicidal behavior. Journal of Counseling & Development, *74*, 307-313.
- Lohnes, K. L., & Kalter, N. (1994). Preventive intervention groups for parentally bereaved children. American Journal of Orthopsychiatry, *64*, 594-603.

- Lutzky, S. M., & Knight, B. G. (1994). Explaining gender differences in caregiver distress: the roles of emotional attentiveness and coping styles. Psychology and Aging, 9, 513-519.
- Martinson, I. M., Davies, E. B., & McClowry, S. G. (1987). The long-term effects of sibling death on self-concept. Journal of Pediatric Nursing, 2, 227-235.
- Martinson, I. M., & Campos, R. G. (1991). Adolescent bereavement: long-term responses to a sibling's death from cancer. Journal of Adolescent Research, 6, 54-69.
- Mauk, G. W., Gibson, D. G., & Lodgers, P. L. (1994). Suicide postvention with adolescents: school consultation practices and issues. Education & Treatment of Children, 17, (3), 468-483.
- Mauk, G. W., & Weber, C. (1991). Peer survivors of adolescent suicide: perspectives on grieving and postvention. Journal of Adolescent Research, 6, 113-131.
- McDermott, J., Robillard, A. B., Char, W. F., Hsu., J., Tseng W., & Ashton, G. (1983). Reexamining the concept of adolescence: differences between adolescent boys and girls in the context of their families. American Journal of Psychiatry, 140, 1318-1322.
- McNeil, J. N., Silliman, B. & Swihart, J. J. (1991). Helping adolescents cope with the death of a peer: a high school case study. Journal of Adolescent Research, 6, 132-145.
- Nader, K. O. (1997). Childhood traumatic loss: the interaction of trauma and grief. In C. R. Figley, B. E. Bride, & N. Mazza (Eds.), Death and Trauma, The Traumatology of Grieving (pp. 17-41). Washington DC: Taylor & Francis.
- Oltjenbruns, K. A. (1991). Positive outcomes of adolescents' experience with grief. Journal of Adolescent Research, 6, 43-53.
- Parker, J. G., & Asher, S. R. (1987). Peer relation and later personal adjustment: are low accepted children at risk? Psychological Bulletin, 102, 358-389.

- Paton, D. (1990). Assessing the impact of disasters on helpers. Counselling Psychology Quarterly, 3, 149-152.
- Pynoos, R. S., Nader, K., Frederick, C., Gonda, L., & Stuber, M. (1987). Grief reactions in school age children following a sniper attack at school. Israeli Journal of Psychiatry and Related Sciences, 224, 53-63.
- Quarmby, D. (1993). Peer group counselling with bereaved adolescents. British Journal of Guidance & Counselling, 21, 196-211.
- Range, L. M., Walston, A. S., & Pollard, P. M. (1992). Helpful and unhelpful comments after suicide, homicide, accident, or natural death. OMEGA, 25, 25-31.
- Rawlins, W. K. (1992). Friendship matters. New York: Aldine De Gruyter.
- Schachter, S. (1991-92.) Adolescent experiences with the death of a peer. Omega, 24, 1-11
- Silverman, P. R., Nickman, S., & Worden, J. W. (1992). Detachment revisited: The child's reconstruction of a dead parent. American Journal of Orthopsychiatry, 62, 494-503.
- Stallard, P., & Law, F. (1994). The psychological effects of traumas on children. Children & Society, 8, (2), 89-97.
- Swihart, J., Silliman, B., & McNeil, J. (1992). Death of a student: implications for secondary school counsellors, The School Counsellor, 40, 55-61.
- Tonkins, S. A. M. (1996). A treatment outcome study of bereavement groups for children. Child & Adolescent Social Work Journal, 13, 3-21.
- Trost, K. K., Collins, R. L., & Embree, J. M. (1994). The role of emotion in social support provision: gender, empathy and expressions of distress. Journal of Social and Personal Relationships, 11, 45-62.
- Vernberg, E. M., La Greca, A. M., Silverman, W. K., & Prinstein, M. J. (1996). Prediction of posttraumatic stress symptoms in children after hurricane Andrew. Journal of Abnormal Psychology, 105, 237-248.

Yule, W. (1992). Objective and subjective predictions of PTSD in adolescents. Paper presented at the World conference of the International Society for Traumatic Stress Studies. June 21-26, Amsterdam, the Netherlands.

Yule, W. (1998). Anxiety, depression and Post-traumatic stress in childhood. In I Sclare (Ed.), Child Psychology Portfolio. London: NFER-Nelson tests and assessments.

Yule, W., & Gold, A. (1993). Wise before the event. Coping with crises in schools. London Calouste Gulbenkian Foundation.

Table 1

Percentage of adolescents acknowledging different immediate reactions at Time-point 1
(N=26)

	<u>Very much</u> %	<u>Much</u> %	<u>A little</u> %	<u>Not at all</u> %
Unreality	92	8	0	0
Could not believe it	85	11	4	0
Shock	62	12	19	7
Crying	62	15	15	8
The experience was "burnt" into my memory	61	27	8	4
Anger	50	23	15	12
I felt like a dream	36	24	24	16
Fear	35	15	27	23
Time stood still	15	23	39	23
Protested loudly	8	27	19	46
Pushed it out of my thought	8	4	19	69
Became apathetic	4	16	32	48

Table 2

Adolescents estimation at Time-point 1 and 2 of the time it took or would take them to overcome grief (%)

Question	<u>Boys</u>		<u>Girls</u>	
	<u>1 month</u> (N=13)	<u>9 months</u> (N=12)	<u>1 month</u> (N=13)	<u>9 months</u> (N=11)
How long did it take or do you think it will take to get over the grief?				
It took some days	0	0	0	0
It took a week	14	0	0	0
Some weeks	29	8	17	4
Some months	7	58	25	46
A year	7	9	0	0
Several years	22	25	0	8
Will never get over it	21	0	58	38

Table 3

Adolescents' perception of closeness to the deceased (%)

Question	<u>Boys</u>		<u>Girls</u>	
	<u>1 month*</u> (N=14)	<u>9 months*</u> (N=13)	<u>1 month</u> (N=12)	<u>9 months</u> (N=10)
How much do you feel he meant to you?				
A lot	7	8	0	9
Much	26	17	83	73
Some	57	75	18	18
A little	7	0	0	0

* Gender differences were significant at one month: $\text{Chi}^2 = 6,0$, $\text{df} = 1$, $p < 0.2$, and 9 months $\text{Chi}^2 = 5.49$, $\text{df} = 1$, $p < 0.2$ (categories "A lot" and "Much", and "Some" and "A little", were grouped together)

Table 4

Results on the Hogan Grief Inventory and the Impact of event Scale at 1 and 9 months post loss.

		1 month	9 months	t
		M(SD)	M(SD)	
Hogan Grief	(N=20)	87.9 (10.6)	84.0 (10,9)	1.28
Hogan Personal Growth	(N=19)	55.8 (8.2)	58.6(11.2)	-1.03
IES Total	(N=23)	28.8 (10.6)	22.0 (10.5)	3.62 **
IES Intrusion	(N=23)	17.3 (7.3)	14.8 (6.0)	2.19*
IES Avoidance	(N=23)	11.6 (7.3)	7.3 (6.4)	3.20 **

* p<05 **p<0.005

Table 5

Degree of acknowledged growth ⁽¹⁾ or changes in the two genders at Time-point 2. T-test of gender differences.

	Boys M (SD)	Girls M (SD)	t
Persons I care about have become more important to me	1.85 (.80)	1.18 (.40)	2.49 *
I have discovered strong sides in myself that I was unaware of	2.36 (.63)	1.81 (.75)	1.95
I have matured by what happened	1.85 (.80)	1.18 (.40)	2.49 *
I appreciate life more following what happened	1.62 (.65)	1.36 (.50)	1.04
I know better how to support a friend in pain	1.79 (.70)	1.18 (.40)	2.54 **
I am better able to distinguish between important and unimportant things	2.07 (.73)	1.91 (.70)	.56

⁽¹⁾ Categories were “Completely true” (coded 1), “Partly true” (coded 2), “Not true” (coded 3)

* P< 0.5, ** P< 0.2