

Grieving Adolescents Co-Perform Collective Compassion in a Concert of Emotions
as They Stop! In the Name of Love at Comfort Zone Camp

by

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ABSTRACT

The death of a parent or sibling for youth under age 18 is life-altering and necessitates support and opportunities for expressing grief. Scholarship from psychology and medical disciplines often equates youthful grieving as a disease to be cured rather than a natural process to be experienced. Stage-based grief models explain adults coping with loss of loved ones by working through a series of discrete phases mostly tied to deficit-based emotions such as anger or depression. Progressive grief models have been emerging throughout the past 20 years in response to stage-based models; however these models tend to highlight deficit-based emotions and are applied to youth as afterthoughts. Thus, there is a noticeable absence of research exploring positive or strength-based emotions in adolescent grief from a communicative, youth-centered perspective. A communicative approach to exploring adolescent grief narratives offers a practical yet pliable theoretical lens for interpreting meaning from mourning. Using qualitative methods, I conducted full participant research as a volunteer with Comfort Zone Camp, a national organization sponsoring weekend-long grief camps for youth. I engaged in participant observation while volunteering to explore the communicative processes of 26 grieving adolescents and also conducted post-camp follow-up interviews with youth, parents, and adult volunteers. Analysis was based on 192 field work hours, 11 interview hours, artifacts, and camp documents. Findings of the dissertation indicate grieving adolescents use communicative processes, including sharing emotional pieces, co-authoring loss, and naming hurt, to perform a range of emotions. Along with deficit-based emotions, grieving adolescents perform strength-based emotions, including confidence, forgiveness, happiness, deservingness, hope, gratitude, resilience, love, and compassion. Evidence also

supports that grieving campers performed compassion individually and in groups. Theoretically, this dissertation expands on existing grief theory by demonstrating that adolescents communicate strength-based emotions in grief, captured visually in the Concert of Emotions model. This study expands on compassion theory by exploring implications of collective compassion expressions. Specifically, this dissertation offers the co-performing sub-process to account for collective compassion extending past compassion models that focus on individual expressions. Practically, this research yields new understanding into how grieving adolescents constitute themselves as compassionate, helpful contributors as they face loss.

DEDICATION

For the 111 amazing adolescents, adult volunteers, and Comfort Zone Camp staff members in this study who let me walk with them in loss in the hopes of helping others.

For my immediate family members Julie Holston, Elaine Cocotas Clark, and Kate Clark Morrison who experienced the death of a parent as a child before the age of 10.

To the memory of those I love deeply, each in their own way, and lost: Nana, Prissy, Samantha, Sara Lynn Holston, Dr. Marlene Fisher, Jerry Manning, Nina, Yiya, and my father Harden Keefer Clark Jr. For those I love but never had the chance to know: Dr. Harden Keefer Clark Sr., Louise Elizabeth Clark, and Calliope Cocotas. Their inspiring and loving spirits traveled with me literally from coast to coast throughout my field work and watched over me at home filling up my heart when I needed it most.

Finally, this dissertation is dedicated to all people, youth and adults, who have experienced losing a parent or sibling before age 18. I wish you peace and love on your grief journey. You are not alone.

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CHAPTER 1

PROLOGUE

Lou, all the campers, and the
volunteers are in the woods near the
lake at the Saturday night bonfire at
camp.

LOU

(Looking up)

So many stars... All 150 of us, campers and adult volunteers, have roasted and eaten a s'more. Eating a s'more in the name of research is pretty awesome.

This is my fourth time at camp, so I know what comes next, and yet it feels different every time. All these children have loss in common, but their losses are singular. I wonder if they're looking up at these same stars, like me, looking for the one that is twinkling just for them. I look up searching for my Dad.

The researcher in me wrestles with my inner grieving child—with my heart—not to get lost in this moment. I should be paying attention to everything, but, if I'm feeling *this*, aren't I paying attention in a whole different way? Isn't that what this is supposed to be all about—compassion? Why can't I have it for myself? I wrestle as our facilitator Susie, fun loving just moments ago, takes a more somber tone.

SUSIE

Please turn off your flashlights now.

Feel the environment.

SUSIE (CONT.)

Feel the crackle of the fire.

Feel the closeness of those near you.

This is your moment.

Take this moment of silence, and then we will begin with a song written by and for campers.

LOU

Susie disappears into the crowd so that all of us gathered around the fire on rows of wooden benches focus on its flames.

Following instructions, I turn off my flashlight and put a small notebook and pen in my pocket. I look across from me, past the heads and shoulders of the oldest campers in our group, to those younger campers, under 10, sitting in the front row. The firelight bounces off the face of the youngest campers, which appear small, full of sorrow, and wonder. Past them, I see faint reflections of the flames in the still water of the lake. The path around the lake from the lodge into the woods where we sit is lit with more than a hundred luminarias made by the campers in honor of their lost loved ones. This is the camp ritual of the bonfire, the circle of remembrance. This is how we spend our Saturday night.

Only chirping cicadas break this silence.

Until Susie's voice begins slowly from darkness.

All the camp veterans, children, and adults, including me, quietly sing along.

SUSIE

(Singing)

It's o.k. to remember,

It's o.k. to believe,

It's o.k. to cry,

And it's o.k. to grieve.

Here within this circle,

That we call our own,

It's o.k. to remember,

'Cause you are not alone.

LOU

In front of me, I see the angriest of the campers in our group, Jackie, as she leans into her Big Buddy, Amy. She is 15. She reminds me so much of myself when I was her age.

SUSIE

(Singing)

It's o.k. to be angry.

It's o.k. to heal.

Everybody understands

The way that you feel.

LOU

Jackie lets herself go, crying and resting in Amy's arms. Earlier today, Jackie shared with our group how her younger brother Brian was killed. He died just a few months ago

LOU (CONT.)

riding his bike to sports practice near their house. A car hit him. After Jackie tells her story, Big Buddy Sam asks her a tough question.

SAM

Do you ever wish it was you who died instead of your sibling?

LOU

Jackie was quiet and looked down. Maggie, sitting next to her, began to cry. Sean David quietly nodded his head from across the circle. Tonight, all three of these campers are huddled together on the same wooden bench thinking about their lost brothers.

SUSIE

(Singing)

Here within this circle,
That we call our own,
It's o.k. to remember,
'Cause you are not alone.

LOU

When it's time to get up, Sean David hugs each of the girls—long hugs. I sit behind them and watch silently. No words are needed. Just hugs, and the open hearts of children who teach us so much if we watch and listen and learn.

Witnessing the campers exchange compassion allows the researcher in me to step aside as the little girl looks up to the stars. I find the one that is twinkling just for me and whisper "Hi, Dad."

Throughout this dissertation project, I employ playwriting as a method to bring to life participant observation moments from the field into what I refer to as “scripted moments.” The scripted moments are written in the present tense and, as is typical in the craft of playwriting, these moments demonstrate action through stage directions. The scripted moments also feature in vivo language from the field in the form of dialogue spoken by each of the characters, the study participants, and me. As there is a paucity of literature that documents adolescent grieving from the perspective of youth themselves (McClatchey & Wimmer, 2014), I took special care to utilize ethnodramatic principles (Saldaña, 2011) in adapting the actual words, phrases, and statements of the 26 grieving adolescents in this study into scripted moments.

Since I was a complete participant and volunteer in this study, I appear in the scripted moments as a character and sometimes as a narrator. These moments convey my observation of children performing a range of emotions in their grieving and acting as givers as well as receivers of compassionate communication. I also provided compassion to those around me and had the privilege of being a recipient so that I felt compassion, too.

This first script is an example of a compassionate exchange between grieving adolescents and also serves to introduce my own unique bond to and expression of this material. As a professional playwright and performance artist, I seek to adapt these experiences from the more traditional research report sections in the following pages into creative work that may, in performance, extend this compassionate communication to audience members who have lost loved ones. In the final moment of this first script, I

look to the stars searching for my own father lost to me when I was a 9-year-old girl. This project was inspired by his death, is a continuation of my grief journey, and is carried out in his loving memory with the hope that it may serve grieving young people and their families experiencing what Maxine Harris (1995) aptly calls *The Loss that is Forever*.

CHAPTER 2

INTRODUCTION

Voices of children and adolescents grieving the loss of loved ones often go unheard in the American health care system, scholarly research, and in their own families (Abel, 2013; Miller-Day, Pezzala, & Chestnut, 2013). When children lose a parent before age 18, the repercussions of this event may negatively impact them for their entire adult lives, resulting in increased physiological, mental, and emotional health risks (Harris, 1995; Worden, 1996). Early childhood loss places youth at greater risk for depression, developmental delays, suicidal ideation, and therefore for becoming patients themselves during the grieving process (Heath, Leavy, Hansen, Ryan, Lawrence, & Sonntag, 2008; McClatchey, Vonk, & Palardy, 2009; Metel & Barnes, 2011). However, considering grieving youth as patients to be cured is a contested concept by experts who regard grief as a natural part of adolescent development and the human condition (Heath et al., 2008; Silverman, 2000a). So, an inherent challenge to all who support grieving adolescents is how to best support them as distinct individuals capable of giving voice to own their feelings and struggles, which runs contrary to the modern medical model that assigns them the status of silent, illness-ridden, involuntary victims of loss. Additionally, adults often serve as gatekeepers to grieving children's thoughts and feelings, which necessitates that scholars and health professionals listen and attend to their narratives for optimal long-term health care results (McClatchey & Wimmer, 2014). Expressed viewpoints of grieving adolescents constitute a vital topic of study as underrepresented voices of youth as a whole are of significant societal concern locally and globally (Swadener & Polakow, 2011; Tracy, 2010).

The purpose of this study was to understand how grieving adolescents communicate compassion in concert with and as a result of performing a range of emotions in the grieving process. Often unacknowledged or unexpressed, positive emotions are present in those who grieve (Patchett, 2015); however, there is little empirical work that shows how this unfolds in communication and behavior. Research on grieving adolescents has primarily focused on a “deficit” as opposed to a “strength-based approach” (Eppler, 2008, p. 190). This is understandable as grief experts have long worked to educate medical professionals and lay people on how to recognize and ameliorate the most basic emotions that have a negative connotation and are associated with grieving youth, such as sadness and anger (Silverman, 2000a). However, privileging negative emotions has the adverse (though unintentional) effect of keeping grieving adolescents in the role of marginalized, helpless victims of loss. By taking a strength-based approach and focusing on a range of emotions, including those with positive connotations communicated by grieving adolescents, I explore how bereaved youth constitute themselves as contributing agents in their own and peer-healing processes through performing compassionate actions.

In order to complete this work, I partnered with Comfort Zone Camp (CZC), a national nonprofit organization based in Richmond, Virginia, that sponsors free, weekend-long bereavement camps for young people ages 7 to 17. CZC has a 15-year history of offering programs for grieving campers that give them a safe and comfortable atmosphere in which to express emotions. Programming is intentional and in service of allowing grieving campers to “come year after year and get tools to help them cope with grief in their daily lives” (Comfort Zone Camp, 2015). Investigating conditions for

compassionate communication in this organizational context complements existing literature on compassion expressions in organizational settings derived from data with adult human service and health care professionals as compassion providers (Miller, 2007; Way & Tracy, 2012). I collaborated with grieving adolescents, their families, other volunteers, and organization staff members to explore how young people gave and received compassion in a non-traditional wellness setting that encouraged and nurtured their expressions of a range of emotions in the grieving processes.

In summary, the goals of this project are threefold. The first goal is to better understand how grieving adolescents communicate and perform a range of emotions. Such work may assist in allowing grieving young people to see themselves as empowered, health-giving agents in contrast to their more common depiction as powerless victims of loss. The second goal is to examine how expressions of camper emotion include performances of compassion in the grief camp setting. The second goal relates to the fact that children are not, the majority of the time, at a specialized grief program like CZC. Grieving young people spend their time in school, doing extracurricular activities as part of clubs or religious organizations, and in traditional therapeutic settings such as out-patient therapy offices, clinics, and hospitals. Examining campers' performances of compassion within the organizational context of CZC offers a helpful model to organizations outside the specialized grief camp setting to better support grieving young people and their families. Finally, the third goal (introduced in the prologue) is to construct a performance script from scenes woven through this research report. By creating and performing a script, I have the potential to creatively represent the

range of emotions felt by campers and extend their performances of compassion to wider audiences in and outside of the academy.

The remainder of the dissertation unfolds as follows:

Chapter Three reviews past literature in support of the study purposes outlined in the rationale. Topics covered include: grief and adolescents, health and illness narratives, and compassion within organizational contexts. Additionally, performance studies literature is included in support of alternate, embodied, narrative forms.

Chapter Four includes detailed explanation of my researcher role, ethical considerations for working with bereaved youth, epistemological methodological frameworks, participant demographics, data collection methods and sources, and data analysis techniques. I used an iterative approach to data analysis guided by grounded theory principles (Charmaz, 2014; Miles & Huberman, 1994; Saldaña, 2014; Strauss & Corbin, 1990; Tracy, 2013). As detailed above in relation to my methods chapter, I also employed playwriting as a method of analysis by creating scripted moments within my formal field notes.

Chapter Five provides a detailed analysis of how grieving adolescents performed a range of emotions in the camp setting and how this led to their transactional compassion expressions. I begin by providing a description of how loss stories are typically shared at Comfort Zone Camp in order to contextualize the exemplars that followed. Then, I provide a scripted moment exemplar to illustrate a camper demonstrating conflicting emotions simultaneously. Next, I explain the three prominent communicative processes adolescents used as they performed conflicting emotions in their loss stories: sharing emotional pieces, co-authoring loss, and naming hurt. I explore

these processes in relation to existing theoretical grief and compassion models and highlight emergent examples of compassion in the exemplars. Then, I demonstrate how these three communicative processes are connected to how campers help others. I conclude by illustrating how campers co-performed compassion by giving and receiving it within the camp community.

Chapter Six offers the discussion and conclusion of my findings. In this chapter, I discuss the ways performances impact theoretical conceptualizations of grief and compassion. I claim that highlighting a range of emotions in the communicative processes performed by grieving youth holds potential to inform the traditional, linear, stage models of grief. Finally, I suggest that when these communicative processes are undertaken in community, they provide the foundation for creating a culture in which compassion is generously given as well as received.

CHAPTER 3

FRAMEWORKS FOR GRIEF AND COMPASSION

They [children] are often the forgotten ones... (Kübler-Ross, 1969, p. 157).

Children are often forgotten by adults when death occurs. Lacking fully developed cognitive skills, they are frequently left without ample resources to make sense of loss (Worden, 1996). Since the rise of modern medicine in the late 19th century, children are often physically separated from occurrences of death that are viewed as “taboo” (Abel, 2013; Kübler-Ross, 1969). Prior to the 20th century, the majority of deaths occurred at home or in sudden accidents outside the home, whereas now the majority of deaths take place in hospitals (Abel, 2013; Gawande, 2015). Death, which used to be a community event shared by all members, including children, has now become a privatized, institutionalized, often dehumanizing experience for those who can afford it (Abel, 2013). Modern medicine alienates diseased people by taking them from the public spaces and communities with which they are familiar—where they may have experienced emotional if not physical healing—and institutionalizes them in hospitals so that, in the words of Foucault (1994), “The medicine of spaces disappears” (p. 20). Little room is left for patients to share the story of their illness as they experience it themselves (Foucault, 1994). Even less room remains for the bereaved left behind, especially youth, to tell their stories after the loss of a loved one (McClatchey & Wimmer, 2014).

In undertaking this study, I ventured to public spaces, weekend-long bereavement camps for adolescents and children, in which room is made for young people to share their stories of loss. In this setting, I witnessed adolescents performing narratives of loss and also their compassionate actions toward one another. It is well established that

sharing narratives, whether via performance or in therapeutic writing, has health benefits for listeners as well as tellers (Harter, Japp, & Beck, 2005; Lieblich, 2013; Pelias, 2014; Pennebaker, 2000). Compassion is also documented as health-enhancing for individuals and organizations (Frost, 1999; Lilius, Worline, Kanov, & Maitlis, 2011; Lilius, Worline, Maitlis, Kanov, Dutton, & Frost, 2008). Building on this work, this study explores how performing loss narratives and acting compassionately toward others at camp facilitated adolescents in grieving and healing. In preparation for this project, a review of past literature on the following topics is provided: grief and adolescents, performance of health and illness narratives, positive organizational scholarship, and compassion within organizational contexts.

Adolescent Grief Theory's Coming of Age

Arguably, the most well-known model of grief is Dr. Elisabeth Kübler-Ross' (1969) five stages—denial, anger, bargaining, depression, and acceptance. The five-stages model is over 40 years old and was originally conceived to assist dying patients, rather than their surviving loved ones, to cope with grief (Kübler-Ross, 1969). While this model was not specifically designed for the bereaved, it became the precedent used by clinicians to assist those struggling with grief throughout the 20th century (Devine, 2013). Like much modern day psychology literature, the roots of the five-stages model may be traced back to Freud (1917).

Freud (1917), in his influential essay “Mourning and Melancholia” set the tone for the evolution of grief theory within the psychology discipline and cognate fields throughout the 20th century. Freud believed successful grieving happened through “grief work,” which occurred when bereaved people revisited past memories or feelings in

order to detach or let go of their lost loved ones (Buglass, 2010, p. 44). While Freud did advocate for grieving people to separate from the deceased, what is less known today is that he acknowledged this phenomenon may be a long, drawn-out process that may not ever be completely achieved (Graneck, 2010). However, it was his ideas about detachment and grief that influenced stage-based grief models, including the five-stages model, for the remainder of the century (Buglass, 2010).

Subsequent stage-based grief models introduced throughout the 20th century focus on predicted deficits the bereaved may endure (Eppler, 2008). In 1944, Lindemann presented a stage-based theory that stipulates the bereaved move through sleep disturbances, fixation on the deceased, guilt, anger or hostility, and trouble functioning in daily life (Buglass, 2010). It was Lindemann who also emphasized the idea of detachment in Freud's (1917) grief work (Buglass, 2010). Additionally, Lindemann's grief model, introduced in 1944, was the first based on empirical evidence, and it also cemented the definition of grief as a disease that fell within the realm of psychiatrists to treat (Graneck, 2010). Bowlby (1973), who developed attachment theory, which emphasizes the significance of early bonds in life such as a child to its mother, proposed a grief model to explain the stages that occurred when attachments are broken: shock, yearning and protest, despair, and recovery. The aforementioned grief models outlined in Table 1 constitute Freud's lineage and influence over grief theory throughout the 20th century.

Table 1

Stage-Based Grief Models by Theorist and Phases

Author	Stage 1	Stage 2	Stage 3	Stage 4	Final Stage
Lindeman (1944)	Shock & Disbelief	Acute Mourning			Resolution
Kubler Ross (1969)	Denial & Isolation	Anger	Bargaining	Depression	Acceptance
Parke (1998)	Numbness	Yearning & Searching	Disorganisation & Despair		Reorganisation
Bowlby (1973,1980)	Numbness	Yearning & Searching	Disorganisation & Despair		Reorganisation
Rando (1984)	Avoidance	Confrontation			Reestablishment

Note. Adapted from *The Paradox of Loss: Toward a Relation Theory of Grief*, p. 24, by M. McCabe, 2003, Westport: Praeger.

As Table 1 illustrates, each of the five models have discrete stages or phases the bereaved must pass through in order to reach a final, culminating point in grief. The stages for all five of these models previous to the final stages (noted in the far right column) feature emotions and actions that imply negative connotations. In the final stages of each of these models, the best the grieving may hope for is a reordering of or acceptance (Kübler-Ross, 1969) of life as they knew it prior to the death of their loved one.

Kübler-Ross (1969), a psychiatrist, developed the five-stages model in support of non-physician professionals, including chaplains and social workers, who were more likely than medical doctors to counsel dying patients through their emotional responses to death. Kübler-Ross herself expressed regret in her later years that the five-stages model, initially utilized for her work with terminally ill patients, is applied in other contexts as mandatory rather than typical experiences (Devine, 2013). Despite the fact that there is

little empirical evidence of its effectiveness, the five-stages model has endured as the most well-known grief model in United States and is still taught in most major medical schools (Maciejewski, Zhang, Block, & Prigerson, 2007). This is due, in part, to the fact that in addition to highlighting narratives of 500 dying people as she proposed the five-stages model, Kübler-Ross “marshalled impressive evidence to demonstrate that hospitals overtreated terminally ill patients, isolated them from their families, and abandoned them when they were most needy” (Abel, 2013). Kübler-Ross’s book *On Death & Dying* (1969) sold over one million copies by 1976 (Abel, 2013). Despite its lasting popular appeal, the five-stages model is contested as grief research evolves to be more nuanced and highlights alternate views, including children and adolescent voices (Silverman, 2000a; Worden, 1996).

Grief experts scrutinize the five-stages model for taking a finite approach to the grieving process, which they claim does not have a definitive start, mid-point, and conclusion (Doka, 2000; Edelman, 2014; Silverman, 2000b). Specifically, denial has been cited by physicians as a condition from which some grieving people never recover (Nuland, 1993). The five-stages model has also been criticized by medical educators for not being empirically based, which is significant for these professionals as this is the most common grief model taught to health care trainees (Maciejewski et al., 2007). The five-stages model is also problematic because it privileges deficit or negative behaviors associated with negative emotion, including denial, anger, and depression (Eppler, 2008). Ubiquitous adoption of this model instills a pervasive cultural message in Western society that grief is sad and bad. The only positive behavior associated with the model is acceptance, which comes at the end of the process. This implies that there is a correct

way to grieve, so a person must move through these stages in order to reach any positive emotions that only come with the acceptance of the death of a loved one (Dent, 2005).

Grief experts have challenged stage-based models generally by adopting more expansive definitions and approaches to the phenomenon in the past 20 years. Morrison and Morrison (2006) view grief as “reaction to loss, consisting of feelings, physical sensations, cognitive responses, and behaviors” (p. 2). This definition acknowledges emotions but does not assume them to be negative emotions. Stroebe and Schut (1999) introduced the Dual Processing Model (DPM) of Coping with Bereavement as a direct departure from and response to Freud’s (1917) grief work, which, they argued, paints grief as a medical disease to be cured. Stroebe and Schut’s (2010) goal in proposing DPM was to “...better describe coping and predict good versus poor adaptation to this stressful life event...to better understand individual differences in the ways that people come to terms with bereavement” (p. 274). DPM identifies two categories of stressors, loss-oriented and restoration-oriented, and suggests bereaved fluctuate between the two orientations (Stroebe & Schut, 1999) rather than follow a prescribed series of linear steps, such as stage-based models stipulate. Building on the concept of grief as a departure from grief work and generic stage-based processes for all, Neimeyer (1999) advanced the constructivist approach. Neimeyer (1999) proposed that “the reconstruction of a world of meaning is the central process in grieving” (p. 65). The constructivist model encourages therapists to examine the core values and coherence of self-narratives of the grieving, which may be compromised in losing a loved one (Neimeyer, Burke, Mackay, & van Dyke, 2010). Neimeyer et al., (2010) claim that bereaved engaging in “narrative retelling...can provide a measure of social validation for the account and redress the

empathic failure or silence with which many of the bereaved are met...” (p. 76). Nancy Boyd-Webb (1993), clinical social worker and bereavement expert, draws on noted counselor and educator Dr. Alan Wolfelt to explain grief as “a process, rather than a specific emotion like fear or sadness; it can be expressed through a variety of thoughts, emotions, and behaviors” (p. 26). Wolfelt has since refined this concept of grief into a counseling practice he terms the “companioning model” (Center for Loss, 2015). In the companioning model, he works to empower patients rather than view them as passive, diseased individuals in need of treatment (Center for Loss, 2015). Instead, he serves as a guide and present listener to bereaved individuals by acting as their companion through grief as opposed to strictly observing the role of clinical care provider (Center for Loss, 2015).

Health and family communication scholars offer complementary explanations of grief as “a psychological and social and communicative process” and as “a journey toward healing and recovering from the loss of a loved one” (Bosticco & Thompson, 2005b, p. 257; Titus & de Souza, 2011, p. 451). Additionally, grief is explained as a negotiated recovery process that includes “acknowledgement, compassion, and inclusion” (Giannini, 2011, p. 558). Communication scholars have examined topics related to grief, including communication around final conversations with children and their dying parents (Keeley et al., 2014) and how privacy rules were enacted during discussions with children following the death of a close loved one (Toller & McBride, 2013).

Considering grief as companioning, a communicative process, and journey that may encompass a variety of experiences allows us to consider that positive emotions and actions may emerge as a result of the process in addition to the negative emotions and

actions associated with stage-based models. These more expansive conceptualizations of grief also enable us to account for grief as a natural process that fluctuates depending on the individual grieving (Stroebe & Schut, 1999) rather than as a standardized, impersonal process (Neimeyer, 2014). The concept of grief as journey also implies there are many paths, rather than one or a series of prescribed stages that a person may take when grieving. The stage-based models detailed above do not take into account a range of emotions bereaved may feel when grieving. Additionally, none of the stage-based models or more progressive models, including the dual process model (Stroebe & Schut, 1999) or the constructivist approach (Neimeyer, 1999), were conceived to specifically account for the needs of grieving children or adolescents. Given the past research, this study contributes to the literature by examining the range of emotions communicated by grieving adolescents through their talk, behavior, and play in a naturalistic, as opposed to strictly clinical, setting. For the purposes of this study, then, I define grief as a journey comprised of processes performed by adolescents through talk, behavior, and play that allow for a variety of emotions in remembering and paying tribute to their lost loved ones.

Grieving Adolescents

For adolescents, defined in this study as young people ages 12 to 17, grieving is layered on top of an already confusing time in life. Adolescence brings the usual change, commotion, and uncertainty that comes with negotiating puberty and development into young adulthood (Keeley, Generous, & Baldwin, 2014; Smith & Pennells, 1995; Way & Bremner, 2005). Keeley et al. (2014), drawing on Erickson's identity theory and Piaget's theory of cognitive development, elaborate that youth in the adolescent stage of

development routinely question boundaries and experiment with their identities. When adolescents have a parent die, they experience probably the most stress-inducing event in their young lives during an already uncertain period of development (Hatter, 1996).

Young people who have experienced multiple losses, such as the loss of both parents before adulthood, are at particular risk for developing negative coping skills and for being unwanted and unheard (Hatter, 1996; Hughes, 2005).

Expecting adolescents to conform to a linear model of grieving is problematic, as by their very nature they challenge prescribed rules and likely do this more so during grieving, which brings great uncertainty. Adolescence is also a period in which all young people are deeply involved in the process of identity creation (Keeley et al., 2014). For youth who have lost parents or siblings, it is only normal and natural that these losses influence and become part of their developing identities.

Adolescents and children are advantaged when they have multiple opportunities to share their stories of loss as they develop into adults (Silverman, 2000a). Research suggests that adolescents may grieve sporadically (Rando, 1984), as opposed to all at once in the linear manner the five-stages model prescribes. Young people's ability to grieve significant losses early in life assists them in avoiding related health problems as adults, including potential self-destructive behaviors (Kübler-Ross, 1983; Whitfield, 1989). Following the loss, experts recommend that children learn how to share their emotions, including learning healthy coping skills in order to manage their lifelong grief process (Kübler-Ross, 1991; Silverman, 2000a). The lack of opportunities for children to grieve successfully may result in reduced mental health, including anxiety, depression, panic disorders, and suicidal ideation as well as marital problems in adulthood (Harris,

1995; Kastenbaum, 2000; McClatchy & Wimmer, 2014; Smith & Pennells, 1995; Worden, 1996). More immediate implications for unsuccessful grieving in childhood, especially during the first year following the death, include problems with somatization, sleep difficulties, and bed-wetting in younger children (Worden, 1996). Grieving children influenced by parents' negative or passive coping skills are more likely to demonstrate signs of depression and anxiety and be more socially withdrawn, having fewer friends, with the potential for this trend to develop into delinquent behavior as the child ages (Worden, 1996). Worden (1996), in summarizing his thoughts on health implications for grieving children, concludes that in addition to increased health issues for some, the greatest potential impact of parental death for a child is "their continuing sense of emptiness and an ongoing need to rethink who this parent would have been in their lives had he or she remained alive" (p. 110). Children often create stories about who their deceased parent was or would have been to help try and fill this sense of emptiness (Worden, 1996).

Loss Narratives Performed—Healing Tools for Adolescent Grief Expression

Storytelling helps children and adolescents make sense of grief and may improve communication in the family unit following loss (Dent 1995; Worden, 1996). Comfort Zone Camp's methods are in line with progressive clinicians and scholars who, in recent years, are seeking innovative ways to create space for postmodern patient illness narratives amidst the modernist framework that still dominates the contemporary medical profession (Charon, 2006; Frank, 1995; Kleinman, 1988; Neimeyer, 2014; Sharf & Vanderford, 2003). This growing body of research provides ample evidence that oral

histories, stories, and narratives have the power to heal not only those who tell them but also those who listen (Frank, 1995).

Though narrative has healing potential, a challenge associated with the method includes how to precisely define it (Zedneck, 2009). Critics have noted Fisher's (1984) definition of narrative, which may include almost all discourse, as "too broad" thereby diminishing its clarifying power (Rowland, 1987, p. 264). Communication scholars and those in cognate fields have documented patient accounts of illness and told their own stories of experiences with illness and death (Ellis, 1993; Tillman-Healy, 1996). The narrative medicine movement led by Dr. Rita Charon (2006) calls physicians, medical students, and health care practitioners to "bear witness" to illness stories of their patients (p. 197). Scholars also tend to define narratives that involve health as constituted by provider-patient interactions in which doctors lead the dialogue (Harter, 2009). This is problematic because patient voices are overshadowed by those of medical professionals. Therefore, patients and families are increasingly seeking support outside of the traditional medical model for health and healing from organizations such as Comfort Zone Camp.

One helpful perspective has been proposed by Sharf (2009) who describes health narratives as "multi-sensorial," meaning that these narratives are influenced by and drawn from a variety of sources both in and outside of traditional health care settings. While narratives are influenced by text, scholars and clinicians must take care not to look exclusively to texts for meaning-making as narratives also exist in alternate forms such as artwork, songs, and photographs (Sharf, Harter, Yamasaki, & Haidet, 2011). By not privileging narrative as text, narrative in alternate forms becomes more accessible to

children of all ages with varying language abilities (Conquergood, 1991; Lange & Mierendorff, 2009; Spry, 2011).

Postmodern narratives make space for diverse voices, such as children's, that often go unheard, do not appear in conventional text form, or go unacknowledged as part of master narratives (Corey, 1998). Related to disrupting master narratives, scholars have explored the concept of counter-narratives (Harter, Scott, Novak, Leeman, & Morris, 2006). While traditional narratives offer sense-making for dominant modes of living, counter-narratives require disenfranchised characters to tell their own stories to raise consciousness about their identities in order to overcome oppression and ultimately gain respect from dominant culture (Harter et al., 2006). Bochner (2012) conceived a counter-narrative concept as an appeal to rethink "medical science's conception of life as an end in itself. Medical science should serve human needs not determine them" (p. 3).

Performance studies scholars examine and perform health and illness narratives as embodied acts, which bring them off the page (Peterson & Langellier, 2006). Performed health and illness narratives serve to counteract or resist traditional medical models and viewpoints (Corey, 1998; Park-Fuller, 2003). Performances of personal health and illness narratives have the potential to reach larger and more diverse audiences than those in traditional scholarship (Saldaña, 2005). In doing so, those who perform and witness personal narratives of illness have the potential to collaborate in embodied storytelling for enhanced understanding of and advocacy for health-related issues (Howard, 2013).

Despite the need to explore adolescent narratives of loss, scholarly accounts of grief are largely from the perspectives of adults including: parents who have lost children, spouses who have lost partners, and patients and physicians collaborating together in

storytelling efforts (Berg & Trujillo, 2009; Bosticco & Thompson, 2005a, 2005b; Ellis, 1995; Harter, 2009; Sharf & Vanderford, 2003; Weaver-Hightower, 2012). In nearly all cases, these narratives feature an adult creating or co-creating the narrative with or for a child. With few exceptions, the voices of children telling their own stories of loss and health challenges are noticeably absent in this body of research (Rich, 2002). One reason for this problem is that children's voices are often regarded as "second hand data," namely that their voices are secondary in the family to those of the adults (Lange & Mierendorff, 2009, p. 81). In addition, many published accounts of narratives focus on illness rather than on stories of healing, so a conceptual shift is required in order to acknowledge and appreciate strength-based emotions that may emerge from adolescent grief narratives (Harter et al., 2005). Comfort Zone Camp offers an ideal organizational setting in which to examine how grieving adolescents perform their loss narratives. In order to offer a balanced approach, I examined how grieving adolescents at camp expressed a range of emotions, including strength-based emotions.

Positive Organizational Scholarship—Bridges Grief and Compassion

In exploring strength-based emotions associated with lifelong grief journeys for children who have lost a parent or sibling, it is helpful to consider the field of positive organizational scholarship (POS). POS provides an emerging lens through which researchers may conceptualize positive, strength-based, interdisciplinary collaboration to innovate change and benefit organizations and their members (Cooperrider & Godwin, 2011). The fact that the field was founded and influenced by scholars in psychology (Seligman, 2002) in addition to organizational behaviorists is significant as much of the grief literature hails from that discipline as well. Therefore, POS provides an ideal lens

through which to examine the range of emotions experienced by grieving adolescents, as well as their positive action, including compassion.

For the past decade, POS scholars have begun to study compassion. In considering the question of how to best cultivate value for emotions in public culture, it is argued that compassion must be cultivated and infused into organizations and society (Frost, 1999; Hairman, 2009). Compassion may not solve all the suffering that people experience in the world, but it is a vital component needed for making sense of them (Hairman, 2009). Hairman (2009) calls for the public to embrace compassion as “a way of seeing” that holds the potential to positively contribute to public deliberation, rather than to weaken rational, critical debate as a subjective emotion (p. 202). Studies on compassion in organizations contain possibilities to benefit the public at large as well as benefit the lives of individuals and organizations.

Compassion of Grieving Adolescents in Organizational Contexts

The word compassion, derived from Latin, literally means a “shared suffering” (Rehling, 2008, p. 87). Compassion lives in connections between people in which one person shares the suffering of another (Frost, Dutton, Worline, & Wilson, 2000). Scholars define and discuss compassion in numerous ways, including: as a component of virtuous processes; as a catalyst for positive, community-oriented, transcendent behaviors; as a more expansive emotion than empathy, because compassion requires an action-oriented approach that goes beyond the feeling itself; and as a theoretical process comprised of subprocesses offering explanation for how this complex emotion works in organizational contexts (Bateman & Porath, 2003; Cameron, Dutton, Quinn, & Wrzesniewski, 2003;

Frost, Dutton, Worline & Wilson, 2000; Kanov , Maitlis, Worline, Dutton, Frost & Lilius, 2004; Miller, 2007; Way & Tracy, 2012).

Children and adolescents who grieve in isolation lack opportunities to experience compassion. Grieving young people require the support of family members and are also shown to benefit from healthy, open interactions with caring friends, peers, and acquaintances (Dent, 2005; Silverman, 2000a; Worden, 1996). Exploring health benefits in grieving youth that emerge as a result of informal or formal networks of caring may yield insights as to how they express positive emotions, including compassion, as part of the grieving process. Research on subjective well-being demonstrates that people who practice giving compassion and happiness to others feel happier themselves (Lyubomirsky, 2007). The Dalai Lama (2015) captures this idea in offering practical advice for living: “If you want others to be happy, practice compassion. If you want to be happy practice compassion.”

A majority of studies document sadness, anxiety, guilt, anger, longing for the loved one, worry, and being set apart as primary emotions youth feel when grieving (McClatchy & Wimmer, 2014; Morrison & Morrison, 2006; Worden, 1996). Young people may feel especially guilty when they did not have the opportunity to say goodbye to their deceased parent or if they had ambivalent feelings toward that parent previous to the death (Worden, 1996). Adolescents often feel fear, worry, or anxiety at the thought of losing their surviving parent (Hatter, 1996; Worden, 1996).

In contrast to deficit-based grief literature, scholars have called for a resilience-focused approach rather than one that highlights problematic issues for grieving children (Eppler, 2008; Monroe & Kraus, 2005). Whitfield (1989) suggests moving through

negative emotion may lead to healing, growth, and an enhanced understanding and experience of positive emotion. Eppler (2008) argues for the need to take a strength-based approach in looking at the emotions of grieving children. Her research focuses on examining resiliency traits in children who experienced the death of a parent and, in addition to the negative emotions named above, children who also expressed the ability to feel happy (Eppler, 2008).

I saw happy campers on my pilot visit to a CZC camp weekend in November 2013. Several of the first-time campers expressed that the best part of attending was feeling that they were “no longer alone” in their grief. Many returning campers seemed to take on a mentoring role to first-time campers and first-time volunteers, which often included demonstrating expressions of compassion. While I noticed individual camper expressions of compassion, I was a recipient of it as well. Through giving and then subsequently receiving compassion, I became fascinated by the organizational processes at work that facilitated these compassionate exchanges. In other words, I wondered what was it about the organizational setting, CZC, that facilitated the occurrence of these compassion exchanges. I sensed a deep caring and respect demonstrated through positive, reciprocal communicative actions between and among campers, volunteers, and staff. Camp is an organizational space in which young people not only receive compassion but are also encouraged to give it to others. Therefore, CZC, as an agency that encourages an emotional ecology nurturing compassionate actions via the performances of loss narratives, offered an ideal setting in which to explore connections between campers’ individual expressions of compassion in relation to the wider framework of organizational processes in which they occurred (Frost et al., 2000).

Compassion Models

Exploration of dyadic compassion expressions at camp may reveal new insights into compassion as a relational process and about the constitution of collective compassion. A strong scholarly lineage has demonstrated the value of exploring relational components of compassion as processual explorations of emotions in the workplace that extend beyond individuals to organizations (Miller, 2014). Previous studies contribute to theoretical development of compassion as a relational process within the organizational contexts of how it is given to patients by health care professionals and human service workers (Miller, 2007; Tracy & Way, 2012). This work has been conceptually extended by demonstrating how homeless youth receive compassion and influence organizational processes as a result (Huffman, 2013). Contextually, this study is poised to explore how grieving youth engage compassion as a transactional model, both as receivers and providers. Approaching compassion as a transactional model in which the receivers (the campers) may become compassion providers to themselves and one another may expand the subprocesses (noticing, feeling, responding) associated with Kanov et al.'s (2004) initial constitutive notions of collective compassion and the subsequent scholarship it inspired.

Communication scholars are uniquely poised to explore in greater depth the compassion work detailed above, which is exactly what Miller (2007) did in revising Kanov et al.'s (2004) model, which itself was initially based on Clark's (1997) sociological sympathy model. Miller (2007) studied emotional work among human service workers, which led to her revision of the model. She did this by focusing on emotional work, defined as authentic displays of emotions by professionals in human

service occupations such as doctors, nurses, social workers, chaplains, which shifts focus away from the many previous studies that have examined emotional labor in service industries. Through this work, she built on noticing in Kanov et al.'s (2004) model as more than an acknowledgement of the suffering person, but also as forming a detailed impression of that person's suffering with the goal of responding more appropriately. Her primary revision to the model, however, was in evolving the *feeling* component to *connecting*, inspired by consideration of this process as relational (Miller, 2007).

Way and Tracy (2012) reconceptualized the three-part model further to *recognizing*, *relating*, and *(re)acting* based on their qualitative study of compassion in hospice care workers. They note that *recognizing* implies an interpretive or meaning-filled component to the process not evident in simply noticing (Way & Tracy, 2012). The second step, *relating*, replaces feeling and connecting as a process that honors both the affected feeling and also the cognitive implications of connecting as relational (Way & Tracy, 2012). They additionally emphasize, unlike the previous two renderings, that their version is not necessarily linear and that the three steps do not need to proceed in any given order (Way & Tracy, 2012). Their third step, *(re)acting*, is what they equate to the heart of this model, the compassionate heart, which informs how those who give compassion actively engage with, rather than simply respond, to those in need, in this case hospice care workers and their patients (Way & Tracy, 2012). Sometimes, as they articulate, compassion means to provide silence or compassionate inaction, which reveals a subtle but important difference from Miller's model in which response is articulated as being "seen." This significant discrepancy identifies a research challenge in studying compassion, as sometimes the most compassionate acts are "invisible" in organizations

(Frost, 1999). Finally, as they conclude, Way and Tracy (2012) articulate that a promising future direction for compassion research in organizational communication could be a study that looks primarily at receivers of compassion. Huffman (2013) attended to this call by focusing on homeless youth as receivers of compassion.

Pragmatic implications of my study include furthering the notion that providing compassion is not exclusive to those in formal care provider roles and that all people, including children and adolescents, have the capacity to influence individual and organizational health. By studying compassion in grieving adolescents, I focus on a group of people who have historically and, collectively been misconstrued as patients. While children and adolescents attending grief camp have been the subject of media projects and scholarly work, no study to date has specifically examined strength-based emotions, including compassion, with bereaved youth in this context (Dehart & Freedman, 2014; Keeley et al., 2014; McClatchy & Wimmer, 2014; Stokes & Crossley, 1995). Therefore, I propose the following question as the focus of this study:

RQ: How do grieving adolescents perform a range of emotions and how do these performances influence theoretical conceptualizations of grief and compassion?

Chapter Summary

This chapter provided an overview of the relevant literature needed to examine the range of emotions adolescents perform when grieving. Traditional stage-based grief models were generally discussed and then specifically in relation to grieving children and adolescents. Additionally, supporting literature explored narrative and performance in the context of healing. Theoretical compassion models were also explained culminating in

the proposal of the research question for this study. The following chapter gives a detailed account of the methods used in undertaking this research question.

CHAPTER 4

METHODS

Qualitative methodology is an effective tool for addressing phonetic or problem based, “real world concerns” (Flyvberg, 2001; Tracy, 2013) such as how adolescents communicate grief. In keeping with the goal of qualitative inquiry to make cultural meaning from detailed, layered accounts, I crafted comprehensive field notes from the loss stories I heard in the field and the accompanying embodied experiences in which I was a participant (Conquergood, 1991; Geertz, 1973). Qualitative methods also enabled me to study multiple viewpoints in the camp setting as, in addition to the campers, I interacted with other Big Buddy adult volunteers, licensed grief counselors and social workers who volunteered as Healing Circle Leaders, parents and guardians, and camp staff (Van Maanen, 1979). Through observation of and interaction with multiple types of stakeholders as a complete participant, post-camp follow-up interviews, and ongoing contact with camp staff over the course of two years, I discovered a culture in which grief and positive emotion co-exist and even flourish in the form of compassionate communication as I came to know and become a part of the Comfort Zone Camp community.

This chapter is the journey of how that happened. It includes explanations of the research site, the epistemological framework that guides my methodology, my researcher role with a focus on ethical considerations for working with bereaved youth, participant demographics, data collection methods, and data analysis techniques. I especially considered ethics in relation to my close contact with participants due to the fact that I was a complete participant volunteer with Comfort Zone Camp (Tracy, 2013). I was

simultaneously in researcher and volunteer roles during the 190 waking hours I spent in the field. I used an iterative approach to data analysis guided by grounded theory principles (Charmaz, 2014; Miles & Huberman, 1994; Saldaña, 2013; Strauss & Corbin, 1990; Tracy, 2013). Broadly, my data analysis methods were informed by the artistic lens I have developed as a theatre professional with 20 years of experience. This led to my employing playwriting as a method of analysis in crafting portions of my field notes, a method of analysis I refer to as scripted moments. I begin with a description of the research site as I feel it is useful context for the reader in understanding my methodological choices as related to the theoretical underpinnings that also guided those choices.

Research Site—Comfort Zone Camp

Comfort Zone Camp (CZC) is a nonprofit organization with the mission to “provide grieving children with a voice, a place and a community in which to heal, grow and lead more fulfilling lives” (Comfort Zone Camp, 2015). The following organizational description is taken from their website:

Comfort Zone Camp was founded in 1998 in Richmond, VA by Lynne Hughes, author of the bereavement book for teens, *You Are Not Alone*. Our camp program was born out of a desire to provide a caring community and safe haven in which children who are grieving the loss of a parent, sibling or primary caregiver are heard, understood, and taught healthy ways to process their grief. We are powered by our campers and their instinctual ability to help each other heal, employees who are highly devoted to our mission, dedicated volunteers from the communities (and beyond!) where our camps are located, and generous donors

who have been brought to us through their own personal experiences of loss, or because they simply believe in our mission.

In the 15 years since the founding of CZC in 1999, the organization has served more than 10,000 grieving young people who have attended their free, camp weekends (McIntire, 2014). CZC is funded by individual donors and has also received generous support from the New York Life Foundation, including a one million dollar grant in 2013 (Comfort Zone Camp, 2015). The purpose of the camp experience is to encourage the children to embrace being children again as they work through their grief. Along with therapeutic healing circles designed to process grief, there are games and fun activities purposefully planned to encourage play and self-confidence. CZC's website (2015) detailed services provided to children and adolescents during the camps that include:

A strong, supportive network of peers that personally understands their loss experience; Age-appropriate coping skills that will help them manage their grief in their day-to-day lives; Age-appropriate grief counseling administered by trained grief professionals; A volunteer mentor (Big Buddy) who attends camp with each child and has been extensively screened and matched to support the child's individual strengths and needs; Self-esteem building and confidence building activities; Games, songs, skits and other opportunities to have fun, play, laugh and connect with their peers; The ability to return to camp every year until they graduate high school; The opportunity to volunteer as a junior counselor after the age of 15.

Additionally, the philosophy of the organization includes creating what CZC staffers and volunteers refer to as a "camp bubble" for the attendees in which children are in a place

with many other peers who know what it feels like to lose a loved one. In this camp bubble, the children have the opportunity to feel they are part of a community instead of isolated as many grieving youth often feel around peers who have not experienced losses. In the camp bubble, the children are supported by their peers and compassionate adults, many of whom know first-hand the types of feelings the campers are going through. The camp experience provides the children with places to tell their stories and validation from peers and mentors. Currently, the organization runs free camps year-round in five states: California, Massachusetts, New Jersey, North Carolina, and Virginia, but volunteers come from around the country for trainings and to work at the camps.

Approximately 85 to 90 adult volunteers are needed to run each camp. Prior to working at one of the camps, volunteers must complete an online application, provide three references, undergo a background check, and participate in a face-to-face, six-hour training session. Volunteer roles include Healing Circle Leaders, who must be licensed therapists or counselors; Healing Circle Assistants, who help the entire group rather than being assigned to an individual camper; “behind-the scenes” camp support roles; and Big Buddies, who are paired with campers as mentors for the weekend.

A Critical, Interpretive, and Performance Oriented Approach

In order to better understand this macro-level imbalance of lack of adolescent voices in the grieving process, I began with an interpretive approach to make meaning of the shared loss experiences of adolescents from their own voices, words, and actions (Lindlof & Taylor, 2011). In doing so, I employed a social constructionism approach by exploring and valuing how grieving adolescents themselves made meaning of loss through their own social practices with one another rather than accept this knowledge

exclusively as relayed by adults and medical professionals (Allen, 2005). Social constructionism and the interpretive approach make space for multiple voices, including adolescent voices, to be heard (Tracy & Geist-Martin, 2014). Specifically, I questioned the taken-for-granted assumption that the overwhelming majority of emotions communicated by grieving youth are negative (Allen, 2005). With the goal of empathic understanding of adolescents' grieving process, I moved toward new conceptual understandings of communicative practices they use to grieve and of the compassionate expressions generated during these processes (Pope, Mays, & Popay, 2007). However, in keeping with the critical tradition, interpretive understanding is not an ending point but instead a jumping off point to initiate "positive change efforts" within traditional medical models and organizations (Deetz, 2005, p. 106). To bridge the seemingly disparate goals of understanding versus action, I applied performance as a way of knowing as connective tissue (Putnam, Bantz, Deetz, Mumby, Van Maanen, 1993).

Performance as a way of knowing invites us to meld understanding and action. Madison (1999) articulates this when she writes: "Theory becomes another way to know performance better; and performance becomes the desired illuminator of theory" (p. 107). Performance is a subjective knowing, so it is hard to pin down or define and can only be understood fully by those involved—those who are actors (Madison, 1999). Performance theory offers a different lens through which to view adolescent grief narratives and compassion, because unlike the historical realism of critical theory, performance theory is rooted in the subjective. Unlike interpretive meaning, performance demands action. Performance depends on our involvement.

Researcher Role

My active involvement as a volunteer and researcher with Comfort Zone Camp occurred from July 2013 through August 2015. I completed my volunteer training in Massachusetts in July 2013. A few days later, I met with camp staff to propose my conducting qualitative research with their organization, and they approved. At that time, we agreed that as a volunteer in the field I would always fill the Healing Circle Assistant role so that I would be able to hear the loss stories of the youth, but I would not have the added responsibility of attending to the needs of one adolescent. So, each time I participated at camp it was in the Healing Circle Assistant role.

My field role was as a complete participant as defined by Tracy (2013). As a volunteer with CZC during camp weekends, I participated in all programming the same way as other adult volunteers in the Healing Circle Assistant role at camp. While I would still consider myself a full participant as I was fully enmeshed in the camp weekend and participating in all group activities, this role did give me slightly more free time than was afforded to the Big Buddy volunteers who were paired all weekend with individual campers and only received one hour of free time away from the campers. This was helpful because I was an insider due to my volunteer status as a Healing Circle Assistant, but I had slightly more free time to make notes in the field, which was useful in my outsider role as researcher (Spradely, 1980).

Performance theory extended and complicated my knowing as I moved from complete participant researcher (Tracy, 2013) to what Conquergood (1991) drawing on Turner would identify as a “co-performer” (p. 187). This means that because I, the ethnographer, participated fully in body as well as mind with the members of Comfort Zone Camp, I was a co-performer. Together, we performed: stories of early childhood

loss, a silent circle of remembrance at the bonfire Saturday nights, and living pictures of lost loved ones at Sunday memorial services. During the 190 waking hours I spent in the field during camp weekends, the other volunteers and campers became my colleagues, collaborators, and friends—all of which began with our bodies performing ice breaker games together on Friday nights.

Following my attending the volunteer training session, I attended a pilot camp weekend in November 2013 to determine if this CZC was a good fit for the research areas I was exploring, namely grief and compassion. I attended a camp weekend in California in November 2013 and subsequently found CZC was an ideal organizational partner for this study. After this experience, I conducted formal field work at CZC during four separate weekends in Massachusetts, Virginia, New Jersey, and California during the fall of 2014. I also conducted post-camp interviews in the summer of 2015. Throughout this two-year process, I met with camp administrators via phone monthly. In these meetings, I shared my experiences of being in the field, provided my feedback and impressions regarding their organization, and discussed some of the guiding philosophical and theoretical underpinnings for this study.

I considered my role and ethical matters at all stages of this qualitative research process (Wiles, 2013). This was especially essential as I worked closely with adolescents who are considered a vulnerable research population who direct view and experience are critical (Swadener & Polakow, 2011). As qualitative research is an embodied practice in which I myself became an instrument of inquiry, I made mindful note of the presence of my body in the research scene in relation to *Others* (Conquergood, 1991; Tracy & Geist-Martin, 2014). In this section of the chapter, I discuss associated details, including my

own early childhood loss, in relation to relational ethics and self-reflexivity, procedural ethics, and ethical challenges that I encountered during this project.

Ethical Considerations and My Own Early Childhood Loss

Prior to engaging in study design or formal field work, I reflected on the loss of my father as a way of knowing (Goodall, 2012). I wrote an autoethnography (Clark, unpublished) detailing my own early childhood loss in relation to my encountering the pilot camp weekend in order to make meaning of my personal experience in preparation for formal field work (Bochner, 2000). I share my story of loss now because it is the foundation for the self-reflexivity and relational ethics with which I strove to engage all participants throughout this study (Ellis, 2007; Tracy, 2010).

My decision to undertake this research was directly influenced by the experience of losing my father due to his accidental death when I was 9 years old. My father, a healthy 43-year-old man, worked as the manager of a construction company. It was clear that he was highly intelligent and could have worked in any number of professions, but his education was cut short after just one year of college when his own father died and, grief stricken, he dropped out. His mother had died just a few years before. So, in my family, loss has been layered upon loss. In addition to my father losing his parents before age 21, my mother lost her own mother when she was 3 years old. I feel my parents were, in part, drawn to one another because they found someone else who understood the pain of such losses. While my father worked in construction, then, I am sure that neither of my parents wanted to consider the risks associated with this occupation.

Some of my fondest memories of my dad include looking over his shoulder while he studied blueprints, which at that time were actually the color blue. The large sheets

curled at the edges from being rolled and stored in a large tube, laid one on top of the other, at his desk in the basement. I was often standing over his shoulder, and he never seemed to mind. He was one of the most patient, methodical people I have ever known, which made the circumstances of his death all the more incredulous.

On December 2, 1980, my father, Harden Keefer Clark, was on a rooftop somewhere near Poughkeepsie, New York. The story goes that he advised some workmen and then, for whatever reason, they climbed down off the roof. He was there alone. Since he was alone at the time, I will never truly know the exact details of what happened on his job site that day. I know he fell. I know he fell more than 30 feet. I know he fell from one part of the roof and landed on another. He was taken to the hospital where he actually survived and was lucid for a few hours while the doctors tried to save him. My mother, who made it to the hospital while he was still alive, had to make the choice of seeing him or letting the doctors do everything they could to save him. As he was the love of her life and husband of 18 years, she made what she thought was the selfless choice. She did not see him in the hopes that he could be saved. He was pronounced dead from collapsed lungs soon after. She never got to say goodbye. Always curious for more details, I would ask my mother about his death, and all she could tell me over the years was that “so much was wrong with him after the fall, I think they just picked that [his collapsed lungs].” My then 39-year-old mother, 7-year-old sister, and I were left in our grief to figure out how to be a family without our patient, methodical, loving leader.

He was my best friend, and the void his absence left in my life still lingers with me today, though I have learned to manage it in much healthier ways over the past 35

years. Like some of the young people in this study, I experienced the shock that accompanies a sudden, unexpected death as well as the pain of being unable to say goodbye. Like some of the adolescents in this study, in my young life I struggled with negative coping skills, including substance abuse, depression, anxiety, and also contemplated suicide.

In my 30s, I learned that I had latent post-traumatic stress disorder (PTSD). My first clue was when the World Trade Centers in New York City were destroyed on September 11, 2001. At the time, I was living in Seattle and, like many on the west coast, woke up to the disaster in progress. I turned on the television after the first plane hit but before the second tower was struck. I watched in real time as desperate, tiny, bodies with no other choice leapt off the toppling first building as the second plane crashed into the side of the other tower. Like millions of people, I watched those bodies jump, but unlike millions of people, my father died when I was a child from falling off of a building. In relation to friends and others around me, it took me an abnormally long time to shake those images, which have become prominent in my mind again even as I type these words. I do not forget painful images; I replay them. This is a byproduct of PTSD.

After some additional clues, I sought help, was diagnosed with and treated for this illness in my 30s. This was a really good game changer in many respects. I now have learned positive coping strategies to keep the symptoms that accompany this condition in check. Presently, I can honestly write that I am happy and at peace with where I am in my grief journey. It has taken me a long time to get here, and I hope for the young people in this study that their journeys to finding peace with their loss will be easier. There were no Comfort Zone Camps when my dad died, and death was talked about even less than

it is now. Like the many other adult volunteers who experienced early childhood loss that I met during the course of this study, I am so grateful that these resources exist today for young people who are grieving.

Due to my own early childhood loss, I was attentive at each step of this project to acknowledge and understand how my personal experience may have influenced my research. You might even say I was painfully self-reflexive about how my presence at camp may have affected the campers. Generally, I found the personal experience of losing my father to have been an asset in relating with the campers, their families, other volunteers, and camp staff. This is interesting and in contrast to one expressed view in positivist qualitative methodology that sharing personal experience with study participants may have a negative effect on the amount or quality of information they are willing to share (Creswell, 2007). I found quite the opposite to be true. I shared that my father died when I was 9 years old (though not the details of exactly how he died) with almost every adolescent during the assent process (and informed consent process with their parents or guardians). Also, I shared that I was inspired to do this project because my father died when I was young and that I hoped this research would help other grieving young people and their families. The few times I forgot to mention it, other adult volunteers chimed in with this information to support me. I found that my personal experience of death as a young person assisted me in establishing an immediate sense of shared experience and early trust with nearly all of the participants, youth and adults, in this study.

While there were many advantages to me as researcher given my own early loss in life, this experience also brought challenges to my researcher role. As I went into the

field with 30 years of my own experience of grieving, I had to resist jumping to conclusions about the performances of grieving others, namely adolescents and adult volunteers (Conquergood, 1985). Additionally, while the camp setting was new to me on my pilot visit, the grief experience was not. In other words, due to my personal experience with loss, I never had the opportunity to be truly naive in the scene (Lindlof & Taylor, 2011). This initial experience as novice may have afforded me a different perspective of the camp setting. Finally, I was able to adapt early on and well, in part due to my own history of loss, as an insider in the CZC community. So, there were several points in the field that I had to remind myself to make sure and note what was unique about this culture before it already became too familiar to me (Tracy, 2013).

In addition to practicing self-reflexivity regarding my own personal experiences with early childhood loss, I was mindful of methodological best ethical practices. Tracy (2010) identifies one such practice, sincerity, as a criterion for qualitative quality. Sincerity is indicated by transparency in research practices and also self-reflexivity defined as “honesty and authenticity with one’s self, one’s research, and one’s audience” (Tracy, 2010, p. 842). I practiced sincerity as I shared my personal experiences with early childhood loss. In conjunction with considering the qualitative concept of my body as a research instrument, I posed self-reflexive questions throughout my field work, including: What experiences constituted my body before, during, and after it undertook this research?; What places and spaces does my body occupy that may impinge on participant’s bodies?; What emotional and physical memories were called up for me when my body was in the field and how are those memories influencing my data collection and analysis? These questions illustrate my engagement with self-reflexivity in

an honest and authentic consideration of issues that constitute self and influence of the self on participants, research methodology, practice, and outcomes (Tracy, 2013).

Procedural Ethics

In addition to practicing relational ethics and self-reflexivity throughout this process, I followed procedural ethics by adhering to the CZC organizational rules during camp weekends and by working with the Institutional Review Board (IRB) at Arizona State University, which passed this project as an expedited research study in June of 2014. Following CZC camp rules made my data collection more interesting and also more challenging. This was due, in part, to the fact that I needed to follow the camp rule of not using technology all weekend. Along with ethical practices associated with CZC organizational procedures, I also followed procedural ethics in keeping with best research practices and as specified by Arizona State University's IRB. I took care to ensure all potential participants were made fully aware of the goal and purposes of this study as well as what their participation in it would entail through the informed consent and assent processes (Christians, 2011). In conducting informed assent with the campers, I was especially careful to present the study as a choice rather than as a requirement so that they would not feel pressured to join the project (Molloy, 2015). I did this by emphasizing in my verbal explanation of the consent and assent that participating in this study was a choice and that if a camper chose not to participate in the study they would still be able to take full advantage of the regular camp program. The Comfort Zone Camp staff and I also took measures to ensure that the research consent process would not interfere with each camper being able to participate fully in the camp weekend and come away with what they needed in their grieving and healing processes. Therefore, I worked closely

with camp staff at all four data collection sites to ensure the informed consent and assent processes happened quickly, efficiently, and in the least obtrusive manner possible.

Additionally, I assigned each of the participants a pseudonym to protect their anonymity (Creswell, 2007), except in cases where they requested I use their real names or when they asked to choose their own pseudonyms.

Ethical Challenges

Ethical challenges emerged over the course of my time in the field and also during my follow-up, post-camp interviews. In this section, I discuss three representative situations that involved the disclosing of information and role conflict (Wiles, 2013).

Wiles (2013) defines role conflict as “if and when a researcher should report an incident they are concerned with which will result in breaking confidentiality” (p. 76). As I was a volunteer in addition to being a researcher, I was required to put safety and well-being of the campers ahead of my research role.

The first incident involved my being privy to confidential information I felt it was not my place to share with a camper and questioning whether I could use it in my research report. During camp in Massachusetts, 14-year-old camper Seth expressed to me his frustrations around not knowing the exact nature of his father’s death, which occurred when he was only 3. The day before he shared this with me, our Healing Circle Leader shared the camper loss sheet with me that detailed how each camper lost his or her loved one. So, I already knew Seth’s father died of AIDS. I also knew it was not my place to tell Seth and hoped his mother or a family member would eventually tell him sooner rather than later. As it happened, during a follow-up interview with Seth and his mother in July 2015, they shared with me that Seth’s father died of AIDS and thus far he has not

been able to talk about it at camp. This is a story I will relay in detail in the findings chapter. I mention it here because, due to this exchange in the field, I made it my practice to record only what the campers themselves shared about their loss stories. It was of ethical import to me that the findings in this report privilege the voices of the adolescents in the study as they experienced their losses.

The second incident involved a 17-year-old camper, Lioness, who shared with me on Friday night at camp that she was using drugs on a regular, nearly daily basis after school. When she confided in me during activity time the first night of camp, I chose not to tell any of the other adults. As drug use is closely monitored at camp, I felt she would be safe here for the weekend and wanted to give her the opportunity to share this with our healing circle members herself. As of Sunday morning, she still had not shared this information openly in our healing circle meetings, and I spoke with her after breakfast to let her know I had thought about this all weekend and was concerned about her. Later that morning, she did share her drug use with our entire healing circle group, including our leader who is a licensed grief counselor and clinical social worker. Needless to say, I was very relieved. I knew that Lioness would get the support she needed, and this situation would be all the more impactful because she asked for that support herself. However, had she not shared I was resolved that I would have to share the information of her drug use with our Healing Circle Leader and camp staff later that day.

The third and final significant ethical dilemma occurred in July 2015 during a post-camp email correspondence with 15-year-old camper Sean David. The following is Sean David's response to the interview question: "What else would you like to share with me that I haven't asked about?"

I don't know if it is important for u but I have smoked weed, done crack cocaine, acid, and have popped pills. Also I have cut and put loaded guns in my mouth but my sister has stopped me so thankfully and obviously never pulled the trigger.

(Sean David, personal communication, July 1, 2015)

After receiving this interview response, I contacted our Healing Circle Leader, Lucille, to ask her advice about whether or not I should act on this information. At camp, Sean David shared experiences of his cutting and drug use openly in the healing circle. In the same set of interview responses, he also relayed he has now quit drugs, largely due to the conversation Lioness catalyzed that Sunday, and has tempered his negative coping behavior. Lucille encouraged me to reach out again to Sean David and check in with him regarding whether or not this behavior is in the past and also to find out more about his support system at home. I did do these things and felt satisfied with the answers he provided. In addition to the situation with Lioness, this incident brings up the issue of role conflict. Especially as my field work was over and these were follow-up interviews, what was my ethical and moral obligation to Sean David? Lucille and I decided, after reviewing the language on my assent and consent forms, that at that point I had no formal obligation to report my concern to CZC staff or Sean David's family. However, she did encourage me to check in with him on this, and I followed her recommendation. There were no easy answers in this situation, but in that moment, having checked in with Sean David, I felt that this young man was safe. I felt compelled to make sure Sean David was alright and realized through this experience that I had come to care especially about the well-being of the adolescents in this study.

Recruitment and Participants

There were 111 participants recruited for this study with a primary focus on the 26 adolescent campers. Participants were recruited from therapeutic healing circle groups to which I was assigned as a Healing Circle Assistant volunteer. I was assigned to assist specific healing circle groups based on the needs of the camp staff as opposed to my preferences or requests. Though there were usually seven or eight other healing circle groups at each camp weekend, CZC staff and I agreed that I would only recruit from among the individual healing circles in which I was placed. Keeping my participant recruitment focused on one healing circle group per weekend enabled me to have close interaction with the adolescent and adult participants during camp as we ate, slept, played, and attended the therapeutic meetings together in our small group.

Potential participants in each of the four healing circles to which I was assigned were notified about the study by camp staff via email prior to our arrival at camp. During the Friday afternoon camp registration period, I would speak with arriving individual campers and their guardians to explain the study. I performed written and verbal assent with each camper who voluntarily agreed to participate (Christians, 2011). All of the campers in the study are 12 years or older, and each indicated they were comfortable reading the assent form and understood it. I also performed informed consent with guardians for each participating camper during the registration process. In three cases, campers told me during registration that they were unsure about wanting to participate in the study. I told each undecided camper that they were welcome to let me know later, and in all three cases campers decided to participate by the end of their respective camp weekends. In these cases, I took notes regarding the campers in case they chose to participate later on. If they had not chosen to participate by the end of the weekend, I

would have destroyed notes pertaining to those campers. I also conducted informed consent with adult Big Buddy volunteers, Healing Circle Leaders, and camp staff members. The desire to participate in the study was high across all groups of participants, including the campers, and 26 out of 29 who were given the option chose to participate. A summary of participant demographics and of the adolescent campers by gender and age is provided in Table 2 and Table 3.

The 26 adolescents in this study each lost a parent or sibling before age 18. Twenty-three campers in the study lost parents or step-parents they considered to be primary caregivers. Three campers in the study lost siblings—all brothers. The age at time of loss among campers ranged from 3 to 16 years old with the average age at time of loss being 10.9 years old. Though each of the 26 adolescents in this study experienced their own unique early childhood loss of a parent or sibling, their losses have some commonalities and may be grouped. There are 10 different loss types represented by the campers in this study, which are detailed in Table 4. Eight of the adolescents in this study lost loved ones to conditions that progressed over a period of time, such as cancer and sickle cell anemia, as opposed to sudden losses, such as a heart attack or gun incident. Eighteen of the campers lost loved ones suddenly as a result of situations such as accidents, drug overdoses, heart attacks, and suicide.

Table 2

Summary of Participant Demographics

Participant Information	Number of Participants
Total Participants in Study	110
<u>Participant Type/Role</u>	
Adolescent campers	26
Parents/Guardians of Adolescents	26
Comfort Zone Camp staff members	13
Adult Volunteers	45

Table 3

Summary of Adolescent Campers by Gender and Age

Demographic Category	Number of Adolescent Campers
<u>Gender</u>	
Female	13
Male	13
<u>Age</u>	
12	3
13	7
14	9
15	3
16	1
17	3

Table 4

Summary of Loss Types for Adolescent Campers

Loss Types	Number of Adolescent Campers
AIDS	1
Accident (Bike, Car)	3
Cancer	5
Drug Overdose	2
Gun Accident	1
Heart Attack/Heart Failure	6
Homicide/Murder	2
Preeclampsia	1
Sickle cell anemia	1
Suicide	4

In addition to age at time of loss and loss type, I collected demographics regarding participant race and ethnicity as well as noting geographic region of the United States in which they lived. Sixty-five percent of the participants identify as Caucasian with 35% identifying as a racial minority or other group. Racial minorities represented include African American (two participants), Bi-racial (three participants), Hispanic (three participants), and Other (one participant chose not to specify). Campers also represented four distinct geographic regions in the United States, including New England (six campers), Mid-Atlantic and New York state (eight campers), the Southeast (six campers), and West Coast (six campers).

Finally, in addition to collecting this demographic data, it is important to note that the 26 campers in this study represent a wide range of socioeconomic backgrounds. Throughout the course of each camp weekend, I came to learn about many of their family financial circumstances both before and after the loss. The span of socioeconomic status in this study is as diverse as the loss types represented from very wealthy to very poor. As

Comfort Zone Camp commits to sponsoring—for free—all youth who attend each camp weekend, this experience is accessible to those from lower socioeconomic groups who may not otherwise be able to afford to it. CZC also pledges to sponsoring campers once a year until they turn age 18 or graduate from high school. Twenty-one campers in this study were returning campers while five were first-time campers.

Data Collection

I began formal data collection when I attended a camp weekend in August 2014 following IRB approval in June 2014. While Table 5 reflects a breadth of data types represented from the past two years, I collected data in two primary ways—through participant observation during four, separate camp weekends in fall of 2014 and during post-camp interviews in summer of 2015. This data was supplemented by: artifacts collected at camp weekends such as camper artwork, photographs, and camper generated coping skills lists; ongoing monthly check-in meetings over the course of two years with Comfort Zone Camp staff members; and also post-camp reflections emailed by staff following each camp weekend.

Table 5

Data Collected by Type, Time, Pages, & Artifacts

Data Type	Time Collecting Data (noted in hours)	Single-Spaced Typed Pages & Artifacts
Volunteer Training	6	3 (field notes pages) & 24 (pages of training materials/handouts)
Attended Pilot Camp weekend to volunteer and assess research potential	38	20 pages
Participant Observation while Volunteering	152	257 pages
Interviews—semi-structured/transcribed	11	85 pages
Meetings with contacts/camp staff	6	17 pages
Comfort Zone camp blank intake and screening forms	1	17 pages
Miscellaneous documents related to camp weekends, including Camper loss lists, camp schedules, maps, grief activity handouts and camper-generated coping skills lists, gratitude expressions, song lyrics, Healing Circle Assistant rule sheet, “in case of emergency” note, directions, Richmond Dispatch article on the 15th anniversary of Comfort Zone Camp	Included in participant observation/volunteer hours	40 pages
Camper artwork (drawn)	Included in participant observation/volunteer hours	36 pages
Post Camp Reflections emailed by camp staff	2	16 pages
Non-text based artifacts, including signed t-shirts, photographs, gratitude notes mailed post-camp, clock pins, name badges, care tag, book by camp founder.	1	40 artifacts
Total	217 Hours	515 pages & 40 artifacts

Participant Observation

Since I was engaged in camp activities for most of the weekend, including physical activities, I was often taking scratch notes when suitable. I did take headnotes during the healing circle meetings in which the campers shared their stories of loss. This was agreed on by the CZC administrative staff and me, as writing at these times would have been intrusive to the scene and likely counterproductive in terms of encouraging campers to share their narratives. Since time to write headnotes and expand on scratch notes was limited at camp due to the full schedule, I was often writing in my bunk late at night with a flashlight in order to capture the events of the day. Also, due to the rule of no technology allowed at camp, I could not make any audio or video recordings throughout the weekend. For example, in the healing circle meetings when adolescent study participants shared their stories of loss, I could not record them. So, I wrote raw notes in the field as soon as I could, especially after each two-hour healing circle meeting (there were four meetings per weekend). Sometimes I wrote these notes hunched in a bathroom stall where campers could not see, other times I would lag behind when we were walking en route to the next activity together, but most often I wrote these notes by flashlight in my bunk around midnight when the campers and other volunteers had gone to sleep. Where and whenever I wrote these notes, I made every effort to be as discrete as possible—the exception being Saturdays for an hour during arts and crafts time. Then, I very openly conducted impromptu, informal focus groups with the campers during each of the four camp weekends at which I did formal data collection.

My observations focused on ways grieving youth interact with one another throughout all programming during the weekend. I was attuned to their expressions of

both positive and negative emotions in all settings but especially in and around sharing their stories of loss. Data collected via participant observation assisted me in interpreting and conceptualizing actions and behaviors of grieving adolescents and informed my post-camp interview process.

Interviews

During the second phase of the study, I conducted post-camp follow-up interviews with campers, parents/guardians, Big Buddy mentors, and Healing Circle Leaders about the camp experience. I used semi-structured, respondent interviews to supplement participant observation data gathered during the camp weekends and also as a means of doing member checks with the campers to ensure I heard and documented their stories accurately (Tracy, 2013). I used active interviewing techniques with all participants, especially the adolescents, to facilitate them feeling this process was as collaborative as possible (Gubrium & Holstein, 1997).

I conducted 11 follow-up interviews as I continued to review field note data and construct the first-level codebook. Interviewees included three campers, two parents of campers, three Healing Circle Leaders (licensed clinical social workers), and three adult Big Buddy volunteers. It should be noted that one of the parents was also a Big Buddy volunteer and one of the Healing Circle Leaders is also a Big Buddy, (but each participant is only counted once in total participant count). As I have found throughout this study, participants often switch or evolve into different roles within this setting, (e.g., campers who age out of the program are encouraged and often become Junior Counselors and Big Buddy volunteers). I intentionally interviewed at least one person from each of the four camp weekends I attended in fall 2014 in order to check details about the

weekend. The Healing Circle Leaders were especially helpful in recalling details regarding camper loss stories and conversations that occurred in our formal, therapeutic group meetings. Big Buddy adult volunteers were helpful in relaying details about camper loss stories that were shared in free time and less structured moments during the weekend. I also interviewed three campers, took the opportunity to read back to them what I heard about their stories, and had them confirm that I heard them accurately at camp. Four interviews were conducted over email, one interview was conducted over text, and six were done over the phone. I transcribed four of the interviews and hired a research assistant to transcribe the other two. I also reformatted the interviews completed via email and text to be consistent with the rest of the interview transcripts. (Interview guides are provided in the appendix of this dissertation.)

Data Analysis—an Iterative Approach

I used an iterative approach to data analysis guided by grounded theory principles (Charmaz, 2014; Miles & Huberman, 1994; Saldaña, 2013; Strauss & Corbin, 1990; Tracy, 2013). I engaged in the constant comparative method for early analyses of participant observation data gathered in fall 2014 (Charmaz, 2014). Initial steps in my analysis process included writing formal field notes from headnotes and scratch notes as soon as possible upon leaving the field in conjunction with creating analytic memos. Additionally, early data analysis guided my strategy for subsequent field note analysis. Continuing analysis while conducting interviews, I moved conceptually between collected data, relevant literature, and research questions. I employed Nvivo qualitative data software to facilitate organizing and coding field notes, post camp reflections, and interview data.

I drew on grounded theory practices during the coding and analysis, including initial coding (breaking data down into distinct parts) and axial coding (reassembling data to identify relationships between categories) (Charmaz, 2014; Saldaña, 2013; Strauss & Corbin, 1990). I created analytic memos as required by each coding process. I generated a codebook as a product of open coding. Additionally, axial coding was useful in processing and categorizing the wide variety of data that is part of this study.

First-Level Descriptive Coding

I conducted open, first-level, descriptive coding primarily using process coding—creating codes as gerunds—on 273 single-spaced pages of field notes and post-camp reflections emailed by camp staff, as well as continuing to create analytic memos (Charmaz, 2014; Saldaña, 2013). Producing codes as gerunds provided the advantage of capturing the scene as an active rather than passive place. Data reveals grief camp is not just about individual, verbal expressions of grief with sporadic crying in the therapeutic healing circles but also and especially about expressing grief with others in active ways—singing, dancing, scaling the climbing wall, and ringing the bell. Building on this, data revealed that activity and movement often inspired youth to share emotional pieces of their loss stories in more informal settings than the therapeutic healing circles.

Following my initial analysis, I reviewed all official documents from Comfort Zone Camp as well as my meeting notes with camp staff and field notes from volunteer training in relation to my first-level, descriptive codes. Reviewing these documents totaling 101 single-spaced pages assisted me in exploring how organizational processes facilitated compassion expressions relevant to addressing the second part of my research question. This work also helped me in drawing connections between how the range of

“Performing Grief” emerged from and includes dancing, singing, beat boxing, reciting original poems, playing football, leaping like frogs). Following my analysis of the visual representations and reworking of my first-level, descriptive codebook, I continued to develop my second-level, analytic codes.

Second-Level Analytic Coding

I constructed second-level, analytic codes based on first-level analysis of field notes, post-camp reflections, interview transcripts, supporting camp documents, and visual representations of first-level data. Second-level codes (Tracy, 2013) are those that emerged in relation to the relevant literature discussed and research question posed earlier in this report. Considering relationships between first-level codes assisted me in making conceptual links that would allow me to connect action in the data to sensitizing concepts—grief and compassion. I made a particularly useful connection between first-level (descriptive) codes involving motion and those involving performance to create the second-level, analytic code Performing Grief in Motion.

Campers, volunteers, and camp staff are often in constant motion at camp—walking, running, dancing, making funny gestures as they sing along to a song, scaling climbing walls, and more. This phenomenon is prevalent among my field note data from all four of the camps I attended in fall 2014 and also from my data on the pilot camp visit in fall 2013. Campers in motion are playing, having fun, and generally experiencing positive emotions that may be discussed in relation to the research question. Additionally, several physical activities are often named by campers and clinical volunteers—Healing Circle Leaders—as being excellent activities to promote positive coping skills for loss.

The idea of campers, adults, or a combination of both moving together at camp also provided a link to developing the second-level code Performing Grief in Motion. Grieving campers (like youth who have not experienced loss) are active. As they move, they express their grief through alternate narrative performances in memory of lost loved ones. This second-level code led me to consider the steps between authoring one's own loss narrative to performing grief in motion. I then began to consider organizational implications of participants performing grief in motion together—in community. As a result, I considered again the idea initially mentioned in the first-level analysis section of this report—that grieving youth share emotional pieces of their loss stories in informal settings outside of healing circle meetings.

This resulted in my creating the second-level code Sharing Emotional Pieces that addresses the first part of my research question—how grieving adolescents perform a range of emotions. In all three camper interviews, each added more details to their loss stories in the follow-up interviews, which also contributed significantly to my developing this second-level code. Sharing Emotional Pieces is the phenomenon of campers performing fragments of their loss stories with varying emotion displays over time. This concept supports a new model of grieving for youth that is not linear, stage-based, or prescribed.

In order to ensure claims based on secondary analytic codes were constructed as rigorously as possible, I re-coded sections of the data using the sensitizing theoretical concepts from grief and compassion literature. I included the separate five stages of denial, anger, bargaining, depression, and acceptance from the Kübler-Ross (1969) model when re-coding sections of data identified as Sharing Emotional Pieces. I included

Huffman's (2013) presence and Way & Tracy's (2012) recognizing, relating, and (re)acting from the compassionate heart model when re-coding sections of data previously identified with the secondary code Helping Others. (Both the first- and second-level codebooks may be found Appendix C of this report.)

Scripted Moments

Finally, in addition to the established qualitative analytic practice of crafting formal field notes, I also employed playwriting as a method of analysis by creating scripted moments within my formal field notes. These scripted moments draw directly on three, interrelated dramatic writing principles: character, dialogue, and conflict (Garrison, 2009). The characters in the scripted moments represent the grieving adolescents and participants in this study. As I was a complete participant, I am also a character in many of the scripted moments. The characters in each scripted moment interact through dialogue as they share and relate to one another's loss stories. This is in keeping with the fact that dialogue is the principle tool used by playwrights. Finally, all plays—or in this case scripted moments—must have a central conflict or series of conflicts.

The script form was especially helpful in highlighting the conflicting emotions and subsequent range of emotions campers performed in relation to their loss stories. Using playwriting principles enabled me to capture obstacles and related conflicting emotions (e.g., deserving and guilt) faced by grieving adolescents (Ball, 1983). Scripted moments captured in vivo language from youth in the form of dialogue. Crafting scripted moments allowed me to capture physical action in the form of stage directions. Due to the script format itself, dialogue and stage directions are presented distinctly and arguably more dynamically than in traditional prose (Saldaña, 2011). Perhaps most importantly,

because dramatic action hinges on characters struggling to overcome obstacles that create conflict, this form offers an ideal method for capturing the conflicted emotions that were prevalent among campers coping with loss-related issues. In fact, it was through the authoring of scripted moments that I began to see emotions in relation to one another as opposed to discrete.

Chapter Summary

In this chapter, I told the story of how I used a qualitative approach to explore the range of emotions and compassion expressions performed by grieving adolescents. I provided context about Comfort Zone Camp as an organization, which informed my methodological theoretical frameworks, study design, and data analysis choices. I shared my own personal experience of loss in relation to the principles of self-reflexivity and relational ethics, which I utilized when interacting with study participants—especially the 26 adolescents. I described my researcher role and relayed participant demographics for all study members and for the 26 adolescents in detail, including the types of loss they experienced. I detailed the iterative approach I have taken to analyze the data and recounted my creation and use of scripted moments. In the next chapter, I will share the findings from my data analysis effort beginning with how grieving adolescents performed a range of emotions.

CHAPTER 5

GRIEVING ADOLESCENTS EXPRESS A RANGE OF EMOTIONS IN CONCERT CO-PERFORMING COLLECTIVE COMPASSION

By closely examining camper grief expressions with a focus on their performances of loss narratives, a collection of communicative processes emerged indicating that adolescents convey a range of emotions, in concert, as they grieve. This is significant as grief-related psychology and medical literature historically emphasize negative emotion associated with adolescent grief to the near exclusion of positive emotion (Eppler, 2008). Most recently, scholars have suggested positive emotions may play a role in adolescent grieving processes, but this idea is presently underexplored (Eppler, 2008; Neimeyer, 2014; Patchett, 2015). Grief, in this study, is considered a journey comprised of processes performed by adolescents through talk, behavior, and play that allow for a variety of emotions in remembering and paying tribute to their lost loved ones. As Comfort Zone Camp is a specialized program for bereaved youth for the purpose of children and adolescents specifically attending to grieve, I observed any and all talk, behavior, or play in this setting as potential expressions of grief. This findings chapter shows how grieving adolescents performed and talked about both strength-based and deficit emotions.

While bringing attention to positive emotion in the grieving process may potentially benefit grieving youth and their families, I acknowledge a risk: as a growing number of experts challenge traditional, linear grieving models, they also express concern that highlighting positive emotion in the process may be interpreted as falsely synonymous with the idea of the bereaved being cured of grief from a clinical or medical

perspective (Strobe & Schut, 1999). Progressive experts are resisting this idea of grief as a phenomenon exclusively in need of a cure as they work toward a new understanding of grief—not as a disease that can be characterized by a “one size fits all” approach but instead as a complex process that is as unique as each individual who experiences it (Buglass, 2010; Neimeyer, 2014).

By attending to the presence of a range of emotions in this study through a communicative—as opposed to a clinical—lens, I investigate how campers performed positive action associated with strength-based emotions. Campers in this study authored their loss stories by using their bodies and voices to dialogue with one another and adult volunteers in performances of grief (Pelias, 1999; Spry, 2011). Campers expressed multiple interpretations of grief by moving beyond the traditional, hegemonic expectation to adhere to the stage-based text of grief (Conquergood, 1998; Dolan, 2006; Kübler-Ross, 1969; Perez & Goltz, 2010). Such performances serve to interrogate, resist, and suggest transformation of those models (Howard, 2013; Madison, 2003). Complementing their positive emotions, campers performed compassionate acts toward others by providing verbal affirmations and advice, demonstrating physical affection, and by showing support through active listening.

I begin by providing a description of how loss stories are typically shared at Comfort Zone Camp in order to contextualize the exemplars that follow. Next, I explain the processes adolescents used when communicating conflicting emotions in grief relative to existing grief models and highlight emergent compassion expressions. Finally, I suggest that when a range of emotions is expressed in the grieving process and accepted

in community, this phenomenon provides the foundation for creating a culture in which compassion is generously given as well as received.

Sharing Loss Stories at Comfort Zone Camp

Youth who attend Comfort Zone Camp (CZC) are encouraged to share their loss stories throughout each camp weekend. Each camper is given the opportunity to formally tell his or her story of loss in small group, therapeutic healing circle meetings facilitated by a licensed clinical social worker and/or grief counselor called the Healing Circle Leader. The four Healing Circle Leaders I witnessed and worked with provided guidance but did not manage the meetings in dominant ways. Instead, they encouraged talk to flow organically and allowed it to be driven by each camper's desire to tell his or her story of loss. Campers also had opportunities to remember their loved ones during public rituals and in less formal ways.

Contexts for Campers Sharing Loss Stories

In addition to participating in healing circle meetings, campers also shared their loss stories formally, informally, privately, and publicly throughout the camp weekend. While most campers opted to share in the healing circle meetings, camp staff openly state that it is not a requirement for young people to share loss stories in healing circle meetings. In a post-camp interview, adult volunteer and licensed clinical social worker Sam, who serves as a Big Buddy and Healing Circle Leader, depending on camp needs, explained:

It's fine to not tell your story. All feelings are accepted [at camp] and to me that's the ultimate act of compassion. Kids break out of that grief formula. Parents come up to me and say "He doesn't cry. What's wrong with my kid that he doesn't cry

[to show grief]?” I say it’s just as o.k. to cry as it is not to cry. (personal communication, June 24, 2015)

In discussing this camp protocol, Sam references that “kids break out of the grief formula.” The implication being that by not adhering to a prescribed, scripted model (Bowlby, 1973; Lindemann, 1944; Kübler-Ross, 1969; Parkes, 1998) campers are free to express themselves in alternate ways that may be more comfortable for them. Sam’s words “All feelings are accepted and to me that’s the ultimate act of compassion” also highlight the organizational potential of camp as a collective space for compassion (Kanov, et al., 2004). Maria, another Healing Circle Leader and also a licensed clinical social worker, expanded on the organizational tenet of campers not sharing in a post-camp interview: “...If they haven’t shared by the end of the weekend, I don’t want to push them, because I don’t want to open the can of worms and then just send them home, especially if they are a new camper.” During three out of my four camp trips, I witnessed campers praised for not telling their loss stories in healing circle meetings before they were ready. On the fourth camp trip, all of the adolescents chose to tell their loss stories.

Individual campers expressed grief in a variety of alternate narrative modes in addition to sharing their loss stories through oral storytelling in the more formal healing circle setting (Sharf, 2009). Campers also expressed grief by singing, dancing, drawing, ziplining in memory of their loved one, crafting a luminaria, and scaling the climbing wall. Additionally, campers had individual opportunities within collective experiences at the Saturday night Bonfire ritual and the Sunday afternoon closing Memorial Service to publicly remember their lost loved ones. During the Bonfire and Memorial Service, healing circle groups literally stood up together in support of one another to remember

their loved ones. At the Bonfire, each camper placed a private note into the fire and then, if they wished, said the name of their loved one out loud. At the Memorial Service campers stood up with their healing circle group in front of the entire camp community, parents, and loved ones who returned at the end of camp. At this time, each healing circle group (usually eight groups per camp) performed together to demonstrate their experiences of grieving at camp. These performances were as varied as the ages and interests of the campers. At Memorial Services, I saw campers play leap frog, deliver original poems, sing popular songs and Broadway tunes, tell jokes in honor of lost loved ones, and much more.

Since campers are invited to return to camp annually between the ages of 7-17 they, including 21 returning campers in this study, have multiple opportunities over the course of years to share their loss stories. Veteran 14-year-old camper Seth first attended camp when he was 8 years old. In a post-camp interview, he relayed that “it’s a little bit harder” to share loss stories your first or even second time at camp, a feeling echoed by other campers, too. Seth’s loss story, which we return to later in these findings, spans several years and began when he lost his father at age 3. In order to ease the transition to camp and nerves around story sharing for first-time campers, CZC programs an event called the Big Buddy Share on Friday night of each camp weekend.

The Big Buddy Share. After the ice-breaker games, all campers and adults flooded into a large space together for the Big Buddy Share. As is the case with most of the flow of the weekend, a silly, lighthearted, and physical event preceded a more serious one requiring campers to sit and consider their losses and the losses of others. The programming at CZC is intentional in that before young people are asked to be reflective

about loss, they are given the opportunity to release any pent-up physical energy and also have fun in the ways children like to have fun—games, playing outside, and singing call and response songs. So, on this Friday night in Cape Cod after some rousing get-to-know-you games in a large field, we reentered the rustic dining hall at dusk to find it transformed. The tables where we ate just a few hours ago were folded and pressed tight together against the wall leaving the wooden floor exposed. As we trickled in, Little Buddies (campers) with their Bigs (the slang name for Big Buddies), all found seats on the ground squishing close together to make room for everyone. Once the entire camp—Bigs, Littles, and other adult volunteers like me—were seated, Braxton, camp facilitator for the weekend, addressed the crowd.

He told us that tonight Big Buddy Sol was going to share a story of loss with us all. Before he did, Braxton held up a small, round object, about the size of a quarter—the camp pin. Braxton introduced the significance of the pin as a reminder to the veterans and to educate the camp newbies.



Figure 3. 2014 Comfort Zone Camp pin featuring clock design.

Camp pins are gifted throughout each weekend to campers and adults who “go out of their comfort zone” in relation to their loss and/or for making significant contributions to their healing circle group. Campers and adults earn pins from one another by willingly taking on and overcoming both tangible and emotional obstacles, a process CZC staff calls “challenge by choice.” Each year the camp pin is redesigned so returning campers have the opportunity to earn new pins that they can distinguish from pins earned in previous years. Once Braxton explained the meaning of the camp pin, he asked the campers:

BRAXTON

Why do you think the pin is a clock? What does it mean?

Jasmine, an athletic 14-year-old returning camper from our healing circle group, raised her hand and Braxton called on her.

JASMINE

(Confidently)

Healing takes time.

Braxton continues to call on campers in the crowd who offer interpretations of the clock pin.

At each camp weekend I attended, the same ritual of introducing the camp pin and asking campers to reflect on its featured clock design preceded the Big Buddy Share. Self-proclaimed video-game geek, 13-year-old Bruce Wayne in Virginia offered

thoughtfully and with a hint of caution “Never set a time for grief or grieving.” In New Jersey, Sean David, who impressed me at our first meeting as mature beyond his 15 years, declared in a deliberative tone, which seemed to come from a personal place of knowing, “Some say time heals all wounds, but it only heals some wounds.” So, prior to hearing the Big Buddy share or hearing peer loss stories in healing circle meetings, campers are asked to reflect on how the clock design, a symbol of time, relates to grief. Jasmine’s response indicates that one needs time to grieve. Bruce Wayne is unwilling to put parameters as to how much time to grieve is needed. Finally, Sean David implies that while time may be helpful in some cases, it cannot heal every loss. All three responses are interesting when considered in relation to traditional grief models. Even prior to these campers sharing their own loss stories, they demonstrated through these responses to the clock pin design that they are not processing grief with a “one size fits all approach” (Neimeyer, 2014) or in linear, prescribed ways as stage models stipulate (Bowlby, 1980; Kübler-Ross, 1969; Lindemann, 1944; Parkes, 1998; Rando, 1984).

Satisfied with the discussion on camp pins, Braxton brought Big Buddy Sol to the stage as the crowd clapped:

Campers and adult volunteers
applaud as Sol walks to the front and
center of the dining hall and Braxton
steps aside. Lou, sitting in the back
of the room, pulls out a pen and
small notebook and begins to write.

BRAXTON

Sol, would you share your story with us?

Sol nods and smiles shyly at the audience as Braxton sits.

SOL

(With a Boston accent)

Hey, how aaaare yaa?

Sol, an unassuming man somewhere around 40, adjusts his well-worn Red Sox cap, which reveals more of his neat, brown hair that peeks out on both sides touching the frame of his glasses.

SOL

So, my story takes place back before cell phones and the Internet. Back then we were a normal family, and my older brother and I liked to do things like play video games on our Atari 2600.

Audience laughs.

LOU

(Aside)

I felt an instant bond with Sol as the campers laughed at his reference to the dinosaur video game system. My sister and I had the same Atari 2600 in the years following our Dad's death in 1980.

SOL

My dad was a Cub Scout Leader and loved spending time with my brother and me at Scout meetings and activities. He had a weekly ritual of driving us to meetings in his van. (Beat) One night, when I was 11 years old, everything in my life changed. My dad, brother, and me were traveling on a windy, dark country road between our house and the Scout meeting when a drunk driver seemed to come out of nowhere... The next thing I remember is waking up in the hospital with my mom in my room but no dad and no 13-year-old brother. My recovery took a long time, and it was many weeks before I was released from the hospital. But before I could speak or my mom told me, I figured out that my dad and brother were likely gone since they had not been coming to my hospital room.

Sol stops there, visibly choked up,
and Braxton stands and gives him a
clock pin with the words-

BRAXTON

This pin is for you. Thank you for sharing your story with us.

Loud clapping from the audience.

A moment.

BRAXTON

Is it o.k. for our audience to ask you questions?

Sol agrees with a nod and tiny hands
shoot up around the room. Braxton
calls on them one by one over the

next several minutes and Sol does his best to provide answers. Sol listens to the first question.

SOL

Yes, my brother and I were thrown from the car.

Sol listens to a question.

SOL

My father kept a mattress in the back of his van for when he went hunting. In the accident, the mattress and I were thrown from the van, and I landed on top of the mattress in the road. That's how I survived and why my father and brother didn't.

Sol listens to a question.

SOL

Yeah, I do have a favorite memory of my brother. We loved Star Wars, and we were actually old enough to see Episode 4 come out in the movie theaters the first time. We were really excited because one of the action figures was supposed to be coming out and so we walked three miles together to go to Child World so we could buy the action figure. When we got there, we found out that the action figure hadn't got to the store yet. But it didn't matter. I got to spend the whole day with my older brother.

Sol listens to a question.

LOU

(Aside)

I stopped writing in that moment, looked up from my notebook at Sol, and smiled. I saw Star Wars Episode 4 in the movie theaters too, during happy times before my dad died.

LOU (CONT.)

(Aside)

Originally from the east coast and a tomboy growing up, I also bought Star Wars action figures from Child World back in the day.

Sol's story of loss had gotten me thinking about my own loss from two separate references. In both of these moments, I felt happiness as I remembered life with my father before my loss. These happy feelings contrasted the way I felt seeing Sol choked up at the end of his story before the questions, when he described waking up in the hospital room knowing his father and brother were gone. In that moment, I felt a deep sadness for Sol, which recalled for me the moment in which I figured out, due to his absence, that my father died before I was told. Here I was, with Sol and a room full of approximately 150 people that I just met but felt like I intimately knew, experiencing positive and negative emotion as Sol continued to answer questions:

Sol is patient, kind, and soft spoken
as he continues to field camper
questions.

SOL

When people ask me if I have siblings, I say I have one brother who died because that's true.

Sol listens to a question.

SOL

(Adamantly)

I believe we move on with [as opposed to without] the person we lost.

LOU

(Aside)

This statement struck me as powerful, and I was lost in it for a moment thinking how I'd often felt my father with me, especially during hard times.

Sol's belief that we "move on with the person we lost" is significant in relation to Freud's (1917) notion of "grief work." In grief work, Freud asserts, the bereaved works toward the ultimate goal of letting go of the deceased loved one (Strobe & Schut, 1999). Clearly, Sol articulated feeling exactly the opposite by saying that he believed he moves on "with" his father and brother in his grief journey. While Sol was not an adolescent participant in this study, his message was heard by all the young people at camp and is relevant in rethinking traditional grief models in relation to communicative processes that occurred in the camp setting. I refocus on Sol:

SOL

I see grief as a road. Sometimes rocks and trees get in the way on the road. But we have to move those rocks and trees or go around them and keep going on our own journey. But even though it's our own journey, we don't leave our loved ones behind.

Braxton stands and joins Sol.

BRAXTON

Sol, thank you so much.

We all clap for him again, louder than before. Sol looks appreciative but exhausted as he and Braxton “man-hug.” Then, they shake hands and slap each other on the back.

BRAXTON

Alright campers, time for us all to go to healing circle!

It is clear that the Big Buddy Share event is designed by staff to demonstrate to campers how the story sharing process will take place in healing circle meetings. Braxton provided the structure for the event by explaining the camp pin, asking Sol if he wanted to tell his story, acknowledging him for telling the story by giving him a pin, asking if he was comfortable answering questions, and then by bringing the Q & A to a close in a supportive way in which Sol was acknowledged again for sharing. It was also evident that within the structure provided Sol had the freedom to tell his story in whatever way was comfortable for him.

In addition, an organic byproduct of the event emerged through Sol’s words and gestures—the expression of positive and negative emotion during his loss story. Sol demonstrated to the campers that it was acceptable to get choked up at the end of the story when he recalled the painful realization in the hospital that his father and brother were likely dead. He also showed that it was fine to have positive emotions related to his

loss as Sol did when he talked about his favorite memory of his older brother—their three-mile walk for a Star Wars action figure in which they didn't get the toy but the real prize was spending time together. Sol even inspired laughter from the crowd as he joked about his Atari 2600. Sol literally set the stage for campers that all emotions are acceptable and valid when he performed a range of emotions during the Big Buddy Share.

Conflicting Emotions in Adolescent Grieving

In stage-based models the associated emotions are depicted as discrete (Bowlby, 1973; Lindemann, 1944; Kübler-Ross, 1969; Parkes, 1998). In experiencing and studying the communicative performances of grieving adolescents at Comfort Zone Camp, it became clear to me that they were capable of and did experience multiple, conflicting emotions simultaneously. The following scripted moment illustrates 13-year-old Eve's conflicting emotions around life at home after the death of her father:

Eve cries on the steps just outside the dining hall where our healing circle group is continuing their meeting.

LOU

Do you want a hug?

Eve cries harder as she collapses into Lou, limp. She pulls away, tries to stop, and then starts crying again, harder this time.

LOU

Do you want another hug? As far as I'm concerned, the more hugs the better.

Eve smiles through her tears.

EVE

Yes.

They hug again then Eve sits back.

LOU

Are you thinking about your little brothers? I liked meeting them last night during activity time.

EVE

They were only 3 years old when my dad died. So, they were little—they haven't cried. I want them to know it's o.k. to cry but I don't want them to worry about me if I cry.

In this scripted moment, Eve displays conflicting emotions of deservingness and guilt as she works through the grief associated with her father dying suddenly of a heart attack five years ago when she was 8 years old and her twin brothers were only 3 years old. Eve demonstrates her concern and compassion articulating she feels her brothers deserve to be able to cry and express their sadness around their father's death, though she feels guilty for allowing herself to do so. While Eve is able to express her sadness during this brief, emotional respite at camp, in her routine life she does not allow herself to express sadness or cry because she doesn't want to upset her mom and brothers. At home, this 13-year-old girl, who is diminutive in size but in possession of formidably sized maturity, helps her mom get dinner on the table and generally maintains a positive

attitude as an example to her brothers. Camp staff member Joanna tells me Eve's expression of conflicting emotions is typical of many older siblings who find themselves taking on more responsibility in their households trying to make up for the presence of the missing parent. In the cases of sudden loss, like Eve's loss of her father, oldest children or only children often become adults overnight and it is only natural they would experience conflicting emotions around their loss and the resulting consequences to their role in the family.

As the exemplar with Eve illustrates, expressing opposing positive and negative emotions is a natural part of the adolescent grieving process that assists them in making meaning of their lives following a significant loss. This process is more complex than simply offering a prescribed series of emotions as it accounts for dueling emotions to be happening simultaneously and as a result of one another. I encountered campers experiencing and expressing conflicting emotions through grief in a variety of ways, settings, and situations throughout my field work. As a result, three prominent communicative processes for camper expressions of conflicting emotions during grieving emerged: Sharing Emotional Pieces, Co-Authoring Loss, and Naming Hurt. In the following sections, I provide process descriptions, exemplars, and analysis for each category.

Sharing Emotional Pieces

Grief literature supports that children and adolescents share their losses sporadically, rather than in a concise, linear form (Rando, 1984). During the Big Buddy Share, Sol was able to perform his loss story from start to finish and then answer questions. However, Sol is an adult man whose loss occurred more than 30 years ago. He

has had decades to process his grief and make sense of it prior to his public performance of it at the Big Buddy Share. The majority of the campers in this study shared different aspects of their loss stories intermittently as Rando (1984) suggests is typical for children and adolescents.

Rando's (1984) assertion of grief as a sporadic process may be complicated by considering that sporadic sharing may facilitate adolescents in expressing conflicting emotions in grief. In Rando's (1984) stage-based model, grieving youth are described as moving through avoidance, confrontation, and reestablishment. So even though Rando acknowledges that adolescents may grieve intermittently, the stages of her model do not reflect emotional diversity. The campers in this study expressed a gamut of emotions through performing fragments of their stories in different modes at multiple time points each weekend. Eve, referenced earlier, shared her conflicting emotion outside of the official healing circle meeting but during healing circle time. Jasmine, a 14-year-old who had yet to share the full scope of her story at camp, spontaneously started telling her story to the girls in our group and me together during Saturday evening activity time in the dining hall. Maria and the female Big Buddies joined us over the course of an hour in which Jasmine seemed to be thriving from the attention we paid her. Though the story was sad in context, she appeared proud in her ability to share it. We, all the adults, agreed that Jasmine performing her story in the less formal setting helped her prepare to articulate the details in the shooting of her father the next day in healing circle, in which she sobbed the entire time. Finally, much sharing occurred during late-night cabin time after official camp hours were over. In a particularly lively session of cabin time in New Jersey, I was assigned to the oldest group of campers in which 17-year-old Lioness said

she was no longer so concerned with the details of her father's death from a heart attack when she was 9 years old. What currently occupied her teenage mind was how the absence of her father was affecting and influencing choices she was making in her young adult life, including becoming sexually active and experimenting with drugs. Lioness expressed regret about becoming sexually active too soon and a variety of emotions around her drug use from happiness to confusion to fear at other points in the weekend.

In addition to sharing emotional fragments during healing circle meetings and informal camp settings, some adolescents supplemented these performances by revealing more of their emotions and loss stories to me during post-camp interviews. Additionally, returning campers Liv, Sean David, Joe, and Seth especially voiced that they have been performing and refining their loss stories over the course of years on return visits to camp and in life outside of camp. I name this phenomenon "Sharing Emotional Pieces" and define it as the communicative process of grieving adolescents performing loss in fragmented moments when they are ready to share the information, rather than relaying all the details at once, in a linear, conventional, Aristotelian, plot-like manner. Seth's story demonstrates how adolescents share grief in emotional pieces.

Seth, a 14-year-old veteran camper, shared his loss story over the course of years both at camp and in his routine life at school. On the front page of a handout he completed at camp titled "Because I have experienced grief..." (Figure 4), he writes "I am surprised that every CZC visit has helped me even after five visits [years]." As the following exemplar featuring Seth demonstrates, through sharing in emotional pieces he has evolved from reticent first-time camper at 8 years old to confident high school student who has just completed Junior Counselor (JC) training.

Seth volunteered to be the first camper in our healing circle to share in the meeting immediately following Sol's Big Buddy Share. He performed his story quickly, in a matter of fact manner and tone, and without displaying much in the way of emotions—either positive or negative. I learned throughout the weekend that though Seth appeared neutral as far as emotion displays during this healing circle meeting, he felt many positive and negative emotions. He began his story by telling us his dad died in 2003 when he was just 3 years old. All that he remembered is being in the hospital room with his mom and dad and that his dad died very suddenly of an illness. The way he described it, the death of his father was a mystery to him. He did not know what disease killed his father, though he said his mother knew. After he finished speaking, in keeping with the structure provided by Braxton during the Big Buddy Share, Maria asked if it was o.k. for others in the circle to ask Seth questions. He agreed. A few questions were asked but there was not much to go on since Seth did not know much himself. I learned from our informal conversations over the weekend and through Seth's writing on the handout (that he gave me permission to use in this study), that he had many conflicting emotions in relation to his father's death. In his "Because I have experienced grief..." handout (Figure 4 and Figure 5), Seth completed this prompt in relation to his current feelings about the loss.

Because I have experienced grief...

- I believe I am not alone
- I remember ^{good} memories
- I am angry because I don't know what he passed of.
- I hope nobody has to go through this
- I am sad when other people fight with their mom/dad/sib
- I am happy when I think about memories with the loved one
- I forgot _____
- I feel _____
- I want nothing to happen to anyone else.
- ★ I need CZC
- I am disappointed that people don't realize what they have
- I am surprised that every CZC visit has helped me even after 3
- ★ I love ~~the~~ the memories I have
- ★ I hate not knowing him
- ★ I wish I could see them now for a little while so they can see him
- I avoid people saying that you should move on by now
- I miss having a dad
- ★ I cherish my few ^{memories} ~~moments~~ with him.
- I have faith that one day I'll know what happened
- I dislike _____

Figure 4. Front page of Seth's handout.

I am jealous of people spending time with their dad
I wonder what it'd be like to have a dad
I try to think about him as much as possible
I can get help from people I trust
I became
I forgive what ever disease took him
I recognize that I am not alone
I share the same part as everyone at LZC
I know everything will be okay
I regret not spending more time with ~~him~~ him
I am more aware of everyone around me who has gone through it
I am less
I understand
I dream

* worst thing anyone has said to me
get over it, you were only 8
you didn't even know him

Figure 5. Back page of Seth's handout

As page 2 of the handout demonstrates, though Seth appeared unemotional in his storytelling he felt many conflicting emotions around the loss of his father that he was able to share later in the weekend in written form. It is important to note that while the handout was designed to prompt these emotions, Maria gave the directive when she distributed it that campers need not fill in all or any of the blanks. It was the choice of each camper, as with all activities at camp, to engage with it fully, partially, or not at all. While Seth completed most of the prompts, he did leave seven prompts blank, including “I forgot,” “I feel,” “I dislike,” “I became,” “I am less,” “I understand,” and “I dream,” which indicates that he did feel free to choose to leave prompts unanswered.

The prompts Seth did complete indicate numerous conflicting emotions around the loss of his father. While he is happy when he “thinks about memories with the loved one [his father],” he was sad “when other people fight with their mom, dad, sibling.” He also expressed that “I love the memories I have” versus “I hate not knowing him.” Finally, he wrote he is angry “because I don’t know what he passed of” versus forgiving “whatever disease took him.” Note that on Seth’s handout he expresses hope, forgiveness, and love in addition to anger—one of the five stages of grief (Kübler-Ross, 1969). In his writing, Seth demonstrates that he is capable of expressing a range of emotions simultaneously as he communicates and processes grief. His writing also reinforces an element of his loss story performed Friday night, that the disease that killed his father was a mystery to him.

Seth’s uncertainty around his father’s death was something I thought about often in the year between meeting him at camp and the post-camp interview I conducted with him and his mother, Shel, in the summer of 2015. In the post-camp interview, I asked

Seth about what it has felt like to tell his story in healing circle meetings over the years and specifically that summer:

The first two years it's a little bit harder because you're still getting used to telling people your story. But once you start for more and more years, you feel very comfortable getting out and just saying it and talking about it [loss story]...[This past summer when I was 14] I felt very confident just getting out and telling people about my story hoping that they're confident enough to tell theirs.

(personal communication, August 4, 2015)

Here, Seth relates overcoming the challenge of telling his story and experiencing positive emotion as he became more “confident” in performing his loss story over time.

Confidence as a positive emotion is linked with self-efficacy and also with the ability of a person to engage, self-motivate, and accomplish tasks (Luthans & Avolio, 2003).

Confidence is also demonstrated as a quality indicative of authentic leaders, which is significant as Seth was also very excited to share with me:

This is going to be my last year as a camper, and next year I'm going to start being a Junior Counselor...I've been going to the camp for so many years now, I wanted to give back to the camp for helping me. (personal communication,

August 4, 2015)

Seth's growing confidence in performing his loss story contributed to his ability to evolve into a leader for other grieving young people. His motivation to “give back” may also be interpreted in conjunction with another positive emotion, compassion. Additionally, on the front page of his handout (Figure 4) in response to the prompt about hope, he writes “nobody has to go through this.” In the midst of trying to make sense of his own grief and

related negative emotions including anger and sadness, Seth still demonstrates the ability to recognize and relate compassionately toward other grieving youth (Way & Tracy, 2012). As a Junior Counselor, Seth will continue to perform compassion by beginning with simply being present for other grieving campers and through reacting to their needs at camp (Huffman 2013; Way & Tracy, 2012).

At this point in the interview, after hearing about Seth's recent JC training and generally about his experiences sharing in healing circle meetings, I asked him specifically about his experience telling his story last summer when I met him. I wanted to know if he was able, in the year since we met, to learn more about the way his father died. I recalled for him what I heard him say last summer and then asked if there was anything he wanted to add or correct. There was a long pause before he said "No." A second later, Shel jumped into the conversation saying "Seth's father died from AIDS." She proceeded to tell me Seth has known this for two years, including when I met him at camp in the summer of 2014.

They both went on to discuss that this has been a big year for Seth in terms of dealing with his grief and about the truth of how his father died. Shel proudly shared that Seth confided in his school counselor who has been a tremendous support. Seth himself talked about how he has done research about AIDS to find out what having and dying from this disease means. As the interview went on, he said he has been too "embarrassed" to share the truth about how his father died at camp. Shel hoped he would be able to share his full story when he returned to camp later that month. In this case, Seth's mother intervened to share this part of the story with me in the privacy of this interview setting. However, it is important to note here that it was Seth's decision

whether or not to disclose this information at camp. In a follow-up email exchange with Shel a few weeks later, I learned that Seth did indeed share the full story of his father's loss his last time—his sixth visit—to CZC as camper. So, through the various modes of oral storytelling and written form along with encouragement from Shel and his counselor at school, Seth performed conflicting emotional pieces over the course of six years that prepared him to perform his loss story, including the fact that his father died from AIDS, on his final visit to CZC as a camper.

However, Seth's lack of disclosure that his father died of AIDS in his oral storytelling and on his handout when he was fully aware the summer I met him at camp could be conflated with denial as per the five stages of grief (Kübler-Ross, 1969). Contextualizing these actions within the entire scope of his grief journey to date provides a more complicated perspective of Seth's grief that goes beyond traditional stage-based grief scripts (Conquergood, 1998). In looking beyond those traditional and singular labels such as denial, we learn that Seth was both confident and embarrassed. He implied but did not state overtly that his embarrassment came from the fact that AIDS is still viewed as a stigmatized societal disease (Corey, 1993). He was confident in the fact that he was growing more adept in his ability to perform his story. However, as he stated in the interview, he was embarrassed and also not ready to share that his father died from AIDS.

He was successful at overcoming this challenge and did share that his father died of AIDS a year later at camp. By the five-stages model, in this past year between not sharing and then sharing, Seth should have moved on through denial to anger, bargaining, depression, and eventually acceptance. Though Seth did share this at camp this summer, this sharing does not necessarily connote acceptance or finality with the story of his

father's death. He told me in the interview a month ago that he is still learning about AIDS and has further to go to truly understand the nature of his father's death. Though this is one large step in Seth's grief journey, it does not mean he has accepted the nature of his father's death or is through processing it. In other words, just because he has shared this important piece of his grief journey, it does not mean that other pieces will not arise as Seth ages, matures, and continues to come to terms with his loss. Just as Seth was influenced by his school counselor, other people may come into his life that impact, thwart, or inspire his transformation through grief.

Co-Authoring Loss

Grieving youth have the potential to influence and be influenced by others in collective performances of loss (Howard, 2013). In the safe setting of camp away from school and family routines, adolescents performed their loss stories by rewriting themselves from: young man whose brother died while they slept in the same room to expert beat boxer, girl whose father killed herself to articulate public speaker/role model expressing gratitude for help received at camp, and from little boy who lost his mother to pre-teen pink sock wearing advocate for breast cancer (he made sure we knew he had several pairs and rotates them). However, these young people did not grieve alone. Each camper had the support of their healing circle group members to bear witness to their loss stories (Charon, 2006) and to probe their feelings through asking questions (Madison, 2003). Campers co-authored loss when they shared, questioned, identified with, influenced one another, and allowed others to influence them as they performed their loss stories.

The following exemplar from the Virginia camp reinforces the concept of how campers shared in emotional pieces and co-authored loss. Friday night at our first healing circle meeting, all three boys in our group of middle school-aged students had chosen to tell their stories of loss right away. Among them was 13 year old Bob, a first-time camper whose father committed suicide just two years before. Bob struck me as remarkable in that, up to this point in the weekend, he was very upbeat and positive. He told me later that night during activity time that he was motivated to tell his story because fellow camper Morse told his story of losing his father to suicide first. So, on Friday night Bob shared his loss story, which detailed how his father committed suicide while he and his younger brother Steve, his mother, and aunt were in the same room.

There was a shot that Bob and his brother did not hear. His mom and aunt told them about it later. Bob was standing behind his dad so he did not see him pull the trigger. Instead, he watched his younger brother take in the scene. His brother faced their father when the silent shot rang out. A split second later Bob watched from behind as their father's body hit the floor. Bob added that both of his father's parents (Bob's grandparents) died shortly before his father killed himself. Bob, in a very mature train of thought, identified this fact as contributing to his father's own grief and likely the fact that he killed himself. Bob shared all of this with our group on Friday night, his first night ever at camp. After Bob told his story, he and Morse exchanged pins in a show of compassion and solidarity as they related to one another having both lost their fathers to suicide (Way & Tracy, 2012). However, what stood out to me most were the words Bob casually tossed out to me as the meeting was breaking up "I didn't go through the stages of grief. I just went right to acceptance." So, when our Healing Circle Leader Laine asked

the campers to draw their grief journey the next day, I was not surprised to see Bob's drawing (Figure 6).

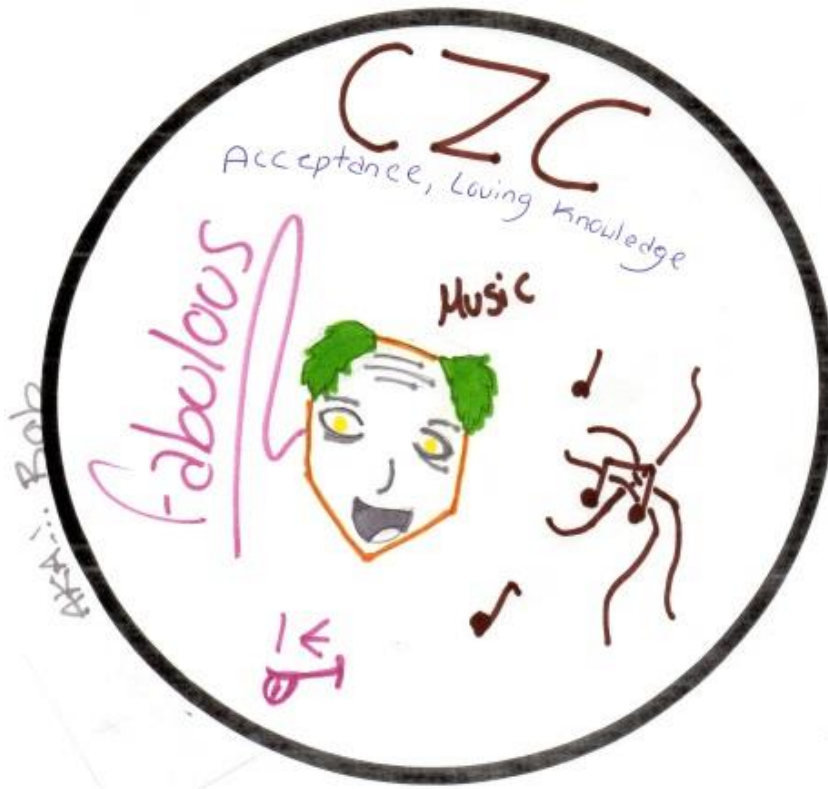


Figure 6. Drawing of where Bob was currently in his grief journey.

Prominently under the Comfort Zone Camp abbreviation Bob wrote the word “acceptance.” In Kübler-Ross’s (1969) model, acceptance is the final stage one reaches when they have worked through their grief. When I heard Bob refer to it Friday night and then later when I saw his drawing, his use of that word stuck out to me. At 13 years old, he named and already knows the five stages of grief model. Kübler-Ross (1969) may have suggested that Bob’s statement about skipping to the acceptance stage is actually a form of the first stage of the model—denial. From a communicative perspective, one may interpret Bob’s statement as a performance of resistance against the linear stages of the

model that has been accepted for decades as the masternarrative for the correct way to grieve (Corey, 1998).

His drawing also displays symbols representing literal performance. Bob included the theatre mask representing comedy and musical notes due to his love for singing and participating in school plays. Interestingly enough, Bob included the comedy mask, which features a smiling face, but not the tragedy mask, which in theatre is always depicted as frowning. This made me wonder, why did he draw the comedy mask but no tragedy mask? His drawing reflected his behavior and actions Friday night. Bob had a positive outlook even after recounting his story of loss. I argue that his choice in drawing positive images and writing positive words is not Bob being in denial of his loss, but comes from an authentic place in him that seeks to emphasize what Seligman (2002) refers to as “A better psychology...children everywhere will view positive motivations—loving, kindness, competence, choice, and respect for life—as being just as authentic as the darker motives” (p. 29). In his drawing, Bob chose to highlight performance and the words “loving” and “knowledge” as ways he engages the world as he continues his grief journey. However, his use of a mask to represent his grief symbolizes that perhaps there were other feelings within Bob behind his comedy mask, the positive face he presents to the world. I respected his desire to maintain a positive outlook as part of his grief journey but was also interested to learn more about this boy who loved theatre, like me.

Participating in theatre is a common interest we bonded over at camp and he told me that since his dad died he still loves participating in school plays. This seems to run contrary to the second of the five stages, depression, which stipulates the bereaved often disengage from usual activities due to their sadness (Freud, 1917; Kübler-Ross, 1969). In

fact, there is nothing inherently negative about Bob's drawing, and only positive emotion words are expressed. Fascinated by this sensitive, artistic young man who was concerned because he was not allowed to bring his hair gel to camp, when opportunities arose, I spent more time getting to know him.

Later that night during activity time, Bob remained positive even as he confided more details about his loss of his father. Immediately prior to his committing suicide, Bob's dad had been drinking alcohol. Bob shared with me his father had a history of drinking since his parents got married. Bob also relayed that his father "had enough bullets to kill them all that night." This surprised me, and I followed up on his statement by asking Bob if he was sure that this was his father's intention—to kill them all and then to kill himself? Bob answered with a solemn "Yes." Bob said he was sure his father would have killed them all before ending his own life if he, Bob, had not yelled out in that moment. Bob yelled at his father: "Dad, you're crazy!" Bob is convinced his yelling this phrase at his father stopped his dad from killing Bob and the rest of their family. I took this in as Bob gave his brother what was called a "nuggie" when I was a kid. After his brother teased him for his lack of hair gel, Bob twisted his arm behind his back and rubbed him hard on the head while his brother laughed. I laughed too and said, "One day you'll be glad you have him." He looked warmly at his brother and then at me replying, "I already am." Even in relaying these additional dark details of his father's death, Bob remained positive by teasing his brother and expressing gratitude for his presence. He also added he was grateful for his girlfriend who is his "whole world." Bob's ability to be thankful for the presence of his brother and girlfriend contributed to my impression of

him as having a positive outlook in grief and depicts him as coping with it by offering gratitude (Lyubomirsky, 2007).

During our Saturday afternoon healing circle, it was 12-year-old Azule's turn to share her story of how she lost her stepdad who was very much a father to her and her little brother. She passed a photo of her stepdad around for us to see. The photo, sepia in tone, featured her youthful, dark-haired, handsome stepfather half-bathed in sunlight holding an acoustic guitar. She proudly told us he used to play and sing with her and that, "He was my best friend." We listened as Azule continued her story. Then, we heard something else, sniffing. It was Bob.

First Bob sniffled, and then he began to sob uncontrollably as Azule spoke. Finally, after a few minutes of trying to hold it in, he darted across the circle and out the front door of the cabin, collapsing on the swinging, wooden glider hanging above the front porch, which sheltered him from the light rain falling all around us. Azule finished her story and then answered questions but I found it really challenging to focus on her because Bob's crying morphed into wailing. We could still hear him and see him through the window next to the cabin door. I wondered if his Big Buddy Mack would get up. Minutes went by and Mack did not move. A few more minutes went by, and I decided to go outside check on him. I was the closest adult to the door and this just felt like the right thing to do. So, I walked out and approached him:

Lou shuts the door to the cabin and sits down slowly next to Bob who is sobbing as he sits, suspended, on the wooden glider.

LOU

I just wanted to check on you. I'm happy to sit with you or leave you alone-whatever you want.

BOB

(Whispering through tears)

You can stay if you want.

Lou sits down beside Bob and gently rubs his back as he cries, and cries, and cries while the rain falls.

BOB

I just don't understand...why did he do it?

LOU

That is such a good question, and there is no good answer.

BOB

I feel like it's my fault.

LOU

Why would you think that?

BOB

Because, like I told you, I yelled at him right before he killed himself.

LOU

Bob, what your father did is not your fault. He had that gun. He was already thinking about it. There was nothing you could have done. It's not your fault.

Bob stops crying for a moment and
looks up at Lou, right in the eyes.

BOB

I guess I needed to come here. It just hit me, when Azule said her stepfather was her best friend. My dad was for me, too.

LOU

My dad was my best friend, too.

Bob leans into Lou sniffing.

BOB

I miss him.

LOU

I understand and I admire you, Bob. It takes real strength to let your feelings out.

This scripted moment demonstrates Bob's conflicting emotions that occur when he and Azule co-authored loss. As a reminder, the dialogue in scripted moments is adapted from in vivo language I transcribed from the participants. On the porch, Bob revealed to me that it was Azule's statement that her stepfather was "her best friend" that triggered his emotional release. It directly influenced him in his outpouring of negative emotion. He expresses guilt as he exclaims "I feel like it's my fault" and sadness in missing his father. However, at one point he comes to the realization "I guess I needed to come here," an affirmative statement validating his own need to process the pain associated with his negative emotions. Through identifying with another camper's loss,

which contributed to co-authoring his own, Bob was able to release pent-up sadness and guilt he had been feeling around his father's death.

In this case, Bob's expression of negative emotion had very positive, constructive consequences. Rather than continue to give in to the pressure of appearing positive on the outside, Bob resisted performing the masternarrative of accepting grief (Corey, 1998) and released the tension around his father's suicide by allowing himself to cry, to question, and to experience sadness. In the five-stages model, one might describe Bob as being in denial previous to this expression of emotion. On Friday night prior to this co-authored moment with Azule, he told me he "already accepted it," meaning that he had already accepted his father's loss. This is ironic, because acceptance is the last of Kübler-Ross's five stages (1969). As this exemplar demonstrates, Bob had not yet accepted the death of his father, which begs the question, why did he say he had? Kübler-Ross (1969) would likely cite denial as the cause. In considering the previously introduced concept of sharing emotional pieces, it appears likely that Bob was not yet ready to perform that part of his story. Instead of being in denial about these feelings, one could just as easily argue that he was being properly self-protective. He took his cue, empowered by a peer who had a common experience of loss. Together, they co-authored part of Bob's grief journey.

Bob also had the opportunity to envision his grief journey in short- and long-term time frames that weekend. In our last healing circle meeting, Laine asked the campers to revisit the drawings of their grief journeys and, then, to make a new drawing of where they hoped to be in their grief journeys five years from now. Bob's second drawing (Figure 7) is below.



Figure 7. Drawing of Bob's grief journey five years from now

The first picture (Figure 6) was drawn before his release of negative emotions and the second picture (Figure 7) after, however both drawings feature the word “acceptance.” This speaks to the pervasive power of Kübler-Ross’s (1969) flawed yet enduring model. For Bob, a 13-year-old from a lower socioeconomic background who witnessed his father commit suicide just two years before, acceptance has become the golden chalice to obtain. Both before and after his emotional release at camp, acceptance is still the prize. Bob’s adherence to acceptance as the goal to strive for is representative of the legitimate fear of progressive grief experts that acceptance or positive emotion may become synonymous with being cured of grief (Strobe & Schut, 1999). In this case, though, the viewpoint is not coming from a medical provider, it is coming from the bereaved himself.

This raises the question of how adolescents may help themselves and others process and navigate the grieving process as complex and non-linear amidst existing culture drawn to stage-based models. In other words, how might grieving adolescents demonstrate their hurt and negative emotion in order to gain needed support but not be labeled as diseased in the process?

Naming Hurt

As the trajectory of Seth's and Bob's loss stories illustrate, it can be difficult for young people to articulate challenges, painful questions, and hurtful facets of their grief journeys. Part of this difficulty may be attributed to the developmental point of the child at the time of loss, which may hamper them from voicing their grief in ways that adults understand (McClatchey & Wimmer, 2014). Reticence to name or express hurt, as inferred from Bob's actions and words, may be due, in part, to the societal pressure to conform to existing stage-based or linear grief models that stipulate a finish line in the form of a certain emotion, outcome, or completed task for successful grieving (Bowlby, 1973; Kübler-Ross, 1969; Parkes, 1998; Worden, 1991).

At camp, I witnessed youth wrestling with and naming hurt in a variety of forms, including mental, emotional, and physical issues. Bruce Wayne, a 13-year-old whose father committed suicide, was hurting emotionally and voiced that he felt misunderstood and ignored by his stepfather yet wanted to build a relationship with him. Jasmine, who lost her father in a shooting, could not get out of bed for a month following his death and related that she had suffered with depression and suicidal ideation. Sean David, as stated in the methods section of this report, was hurting emotionally, mentally, and physically, which manifested in his experiencing depression and suicidal ideation, as well as

experimenting with cutting, drugs, and alcohol. In the three examples above, as with several other campers I met in my field work, these adolescents were able to articulate ways in which they were hurting, and this process of naming the hurt assisted them in seeking support. As a result of my experiences observing and interacting with campers, I define “Naming Hurt” as the communicative process of grieving youth seeking support through articulating verbally or in written form any feelings, emotions, or physical circumstances that are causing them harm.

Campers performed a range of emotions as they named hurt. This is significant because, in psychology-based grief literature, grief and the associated emotions perceived as deficit or negative are viewed as pathological—as disease (Granek, 2010). Even recent, well-intentioned scholarship seeking to privilege children’s voices in the grieving process still highlights negative emotional responses in addition to demonstrating the positive outcomes (McClatchey & Wimmer, 2014).

In the exemplar that follows, I highlight first-time camper, 13-year-old Isabella’s journey with hurt following the loss of her father from a heart attack when she was 11 years old. As with Bob, upon our initial meeting at camp and throughout much of the weekend, Isabella struck me as having a positive outlook on life despite her recent loss. When I met her and her mother at registration, they both told me they were excited about Isabella participating in this study. Her mother exclaimed proudly that Isabella would be perfect because “She’s open and she talks a lot!” Isabella added, and her mother nodded in agreement, that she viewed it as an opportunity to “pay it forward,” to help other families going through loss of a parent. Isabella and her mother’s willingness and eagerness to participate in this study in order to help others was representative of

feedback I received from several other parents and guardians, which I interpret as acts of compassion. “Paying it forward” and participating in this study enabled Isabella to react compassionately in support of others who were suffering as she continued on her grief journey in making sense of the loss of her father (Way & Tracy, 2012).

Since Isabella was a first-time camper, I was surprised when she volunteered to share her loss story right away on Friday night during her very first healing circle meeting. She told the story of her father’s death with a mixture of composure and sporadic crying. Isabella shared that she came home from school one day to find police officers with her mother, who asked her to wait in another room while they talked. Like Sol in the Big Buddy Share earlier that night, Isabella said she guessed her father had died while she was waiting to talk with her mother. She knew something was wrong by the presence of the police and absence of her father. When she finished telling her story, Monte asked Isabella if she was willing to answer questions from our group and she agreed. Isabelle seemed especially happy when asked about her favorite memory with her father. This was evident by the big smile that spread across her face, which was a sharp contrast to her tears just moments before. Isabella told us about the time her family took a ski trip and all sat in a hot tub together looking up at the stars. She added that her father loved his Italian American heritage—a love he instilled in Isabella—and concluded by expressing she feels comfort that her dad’s spirit is “still with her.”

The following day as we walked to our next obstacle on the challenge course, Isabella and I struck up a conversation that resulted in her sharing more of her story with me:

Isabella and Lou walk up the hill.

LOU

This is more exercise than I thought.

ISABELLA

(Laughing)

I'm breathing heavy, too!

LOU

(Laughing)

Yeah, and you're a lot younger so that makes me feel better!

ISABELLA

My Mom spins five to six times a week.

LOU

That's impressive. Did she exercise that much before your dad died?

ISABELLA

No, she did exercise but not this much. (Beat) Exercise is what my mom does for stress relief since we lost my dad.

LOU

Good for her. What about you?

ISABELLA

I had pretty bad depression the year after my dad died.

LOU

How did it affect your life?

ISABELLA

I missed a lot of school in seventh grade—more than 200 days.

LOU

Wow.

ISABELLA

Yeah, I couldn't get out of bed.

LOU

How did you cope with it?

ISABELLA

I was able to graduate to eighth grade because my guidance counselor and teachers helped me stay on track. They were very understanding, especially my favorite Math teacher. (Beat) I also got medicine for my depression.

LOU

What finally helped you to get over your depression?

ISABELLA

I knew my dad would want me to live life.

Isabella and Lou reach the top of the hill and get ready to take on the next challenge.

This scripted moment captures an emotional piece of Isabella's struggle with depression. She shared that without the help of trusted teachers and her guidance counselor missing so much school due to her depression could have kept her back a grade. Fortunately it did not. Perhaps, most poignantly, she offers that what she perceives as her father's wishes for her "to live life" inspired her to finally conquer her depression.

The inspiration Isabella drew from her belief that her father would want her to engage with life demonstrates her ability to move on with as opposed to without her loved one. This statement from Isabella is contrary to conventional conceptions about grief, which stipulate the bereaved must detach themselves from loved ones in order to successfully complete the grieving process (Freud, 1917). In Isabella's case, the memory of her deceased father provides needed encouragement in her moving toward healing.

Isabella's journey in coping with depression also demonstrates resiliency (Eppler, 2008; Sutcliffe & Vogus, 2003). Her resilient behavior of seeking support assisted her in positively adapting to the stress of losing her father (Sutcliffe & Vogus, 2003). With the help from her counselor and teachers, she stayed in school and reached the next grade level even after missing 200 days in the seventh grade. In doing so, she successfully navigated a crucial transition in her young life by cultivating resiliency within herself. Isabella's ability to be resilient in adolescence is predictive of future success she may have in facing new challenges in her life (Sutcliffe & Vogus, 2003).

Later on the day we walked up the hill together, Isabella completed the same "Because I have experienced grief" handout as Seth (Figures 4 and 5) in our healing circle meeting. Like Seth, she gave me permission to reference her response to the prompt (Figures 8 and 9). In her writing, she directly referenced her struggle with depression by noting that "I remember being sad and not social"; "I am happy that I have gotten better"; and "I am disappointed I didn't live life when I was depressed." Her writing reflects a range of emotions regarding her struggle with depression.

Because I have experienced grief...

I believe that my dad is in a better place
I remember being very sad and not social
I am angry because I don't know why this happened.
I hope of having the feeling of having a dad
I am sad because I lost my dad.
I am happy that I have gotten better.
I forgot ~~the~~ the smell of my dad.
I feel that I have gotten stronger
I want people to ask about my dad.
I need family support.
I am disappointed that I didn't live life when I was
I am surprised _____
I love that I have memories of my dad,
I hate that my dad died
I wish that my dad was alive.
I avoid sadness, negative people
I miss my dad.
I cherish memories of my dad,
I have faith that my dad is OK.
I dislike when people say "I know
what your
going
through

Figure 8. Front page of Isabella's handout.

I am jealous OF people that have dads
 I wonder if my dad is happy,
 I try to accept that he passed away
 I can talk more comfortable about death
 I became a stronger person.
 I forgive god that that my dad
 I recognize others in pain
 I share my stories to others
 I know _____
 I regret _____
 I am more _____
 I am less fragile
 I understand _____
 I dream _____

that
 I was
 ugly

Figure 9. Back page of Isabella's handout.

In addition to the range of emotions in her prompts, Isabella demonstrates compassion. In response to the prompt "I recognize," she wrote "others in pain." She could have written anything but chose to literally "recognize others in pain" (Way & Tracy, 2012). Like Seth and Bob, Isabella demonstrated through this compassionate statement that she has a heightened sensitivity toward others who are grieving. Along with being an expression of compassion, this statement also implied that while Isabella has overcome her struggle with depression she, herself, is still in pain. Though Isabella

has, in her own words, “gotten better” in terms of her depression it does not mean she is cured of her pain. The evidence, in this case, suggests that a clinical cure is not synonymous with a pain-free heart. However, even in the midst of her own grief and pain, Isabella was able to demonstrate compassion toward others.

Performances of Compassion

In exploring how grieving adolescents performed a range of emotions through the communicative processes of sharing emotional pieces, co-authoring loss, and naming hurt, compassion expressions emerged. Eve recognized and expressed compassionate concern for her younger twin brothers that they should feel able to cry about their deceased father even though she feels guilty for doing so herself (Way & Tracy, 2012). Seth completed Junior Counselor training because he wants to “give back” to Comfort Zone Camp for giving him so much over the years (Way & Tracy, 2012). Additionally, he writes “I hope nobody has to go through this,” meaning he hopes no one has to go through grieving a loved one. Bob and Morse gifted camp pins to each other because they related through their shared experience of losing a father to suicide. Isabella views participating in this research study as an opportunity to “pay it forward” to help other grieving youth and families. She also writes that she now “recognizes others in pain” (Way & Tracy, 2012). Despite negative emotions and challenges campers felt in grief, Eve, Seth, Bob, and Isabella each demonstrated in performing their individual loss narratives that they had the ability to act compassionately to others in mourning. These campers were representative of other individual campers in the study who provided compassion to one another by: asking questions in relation to loss stories performed, offering physical affection to one another such as pats on the back and hugs, giving

advice, and educating one another on positive coping skills. In addition to the compassion expressions of individual campers detailed in the exemplars presented, I witnessed nearly every camper in this study offer assistance to a peer in grief and Helping Others was the most common category and action that emerged from the entirety of my field note data. In addition to performing compassion individually, campers joined together in small and large group performances throughout the weekend in which they gave and received compassion collectively.

Collective Compassion

Compassion has most often been studied as “one time expressions...in organizations” versus repeated demonstrations of compassion by collectives of group members (Lilius et al., 2011, p. 891). This is in spite of the fact that compassion in organizations “is most often a collective rather than individual response” (Lilius et al., 2008, p. 211). Collective or organizational compassion has been defined as existing when “members of a system collectively notice, feel, and respond to pain experienced by members of that system” (Kanov et al., 2004; p. 810). In synthesizing concepts from Kanov et al.’s (2004) and Way and Tracy’s (2012) compassion models for this study, I define collective compassion as occurring when multiple community stakeholders join together to recognize, relate, and react to the suffering of a member(s). Collective expressions of compassion were present and prevalent at Comfort Zone Camp.

Collective expressions of compassion occurred throughout each camp weekend in which I participated. This may be attributed, in large part, to the structure of the camp in which individual members participated together in smaller healing circle groups and also in large, all-camp activities throughout the weekend. Therefore, individual community

members had multiple opportunities to be a part of small and large collectives. Several collective compassion expressions from healing circle group members occurred across camps and included: listening to and interrogating the loss stories of individual campers, supporting especially emotional group members while participating together in the Bonfire circle of remembrance event, and providing group hugs or other forms of physical affection to campers suffering from loneliness, sadness, or other deficit emotions due to the death of their loved one. In order to ease the transition to camp and nerves around story sharing for first-time campers prior to holding the Big Buddy Share on Friday night of each camp weekend, the camp staff programs all-camp ice breaker games. Akin to how the Big Buddy Share provided modeling to campers for performing individual loss narratives, the ice breaker games set the tone and expectation for collective compassion expressions.

Campers Stop! In the Name of Love. The first time I witnessed and participated in an all-camp activity in which collective compassion occurred was Friday night in Cape Cod during the ice breaker game called Evolution. (This game was played on Friday night at each camp I visited.) After our spaghetti and meatball dinner, Braxton corralled approximately 120 campers and adult volunteers into a large circle in the field outside the dining hall. As the sun set, he explained the rules of the game in a loud, comedic style and called on eager campers to help demonstrate.

Each one of us had to start out as an egg, which meant squatting on the ground with your arms wrapped around your knees, which resulted in having to walk with short steps to find other eggs. Once we found another egg, we played the game Rock, Paper, Scissors to determine who would evolve from this encounter. The winner evolved into a

chicken, and the loser stayed an egg. The chicken got to stand up straighter and walk like a chicken flapping off to find another chicken to play against, and the egg remained an egg until they had success evolving into a chicken. When two chickens played against one another, the loser had to go all the way back to being an egg and the winner evolved into a dinosaur (not one participant questioned the logic on this—we just had fun and played). Finally, after two dinosaurs faced off (which was usually quite dramatic), the loser de-evolved into an egg and the winner fully evolved into a Supreme Being. In stark contrast to the historical implication of supreme beings in mid-20th century Germany, Supreme Beings at camp used their power for good. Supreme Beings at camp moved to a far side of the field so they could sing and cheer on all of the people still trying to evolve. A poignant metaphor: at Comfort Zone Camp, we all had the opportunity to evolve:

Fifteen or 20 unlucky eggs, chickens, and dinosaurs in the middle of the field still attempt to evolve. Nearby, nearly 100 campers and adults who have evolved into Supreme Beings sing and cheer them on.

BRAXTON

We need to help everyone in the middle evolve! How do we do that?

SUPREME BEINGS

Sing to them louder!

BRAXTON

That's right! You have to sing to them as loud as you can! Can you do that?

SUPREME BEINGS

Yes!

BRAXTON

Go for it!

The Supreme Beings get louder and gesture as they sing. All 100 singers make a heart with their fingers, then place their hands together in front of their hearts and break them apart, and finally move a finger in a circular pattern pointing at their heads to show they're thinking.

SUPREME BEINGS

(Singing Louder)

Stop! In the name of love,

Before you break my heart

Stop! In the name of love,

Before you break my heart

Think it over

Think it over

Ironically, the vehicle we used to demonstrate our compassion for those struggling to evolve was to sing the chorus of a popular song about a breakup sung by the

noted Motown girl group of the 1960s, the Supremes. So, the lyrics that Comfort Zone Camp uses for this game are taken out of context from the original song. I also witnessed throughout other points in the weekend, including and especially during Memorial Service tributes, that well known songs seemed to take on new meaning at Comfort Zone Camp just as this Supremes song did during the Evolution game.

The campers and adults in the middle of the field bend and twist through a series of funny gestures as they evolve from eggs, chickens, and dinosaurs into Supreme Beings. The crowd sings louder as Braxton guides those evolving toward the fully evolved Supreme Beings.

SUPREME BEINGS

(Singing Loudest of All)

Stop! In the name of love,
Before you break my heart
Stop! In the name of love,
Before you break my heart
Think it over
Think it over

The last of the littlest campers
roaring like dinosaurs reach the large

crowd of singing Supreme Beings
and are enveloped in loving arms.
These last little campers join in to
finish the chorus:

SUPREME BEINGS

(Singing Loudest of All)

Stop! In the name of love,
Before you break my heart
Think it over
Think it over

BRAXTON

You did it!

Everyone evolves into Supreme
Beings and the group erupts into
laughter, cheering, and clapping.

As with the Big Buddy Share event that followed this activity, camp staff intentionally programmed and facilitated events to be inclusive and supportive for grieving campers. This is especially important as many campers in the study relayed that coming to camp for the first time may be difficult. In a post-camp interview, 15-year-old Jackie shared, “At the beginning [of camp], I was nervous and shocked that I had this one thing in common [loss of a parent or sibling] with so many people. I felt out of place.” Jackie is an example of a first-time camper who did have difficulty adjusting to camp.

Despite having loss in common with so many campers, she still felt like an outsider on the first night of her first weekend at camp. In a post-camp interview, our Healing Circle Leader that weekend Lucille described Jackie as “still in shock” from the death of her brother that occurred not quite four months prior to this camp weekend. Campers such as Jackie arrived at camp suffering. By programming and facilitating inclusive events such as the Evolution game, camp staff created spaces in which compassion was collectively performed by the entire community and new members especially felt welcomed and included.

Additionally, in this case, compassion was simultaneously given and received within this large group. Those who evolved quickly into Supreme Beings provided support through the compassionate action of singing and cheering on the rest of the participants through most of the game, which went on for at least 15 minutes. Those who evolved mid-way through the game received compassion from the Supreme Beings and then, after evolving, returned that support and compassion to those who were still eggs, chickens, and dinosaurs. Finally, the few unlucky participants who had not evolved by the end of the game were still given the opportunity to become Supreme Beings as more than 100 people demonstrated compassion by singing and cheering in support of them. On this, the first night of camp, young people learned through this game that no one is going to be left behind or left out and that everyone has the opportunity to successfully evolve at camp. They also learned that joining with others in providing as well as receiving collective expressions of compassion was the cool thing to do at Comfort Zone Camp.

Collective Compassion Co-Performed

The concept of collective compassion may be complicated by adopting a performance lens through which to view it. As performance is an interactive modality, “the collective” may be interpreted as a group composed of both performers and audience members (Howard, 2013, p. 137). Theatre and performance literature interrogates the notion of what it means to be a performer and an audience member, specifically raising the questions of who has the opportunity to act and who is acted upon or, namely, who is the oppressor and who is the oppressed (Boal, 1979; Howard, 2013). Performance scholars have pushed further than these questions in resistance to a simple binary, considering what it means to be a co-performer—active engagement and participation with the community in which one works as a researcher with the goal of benefitting all participants (Conquergood, 1991; Madison, 2003; Turner, 1982). In this case, I borrow the spirit of Conquergood’s (1991) co-performer, Madison’s (2003) “Performance of Possibilities,” and Howard’s (2013) performance-oriented definition of collective and meld these concepts with the aforementioned definition of collective organizational compassion. In so doing, I offer the definition of co-performing collective compassion as occurring when a group actively performs with and simultaneously audiences the suffering of a member(s) through recognizing, relating, and reacting with the goal of benefitting all community participants. Collective compassion was co-performed at Comfort Zone Camp in numerous ways and settings.

Collective compassion co-performing in healing circles. Collective compassion was often co-performed in healing circle meetings in support of individual members or groups of members. At multiple camp weekends, I witnessed individual adolescents gift each of their peers in the group, boys and girls, camp pins in solidarity for all sharing and

participating in loss stories in healing circle throughout the weekend. In each case, the camper who initiated the compassionate action of pin giving had both performed their own loss story and, through listening and witnessing, simultaneously suffered with other tellers as an audience member. In these moments, campers both gave and received compassion with the giving and receiving of camp pins. In the one group in which this situation occurred and there was a camper who opted not to share, the peer gifted them a camp pin regardless to acknowledge their strength in knowing they were not ready to share. This series of compassionate actions served to strengthen the camaraderie in addition to the depth of the shared experience of loss in each group in which this occurred, thereby benefitting all members by bringing them closer together as a community in support of healing.

Co-performing collective compassion also occurred in physical, nonverbal ways in healing circle meetings. Healing Circle Leader Monte, who has volunteered in this role at more than 20 camp weekends around the country, shared a particularly moving example that pertains to co-performing collective compassion in a post-camp interview. She relayed the following story in response to my interview question: Do you remember any times where campers were giving or receiving compassion?

I have a great example...It was the oldest group with 17 year olds. There was one, whose both parents were murdered between three years apart, and she was a cutter, (not actively at the time) and she was living with her grandparents since she had no parents. She seemed hesitant to share her story. It was the last day at camp, and she said, "This is a hard story to tell." She was a new camper and didn't know anybody. So she started her story with "I used to be a cutter," and she

showed her scars. Then she continued, “I’m not cutting anymore, and my story is the reason why I was cutting. My mom was murdered, and then three years later my dad was murdered.” She went on about how hard it was for her, and there was not a dry eye in the healing circle. After she finished her story, one of the campers asked if she could give this girl a hug. The girl said yes, and they hugged. Then, the girl [who just told the story] added that she thinks they should do a group hug. I said, “Let’s do it.” So the whole group got up, and we all hugged her. She came to me later that day and said, “I have never felt that supported in my whole life as I had in that moment when everyone came and hugged me.” So that’s compassion of the campers right there. (Monte, personal communication, June 30, 2015)

Monte’s story illustrates the power of co-performing collective compassion in nonverbal ways. In this story, the healing circle group suffered with the teller as she told her story, and one girl was so moved that she asked permission and then made a physical connection with this girl through hugging her. Perhaps the most powerful part of this exemplar is that the storyteller—having received affection through this compassionate reaction—wanted to experience it again but include everyone in the circle who, up to this point, had witnessed it. In this moment, she invited the audience to co-perform with her and the young woman who initiated the hug.

Collective compassion co-performed at memorial services. In addition to healing circle time, games, and other activities at camp, grieving adolescents co-performed collective compassion at each of the four Memorial Services I attended. The Memorial Service event is held on each Sunday afternoon of camp, and all parents, guardians, and family members were invited to attend when they returned to pick up their

camper. Throughout the weekend, individual campers were able to tell staff if they would like to perform a tribute of some kind for their loved one. These individual performances are programmed around group tributes done by each healing circle at camp. So, at the end of the weekend, individual campers could opt to perform alone, but all campers had the opportunity to stand up and co-perform collectively with others in healing circle groups.

Big Buddy Sam explained in a post-camp interview that the entire event, which usually runs about 90 minutes or so, feels like a “talent show” in addition to a collection of tributes of loss. This is because the staff encourages campers to perform in any way that is meaningful and comfortable for them, which is significant as most young people are not involved in funeral planning for their loved ones (Doka, 2000). I saw a wide variety of camper performances intended to honor lost loved ones during Memorial Services that included: singing well known songs, presenting original poems, tossing a football, speaking out in gratitude for family members and Comfort Zone Camp, and beat boxing. Though one camper usually generated the idea of these individual performances, they were often joined on stage by one or more supporters. For example, the young man who wanted to toss the football to remember his father did so with a new friend. Also, campers who got up and sang often did so in pairs or trios with other campers or had their Big Buddies standing with them for support.

Healing circle groups crafted their collective performances together often during the last healing circle meetings on Sunday mornings. Healing circle group performances were just as varied as the individual campers but often included some sort of introduction to their experience of grieving at camp, the opportunity for each camper to remember their specific loved one, and a demonstration of how group members opted to conclude

their healing circle meetings throughout the camp weekend. For example, one healing circle group known as the “Bees” demonstrated to the audience how they would buzz in a circle. Once the buzzing built into fervor, they cheered to end each of their meetings. In a post-camp interview, Big Buddy (and also sometimes Healing Circle Leader) Sam shared a story about a particularly moving moment that exemplified collective compassion co-performed at camp Memorial Services:

It’s like a talent show. One of the ways to honor your loved one is to take a horrible experience and transform it. To me that’s the ultimate—to take something really tragic and say, “I’m gonna turn it [the tragedy of loss] on its head. I’m gonna show my loved one, and I’m going to show this community how strong I am and how I’ve turned out.” And I love that we’re all so accepting. Kids do the silliest things up there, and you know you’re [the campers] gonna get supported. So, recently a kid...she was an Irish step dancer. This was very important to her dad. Her dad was really into his Irish culture. This kid goes literally all over the world—she goes to Ireland to compete in these competitions. So, she wanted to do an Irish step dance for the audience. Her mom told us that she has this tradition that before her dance she looks up at her dad. The kid was not super verbal, did not talk a lot, but was happy to be there (at camp that weekend). She gets up on stage, and she totally freezes. And we’re looking at her [the audience], and I’m feeling like “Oh, God, I just want this kid to succeed.” You know, I’m literally in pain for her. She couldn’t do it. Her whole entire healing circle got up with her and like goofed around—the kids and the adults made up Irish step dancing. Bopped around on the stage with her...It was just

amazing. What compassion we all had—the audience was on their feet afterwards—it just brought down the house. That’s one of my favorite moments.

(Sam, personal communication, June 24, 2015)

In this story of co-performing collective compassion from Big Buddy Sam, she relays that she was “literally in pain” for the girl who was stuck, frozen on the stage unable to perform in this moment. In a collective show of compassion, she is joined by each of her healing circle members, and they all co-perform their own version of Irish step-dancing together. Audience members like Sam were suffering right along with this girl who, at first, could not perform. When she did succeed thanks to the help of her healing circle group, the actions “...brought down the house,” implying demonstrative audience reactions. Along with all of the performers on stage, it is also important to note that the audience played a central part in this story and at each Memorial Service.

In all of my years working in theatre and play going, I have never experienced a more generous audience than the ones I participated with at the Comfort Zone Camp Memorial Services. Each of these audiences, guided by the camp facilitator, supported every performer unconditionally. The facilitators were especially adept at riling up the crowd while simultaneously setting the tone as one that would alternate between sadness and celebration. After playing the Comfort Zone Camp anthem “It’s Ok to Remember” written by campers, facilitator Susie asks:

SUSIE

Is it o.k. to cry?

AUDIENCE

Yes!

SUSIE

Is it o.k. to laugh?

AUDIENCE

Yes!

Susie's enthusiasm and words set the tone for the event in New Jersey. I witnessed at each camp that no matter the content or the quality of the performance, audiences would applaud loudly and often. If a performance was particularly moving, they would cry, clap and/or sing along with a camper, or laugh out loud in warm appreciation. In California, I saw an audience validate and support a performance in which four boys got up and did some sort of movement with gestures that seemed very planned and meaningful to them. Though I can say with certainty having checked in with several other adults and campers in the audience, we had no idea of what this performance was about. After this performance, facilitator Megan shouted, "Let's give it up for their creativity!" And we did—the entire audience, myself included, clapped and cheered and hollered for the four boys who looked very pleased as they jumped off the short stage and returned to their seats. It did not matter that we had no idea of what they did, what mattered was that they got up and expressed themselves. The entire camp community and family members of campers participated in co-performing the collective compassionate reaction of supporting each and every testimonial performance of every grieving camper.

So, audiences gave compassion but in the true spirit of performance, they also received it from those performing on stage. At each Memorial Service, I observed

expressions of gratitude directed at other campers, camp staff, volunteers, and family members. In New Jersey, I witnessed 17-year-old Lioness express gratitude to her mother, camp staff, and the audience. For Lioness, who shared with our group that she has had a strained relationship with her mother in the years since her father died, this was a climactic moment in her grief journey. After Lioness thanked her mother for supporting her through their loss, she choked up as she thanked all of the parents in the audience “for supporting their sons and daughters.” At the end, she thanked Comfort Zone Camp. Then, she walked into the audience teary and hugged her mom, who was smiling and crying, as we all watched, clapped, cheered, smiled, and cried with her mother. There were many audience members crying, just like me. On her way back to join our healing circle group, Sean David hugged Lioness and those of us close enough to her touched her arm, patted her back, validated her performance. So, the question is though this may be moving, how are we to identify rather than distinguish these expressions of positive emotions, including gratitude, from co-performed, collective, compassionate action?

Lioness’s behavior at the Memorial Service was a series of collective compassionate acts performed between her, her mother, our healing circle, and the audience. Prior to the Memorial Service, Lioness suffered throughout the weekend. Delving into her backstory prior to the Memorial Service provides a richer understanding of why and how her experience that weekend culminated in her co-performing collective compassion.

When she spoke at the Memorial Service, Lioness performed something that she had formerly felt unprepared to perform. Lioness told me just hours before the Memorial Service that she couldn’t stand her mother conveying angry details of their strained

relationship. Then, in between breakfast and the Memorial Service, we had our last healing circle meeting in which Lioness shared with the entire group that she was regularly using drugs (I had known since Friday night when she confided this to me during activity time). After her disclosure, no negative, judgmental language passed anyone's lips—campers or adults. Instead, we spent the last hour of our final healing circle dialoguing about substance abuse in support of Lioness. A few campers and some of the other adults, including me, shared our substance abuse war stories with the rest of the group. During that time together, we revisited painful memories of the past and suffered with Lioness as she tried to make meaning of her current situation. We co-performed collective compassion by disclosing and discussing regretted past experiences and Lioness listened nonjudgmentally to us, just as we had done for her. We ended this meeting and our private time together in this circle with a group hug.

In front of the Memorial Service audience, Lioness finally publically acknowledged the suffering her own mother experienced when they lost her father. She took the focus off of herself in that moment, and recognized the pain (a key part of compassion) that her mother experienced. It took Lioness years that culminated in the last few days and hours at camp with our group to be able to acknowledge and thank her mother—to co-perform her story with her mother and the audience who reacted to, validated, and suffered with her in this heart-felt performance.

She essentially rehearsed for her final, culminating co-performance for years on her initial and return visits to Comfort Zone Camp. She performed her loss story by sharing in emotional pieces over years of visits to camp, including that weekend. During cabin time, she co-authored her loss by discussing challenges with other campers and the

adult women in our group, and she named her current hurt of struggling with drug use that weekend. In a climatic performance, she stood up at the Memorial Service and interacted with her mother and the audience, her co-performers in this moment. She showed us her heart, and she let us in. For this brief moment, we all experienced joy and suffering with Lioness, who chose her pseudonym for this study because it means “strong woman,” during this heartbreakingly beautiful moment in her grief journey.

Chapter Summary

This chapter provided a detailed analysis of how grieving adolescents performed a range of emotions in the camp setting and how this led to their co-performance of collective compassion expressions. I began by providing a description of how loss stories are typically shared at Comfort Zone Camp in order to contextualize the exemplars that followed. Then, I provided a scripted moment exemplar to illustrate a camper demonstrating conflicting emotions simultaneously. Next, I explained the three prominent communicative processes adolescents used as they performed conflicting emotions in their loss stories: sharing emotional pieces, co-authoring loss, and naming hurt. I explored these processes in relation to existing theoretical grief and compassion models by highlighting emergent examples of compassion in the exemplars. Then, I demonstrated how these three communicative processes are connected to how campers helped others, which led to them co-performing collective compassion expressions. I concluded by illustrating how campers and adults co-performed collective compassion at Comfort Zone Camp.

CHAPTER 6

DISCUSSION AND CONCLUSIONS

The purpose of this study was to examine and better understand how grieving adolescents communicate compassion in concert with and as a result of performing a range of positive and negative emotions in the grieving process. The first chapter of this dissertation introduced and explained scripted moments as a method of analysis. This chapter also served to introduce the camp setting as one in which grieving adolescents were able to openly express emotions and illustrated my own personal relationship with this material as a person who experienced early childhood loss. Chapter Two provided the rationale for undertaking this study, which hinged on delving into the underexplored area of positive, strength-based emotion that may emerge from grieving adolescents in contrast to negative emotion. The third chapter of the dissertation reviewed literature on grief and its relation to adolescents and children, performance of health and illness narratives, positive organizational scholarship, and compassion in organizational contexts. This work supported my studying grief and compassion in the camp context to explore the range of emotions performed by grieving youth as they articulated their loss stories. Chapter Four is the story of how I carried out this study. Chapter Five defined and described how grieving adolescents performed a range of emotions, including compassion, in the camp setting. Chapter Six will reflect upon the meaning of these findings and highlight main contributions to the grief and compassion literatures. First, the findings of this study are synthesized in relation to the research question. Second, I discuss how the findings of this study enhance our knowledge of grief theory and compassion theory and provide visual models of each of these contributions. Third,

practical implications are offered for grieving youth and their families as well as medical providers. Finally, study limitations and future directions for this research are considered.

Addressing the Research Question

In response to the lack of strength-based research exploring the emotions and communicative processes of grieving adolescents, I posed a general question designed to allow for an expansive exploration of these phenomena: How do grieving adolescents perform a range of emotions and how do these performances impact theoretical conceptualizations of grief and compassion? Chapter Five defines and explains the three communicative processes—sharing emotional pieces, co-authoring loss, and naming hurt—that grieving adolescents used to perform a range of emotions, including compassion. In synthesizing compassion expressions from camper exemplars, I demonstrated that despite the deficit emotions they felt, each one of the adolescents also had the desire to support others in grief. The remainder of Chapter Five details how campers helped one another in small and large groups within the organizational framework of the camp, which yielded collective co-performances of compassion.

How Grieving Adolescents Performed a Range of Emotions

Grieving adolescents performed a range of emotions in three predominant ways in the camp setting: by sharing emotional pieces, co-authoring loss, and naming hurt. As the exemplars demonstrated, campers used a variety of combinations and orders of these three communicative processes over the course of either one weekend or multiple annual visits to camp. These three communicative processes for adolescent grief expression emerged from my observation of the campers in a setting in which their voices and experiences were privileged and regarded as first, rather than second-hand data (e.g.,

learning about adolescent grief through adult family members). As opposed to traditional stage-based models of grief that designate emotions as discrete, the adolescents in this study demonstrated that they performed multiple and often conflicting emotions simultaneously. Upon closer examination of exemplars in which campers expressed conflicting emotions, the three communicative processes for performing grief emerged.

The first communicative process employed by grieving adolescents in their performances of loss was sharing emotional pieces. I defined sharing emotional pieces as the communicative process of grieving adolescents performing loss in fragmented moments when they are ready to share the information, rather than relaying all the details at once in a linear, conventional Aristotelian plot-like manner. Sharing emotional pieces builds on Rando's (1984) assertion of adolescent grieving as intermittent, sporadic. However, sharing emotional pieces as a communicative process complicates Rando's (1984) stage-based model of grief that stipulates bereaved (youth and adults) as moving through avoidance, confrontation, and reestablishment. Rando's (1984) model phase descriptions discuss numerous negative emotions and conditions grieving people may experience—including denial, anger, and depression—and so, in this way, is similar to the five-stages model (Kübler-Ross, 1969). The only emotion with a positive connotation articulated in the model explanation is relief in the reestablishment phase, though Rando (1984) warns that relief often is accompanied by associated guilt that the bereaved experiences for feeling relieved. As the exemplars here suggest, the communicative process of sharing emotional pieces allows for a more nuanced interpretation of grief. Over the period of six years, for example, one of the campers (Seth) who attended camp annually worked at performing emotional fragments of his loss story when he was ready,

not before. As a result, Seth did not label himself as exclusively “embarrassed” for not sharing the full scope of his story, including that his father died of AIDS. Instead, he relayed himself as “confident” for becoming more proficient at performing his loss story each year at camp, over the period of several years. Even before he shared the full scope of his loss story, Seth was taking steps through Junior Counselor training to help others in order to “give back” to Comfort Zone Camp for helping him.

The second communicative process used by grieving adolescents in their performances of loss was co-authoring loss. I defined co-authoring loss as the communicative process of grieving adolescents sharing, questioning, identifying with, influencing one another, and allowing others to influence them in performing loss stories. This communicative process was illustrated by Bob who was influenced by and co-authored his loss story with fellow camper Azule. Both campers lost their fathers to suicide, and it was Azule’s reference to her step-father as “her best friend” that triggered the sharing of pent up emotions in Bob who said the night before that he had already “accepted” the loss. Through the influence of his new friend and as a result of their shared experience, Bob allowed himself to experience a range of emotions, including profound sadness—emotion that diverged from his preferred positive, happy performances. Though he held up the acceptance phase from the five-stages model (Kübler-Ross, 1969) as the golden chalice that he had already obtained, his negative emotions (even after “acceptance”) serve to resist notions inherent to the traditional grief model (Corey, 1998). In this case, Bob simultaneously felt that he had accepted his father’s suicide though he still had conflicted emotions around the loss of his dad. Stage-based models depict grief as a series of prescribed, isolated events for the mourner. Co-

authoring loss demonstrates the power that grieving adolescents share in making meaning from and influencing one another's loss stories.

The third communication process used by grieving adolescents in their performances of loss was naming hurt. I defined naming hurt as the communicative process of grieving youth seeking support through articulating verbally or in written form any feelings, emotions, or physical circumstances that are causing them harm. Campers like Isabella performed a range of emotions as they named their hurt. In Isabella's case, she talked with me openly about her struggle with depression since the death of her father two years prior. She wrote on her "Because I have experienced grief" handout that she simultaneously felt that she was "happy I have gotten better" and "disappointed I didn't live life when I was depressed." As Isabella demonstrated, she felt both strength-based in addition to deficit-based emotions even when discussing a difficult challenge—namely depression—she had due to the death of her father.

All three communicative processes are framed with some positive, strength-based language. Campers "shared," "questioned," "identified with," "influenced," and "named" issues surrounding their losses. Note, all of these are action verbs used appropriately in each of the three communicative processes described. In each exemplar detailed, the youth took action and responsibility for making meaning of their losses. Rather than move through a series of prescribed stages, these campers redefined what it means to be grieving adolescents by expressing a range of emotions, including strength-based emotions, by sharing in emotional pieces, co-authoring loss, and naming hurt.

Grief Theory: Contributions and Implications

First, identifying how youth performed a range of emotions at Comfort Zone Camp complicates and extends our knowledge of how adolescents communicate grief. Stage-based models accepted as the gold standard of grief throughout the 20th century do not reflect the fluidity present in grieving for all but especially not for youth. Adolescent grieving reflects the changes that accompany developing identities as they transition into adulthood (Keeley et al., 2014). Additionally, many stage-based grief models (Lindemann, 1994; Parkes, 1986) and even more recent progressive grief theories such as the dual process model (Strobe & Schut, 1999) were developed with adults in mind and then applied later to grieving children and adolescents. Most models that were developed by grief experts specifically for children and adolescents highlight deficit as opposed to strength-based emotions bereaved youth experience (Eppler, 2008). So, this project contributes to a small but growing body of literature (Eppler, 2008; Keeley et al., 2014) that highlights positive, strength-based emotions adolescents express in grief.

Second, I undertook this study informed by a performance-based communicative lens as opposed to a clinical approach—the standard orientation for researchers from a psychology or medical background. A performance-based lens applied to grief processes examines it from the perspective of dialogic engagement (Conquergood, 1991) that considers all voices, actions, and questions raised by the participants as valid and meaningful (Madison, 2003). This approach runs contrary to the medical model, which privileges the voices, actions, and recommendations of the treatment provider. In other words, taking a communicative approach on this project enabled me to see the “hows” of the adolescent grief process as it unfolds instead of being focused on the clinical

diagnoses, treatment, and outcomes. The “hows” of the adolescent grief process—which came in forms of sharing emotional pieces, co-authoring loss, and naming hurt—help explain the presence of strength-based as well as deficit emotions from a youth-centered perspective. This focus enabled me to appreciate Isabella as a girl who is not simply a depression patient but also a young woman capable of compassion who is able to “recognize others in pain.” By shining light on the “hows” of adolescent grief through a performance-based communicative lens, scholars, grieving youth, and their loved ones may reimagine these adolescents as strong, contributing agents in their own healing processes rather than helpless victims of loss. Through taking a communicative as opposed to a clinical approach, this study facilitated highlighting strength-based as opposed to deficit emotions performed by grieving adolescents.

Third, to my knowledge this is the only known study in which the researcher observed and participated in real time with grieving adolescents in a bereavement camp setting to study strength-based emotions. While there have been several previous studies conducted in grief camp settings (Creed, Ruffin, & Ward, 2001; Potts, Farrell, & O’Toole, 1999), existing research has been conducted by scholars interviewing campers before and after participating at camp but who have not participated as volunteers in the regular camp programming (Keeley et al., 2014; McClatchey & Wimmer, 2009; McClatchey & Wimmer, 2014). Additionally, researchers for one study looked at camp effectiveness but privileged adult volunteer, camp staff, and parent perspectives of the campers rather than interviewing or interacting with the youth “so as not to contaminate their short-term in-depth therapeutic experience” (Farber & Sabatino, 2007, p. 391). Though these studies present valuable information such as the potential effectiveness of

grief camp programs as interventions for bereaved youth (Keeley et al., 2014), some researchers framed interventions as effective for treating deficits such as Post Traumatic Stress Disorder (McClatchey & Wimmer, 2009) rather than promoting the camps as agency building for youth. In one case, researchers seeking to provide deeper understanding to the processes and emotions of grieving youth collected interview data from them but failed to analyze the data along with the adult data in the interview portion of the study (Farber & Sabatino, 2007). Participating actively as a witness and supporter to grieving adolescents within the context of this research study provided first-hand, up-close, embodied knowledge of their experiences of loss. Additionally, having routine experiences such as playing, eating, and cabin chat late at night provided the opportunity to show the complexity of these young people beyond the scope of their losses. Healing Circle Assistant and mother of a camper Cecelia shared in a post-camp interview that her son, who lost his dad four years earlier, “didn’t want to be—‘Oh, there’s Ian—the one who lost his dad.’ He wanted to be looked at as Ian, just Ian.” By transcending the one-dimensional characterization of victim of loss, grieving adolescents are able to evolve more fully into complex multi-faceted people (Tracy & Trethewey, 2005) capable of expressing a range of emotions in life beyond grief. My field work experiences with the campers allowed me to bond with them and become a trusted confidant in a short period of time, as evidenced by the scripted moments in this dissertation. By interacting with each adolescent in this study over the course of 48-hour camp weekends, the stories here represent multiple time points and show the campers in various moods. Being closer to the campers physically and emotionally allowed me witness, engage, and more fully understand their communicative processes for performing loss. In the following section, I

provide a visual to illustrate these processes of sharing emotional pieces, co-authoring loss, and naming hurt.

Concert of Emotions Model for Communicating Adolescent Grief

In order to counteract the popularity of linear stage-based grief models, especially the five-stages model (Kübler-Ross, 1969), it is useful to provide alternatives. The significance of the need for new, non-stage-based theories of grief is illustrated through Bob's story as he holds up acceptance (Kubler-Ross, 1969) as the prize to be obtained that signifies the completion of a successful grieving process. Thanks to co-authoring with Azule, Bob was able to perform a full range of his emotions rather than to suppress them because he felt like he had to live up to the expectations for successful grieving as stipulated in the five-stages model. This and other data presented illustrates the value of new, youth-focused, non-stage-based grief models designed to be expansive in order to capture the range of emotions adolescents experience as they develop into adulthood.

The Concert of Emotions Model for Communicating Adolescent Grief (Figure 10) is offered in that spirit, emerging from direct interactions with and observations of grieving youth in a non-traditional healing setting. This model is rooted in directly observed and experienced interactions with grieving youth. It visually represents adolescents performing their loss stories via the communicative processes that yielded a range of emotions, positive and negative, from grief. The three circles in the model represent the modes adolescents used to perform loss: namely sharing emotional pieces, co-authoring loss, and naming hurt. Arrows run to and from each of the circles/communicative processes connecting them and indicating that these three processes may occur in any order or simultaneously as evidenced by the exemplars in this

study. Unlike traditional grief models (Bowlby, 1973; Kübler-Ross, 1969; Lindemann, 1944; Parkes, 1998; Rando, 1984) there is, intentionally, no concrete beginning and ending point for grief in this model and no stages or phases to be worked through in succession, which is reflective of the fact that grief journeys begun in youth are fluid, ever-changing, and revisited depending upon the stage of life. Unlike progressive grief theory developed with adults in mind (Neimeyer, 2009; Stroebe & Schut, 1999), this model is youth-focused and developed as a result of direct interaction with grieving adolescents in a naturalistic setting. Encountering bereaved youth outside of traditional therapeutic settings provided a wider representation of adolescent grief in this study. This is partially due to the fact that not all campers who attend Comfort Zone Camp are treated via traditional therapeutic means. So, in the camp setting, all youth felt more relaxed (Farber & Sabatino, 2007), and those without formal clinical treatment were included. All of the emotions performed by the adolescents featured in the exemplars of this study are present in and around the arrows, circles, and near the center of the model—the heart. The heart contains the most frequently occurring secondary code in the data set for this study, helping others. As discussed in the findings, each of the campers in the exemplars and many throughout each camp I attended were moved to help others in grief, to act compassionately. Therefore, acting compassionately is at the heart of this adolescent grief model.

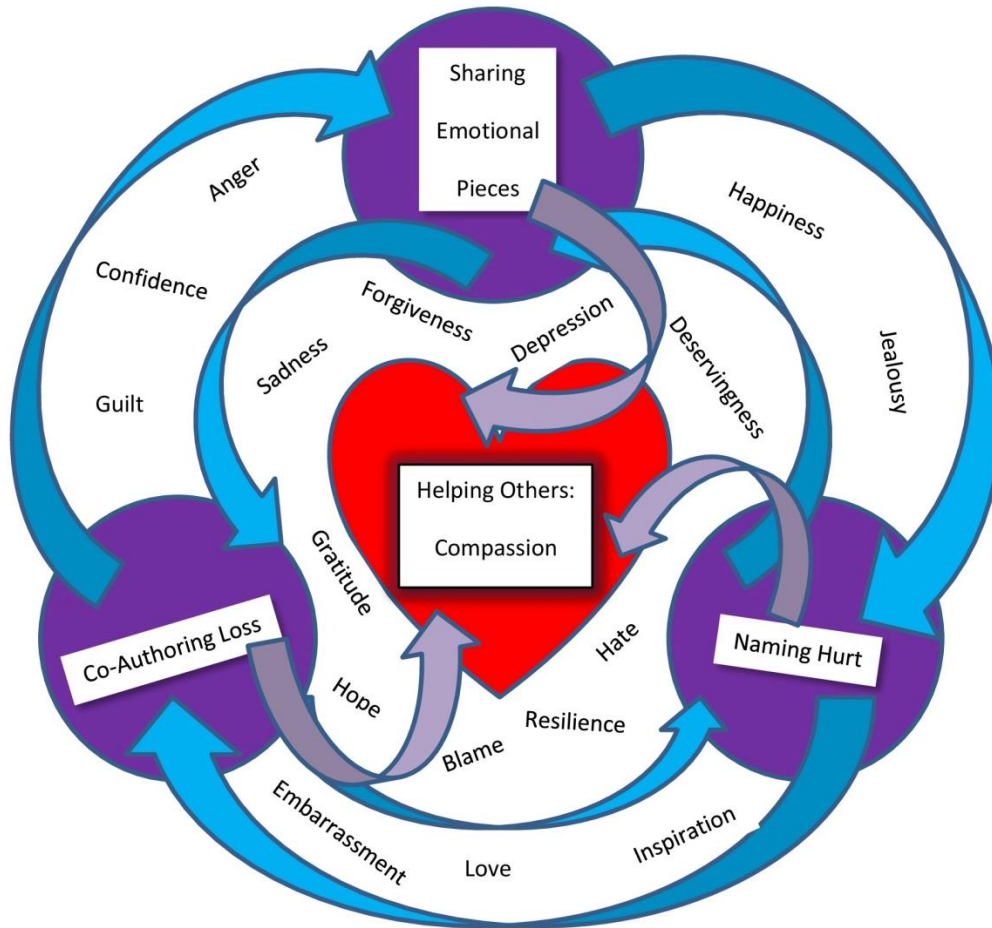


Figure 10. A visual process model for how adolescents communicate grief.

How Grieving Adolescents Collectively Co-Performed Compassion

Grieving adolescents collectively performed compassionate acts by joining together in large and small groups in support of fellow campers who were suffering. Comfort Zone Camp (CZC) models collective compassion through activities such as the Evolution game, which teaches campers that all weekend participants should be included and supported in camp events. CZC also structures the camp using therapeutic healing circle groups in which campers and adult volunteers give and receive compassion throughout the camp weekend. Healing Circle Leader Monte’s story about the young

woman whose parents were murdered and who received compassion from the entire healing in the form of a group hug illustrates the power of co-performed collective compassion in the camp setting.

CZC Vice-President Pete Schrock spoke with me at the Virginia camp weekend about the organization's goal for intentional programming that fosters community. "The way we're looking at it is that we are not just a camp program, we are an organization that looks to create community and to encourage our kids to create their own community." Schrock, who is a licensed counselor that has served as a Healing Circle Leader for more than 30 camp weekends, acts as a model for the campers with whom he worked to create community during the Virginia camp weekend. Schrock explained further "... We really want these kids to leave feeling...that life is better because they can give, and because they are in it, and really giving them the power to focus outward." Schrock and the other staffers actively work to create community and to encourage the campers to "focus outward" and so fuel CZC's organizational goal of nurturing young people who will act as compassionate contributors in society while providing therapeutic, healing support. So, while Schrock uses the words "creating community" to describe an overarching goal embraced by CZC staff, what he is describing in large part is that the organization fosters a culture of collective compassion.

Compassion Theory: Contributions and Implications

My findings evidence that grieving adolescents co-performed collective compassion at camp. This contributes to compassion scholarship in two primary ways. First, this study advances work done by scholars exploring collective compassion theoretically (Dutton, Worline, Frost, & Lilius, 2006; Kanov et al., 2004). Second, this

study complicates Way and Tracy's (2012) theoretical reconceptualization of compassion based on prior scholarship by Miller (2007), Kanov et al. (2004), and Clark (1997) by adding the sub-process of co-performing to the compassionate heart model.

Co-performances of collective compassion emerged from routine practices woven into the camp weekend framework by Comfort Zone Camp staff and administration. In contrast to the case study of one 26-person billing unit in a hospital used to explain collective organizational compassion (Lilius et al., 2011), this study reflects organizational practices that influenced stakeholder practices in four, separate geographic locations around the United States at which I performed field work. CZC programming was consistent at the four different geographic locations and so were opportunities for collective compassion. For example, I witnessed and/or co-performed collective compassionate action at each of the four camps I attended.

Additionally, members co-performing compassion at each of the four camps included clinical staff in the form of licensed grief counselors and social workers as opposed to the case study (Lilius et al., 2011) in which none of the employees were health care providers. While clinically trained employees or volunteers are certainly not necessary to attend to suffering people in all settings, Comfort Zone Camp provides a unique model in which clinicians collaborate with non-clinical adult volunteer staff and youth but do not privilege any group. Through activities such as the Evolution game and healing circle meetings, all camp attendees learn quickly even on their first visit to camp that they have the same opportunities to engage with the community in the giving and receiving of compassion. While the case study offers a glimpse into a part of an organization in which compassionate expressions are present in one distinct unit (Lilius et

al., 2011), this study illustrates Comfort Zone Camp as an organization that models and cultivates collective compassion through its intentional programming choices. In relation to compassionate acts, Frederickson (2003) notes that people who "...feel positive emotions become more helpful to others" (p. 172). Helping others was the most common action I noted among the campers at Comfort Zone Camp. So, this study extends existing compassion literature by moving beyond empirical research with one unit of an organization and exploring collective compassion within an entire organization of national scope. Co-performances of collective compassion were present at all four camp weekends evidencing that this phenomenon may be systematized by organizations.

Second, this study contributes to the compassion theory by complicating Way and Tracy's (2012) theoretical reconceptualization of compassion from prior scholarship (Clark, 1997; Kanov et al., 2004; Miller, 2007) by adding the sub-process of co-performing collectively with others.

Co-Performing Compassionate Heart Model

The findings of this study demonstrate that grieving adolescents in the Comfort Zone Camp community move fluidly between negotiating strength-based and deficit emotions during camp weekends in which they receive compassion. Subsequently, campers who receive compassion are demonstrated to provide it to others. Co-performing is fostered when grieving adolescents both receive and give compassion simultaneously, which evidences that compassion may be a co-created experience, shared among a collective, a community. Co-performing is visualized in Figure 11, adapted from Way and Tracy's (2012) compassionate heart model. The crafting of the model builds on Way and Tracy's (2012) recognizing, relating, and reacting sub-processes to introduce co-

performing as the sub-processes that complicates and expands it to represent collective expressions of compassion. This model builds on the goal of prior scholarship to advance an empirically-based model that captures compassionate action as part of organizational culture.

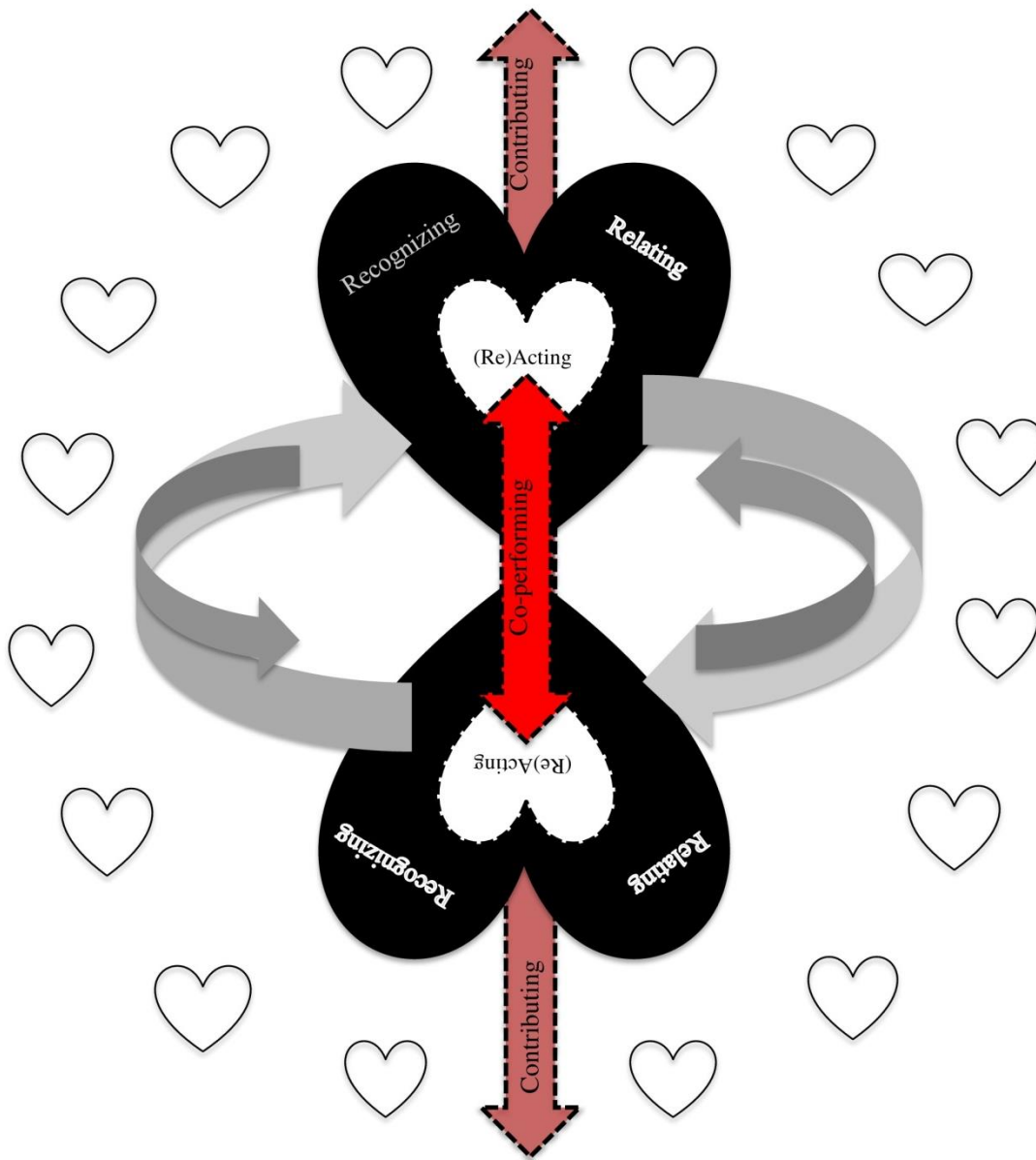


Figure 11. A visual process model for co-performing collective compassion.

Way and Tracy (2012) explain that their model leaves the tail of the heart extending just below one of the three bi-directional arrows surrounding it that represent the sub-processes of compassion: recognizing, relating and re(acting). In this new model of collective compassion, the tail of the heart has been expanded to a full heart that is a mirror reflection of the original heart. Both hearts in the center represent various campers in this study having meaningful, interpersonal moments of shared compassion giving and receiving the emotion (e.g., when campers exchanged pins in healing circle meetings). Additionally, the shared arrow in the center of the two hearts that represents co-performing each comes out of and touches on the reacting sub-process of Way and Tracy's (2012) model. This signifies that co-performing is influenced by and is an extension of compassionate reacting. The model depicts how hearts may be moved to co-perform compassionate action collectively in relation to receiving compassionate reactions from others. However, co-performing evolves into a discrete action in that those who co-perform collectively are moved to contribute or provide compassionate support to others. The arrows extending out from the tops of both hearts represent the contributions co-performers are moved to make to others, who are represented by the smaller hearts circling the two larger hearts in the center of the model. The smaller hearts, in addition to helping illustrate the co-performing concept, are significant in designating this model as representative of collective compassionate action. For example, in the Comfort Zone Camp setting, the smaller hearts may represent all the healing circle members witnessing while two campers exchange pins, or perhaps the audience at a Memorial Service ceremony witnessing two campers perform together. Unlike other renderings of communicative compassion, the presence of the smaller hearts visualizes dialogic

engagement with others (Conquergood, 1991). In other words, this fluid model reflects the Comfort Zone Camp experience in that everyone has the opportunity to give and receive compassion, individually or collectively, through engagement with others.

Practical Implications for Grieving Youth, their Families, and Medical Providers

This study demonstrates that just because a young person experiences positive emotion does not mean that they are devoid of negative emotion. The implication is that because negative emotion continues to exist with, in, and around positive emotion that grieving adolescents may not be considered cured of grief simply because they are experiencing positive emotion. Ideally, the resulting language used to describe grieving adolescents need not conform to modern medical language at all, i.e. patients being cured, especially because not all bereaved people need clinical care (Neimeyer, 1999). Instead, the findings in this study suggest that medical providers and therapists should consider the expression of conflicting emotions as a natural part of the adolescent grieving process. This work may support progressive grief experts and clinicians in developing new models that emphasize the general well-being of bereaved youth rather than centering on possibly unnecessary medical treatment (Stroebe & Schutt, 1999). Ideally, visualizing “helping others” at the heart of the Concert of Emotions Model may also support grieving youth in reimagining themselves as agents in healing rather than victims of loss.

Storytelling helps children and adolescents make sense of grief and may improve communication in the family unit following loss (Dent 1995; Worden, 1996). Comfort Zone Camp’s methods are in line with progressive clinicians and scholars who, in recent years, are employing storytelling to seek innovative ways to create space for postmodern

patient illness narratives amidst the modernist framework that still dominates the contemporary medical profession (Charon, 2006; Frank, 1995; Kleinman, 1988; Neimeyer, 2009; Sharf & Vanderford, 2003). This growing body of research provides ample evidence that oral histories, stories, and narratives have the power to heal not only those who tell them but also those who listen (Frank, 1995). This study contributes to the concept of storytelling as a healing process and does so by highlighting the voices of a group of people largely unaccounted for in the literature, namely grieving adolescents, and highlighting the role of performance in the healing process. In this model, clinicians (Healing Circle Leaders) are supportive as present as listeners but they are not privileged as in the traditional medical model. Rather, Healing Circle Leaders offer a guiding and reassuring presence in support of empowering youth and adult volunteers to participate in co-authoring loss. As a result, as this study demonstrates, one need not be a trained counselor to contribute to another grieving community member's healing. However, unlike informal peer support groups in which trained counselors may not participate, this model still accounts for a clinical presence. As death, dying, and associated grief are universal conditions all people with struggle with over the course of a lifetime, the storytelling model cultivated at Comfort Zone Camp may have ubiquitous appeal and application to organizations of all types. Practically, the model suggests that with orientation to the storytelling model, and respectful adherence to a few guiding rules (e.g. not having to share until you are ready); non-clinical group members may support one another in healing with minimal clinical support. Therefore, the storytelling model at Comfort Zone Camp offers insight into how organizations may create safe, cost-effective, and supportive spaces for member grief expressions as part of routine operations.

The inclusive organizational principles and programming modeled by Comfort Zone Camp inspiring co-performances of collective compassion may be of benefit to many institutions seeking to support grieving youth and beyond. Public schools at all levels, K-12, in addition to colleges and universities in America may find value in considering these principles in relation to the numerous school shootings that have occurred through the past decade. The Comfort Zone Camp model may inspire inclusive ways of dealing with the aftermath of such shootings to ensure that all staff, students, families, and community members may participate in collective, healing activities. In addition to schools, other organizations dealing with crisis situations where grief of any type may come into play could benefit. For example, a company performing rounds of layoffs could offer inclusive programming to assist former employees in transitioning rather than cutting them off right away not only from their jobs but also from the organizational culture of which they were a part. Finally, traditional medical institutions that work with grieving youth and adults could create inclusive health models that empower patients to be co-performers and agents in their own and others healing processes. Therefore, Comfort Zone Camp's value articulated by Vice President Pete Schrock of fostering a community of contributors may have widespread appeal to nonprofit and corporate models alike. The Comfort Zone Camp community is one rich with the giving and receiving of co-performed collective compassion expressions that has much to share and teach organizations looking to nurture such an emotional ecology.

Limitations and Future Directions

While the research in this study contributes to grief and compassion literature and holds practical implications for grieving youth, their families, and medical providers,

there is also more scholarly work to be done. In my researcher role, I did my best to convey my interactions with campers and especially their loss narratives in their own words as accurately as possible. However, my presence and representation of their experiences still constitutes an adult speaking on their behalf. So, a fruitful future direction for this research may be for a researcher, such as myself, to train and mentor adolescent co-investigators (e.g., Junior Counselors) to collect and interpret data for such a study. In this experience, I found that a few of the adolescent participants such as Seth seemed to enjoy and be very adept at assisting me in the field. One incident comes to mind in which Seth and I were coloring with a younger camper during activity time. She asked me what I was studying in school and I told her. She looked up at me without missing a beat and replied, “This is a good place to learn about communication.” Seth immediately chimed in with “You better write that down. You don’t want to forget that.” He was right.

Writing about Seth also brings up another question for future consideration that has to do with how my presence may have influenced camper sharing. For example, in the post-camp interview with Seth and his mother, they shared that his father died of AIDS. Seth, who had not felt ready to share this information the year before when I met him at camp, did share that detail of his loss story a few weeks after our interview. Was it our discussion that prompted his sharing at camp? Or, was it the fact that this was his last visit to camp before he became a Junior Counselor, which made him feel somehow responsible to share his full story before mentoring others? Or, was it simply that his final time was his sixth visit to camp and his ability to share was influenced by many years of constructing meaning from his loss? Or was it all of these things? I would have to ask

Seth to find out. Even if I did ask him, he may not be able to tell me. Either way, a future consideration for anyone interested in undertaking this sort of close, personal, ethnographic field work with grieving youth must consider how their own presence in the scene impacts participants. I certainly, as detailed in the methods section of this report, did my best to do so but such work requires constant and vigilant self-reflection.

Another direction for future research related to this study would be to explore causality in relation to co-performances of collective compassion expressions. While this study provides evidence that compassion is collectively co-performed and that members simultaneously give and receive compassion, the study does not prove explicitly that an individual compassionate expression induced a responding action. Though this study implies this manner of transactional compassion expression, (e.g. Seth who became a Junior Counselor in order to “give back” to Comfort Zone Camp) further research in this area would support these implications.

Finally, I hope that more communication scholars seek out opportunities to work with children and adolescents on grief-related studies, particularly those that highlight the strength-based emotions young people experience in grief. Building on the idea of strength-based and deficit emotions identified as occurring in concert in this study, researchers may explore one or more specific pairings in greater depth (e.g. confidence versus embarrassment). Additional, focused exploration of specific conflicting emotions may assist those in care providing roles in better understanding and supporting grieving youth. As stated in the literature review of this dissertation, there is a plethora of communication research around issues of death, dying, and grieving written from the perspectives of adults who have lost children, adult siblings, and adult parents. While this

is important work, it is time we turned our attention and a communicative lens to the underrepresented voices of children and adolescents in grief.

Conclusions

Overall, this dissertation advanced understanding of the communicative processes adolescents used to express a range of emotions in grief. The findings of this study evidence that grieving adolescents perform numerous positive or strength-based emotions in addition to negative or deficit emotions and that grieving adolescents are motivated to act compassionately toward their peers. This study contributes to existing grief literature by offering a fluid rather than stage-based model to explain the range of emotions that emerged from the communicative processes of sharing emotional pieces, co-authoring loss, and naming hurt used by grieving adolescents. This study contributes to compassion literature by providing an empirically supported model that explains collective compassion expressions. Furthermore, my reflections on the organizational processes of Comfort Zone Camp hold practical value for grieving youth, their families, clinical providers, and all those seeking to support young people who have lost close loved ones, especially parents and siblings, before age 18. The hope is that through highlighting the strength-based emotions and co-performed collective compassion expressions of grieving youth, they may see themselves as valuable contributors in their own and peer healing.

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APPENDIX A

IRB APPROVAL LETTERS—INITIAL REVIEW & STUDY CONTINUATION

APPROVAL: EXPEDITED REVIEW

Sarah Tracy
 Human Communication, Hugh Downs School of
 480/965-7709
 Sarah.Tracy@asu.edu

Dear Sarah Tracy:

On 6/30/2014 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Examining Compassionate Communication in Bereavement Camps
Investigator:	Sarah Tracy
IRB ID:	STUDY00001214
Category of review:	(7)(b) Social science methods, (7)(a) Behavioral research
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • Child Assent Form Comfort Zone Camp Study revised 6.25.2014.pdf, Category: Consent Form; • Parent Consent Form Comfort Zone Camp Study revised 6.25.2014.pdf, Category: Consent Form; • Employee Consent Form Comfort Zone Camp study revised 6.25.2014.pdf, Category: Consent Form; • HRP 503 Protocol Comfort Zone Camp Study revised 6.25.2014.docx, Category: IRB Protocol; • Sample Interview Guide for Parents, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Sample Interview Guide for Children, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Sample Interview Guide for Employees, Category: Measures (Survey questions/Interview questions

	/interview guides/focus group questions); • Lou Clark Letter of Permission Comfort Zone Camp 6.6.14.pdf, Category: Off-site authorizations (school permission, other IRB approvals, Tribal permission etc);
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The IRB approved the protocol from 6/30/2014 to 6/29/2015 inclusive. Three weeks before 6/29/2015 you are to submit a completed "FORM: Continuing Review (HRP-212)" and required attachments to request continuing approval or closure.

If continuing review approval is not granted before the expiration date of 6/29/2015 approval of this protocol expires on that date. When consent is appropriate, you must use final, watermarked versions available under the "Documents" tab in ERA-IRB.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Louise Clark
Louise Clark
Katherine Miller

APPROVAL: CONTINUATION

Sarah Tracy
 Human Communication, Hugh Downs School of
 480/965-7709
 Sarah.Tracy@asu.edu

Dear Sarah Tracy:

On 6/9/2015 the ASU IRB reviewed the following protocol:

Type of Review:	Continuing Review
Title:	Examining Compassionate Communication in Bereavement Camps
Investigator:	Sarah Tracy
IRB ID:	STUDY00001214
Category of review:	(7)(b) Social science methods, (7)(a) Behavioral research
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • Employee Consent Form Comfort Zone Camp study revised 6.25.2014.pdf, Category: Consent Form; • Child Assent Form Comfort Zone Camp Study revised 6.25.2014.pdf, Category: Consent Form; • Parent Consent Form Confort Zone Camp Study revised 6.25.2014.pdf, Category: Consent Form;

The IRB approved the protocol from 6/9/2015 to 6/28/2016 inclusive. Three weeks before 6/28/2016 you are to submit a completed Continuing Review application and required attachments to request continuing approval or closure.

If continuing review approval is not granted before the expiration date of 6/28/2016 approval of this protocol expires on that date. When consent is appropriate, you must use final, watermarked versions available under the “Documents” tab in ERA-IRB.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc:

APPENDIX B
INTERVIEW GUIDES

Interview Guide for Children

Introduction: Thank you for talking with me today. When we met at camp, I explained to you that I am working on this project because I want to see what we can learn together that will help other young people and families who have lost someone they love. So, I would like to ask you some questions today about what you remember about going to Comfort Zone Camp.

I will be audio recording you so that I can transcribe this later. Your participation is voluntary, and you may stop at any time. If I ask a question that makes you uncomfortable, you can skip it if you want. Do you have any questions before we begin?

Demographic Information:

Pseudonym:

Age:

Ethnicity:

Experience (how many times have you attended a camp weekend):

Opening Questions

1. How has life been for you since you attended camp?
Probe: Are there any big changes in your life since camp?

Rapport-building question – This question will enable me to reestablish my connections to campers as well as understand if they have had any significant changes in their lives since we met at camp. Feedback from this question may not directly answer any of my research questions, but I feel it is important so the campers will feel comfortable talking with me again.

Generative Questions

2. What were some of your favorite activities at camp, and why?
Probe: Did you try anything at camp you've never tried before?
Probe: How did you spend your free time on Saturday?

Tour question – Since this study is looking at both positive and negative emotion displays from the campers, it is important to ask them a question that may elicit memories of positive as well as negative emotions prior to asking them about sharing their grief stories in the healing circles. Giving them the opportunity to talk about what they enjoyed will help make them more comfortable to talk about their stories of loss.

3. How did you feel sharing in the healing circle meetings over the course of the weekend?
Probe: How was it during the first meeting compared to our last meeting Sunday?

Probe: How did it feel to share your story (if you shared it) in the healing circle?
Probe: How did it feel when you listened to other campers share their stories?

Generative Questions (continued)

Timeline question – This question and the following probes are designed specifically to seek information that will answer the first two research questions in this study about empowering and negative ways that youth use narratives in coping with loss.

4. How did you support other campers at camp through your behaviors or actions?
Probe: Did you feel you were able to help another camper? How?
Probe: How did it feel for you when you helped another camper?

Behavior/action question – This question is designed to provide information that will answer research question 3, which is about theories and models of compassion.

5. Did any other campers support you at camp through their behaviors or actions? If so, how?
Probe: How did it feel when another camper supported you?
Probe: Did you act differently toward someone else because you felt supported?

Behavior/action question – This question is designed to provide information that will answer research question 3, which is about theories and models of compassion.

Directive Questions

6. How did you feel when you and your healing circle group participated/performed together in the Sunday Memorial Service?
Probe: (If applies) How did it feel when you participated alone as compared to in the group?
Probe: What made you want to participate by yourself?
Probe: How did you feel watching other campers participate in the Memorial Service?

Member reflection question – I observed campers participating in these services, but since they come at the end of camp I often did not have time to hear their impression about the services. This question is important as these services utilize narratives performatively, and I would like to hear campers' reflections on these narrative performances, which may speak to the first two research questions in this study.

7. When you shared, if you did share, your story in the healing circle meeting, I heard you talk about (insert participant specific details about their loss story). Do you feel I heard your story correctly?

Probe: Is there anything you want to add or change about how I understand your story?

Probe: Is there anything about your story that has changed since camp that you want to share with me?

Probe: How do you think your story might change over time?

Probe: How does talking about your story now make you feel?

Closed-ended question – I will use this closed-ended question as an opportunity for member reflection. I want to see how my observations of the camper narratives are in alignment or contrasting to their impressions of their grief stories.

Closing Questions

8. What advice would you give to other young people who are going through what you have been through (i.e., loss of a parent or sibling)?

Probe: What advice has helped you that you want to share with others?

Probe: How does it make you feel to share advice for others?

Identity-enhancing question – This question speaks to the first research question about how youth may view themselves as empowered agents in healing as opposed to powerless victims.

9. What else would you like to share with me that I haven't asked you about?

Catch all question – This question offers campers the opportunity to share anything they wish that I may not have asked about.

Interview Guide for Parents/Guardians

Introduction: Thank you for agreeing to participate in this study. As you read in the participant information letter, I am conducting a research study to explore compassionate communication among children coping with loss of a parent or sibling. Specifically, I would like to know about your experiences of how your child's participation in the Comfort Zone Camp weekend affected his/her grieving experience.

I will be audio recording you so that I can transcribe this later. Remember, your participation is voluntary, and you may discontinue your participation at any time. If I ask a question that makes you uncomfortable, you can skip it if you want. Do you have any questions before we begin?

Demographic Information:

Pseudonym:

Age:

Ethnicity:

Experience (how many times has your child attended this camp):

Opening Questions

1. How has life been for you and your child since he/she attended camp?
Probe: Have noticed any big changes in your child since camp?

Rapport-building question – This question will enable me to reestablish my connections to the interviewee as well as understand if they have had any significant changes in their lives since we met at camp. Feedback from this question may not directly answer any of my research questions, but I feel it is important so the participants will feel comfortable talking with me again.

Generative Questions

2. Prior to attending camp, did your child have the opportunity to share their story of loss?
Probe: With you and immediate family members?
Probe: On any other settings? With friends? Counseling?

Timeline question – It is important in terms of the first two research questions in the study to know if campers had ample, some, or no opportunities to share their stories of loss prior to coming to camp. Even if they had opportunities, parents and guardians may offer the perspective as someone who knows the camper well, to be able to speak to whether or not the camper took advantage opportunities.

3. Have you noticed changes in the behaviors or actions of your child since they had the opportunity to share their story at camp?

Probe: Do you feel this has had a positive or negative impact on their ability to cope with the loss? In what ways?

Behavior/Action question – Responses to this question may inform all three research questions. I am especially interested to hear if parent/guardian responses are in agreement with camper responses. Also, if parents/guardians note positive or negative behavior changes since camp as a result of story sharing (or not in the case of the few campers who chose not to share in the healing circles).

4. Can you tell me about your child and their general outlook on life (their mood) before and after your camp?

Probe: How has their outlook/general mood changed since attending camp?

Probe: What kinds of emotions did he/she tend to display both before and after?

Compare and Contrast question – A parent’s perspective on this question is invaluable. Responses may inform all three research questions.

Directive Questions

5. After attending camp, have you noticed your child demonstrating an increasing number of positive emotions, including compassion?

Probe: To whom? Yourself? Peers?

Probe: If so, what does he/she do that you view as compassionate?

Probe: If not, why do you think not?

Closed-ended question – I want a definitive answer to this question as it speaks directly to research questions 1 and 3. If parents/guardians have noticed increased compassionate behaviors in their children since camp, I want to be able to say so definitively.

6. How do you feel attending camp might influence your child’s health and well-being?

Probe: Did attending camp help your child deal with any specific health issues?

Probe: Have you noticed a change in the health and well-being of your child since attending camp?

Closed-ended question – This question will provide complementary information from the parent/guardian perspective to inform camper responses and my participant observation data for research questions 1 and 2.

Closing Questions

7. From your parent perspective, how do you feel this camp experience will stay with your child into the future?

Probe: What are your hopes for your child?

Identity enhancing question – I see responses to this question informing research question number 3. More specifically, I am interested in the campers as potential compassion contributors to others' healing. Responses to this question may get at this.

8. What else would you like to share with me that I haven't asked you about?

Catch-all question – This question offers campers the opportunity to share anything they wish that I may not have asked about.

Interview Guide for Camp Volunteers

Introduction: Thank you for agreeing to participate in this study. As you read in the participant information letter, I am conducting a research study to explore compassionate communication among children coping with loss of a parent or sibling. Specifically, I would like to know about your experiences of how grieving children participating in the Comfort Zone Camp weekend are affected by this experience.

I will be audio recording you so that I can transcribe this later. Remember, your participation is voluntary and you may discontinue your participation at any time. If I ask a question that makes you uncomfortable, you can skip it if you want. Do you have any questions before we begin?

Demographic Information:

Pseudonym:

Age:

Ethnicity:

Experience (how long have you volunteered with the camp):

Opening Questions

1. How has life been for you and your child since we volunteered together at camp?

Probe: Have you had any contact with your Little Buddy?

Probe: Have you volunteered at another camp since we volunteered together?

Probe: Do you plan to volunteer again? Why or why not?

Rapport-building question – This question will enable me to reestablish my connections to the volunteer as well as understand if they have kept in touch with their Little Buddy since camp. Feedback from this question may not directly answer any of my research questions, but I feel it is important so the volunteers will feel comfortable talking with me again.

Generative Questions

2. What were some of your Little Buddy's favorite activities at camp?

Probe: Did your Little Buddy do anything at camp they never tried before?

Probe: How did you spend your free time together on Saturday?

Tour question – Since this study is looking at both positive and negative emotion displays from the campers, it is important to ask the volunteers a question that may elicit memories of campers demonstrating positive as well as negative emotions prior to asking them about campers sharing their grief stories in the healing circles. Giving volunteers the opportunity to talk about what the campers enjoyed will help make them more comfortable to talk about the camper's stories of loss.

Generative Questions (cont.)

3. How did you feel when (if the Little Buddy did share) your Little Buddy shared in the healing circle meetings over the course of the weekend?

Probe: How did they progress from the first meeting on Friday as compared to our last meeting Sunday?

Probe: How did it feel to share your story (if you shared it) in the healing circle?

Probe: How did it feel when you listened to other campers share their stories?

Timeline question – This question serves as a member reflection for my participant observation work. I will be able to gauge my notes and impressions against what the volunteer remembers. Additionally, their perspective may directly inform research questions 1 and 2.

4. In what ways was your Little Buddy supportive to other campers and volunteers through their behaviors and actions during the weekend?

Probe: Did you feel your Little Buddy was able to help another camper? How?

Probe: How did it feel for you when you witnessed your Little Buddy help another camper?

Behavior/Action question – Responses to this question may especially inform research question 3. I am interested to hear if volunteer responses are in agreement with camper responses. Also, if volunteers mention feeling that they were recipients of camper compassion in addition to seeing campers demonstrate it to other campers.

5. In what ways was your Little Buddy disruptive or not supportive to other campers and volunteers through their behaviors and actions during the weekend?

Probe: Did you feel your Little Buddy was unsupportive to camper or volunteer? How?

Probe: How did it feel for you when you witnessed your Little Buddy behaving this way?

Behavior/Action question – Responses to this question may especially inform research question 3. I am interested to hear if volunteer responses are in agreement with camper responses. Also, if volunteers mention feeling that they were recipients of negative camper behavior in addition to seeing campers demonstrate it to other campers.

Directive Question

6. How did you feel when you and your Little Buddy participated with the healing circle group in the Sunday Memorial Service?

Probe: How do you think your Little Buddy felt participating?

Probe: (If applies) How did it feel to watch when your Little Buddy participated alone as compared to in the group?

Probe: What do you think made your Little Buddy want to participate by him/herself?

Probe: How did you feel watching other campers participate in the Memorial Service?

Member reflection question – I observed volunteers participating in these services but since they come at the end of camp I often did not have time to hear their impression about the services. This question is important as these services utilize camper narratives performatively, and I would like to hear volunteer reflections on these narrative performances which may speak to the first two research questions in this study.

Closing Question

7. What else would you like to share with me that I haven't asked you about?

Catch-all question – This question offers volunteers the opportunity to share anything they wish that I may not have asked about.

APPENDIX C
QUALITATIVE CODEBOOKS

Grieving Campers Codebook – 1st level [descriptive codes]

Abbreviation	Code Name	Definition/Explanation	Example(s)
APlay	All Play	Having fun; participating in all inclusive games.	All campers and adults play together throughout the entire camp weekend. A popular example is the “evolution” game played on Friday nights, (first night of camp weekend). All must evolve from eggs, to chickens, to dinosaurs, to Supreme Beings by playing Rock, Paper, Scissors. At the end of the game, the participants who made it to the Supreme Being stage sing “Stop in the Name of Love” to help the rest of the participants evolve. Everyone gets to play, evolve, and no one is left behind.
Support	Supporting through structure/rules	Organizational rules provide structure and support for grieving campers to heal.	After a camper shares his/her story of loss in a small group, therapeutic, healing circle meeting, the group facilitator (Healing Circle Leader) asks the camper who shared for permission to let the group members pose questions related to the loss. This rule stipulates campers may agree or disagree to answer questions.
Noise	Making Noise	Campers and adults yell, stomp their feet, sing loudly, and beat their hands on the dining tables routinely throughout the camp weekend.	Campers and adults yell a camp blessing before each meal, stomp their feet loudly to compete for who gets to roast S’mores first, and beat their hands on dining tables as part of a game for what group will get to eat first – all encouraged by camp staff as appropriate times to make noise.
Listen	Listening	Hearing and then processing what another person has shared.	Youth and adults listen to camper loss stories in the therapeutic healing circle meetings. Additionally, listening happens throughout the weekend in less formal settings – over meals, during free time at the archery range, at night after lights out.

Sharing	Loss-Related Sharing	When a camper or adult self discloses information about themselves in relation to loss to another person or group of people.	Friday night, first night of camp in New Jersey, Lioness – a 17-year-old camper – told me that she smokes pot every day. Since she is 17, this is her last chance to attend camp as a camper (as opposed to Junior Counselor or adult volunteer). Since her Dad died when she was 9, she is not so concerned with sharing details of her loss story at this point in her life. Instead, she came to camp hoping to dialogue about adult issues and problems (i.e. drugs) and how her early childhood loss is affecting the way she deals with these challenges.
Helping	Helping Others Through Loss* <i>*Most frequent first level code in both field notes and interview data</i>	Offering verbal, nonverbal physical, mental, and/or emotional support to a camper, adult volunteer, camp staff member at camp. Additionally, this code applies to campers offering support to friends and family outside the camp setting.	Seth, who has attended the camp for 6 years as a camper is now transitioning roles becoming a Junior Counselor. He shared with me his motivation is to help other children who have gone through loss like he has.
Guide	Guiding	Teaching, instructing, explaining.	Each camp weekend features Challenge Course activities during which much guiding takes place. During Cape Cod camp, adults were blindfolded and campers guided them using verbal prompts only (no physical contact) along a forest path navigating them around rocks and over roots.
Circle	Making a Circle	Campers, adult volunteers, and camp staff coming together to grieve collectively.	Therapeutic, small group, healing circle meetings facilitated by a licensed counselor provide formal opportunities for grieving together. Informal opportunities such as “cabin time” – sitting on the cabin floor at the end of the day provide opportunities for campers and adults to grieve together.

Move	Moving	Literal, physical movement of campers, adult volunteers, and staff.	Walking, running, dancing, scaling climbing wall – camp is a physically active place where community members are in constant motion.
Perform	Performing Grief	Campers and adult volunteers present grief for an audience.	Campers, with support of adult volunteers, perform tributes to honor lost loved ones at the youth-centered Memorial Service held each Sunday afternoon as the culminating camp event. Parents and family members attend along with all campers, adult volunteers, and staff. I saw campers perform in a variety of genres, including Dancing, singing, playing football onstage, reciting original poems, and leaping like frogs in honor of lost loved ones.
Trans	Transitioning	Camp staff intentionally facilitates changes in energy level and mood for campers as part of programming. Transitioning from high energy, fun events allow campers to release tension and inhibitions before focusing on the more serious moments at camp.	Each camp weekend as part of the Saturday night Bonfire/Circle of Remembrance event, camp staff act very silly leading all campers and volunteers in ridiculous songs (the Hippopotamus song and Boom-Chick-a-Boom are some of my favorites) with accompanying gestures and encouraging competitions to see which group gets to make their S'mores first. This goes on for at least 45 minutes. Once every person has roasted and eaten a S'more, camp staff asks for the entire camp to quiet down and leads the whole group in a song called " <i>It's Ok to Remember</i> " which signals the start of the more serious component of the Bonfire event.
Pos Cope	Developing Positive Coping Skills	Campers are encouraged to learn about and develop healthy (as opposed to negative or illness provoking) coping skills for dealing with negative emotions associated with loss.	<u>Examples:</u> When Joe is missing his Dad, he drives around town in his car listening to the radio; Conner likes to write and wrote an essay for school about losing his mom to breast cancer; Isabelle finds comfort in religion and her faith when she misses her father.

Asking	Asking Questions about Loss	Campers and adults ask one another questions which facilitate dialogue associated with loss and grief.	During the Big Buddy Share event which happens routinely the first night of camp, an adult volunteer shares his/her story of loss in front of the entire camp. After camp facilitator asks permission, campers are invited to ask questions to the adult who just shared. A specific example occurred at the Cape Cod camp when a camper asked Sol, the adult who just shared, how come his father and brother died when a drunk driver hit their van years ago but not Sol. He answered that his dad kept a mattress in the back of the van for hunting trips and when he and his brother were thrown from the van, he was lucky enough to land on the mattress. His brother was not.
Challenge	Challenging	Struggling with and confronting issues or problems associated with grief from losing a loved one.	Sean David in New Jersey confided in me during a follow-up interview that in these past years since his brother died, he has felt suicidal, cut himself, drank, and been addicted to several types of drugs. In his own words – “I’ve held a gun to my head on three separate occasions but thanks to my sister, I never pulled the trigger.”
Heal	Healing	Healing occurs when the emotional, mental, and sometimes physical pain associated with grief is eased and is diminished. Healing does not mean the pain is completely alleviated.	Lou: How did you feel sharing in the healing circle meetings over the course of the weekend? Sean David: Personally, I felt good. I relieved myself of emotions that I hide more often than I should.
Cheer	Cheering	Literal applause as a show of unconditional support for campers engaging positive coping skills in dealing with their losses.	At the Sunday Memorial Services, audience members cheer after every single performance. Quality does not matter. Choice of performance medium does not matter. This fall in Malibu three campers got up and no one was exactly sure what they were doing but the audience cheered loudly.

Happy	Positive Emotion in Grief	Campers described numerous positive emotions in relation to their grief, including feeling togetherness or camaraderie with others who have experienced loss, cherishing lost loved ones, remembering happy times, feeling confident about how they relayed their loss story, comfort, and forgiveness for those associated with the loss. Additionally, several articulated trying to “stay positive” or keep a positive outlook being helpful.	Camper Mia shared in healing circle that since her father died suddenly she finds comfort in spending time outside with her mother and two sisters. The four of them now have a practice of looking up to the sky and thinking about her father as they look for “hearts in the clouds.”
Sad	Negative Emotion in Grief	Campers described numerous negative emotions in relation to their grief, including feeling alone, fear, uncertainty, lack of confidence, sadness, anger, frustration, and guilt.	Camper Bruce Wayne in Virginia described himself as a “geek” who feels alone in his family since his father committed suicide. He tries to get along with his stepfather but they have trouble connecting, which makes him very sad.
Accepting	Accepting Help	A willingness and ability of campers to receive help from others who want to support them through grief.	At the Memorial Service in New Jersey, camper Jasper planned to play the song “Lean on Me” on the guitar in memory of his father. He insisted on playing and singing solo up until 5 minutes before he went onstage to perform. Nervous, he then insisted his Big Buddy Steve McQueen (a seasoned guitar player) go with him. Steve had offered to play with Jasper several times throughout the weekend but Jasper could not accept his help until right before he went onstage. Their

			performance was one of the most touching and memorable ones I saw all fall.
Identifying	Identifying with Others	Campers and adults find commonalities with one another and their peers that catalyze emotional bonding.	Jackie and Maggie were both 15 years old, first-time campers in New Jersey this fall. Each lost brothers suddenly just a few months before camp. They became fast friends and were always hanging out together. In a follow-up interview with Jackie she told me the two are still friends and that she even got to go visit Maggie in Boston recently.

Grieving Campers Codebook – 2nd level [analytic codes]

Abbreviation	Code Name	Definition/ Explanation	Example
Narrative Empowerment			
	Expressing Conflicting Emotions	Verbally acknowledging or displaying nonverbal indicators of conflicting emotions associated with grieving the loss of a loved one.	<p><i>Eve just kept crying – all this pent up sadness from this small girl who lost her Dad from a heart attack five years ago. She doesn't let her sadness show at home and in her regular life because she doesn't want to upset her Mom and brothers. At home this 13-year-old helps her Mom get dinner on the table and generally maintains a positive attitude as an example to her younger, twin brothers. Even in the midst of her sadness and crying, she demonstrated concern and compassion for her brothers saying ironically:</i></p> <p><i>Eve: "I want them to know its ok to cry. They were only 3 years old when my Dad died. So, they were little – they haven't cried. I want them to know it's ok to cry but I don't want them to worry about me if I cry."</i></p>
	Sharing Loss in Pieces	Campers tell their stories in fragments rather than relaying all the detail in a linear, conventional, Aristotelian plot-like manner.	<p><i>Example: 14-year-old camper Seth in Cape Cod (August 2014) told our group he was angry and frustrated because he did not know how his father died. In a follow up interview (July 2015), he and his mother shared with me that he has known for two years that his father died from AIDS when he was 3 and a half. He was too embarrassed to share this at camp when I met him. His mother hopes he will be able to share his full story at camp later this month (August 2015).</i></p>
	Co-Authoring Loss in Circles	Campers share, identify with, participate, and influence one another's loss stories in circles throughout the	<p><i>Example: In Virginia (October 2014) out of our group of six campers, three had losses of parents due to suicide. One young man, Bob, presented as exceptionally positive about his coping with the loss during the first 24 hours of camp. It was only Saturday afternoon when he heard another camper, Azule,</i></p>

		camp weekend.	<i>begin to tell her story of losing her stepfather to suicide that Bob expressed any negative emotion. When she described her stepfather as her “best friend,” Bob became emotional and tried to hold it in. He had to leave the circle and I went with him. It was at this point that he let his emotions out and made new discoveries about his loss articulating previously unspoken insights – triggered – by his own acknowledgement by Azule’s story.</i>
	Performing Grief in Motion	Grieving campers are active. They express grief through physicalizing alternate narrative performances.	<i>Examples: Dancing; Rock Climbing; Challenge Course/Ropes Course activities; Tossing a Football; Singing; Reading poems; Playing the guitar; Beat Boxing; Cups/Cup Song.</i>
	Helping Others	Campers support each other and adult volunteers in managing and processing grief.	<i>Examples: Sean David (veteran camper) hugging Jackie and Maggie (new campers) at the bonfire – all three had lost brothers; many campers who age out of the program becoming Junior Counselors and adult volunteers; giving advice; giving advice to peers who are new to experiencing loss; giving pins to one another for taking on a challenge.</i>
Narrative Illness- Centered			
	Acting Out	Adolescents test boundaries and camp rules, isolate themselves, and literally act outside of the parameters of formal groups or authority.	<i>Example: In CA, camper Mix voiced boredom during several camp activities throughout the weekend and especially on the Challenge Course Saturday.</i>
	Hurting In(side)	Loss stories shared by	<i>Examples: Isabella – depression especially in the first year after father</i>

		grieving adolescents give account of struggles with mental and/or emotional issues due to loss.	<i>died; Jasmine – suicidal ideation especially in the first month or two after her father was shot and killed; Sean David - suicidal ideation “I’ve put a gun to my head three times since my brother died”; Bruce Wayne in VA feels isolated/alone in his family as he struggles with not being accepted by his stepfather before and after his own father’s suicide.</i>
	Hurting Out(side)	Loss stories shared by grieving youth include physically hurting themselves.	<i>Examples: Sean David – cutting, alcohol, drugs associated with loss of brother; Lioness – drug use associated with loss of father.</i>
(Co)Performing Compassion in Organizations			
	Guiding	Camp staff instructs, teaches, and directs grieving campers.	<i>Examples: Camp staff facilitate all events at camp, including the Big Buddy Share in which an adult volunteer models for campers how to tell your loss story. Before the storyteller begins, the facilitator will guide the campers through establishing respectful boundaries for storytelling, i.e. we should ask permission to ask questions of the storyteller once he/she finishes telling their story.</i>
	Creating Good Noise	Camp staff and volunteers encourage and reward campers for making noise at certain times throughout the camp weekend.	<i>Examples: Yelling and foot stomping happens in a game to see who gets to make their S’mores first before the Saturday night bonfire; beating meal tables with hands in a competition for who can be loudest to get served first, which occurs at nearly every meal; singing call and response songs; simulating rainstorms by rubbing hands together and slapping legs.</i>
	All Playing with Purpose	Inclusive exercises and activities that	<i>Example: The Evolution Game (played at each camp weekend), in which campers physically evolve from eggs, to chickens,</i>

		inspire campers and adults to purposefully work together in the management, processing, and transforming of grief.	<i>to dinosaurs, to Supreme Beings by playing rock, paper, scissors. By the end of the game every camper evolves with the help and support of other camps and volunteers. The game is a beautiful metaphor for supporting one another to grieve and transform.</i>
	Modeling	Demonstrating healthy and respectful processes for exploring grief.	<i><u>Example:</u> Sol's Big Buddy Share in Cape Cod when he modeled for all the campers how to tell your story of loss.</i>
	Transitioning	Camp staff intentionally facilitates changes in energy level and mood for campers as part of programming. Transitioning from high energy, fun events allow campers to release tension and inhibitions before focusing on the more serious moments at camp.	<i><u>Example:</u> Each camp weekend as part of the Saturday night Bonfire/Circle of Remembrance event, camp staff act very silly leading all campers and volunteers in ridiculous songs (the Hippopotamus song and Boom-Chick-a-Boom are some of my favorites) with accompanying gestures and encouraging competitions to see which group gets to make their S'mores first. This goes on for at least 45 minutes. Once every person has roasted and eaten a S'more, camp staff asks for the entire camp to quiet down and leads the whole group in a song called "It's Ok to Remember" which signals the start of the more serious component of the Bonfire event.</i>
	Coping positively	Campers are encouraged to learn about and develop healthy (as opposed to negative or illness provoking) coping skills for dealing with negative emotions associated with loss.	<i><u>Examples:</u> When Joe is missing his Dad, he drives around town in his car listening to the radio; Chad likes to write and wrote an essay for school about losing his mom to breast cancer; Isabella finds comfort in religion and her faith when she misses her father.</i>

	Being Present in Remembering Together	Remembering individual lost loved ones with other grieving individuals in the same space, at the same time.	<i>Example: Healing circle groups of campers and adults stand in a circle around the bonfire Saturday night. Each person speaks the name of their lost loved one and throws a private message into the fire. When every person has taken a turn, all put their arms around each other for a shared moment of remembrance. In this moment, arms squeeze other arms and eyes connect across the circle in knowing glances of remembering and understanding.</i>
	Performing Grief in Motion	Grieving campers are active. They express grief through physicalizing alternate narrative performances.	<i>Examples: Dancing; Rock Climbing; Challenge Course/Ropes Course activities; Tossing a Football; Singing; Reading poems; Playing the guitar; Beat Boxing; Cups/Cup Song.</i>