

## CHAPTER FOUR

### LITERATURE REVIEW : PART TWO

#### *SIBLING LOSS*

#### 4. Introduction and Definitions

Loss, by definition, implies separation, deprivation and change. Grief is the reaction to the loss of a significant other. Although siblings can be “lost” to one another in ways other than through death and it is clear that grief will be experienced at the time of any loss, separation or leave-taking, “there is a dimension to the death of a loved one that causes a different kind of pain and helplessness, a special finality” (Weizman & Kamm, 1985: 39). It is this finality; death and its “irrevocable permanence” (Brice, 1991: 18) that this thesis explores.

While death is defined as the “final cessation of vital functions”; “event which ends life”; “ceasing to be, annihilation”, and many researchers speak of the *death* of a sibling in order to distinguish it from loss through separation, this description (i.e. as an end event that occurs at a circumscribed time) does not speak to the broader and deeper meanings/dimensions implied by the term *loss*.

But what is loss?

Defined by The Concise Oxford Dictionary, “loss” is “*losing or being lost*”. Turning to Klein's (1971) etymological roots of the term, we discover from Middle and Old English, “*losien*” with its meaning of “to perish, lose”; and “*losian*” – “to perish, be lost”. Thus, there is the implication that in losing a significant other, there is also a loss of self. Part of the process of grieving is, therefore, to recover or get back the self. From the German, “*Du-verliezen*”, “*verlieren*” (derived from the Gothic “*fra-luisan*” with its meaning of “to lose” and “*leus*” an “s”-enlargement of the base “*leu*”-, “*lie*”-, “*lu*”-) means “to cut off, untie, separate”. Similarly, the Greek “*lu-ein*” means “to loosen; untie; slacken”. The term is paradoxically linked with losing and being lost, with separation, to cut off, untie, loosen, slacken, and contains within it the sense of the “work of mourning” as described by Freud (1917/1957). Also implied is that this “loosening”, “untying” or “slackening” is not time bound. A sense of loss is experienced not only at a time but also over time; it refers not only to the person lost but also to the ones left behind. For these reasons the term “loss” was selected for the present study.

Although there are differences in the formal definitions of *grief*, *mourning* and *bereavement*, they overlap in meaning and are frequently used interchangeably in the thanatology literature and in contemporary language. It is therefore appropriate at this point to define these terms.

Whenever we are affected by a loss, whenever a significant other dies, a reaction, emotional, physical and psychological, which we call *grief* is set in motion. “Grief” is defined as a “great sadness caused by ... loss”; “deep/ heavy or violent sorrow”; “anguish” (Concise Oxford Dictionary, 1982) and attests to the depth and complexity of the felt human experience of loss that involves the individual's entire being. Grief is not always visible and may or may not be overtly expressed.

“Mourning”, on the other hand, is defined as “*expressing sorrow, especially by wearing black clothes.*” Cook and Oltjenbruns (1989/1998: 91) note that “mourning denotes the social prescription for the way in which we are expected to display our grief and often reflects the practices of our culture (e.g. wearing black or holding a wake).” Meyer (1975: 91) describes “mourning” as “giving visible expression to our grief.” The German “*trauer*”, like the Afrikaans “*treur*” (“grieve, mourn, be sad, languish, pine”) and the English “*mourning*”, can mean both the affect of grief and its outward manifestation. In fact, throughout Freud's classic essay (1917/1957), “On mourning and melancholia”, the translators-editors, use “mourning” in the latter sense.

However, in psychoanalytic thinking, following Freud's (1917/1957) formulations of “mourning” (i.e. conscious loss) as opposed to “melancholy” (where the meaning of the loss is unconscious), there is a more precise meaning, namely that the task of mourning is “to detach the survivor's memories and hopes from the dead” (Freud, 1912/1913, in Bolwby, 1980:16). While some analysts feel that the term “mourning” should be retained for this specific purpose, Bowlby (1980: 17) uses mourning to refer to “all psychological processes, conscious and unconscious that are set in motion by loss.” To denote the public expression of mourning Bowlby uses the term “mourning customs.”

“Bereave” is defined as “*to leave desolate, deprive of near relative*” (Pocket Oxford Dictionary, 1984), and “bereavement” as “the state of being that results from a significant loss” through death (Cook and Oltjenbruns, 1989/1998: 91), or as “the fact of loss through death”, Osterweis, *et al.*, 1984 (in Hogan & DeSantis, 1992: 162).

Although the experience of sibling loss does involve normal grief-bereavement dynamics, it has a unique texture of its own. Thus, an exhaustive review of the grief literature is not germane to this study. Only the key ideas and theoretical foundations will be discussed briefly, in particular those that shed light on the predicament of sibling loss.

#### **4.1 Theoretical Perspectives on Loss, Grief and Mourning.**

Many different theoretical perspectives provide understanding of the loss of a significant other and have also been used by therapists and researchers in their attempts to understand the experience of sibling loss. These perspectives have evolved over time and while some of the earlier theories indicate that there is ultimately a “letting go” of or detachment from the lost loved one (Freud, 1917/1957; Lindemann, 1944; Bowlby, 1979, 1980), newer orientations suggest that there is an ongoing attachment or tie to the deceased (Silverman, *et al.*, 1995).

A review of the literature on sibling loss reveals the influence of Freud (1917/1957), Klein, (1940/1991); Bowlby (1979, 1980), and Lindemann (1944) on subsequent research. These theories as well as the existential-phenomenological perspective will now be discussed.

##### **4.1.1 Sigmund Freud ([1915]1917) - Psychoanalytic Theory**

Freud (1917/1957: 256) was the first to deal with the loss of a significant other through death: “The ‘exciting’ causes of mourning are for the most part occasioned only by a real loss of the object, by its death.” According to Freud (1917/1957: 243), mourning occurs in the face of a significant personal loss of a loved person. Mourning or sorrow in such a situation is therefore central to who we are. Since we are wrapped up in the person with a love/significance reinforced by “a thousand links” (1917.1957: 256), the loss requires, even demands, radical mourning. How do we unbind the painful ties?

Freud continually juggles “economics” with meaning. During the “work of mourning”, ultimately the “verdict” of reality asserts that the loss is permanent; that continual pre-occupation with it is futile. On the other hand, meaning defies and struggles against accepting this reality. As Freud observed, human beings never willingly give up a relationship with a loved one. The resistance can be so intense that “a turning away from reality takes place” (1917/1957: 244) and the mourner keeps the absent person alive, clings to him or her through denial or through fantasy. However, in the end reality asserts itself and the grief work ends. Or does it?

Whatever the outcome, first a painful and gradual process of withdrawal of the attachment to the lost person takes place. “Bit by bit” memories of, and expectations linked to the lost loved one are brought up in detail, taking time, expending energy and burning with meaning (Freud, 1917/1957: 255). Only after this “work” has been accomplished can the bereaved invest once again in others, i.e. become once more “free and uninhibited” (1917/1957: 245).

As Freud saw it, the mood of mourning is painful. It is accompanied by a withdrawal from the outer world (except in so far as it may be connected with the lost person), an inability to turn one's affection

towards anyone else (who then would partly replace the lost one), and an incapacity to undertake anything that is unrelated to the loved person. The sufferer is so “absorbed” in the mourning that he has little energy left over for anything else. Freud saw this as a natural process that would pass, or was likely to diminish with time and did not require medical intervention (1917/1957: 243-244).

While mourning (normal grief) closely resembles melancholia (depression), Freud noted that there were differences. According to him, the core of the qualitative differences between them pivots around three striking issues: (1) whether we are conscious or unconscious about the *meaning* of our loss; (2) whether the loss is of the “object” or is self-centred; and (3) whether we are ambivalent about the lost “object” or can tolerate the ambiguity that both joy and pain are equal possibilities in every love-bond. With grief, the pain and other reactions are limited to the loss of an “external person”, whereas in depression there is an apparent internal (ego) loss as well. With depression the sufferer does not know *what* loss he has actually suffered. This is the case even if the person is aware of the loss that has precipitated his depression but, “only in the sense that he knows *whom* he has lost but not *what* he has lost in him” (Freud, 1917/1957: 245). In contrast with the *conscious* loss in the case of grief, in depression the *meaning* of the loss remains unconscious, largely due to repressed ambivalence. With grief the world has become poor and empty; with the melancholic the person himself or herself becomes impoverished and feels worthless and useless. Succinctly, Freud clarified that if a loss remains fixed as a *self-centered, unconscious* and *ambivalent* soul-state, it cannot be mourned. Instead, a depressive shadow haunts the person.

In this essay, Freud first names an “upper” or “super” agency within consciousness. One part of the self (ego), he says, splits off and critically judges the self. In the split state of depression, we direct love towards the lost object, idealising and glorifying the one who is dead and gone. Simultaneously we aim the anger at the self. We split. We absorb the blame, feel worthless and experience guilt. For the most part, most of us honour the dead and protect our lost loved one from our own ambivalence.

How does the “grief work” finally get done? Freud surmises that there is a limit to how much one can punish oneself; grief work finally comes to an end for “economic” reasons: “We may perhaps suppose that this work of severance is so slow and gradual that by the time it has been finished the expenditure of energy necessary for it is also dissipated” (1917/1957: 255).

This major weakness in Freud’s essay opens him to the charge of reductionism and materialism. Yet, Freud was very aware of the mourner’s lived reality as revealed in an essay written more or less at the same time, “Thoughts for the Times on War and Death” (Freud, 1915/1957), in which he describes the prevailing attitude of the bereaved adult concerning death and the dead, and contrasts this with the mourner’s reality. He also includes the loss of a sibling and that of a friend as significant losses:

“... The complement to th[e] cultural and conventional attitude towards death is provided by our complete collapse when death has struck down someone whom we love - a parent or a partner in marriage, *a brother or sister*, a child or a close friend. Our hopes, our desires and our pleasures lie in the grave with him, we will not be consoled, we will not fill the lost one's place.” (Freud, 1915/1957: 290). [My italics]

Later, having experienced the loss of his daughter, Sophie (26 years old), in the 1920 post-war flu epidemic and the death in June 1923 of Heinerle (four-and-a-half years old), Sophie's second child and Freud's favourite grandson (Jones, 1957: 96; Derrida, 1980/1987: 331), Freud expresses this reality even more poignantly in a letter of condolence to Binswanger (a psychoanalytic colleague) who lost his son to meningitis in 1926:

“Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish” (in Bowlby, 1979: 88).

It is evident from the above personal correspondence that Freud, the man, had endured love and loss. He understood that some lost loved ones are irreplaceable; that even the most ideal resolution can never be a complete relinquishment. Two nerves quicken his writing: *energy* and *meaning*. A faithful reading of Freud demands that with him we sustain the tension between the two.

Within the entire corpus of grief studies, we find two orientations based upon splitting and following only one line of his thought. Freud ended his classic 1917 paper, which he never revised, with the assertion that “energy” eventually runs out, as if the ties to the lost loved one are finally relinquished by some naturalistic process. This energy model influenced researchers and therapists to focus upon the ultimate “letting go” of, or detachment from the lost loved one (Lindemann, 1944; Klein, 1940; Bowlby, 1979, 1980). Newer orientations, however, suggest that there is an ongoing attachment or tie to the deceased (Silverman, *et al.*, 1995). Object relations revisionists and self psychologists unfold the collision of “cathexis” with the relational concepts implied in identification, the Oedipal and transference/counter-transference concepts. These last-mentioned theories come closer to the existential-phenomenological perspective that helps to elucidate a loss in the family. It must be said that the full value of Freud's contribution to the grief literature requires a reading of *all* his works, including all of his own revisions and his revision of the death-drive (*todestrieb*).

#### **4.1.2 Melanie Klein (1940) - Object Relations Theory**

Klein did extensive psychoanalytic treatment with children. Based on this work, she formulated a theory of loss that links mourning at any age with the normal infantile manic-depressive developmental position. This psychological disposition reaches a climax at the time of weaning. Klein alleges that the infant's depressive anxiety, a mixture of fear and guilt, instills a sense of responsibility

in the child for having driven away the “good mother” through the child’s own anger, greediness, envy, etc. Thus, the infant mourns the loss of love, goodness and security that the maternal object stands for (1940: 148). The mother’s physical presence and the child’s attachment to her no longer mediate the anxiety and the child experiences the loss of the mother as a personal punishment; as being punished for his or her “badness.”

In the face of the “depressive” position, the ego develops defences that are directed against “pining” for the loved object. These defences are fundamental to the whole ego organisation. Depressive anxieties of self-other destruction push the self (ego) to build up omnipotent fantasies, i.e. manic defences. Significantly, Klein's theory of the depressive position includes siblings who constitute a threat to the oneness with mother. The circle of loved objects that are attacked in fantasy and whose loss is therefore feared, widens because of the child's ambivalent relations with siblings (1940:148).

How does Klein connect the infantile depressive position with normal mourning?

It is important to note that “position” is a non-linear concept. It implies that a meaning or pattern begins and does not end. The names change, the faces change, the places change, but nothing changes. Thus, any loss in later life reactivates the depressive position (i.e. the early mourning). However, while the normal “depressive position” usually occurs in the presence of the mother, in the case of separation through death, the depressive position arises in the *absence* of the significant other. In Klein's view, the poignancy of the actual loss of a loved person is greatly increased by the mourner’s unconscious fantasies of having lost his *internal* “good” objects as well. He then feels that his internal “bad” objects predominate and that his inner world is in danger of disruption (1940: 156).

Klein extends Freud’s view that loss generates an impulse in the mourner to reinstate the lost loved one in the self. She posits that the mourner not only needs to reincorporate the person whom he has just lost, but also reinstates his internalised good objects (ultimately his loved parents), who became part of his inner world from the earliest stages of development. These are also felt to be destroyed whenever loss is experienced and the early depressive position, with its anxieties, guilt, and feelings of grief are reactivated. According to Klein, any significant loss threatens the inner world and revives earlier feelings of persecution. The combination of mourning while feeling persecuted aggravates ambivalence, impedes trust and therefore inhibits friendly relations with people who might lend support at this difficult time. The pain experienced in the slow process of testing reality in the work of mourning thus seems to be partly due to the multiple tasks of renewing the links to the external world, reinstating the actual lost loved object and restoring the “good” parents inside the mourner (1940:156).

According to Klein, the mourner repeats in a transitory way the normal manic-depressive processes of early infancy. The normal feeling of possessing the perfect loved object (idealised) inside is threatened by one's own ambivalence insofar as loss signifies imperfection. Coping with sorrow and the distress of normal grief requires the belief that the "good objects" in one's inner world hold sway over the "bad" ones that threaten to destroy psychological security (1940: 157). Klein maintains that it is only gradually, by regaining trust in external objects and values of various kinds, that the mourner is able once more to strengthen his or her confidence in the lost loved person: "Then he can again bear to realise that this object was not perfect, and yet not lose trust and love for him, nor fear his revenge" (1940: 158). In this respect, Klein touches on the important aspect of "forgiveness" that is fundamental to working through the loss. Forgiveness recreates security in the inner world: inner objects come to life again, re-creative processes can set in and hope returns (1940: 163). At this stage in mourning, suffering can become productive.

The process of mourning, therefore, deepens the individual's relation to his inner objects. For this to happen, feelings of increased comfort alternate with distress. Klein notes that, "(In mourning as well as in infantile development, inner security comes about not by a straightforward movement but *in waves*)" (1940: 164 - my emphasis). While she places this observation in parentheses, it is very significant that Klein recognises that the mourner does not move through linear phases or stages. Like Freud, she too recognises that the process is gradual ("bit by bit"). For Freud, however, resistance to letting go of the loved object dominates. Klein (1940: 165), on the other hand, emphasises that the crisis of a present death repeats the struggle against the chaos inside, specifically the need to rebuild one's inner world, to recover and restore little by little the "good" internal objects that are also felt to be lost.

For Klein, the fundamental difference between normal and abnormal mourning pivots on the establishment of internal "good objects" in early infancy. Successful mourning balances the extremes of the "divine" and the "demonic". Our "good" objects are imperfect but loving and loveable; so are we. Failure to complete the work of mourning - the extreme of which is a manic-depressive state - means that one has not resolved or passed beyond the normal infantile depressive position (1940: 174). One is still denying the resistance of the world; still stymied by loss/death.

Klein, unlike Freud, places more emphasis in a relational perspective; others can also facilitate the grief process: "If the mourner has people whom he loves and who share his grief, and if he can accept their sympathy, the restoration of the harmony in his inner world is promoted, and his fears and distress are more quickly reduced" (1940: 165). Nevertheless, her main position is that the individual must "rebuild with anguish the inner world, which is felt to be in danger of deteriorating and collapsing" (1940: 156). Like psychoanalytic and attachment theorists, Klein stresses the conflicts that

occur within the psychic apparatus and neglects to emphasise the individual's social world. She also does not explore the mutual impact of mourning within the family. However, Klein's concept of mourning as a repetition of the early "depressive" position, and the need to reinstate not only the person that has been lost but also the "good" parents within the self suggests that, with a loss, *object relations* are reactivated and the mourner will have to revisit the primary (maternal/paternal) bonds as well. This has relevance for sibling loss.

#### **4.1.3 Erich Lindemann (1944) - The Medical Model**

The psychoanalytic bereavement literature emerged predominantly from the study of clinical populations. Psychiatrist, Erich Lindemann (1944), appears to have been one of the first to have made the first-hand study of acute grief in adulthood his main concern. Lindemann described uncomplicated grief in terms of a series of symptoms that may seem quite extreme from a traditional psychiatric perspective but that are in fact normal following the loss of a significant other. However, while Lindemann agrees, in essence, that "acute grief would seem to be a normal reaction to a very distressing situation", because of its remarkable uniformity and in order to comply with medical-psychiatric interests and concerns at the time, he defined grief as a "definite syndrome" (1944:148).

Lindemann's contribution to the study of grief lies in the fact that his research, which was conducted during the Second World War (a very traumatic time in his society), described most of the psychological and somatic reactions of normal and acute grief that have been mentioned ever since his study. Significant too is that, similar to the phenomenological research method, Lindemann's investigation consisted of a series of interviews during which the psychiatrist "avoided all suggestions and interpretations ..." (1944: 149) and allowed the patients to describe their emotions. The picture of grief which emerges is, therefore, based on the spontaneous and direct responses of bereaved patients. Thus, although Lindemann's research was published more than sixty years ago, his rich descriptions of the experience of acute grief remain relevant to this day.

Lindemann's model of bereavement as a crisis period of increased vulnerability is considered one of the classic works in "preventive community psychiatry" (1944: 148). His work on grief reactions also inspired Gerald Kaplan's work, 1964 (in Shapiro, 1994: 33), on crisis theory. From this perspective, as noted by Shapiro (1994), any life crisis, including the crisis of loss, presents a challenge that can lead to a more adaptive reorganisation of the personality. Work in the area of adults coping with stressful life events has also been applied, more recently, to the stress of losing a family member. The mitigating effects of social support in reducing health risks (both mental and physical) for adults in stressful life circumstances have been documented not only in the adult and family stress literature but also in the adult bereavement literature, eg. Osterweis *et al.*, and Raphael, 1983 (in Shapiro, 1994: 33).



In his study, Lindemann (1944: 149) interviewed 101 patients drawn from four different groups: patients who had lost a relative during the course of treatment, relatives of patients who had died in hospital, bereaved disaster victims (Cocoanut Grove night club fire), and relatives of members of the armed forces. Lindemann (1944:148) found that this acute grief “syndrome” may appear immediately after a crisis; it may be delayed; it may be exaggerated or apparently absent.

He describes five major “symptoms” of normal, acute and uncomplicated grief: “somatic distress”, “preoccupation with the image of the deceased”, “guilt”, “hostile reactions”, and “loss of patterns of conduct” (1944: 141-142). Like Freud, Lindemann noticed how disrupted the mourner's everyday activities become: “The bereaved is surprised to find how large a part of his customary activity was done in some meaningful relationship to the deceased and has now lost its significance” (1944:150). Lindemann also added a sixth characteristic of normal grief. The phenomenon is not as conspicuous as the other characteristics but is striking enough to colour the whole picture, i.e. the deceased takes on physical and/or behavioural traits of the deceased, especially symptoms that the deceased may have shown at the time of the tragedy (1944: 151). In Freudian language, the mourner identifies with the deceased.

Relevant to the participants of the present study, Lindemann (1944: 152-154) pinpoints what happens when mourning does not run a healthy course. He refers to “morbid grief reactions”, i.e. “distortions of normal grief”: (i) The most frequent reaction is *delay* or *postponement*. He notes that if the loss occurs at a time when the patient has to cope with important tasks and/or when there is a need to maintain the morale of others, he may show little or no reaction for weeks or even for years. One form of this delayed reaction is the situation where a patient develops the grief reaction at the time when he himself is as old as the person who died; (ii) Then there are “*Distorted reactions*”, i.e. where the delayed reactions may occur after an interval which was not marked by any behavioural problems or distress, but in which there was a change in the patient's behaviour. These alterations may be considered manifestations of an unresolved grief reaction which Lindemann found responded well to psychiatric intervention if recognised.

Successful *grief work* for Lindemann involves, “emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships” (1944: 151). He notes that one of the big obstacles to this work seems to be the fact that many patients try to avoid the intense distress connected with the grief experience and to avoid the expression of emotion necessary for it.

Unfortunately, Lindemann believed that the normal course of grief is time-limited. Theorising on the basis of the medical model, Lindemann posits that the normal *grief work* takes approximately four to

six weeks. Eight to ten psychiatric interviews should “...settle an uncomplicated and undistorted grief reaction” (1944:152). Beyond the four to six weeks, lingering grief with persistent symptoms may be considered “morbid”. This statement not only belies experience with the grieving process, it also contradicts Lindemann's insightful statements about *delayed* reactions.

#### 4.1.4 John Bowlby - Attachment Theory

Bowlby's (1961a, 1961b, 1973, 1979, 1980) framework for understanding loss is inextricably linked to his theory of attachment and separation. He integrates his initial embrace of the object relations viewpoint with an ethological perspective. Thus, his theory of attachment includes the survival benefits of attachment bonds. Separation from mother or other significant person in childhood *is* loss and the child responds with a series of characteristic behaviours, including crying, protest, and a concerted search to find the lost attachment figure. Bowlby's analysis of grief and mourning, therefore, rests on an appreciation of instinctual bonds that tie human young to a mother or other caretaker and which he believes are built on the same general pattern as they are in other “mammalian species” (1961b: 482). Thus, he views mourning as a psycho-biological process. Both the yearning to recover and the urge to reproach the lost person - unrealistic because the person cannot be recalled - fit within a larger story of evolution, adaptive significance and survival (1961b: 485).

Bowlby (1961b: 483) argues that the sequence of responses - protest, despair, detachment - is a sequence that, in one variant or another, is characteristic of all forms of mourning. Loss, especially when it is unexpected, triggers: (1) a phase of *protest* during which the bereaved person is striving either in actuality, or in thought and feeling, to recover the lost person and is reproaching him or her for desertion; (2) a phase of *despair* during which there is subdued pining where alternating hope and despair may continue for a long time; (3) a phase of *detachment* during which some measure of emotional detachment from the lost person is achieved (1961b: 483). Behaviour in this phase becomes reorganised on the basis of the person's permanent loss.

Ties binding the child to his mother do not quietly fade during the detachment phase, nor is there simple forgetting (Bowlby, 1961b: 486). On the contrary, Bowlby's research data reveal that during this phase, the responses that bind the child to his mother and lead him to strive to recover her are subject to a defensive process. In some way they are removed from consciousness. Pertinent to the situation of the sibling in silent mourning, these responses remain latent and ready to become active again when circumstances change.

Mourning, related to attachment, separation and loss, is biologically based and normal. The matter of chronological age is irrelevant. Whether infant or adult, grief responses at any age are similar; they follow the same sequence (Bowlby, 1961b: 484). Although the intensity of grief varies considerably

from individual to individual and the length of each phase also varies, according to Bowlby there is nevertheless a basic overall pattern: "...the behavioural sequence is accompanied by a sequence of subjective experiences which begins with anxiety and anger, proceeds through pain and despair, and, if fortune smiles, ends with hope" (Bowlby, 1961a: 331).

Bowlby (1961b: 484) saw anger as a normal response too; an immediate, integral and almost invariable response to loss rather than an indication that mourning had taken a "pathological" course. Anger erupts not only over the loss but also *at* the lost person. The adaptive function of this anger is both to recover the lost person and to dissuade him or her from deserting again. Hence, expressing this powerful urge is a necessary condition for mourning to run a healthy course (1961b: 485). Although the overt expression of anger is so obviously futile, unrealistic and hopeless, it is not pathological. Likewise, the person's disbelief that loss has really occurred ("denial") is not necessarily indicative of pathology. It is another adaptive response. It seems that only after every effort has been made to recover the lost person, is the individual able to admit defeat and to orient himself to a world from which the loved person is accepted as irretrievably missing. For Bowlby, *protest* is as much a part of an *adult's response* to loss, especially a sudden loss (1961b: 485).

A main characteristic of pathological mourning, according to Bowlby, is the inability overtly to express these urges to recover and to scold the lost person, with all the yearning for and anger with the lost person that they entail. What happens if these normal drives to recover and reproach are split off and remain unexpressed? Then they remain repressed and ambivalent but still active within the personality. "Forgotten", but not gone, they find expression in distorted ways, generating "character disturbance and neurotic illness" (1961b: 485).

On the other hand, Bowlby also takes a conservative stand. During the immaturity and extreme dependency stage of infancy, it is normal that the urges to recover and reproach are accelerated. Healthy *adult* mourning, however, should delay the defensive processes. If defensive processes are accelerated as in childhood, the urges to recover and reproach the lost person have no chance of being extinguished and instead persist with consequences that may be serious. The inability of the adult to extinguish these urges is pathological (1961b: 487).

Based on the records of Lindemann (1944) and Marris, 1958 and amplified by the studies of Parkes, 1969, 1971 (in Bowlby, 1970/1979: 82) on adult grief and mourning following the loss of a spouse, Bowlby added an important first phase to his original three phases of grief. His final four phases (1970/1979: 83; 1980: 85) are described as follows :

1. *Numbing*. The first phase involves an initial period of *shock* and *numbness* that usually lasts from a few hours to a week - possibly interrupted by outbursts of extreme distress and/or anger. An inability to fully grasp the loss and feelings of disbelief are dominant in this phase.
2. *Yearning and Searching*. This phase involves the bereaved individual's desire to recover the lost person, and may last months and often years. Searching and pining, including restlessness and anger are all part of this phase. Memories of the deceased preoccupy the mourner and become the central focus of his/her thoughts.
3. *Disorganisation and Despair* (“emotional chaos”). During this phase, survivors realise that searching is futile. Behaviour patterns associated with the lost “object” are no longer possible or have lost their meaning and purpose. This outward disorganisation of life is accompanied by inner responses of depression, apathy and despair. For Bowlby, disorganisation is essential for reorganisation and building up of new patterns of behaviour.
4. *Detachment and Reorganisation*. The culminating phase involves *detachment* and *reorganisation* to a greater or lesser extent. This phase involves many strong emotions. It is a phase of recovery in which bereaved individuals revise their sense of self and diminish their psychological involvement with the deceased. During this phase aspects of the second and third phases are still present but not nearly as dominant.

Bowlby stresses that these phases are not cut-and-dried and that they can occur at any time during grieving. It is common for one to go through the process, come out of it, then slip back into one or more of the phases. However, while the time that it takes to move from one stage to another may vary greatly, emergence through these phases is, at the very least, dependent upon the individual's expression of feelings. Only then can there be a more favourable outcome to resolution of the loss.

Bowlby (1970/1979: 99) recognises that bereavement does not occur in isolation but that it becomes a “family problem”: “We need to know what changes occur in the dynamic structure of a family when a leading member dies... Apart from emotional problems the most immediate problem is one of roles.” Although he is speaking about the loss of a spouse, the problem of roles has relevance for the present study. Unfortunately, Bowlby's only reference to sibling loss in adulthood is that it is “not frequently followed by disordered mourning” (Bowlby, 1980: 177).

#### **4.1.5 Elizabeth Kubler-Ross - Stage Theory**

Phase and stage theorists (Bowlby, 1979, 1980; Kubler-Ross, 1969/1985) tend to regard grief more positively than proponents of the medical model (Lindemann, 1944). Grief is not just an agony with

which we cope, but a form of coping with loss. Ever since Freud's (1917/1957) seminal essay, "On mourning and melancholia", everyone who has spoken about grief has referred to it as a process. In the stage model, there are qualitative leaps from one stage to another. Time is not salient in the constructions of stage progress. Rather, it is assumed that the time it takes to move from one stage to another varies greatly.

The leading proponent of the stage theory, Kubler-Ross (1969/1985: 34-121) discusses five stages that a terminally ill person goes through in coming to terms with the reality of his or her approaching death. While not everyone will go through all the stages, it would seem that, according to this stage theory, one begins in denial and hopefully ends with acceptance:

1. *Denial and isolation.* In this stage, denial acts as a buffer after catastrophic news, allowing the patient to collect her/himself and, with time, to mobilise other less radical defences.
2. *Anger.* When one works through the denial to a point where one cannot deny one's approaching death any longer, one is freed to experience what is coming and becomes angry.
3. *Bargaining.* The third stage, "bargaining" is less well known but, according to Kubler-Ross, it is equally helpful to the terminally ill patient. If one has not been able to face the sad facts of the illness in the first period and has been angry in the second, possibly one can enter into some agreement that may postpone the inevitable from happening.
4. *Depression.* When the patient is no longer able to deny his/her illness and the fact of death, anger is replaced with a sense of great loss.
5. *Acceptance.* If the patient is allowed to be sorrowful in the preceding stage, final acceptance will be easier.

Although Kubler-Ross' theory focuses on individuals who are terminally ill rather than on those who have lost a loved one, her model has been extended beyond the context in which it arose. Lukas and Seiden (1987/1990), for example, have adapted her model to explicate the traumatic experience of losing a loved one (mother, father, sibling or friend) to suicide. Pertinent to loss in a family is the stage of "bargaining", where members of the family protect each other by remaining silent.

#### **4.1.6 Theories of Ongoing Attachment**

Attachment and Object Relations theories, by pointing out that development requires the stable internal representation of an attachment figure, have made important contributions to understanding

both childhood and adult bereavement. Transitional experiences, in the sense used by Winnicott, during which the deceased makes a transition from physical external object to internalised object, are a vital part of bereavement, providing a sense of safety necessary for ongoing development. In order to cope with the loss of a significant other, we internalise (in Kleinian terms, “restore”) the lost loved one. In that way we realise that the relationship is never lost and that the loved one lives on within us. The observation that children maintain a connection to their deceased parents is not new (Bowlby, 1980; Klein, 1940; Worden, 1996).

A number of researchers involved with sibling loss have also proposed a new model related to the process of bereavement that involves the concept of ongoing attachment and continuing bonds (Hogan and DeSantis, 1996). Ties with the lost loved one are not severed, rather, the relationship changes and continues in a different context. Silverman *et al.* (1995: 132) argue that the concept of internalisation does not adequately describe the process that bereaved children undergo. Observing children a year after the loss of a parent, the authors found that these children developed an inner representation of the dead parent that was much more dynamic and interactive than the term “internalisation” suggests and that seemed to change “with time as the child developed” (1995: 133). This ongoing, but altered, relationship appeared to help them to cope with the loss and with the accompanying changes in their lives.

#### **4.1.7 Systems Models of Grief**

Systems models of grief view loss as a change within a system which affects those that are more closely involved and whose responses set in motion a secondary change impacting on all the members in the family and the wider social structures. Like an “earthquake”, the loss most strongly affects those that are closest, but gradually it shakes the whole system (Gelcer, 1986).

The family systems approach to grief focuses on what happens in a family when one of its members is lost (Gelcer, 1986; Gilbert, 1996). This approach emphasises the need for major re-alignments and the reallocation of roles within a family. Not only does each member of the family have to adjust his or her status from being a wife/husband, parent, brother or sister but “the family as a group also has to adjust from being the complete whole that it was to the family minus one that it has become” (Riches & Dawson, 2000: 38). While difficulties may be encountered, sharing conversation and collective remembering is emphasised in the systems model as a way of providing a new reality that includes the death and its consequences (Gelcer, 1986; Gilbert, 1996; Nadeau, 1998).

#### **4.1.8 The Existential-Phenomenological Perspective**

Moving beyond the defined limits of theory, the existential-phenomenological perspective enables us to envisage loss and mourning as effecting a profound and lasting transformation of existence. In

existential-phenomenological philosophy, death becomes a central point of reference for human life, and our being in the world is seen as a “Being-towards-death” (Heidegger, 1927/1962). For Heidegger, anxiety experienced in a human crisis is not only normal, but indeed positive, as it pulls the person back from involvement with “inauthentic life” (i.e. the meaningless or frantic activity and idle chatter of the “public world”) and confronts him with “authentic beingness” (Chessick, 1986: 89). Heidegger's (1927/1962) concept of Dasein as being-there-in-the-world-with-others embraces the individual's relational world. We are inextricably linked to others.

Both the existential and phenomenological philosophies deal extensively with death and allow opportunity for grappling with death and the profound *lived* experience of loss. The philosophical presuppositions that “all living is also dying” and that suffering is part of our being human, in fact acknowledge death and loss as one of the many possibilities given to man in his encounter with the world (Kruger, 1979/1988: 80). As such, this perspective stresses the importance of the lived experience of the loss of a significant other rather than attempting to explain the process or to distinguish between “pathological” and “normal” grief.

Søren Kierkegaard, writing in the 1850s, has contributed a great deal to our understanding of loss and grief. Based on his own suffering, Kierkegaard provides us with an understanding of human suffering that has helped to deepen our knowledge of what it means to lose a loved one.

Kierkegaard reveals the helpful significance of our agony. He encourages us to dwell with our anxiety and to sorrow through our suffered losses. “Sorrow-ing”, he says, is the only deep “cure” for depression and despair. In his “Works of Love”, Kirkegaard (1847/1962: 57) counsels:

“I do not have the right to harden myself against the pains of life, for I *ought* to sorrow; but neither have I the right to despair, for I *ought* to sorrow; furthermore, neither do I have the right to stop sorrowing, for I *ought* to sorrow.”

Sorrow must be sorrowed. Sorrow never ends. “Sorrow-ing” prevents us from falling into despair; from becoming depressed. Sorrow, according to Kierkegaard, is only truly surmounted insofar as it endures its own truth. Getting over the sorrow, surmounting it, means that we dwell enduringly, or we abide by the truth that it discloses. Like Freud, Kierkegaard stresses that sorrowing/mourning takes a long time; it is a “work”, a *labour*. It does not come from short-term therapy as noted by Lindemann (1944). And like Freud, Kierkegaard maintains that, in the face of loss, depression arises when there was something “wrong” in the relationship before the death and the loss simply brought it to the surface.

How is the grief finally resolved?

It is in respect of the resolution of grief, that Freud and Kierkegaard part ways. In Kierkegaard's writing on sorrow the “work” of mourning completes itself with the spiritual act of “concern”, “making reparation”, or through forgiveness. In this respect, contributions are made by Object Relations theorists: D.W. Winnicott, Ronald Fairbairn, Melanie Klein and Harry Guntrip. For Kierkegaard *forgiveness* is the ultimate resolution of the loss of a loved one. We end this because finally we forgive the other and self. The authentic resolution to *grief work* is the acceptance of the loved other as fallible and flawed. Forgiveness opens the door to making reparation. The correlate of the capacity to forgive the imperfect other is the ability to accept and forgive our own imperfections, our real or imagined wrongdoings. One receives and one gives even though one may not condone or approve of one's actions or those of the other. Love cannot be perfect. Still one is loved, even though one may not deserve it.

Movement from the intra-psychic to the relational aspects of the loss of a significant other, as reflected in the above overview of grief theories, is also reflected in the literature and research review that follows.

#### 4.2 Literature and Research Review of Sibling Loss

An extensive literature search on sibling loss reveals several ways of approaching this unique loss experience, which seem to be related to the trends in the development of psychology as a science:

- The intra-psychic approach deals more specifically with the individual *reactions* of surviving siblings to the loss. Various reactions (emotional, physiological and behavioural) have been identified that apply more specifically to the *direct* loss of a brother or sister. Developmental issues, i.e. the surviving sibling's age and level of cognitive and emotional development and how the different psychosocial developmental tasks impact on the sibling's loss experience, are important in terms of how the individual copes with the death and loss. An appreciation of developmental issues enables us to focus on the individuality of the bereaved sibling but frequently does not take into account the individual's social world;
- The relational approach acknowledges the sibling's relational world which includes parents, friends and peers, and other “less significant” others. The responses of others, as well as the nature of the support received from parents and others, are recognised as either inhibiting or facilitating the integration of the loss of a brother or sister;



- The family structural or systemic approach emphasises the need for major re-alignments and the reallocation of roles within a family, focusing on what occurs in a family when a member is lost. The importance of making sense of the loss through shared memories and mutual storytelling as part of the process of working through the loss and establishing a “new” family, is emphasised.

How has this shift in interest evolved?

As already mentioned, as early as 1917 Sigmund Freud wrote a seminal work on loss and grief that gave rise to a host of mimics and critics. In “On Mourning and Melancholia”, Freud distinguishes clearly and trenchantly between normal grief over a significant loss, and the failure to mourn successfully. His clarification names ambivalence about the lost “object” as the emotional state that leads to prolonged, excessive and unremitting melancholia. Unfortunately, the psychoanalytic tradition, largely because of its intention to heal psychic dis-ease, for a long time focused upon the pathological outcomes of suffering loss. In terms of the phenomenon of this study, the psychoanalytic and psychiatric literature on sibling loss, with few exceptions, was biased in the direction of the psychopathology of survivors for more than sixty years. While some researchers (Pollock, 1978; 1988) also found a correlation between childhood sibling loss and later creativity, sibling bereavement, prior to the 1980s, was examined primarily as a pathological condition (Rosenzweig, 1943; Pollock, 1962, 1972; Volkan, 1972, 1978; Lieberman, 1978).

Between 1970 and 1980, researchers entered the field with an intention to balance the trend. From one perspective, it appeared that sibling survivors, the “forgotten grievers” (Zelauskas, 1981) or neglected mourners, and their disenfranchised grief, would no longer be overlooked. In point of fact, the history of the study of siblings merely mirrors the shifting trend in the culture at large and in research in particular. Stated somewhat differently, in following the course of the research on sibling loss, one finds both the evolution of psychological interests throughout modernity, and the entrenchment in psychology’s original commitment to the paradigm and method of the natural sciences.

My review of the literature, although extensive, is selectively representative, not exhaustive. Therefore, it is appropriate to give a few examples of the above statement:

During late-modernity (1980s and 1990s), the culture as a whole, and psychological theory more specifically, made a turn away from the intra-psychic, clinical and psychiatrically based paradigms toward community-based and relational approaches. Consequently, sibling loss was researched from those perspectives. Studies of sibling bereavement focused on identifying some of the variables and conditions of the grief process with a view to helping children who were at risk of developing psychological problems in later life. However, the dominant paradigm did not change. Quantification

was still the preferred research tool. Questionnaires, checklists and inventories blanketed the phenomenon. Instead of investigating directly the siblings' experiences with their grief, researchers adopted the mainstream third-person, retrospective perspective. Second-hand reports (parents' and teachers' perceptions) of the sibling bereavement process were obtained and few studies addressed what children themselves saw as they observed the world in the absence of their sibling.

As is characteristic with this style of studying human phenomena, "design flaws" are noted by critics and researchers (Balk, 1991; Cicirelli, 1995; Coleman & Coleman, 1984; Davies, 1999; Walker, 1993) alike, and "contradictory results" abound. However, the hope remains that with better-controlled and longitudinal studies a perception of the whole experience will emerge. A valuable theme that did emerge from traditional quantitative studies, is that sibling loss is so complex, multi-dimensional, relational, and influenced by unfolding time, that it eludes the method of measurement which is best suited to variables that can be controlled in a cause-effect way in the frozen present.

As we neared the millennium, several researchers also began to see it that way, and qualitative research, grounded theory and other forms of qualitative research interviewing were also employed. By gathering first-person data, these studies not only deepened our understanding of sibling loss, but also affirmed the invisibility of bereaved siblings and their grief. A common thread running through the literature is that no matter what the age at which the loss occurs, surviving siblings seem to be overlooked. As succinctly described by Cicirelli (1995: 199): "The parents are the chief mourners in the first part of life, supplanted by a spouse and children later on, with the feelings of siblings ignored by others and suppressed by the siblings themselves."

Despite the flaws and problems that beset quantitative research studies, one can attempt to draw some conclusions from them. The interested reader is referred to various reviews of work concerning sibling loss in childhood and adolescence (Coleman & Coleman, 1984; Balk, 1991; Davies, 1994; Walker, 1993). A literature overview by Vande Kemp (1999) also includes sibling losses in adulthood.

Two additional emerging and fundamentally crucial themes emanating from these reviews are that sibling grief is long-lasting and that sibling loss does not occur in a vacuum. The interaction in the family as well as the existence of a supportive social network may either inhibit or facilitate the grief work of bereaved siblings. As with the development of any new perspective, it is a rediscovery of things long known which only gradually gain acceptance. While some of the earliest researchers noted the significance of the context of grieving within a family and a community (Cain *et al.*, 1964; Krell & Rabkin, 1979; Rosen, 1984-85), unfortunately few attempts have been made to describe the whole range of phenomena which can be observed in these children. Studies that incorporate the bereaved

sibling's relational world are sparse. Their limited numbers are in sharp contrast to the body of research that addresses individual reactions and behavioural responses or family and/or societal responses. In sum, studies pertaining to the experience of sibling loss as a *gestalt* are rare and few studies provide a unifying description of such a loss. Coleman and Coleman (1984: 130) ascribe this, in part, to “the lack of a well-defined framework for considering the whole experience of the child.”

Although the emphasis in the present study is on qualitative research, in an attempt to highlight aspects of sibling loss which have frequently been focused upon in the literature, selective empirical scientific studies are also reviewed in order to provide a more comprehensive view of the phenomenon. Case studies, where relevant, are also included.

It must also be mentioned at this point that the studies in this review concern the western family and western culture and do not necessarily pertain to other cultures. In addition, while the focus in this study is on the loss of a sibling in young adulthood, I also address childhood and adolescent sibling loss since, to date, children and adolescents constitute the developmental groups to which most research on sibling loss has been directed.

To aid in summarisation, and to create a framework within which the material can be presented, the studies are grouped into three broad categories which I have identified as the primary foci of enquiry to date, i.e. individual aspects; familial aspects; and societal aspects of sibling loss. These three categories are to be seen as inextricably interrelated. All three interact in unique ways for each bereaved sibling and, to a greater or lesser extent, all play a role in co-constituting the sibling's loss experience. They are separated here for purposes of the presentation of the literature. Within these broader categories, a developmental framework (i.e. losses in childhood and adolescence, and losses in adulthood) will be used as most of the studies focus either on childhood and adolescence as a group, or on adult sibling loss. These three categories are similar to those used by Vande Kemp (1999) and Cicirelli (1995), and are grounded in the sibling bond.

#### **4.2.1 Individual Aspects of Sibling Loss**

Individual reactions to the loss of a sibling refer to the *direct* loss of a significant other and to the emotions that accompany such a loss. As already noted, the sibling relationship is unique. It is usually the longest-lasting and, in some ways, the most taken for granted social connection an individual will ever experience (Moss & Moss, 1986). The loss of a sibling has implications for self-identity, for personal development, for relationships with parents and other surviving siblings, and for long-term relationships throughout adult life (Robinson & Mahon, 1997). Given the significance of this relationship, it is not difficult to understand that the loss of a sibling can have profound effects upon brothers and sisters – “effects that permeate the lives of surviving siblings” (Davies, 1999: 10).

#### 4.2.1.1 Sibling Losses in Childhood and Adolescence

Children and adolescents are the developmental groups to which most research on sibling loss and bereavement has been directed. Research into general loss during childhood has tended to focus on the level of cognitive development and whether the child is able to understand the irreversibility, universality and non-functionality of death (Corr, 1995; Cicirelli, 1995). There has also been much debate in the psychological literature as to whether a young child is able to mourn effectively (Bowlby, 1980; Furman, 1984) or not until adolescence (Wolfenstein, 1966) because of immature ego development and/or failure to attain a level of “person” constancy (Piaget) or “object” permanence (Winnicott). While there is sound evidence that young children do not have an understanding of the finality of death (Nagy, 1959) and that they need help to understand what is happening, Bowlby (1980) attests that mourning does occur in childhood and that even very young children respond to the *feelings* resulting from separation from those to whom they are attached.

The literature highlights a broad range of reactions (immediate, short-term and long-term) that siblings may manifest as part of their experience of the loss of a brother or sister.

- **Grief Responses**

An early and perhaps the most comprehensive study (up to the 1990s) of children’s reactions to the loss of a sibling is the retrospective exploratory study by Cain *et al.* (1964) of 58 children (two-and-a-half to fourteen years), who were psychiatric patients. Data were collected in most part from closed files of materials ranging from outpatient evaluations to years of intensive inpatient treatment (1964: 742). Sibling deaths ranged widely from chronic or sudden illnesses, through to car accidents, drowning, burns, accidental shootings, and severe beatings. The authors included cases where the deceased sibling died *before* the sibling they studied was born because some of these bereaved siblings shared in so many ways the specific problems seen in the primary group of children.

In this study, the authors identified eight reactions that they felt were substantially related to the subjects’ loss of their sibling (1964: 743-750), i.e. guilt; distorted concepts of illness and death; disturbed attitudes toward doctors, hospitals and religion; fears of death (“death phobias”); comparisons, identification and misidentification; disturbances in cognitive functioning related, more specifically, to the death of their sibling; impact of changes in the family structure; and impact of parental mourning.

In the psychiatric population studied by Cain *et al.* (1964), guilt was strongly present in approximately half of the cases, even 5 or more years after the sibling’s death. These children felt responsible for the death and insisted that it was their fault. Some children felt that they should have died too, or should have died instead of the sibling. Suicidal thoughts, sometimes motivated by a wish to be reunited with

their brother or sister, were also evident. Guilt was handled differently by each child according to his or her personality, with reactions including “depressive withdrawal, accident-prone behaviour, punishment seeking, constant provocative testing...and many forms of acting out” (1964: 743) behaviour.

Cain *et al.*, (1964) found that guilt was particularly intense in those surviving siblings who had been involved in the circumstances of the death and where, within the family, the circumstances surrounding the loss had been shrouded in silence. Even though the sibling may have wanted to talk about the event, the authors note that parents were struggling with their own “self-accusations” and needed “to avoid the open assessment of blame” (1964: 744). Thus, parents remained silent and there was no open discussion of the death. In some instances guilt was imposed by the parents, not in the sense of blaming the child for the sibling's death, but for not showing any sadness or grief at the loss of their brother or sister (1964: 745); i.e. for not mourning in an approved way.

Other symptoms included confused, *distorted concepts of illness and death*. Cain *et al.* (1964) found these to be most prominent amongst those children whose siblings died due to illness. For these children, concrete disease symptoms, e.g. “coughs, colds, ‘high temperatures’ and bruises meant that you would die” (1964: 746). Some also struggled to reconcile the fact of their sibling's death with the conventional adult statement that “people die when they are very old” and for almost one-third of these children, “growing up, growing older, meant you would die” (1964: 746).

Related to this were *disturbed attitudes toward doctors, hospitals and religion*. The authors found that the majority of the surviving children had a heightened fear of doctors, and going to a hospital was equated with dying. Almost as strong as the above fears was the confusion of how a loving God could have “taken away” their sibling (Cain *et al.*, 1964: 746). Fears of death (“*death phobias*”) were prominent in almost all of the children's responses. The surviving siblings developed a heightened awareness of death, feeling that it could strike at other loved ones, as well as at themselves. The children were often convinced not only that they would also die, but that they would die either at the same age or from the same cause or under the same circumstances as the deceased sibling (1964: 747). This is not only prevalent in childhood but also in adult sibling-loss as illustrated by Engel (1975) in his analysis of his own “anniversary reactions” following the sudden death of his twin brother at the age of 49 years.

Cain *et al.* (1964) found that family variables included changes in sibling and parent-child relations, profound and prolonged parental mourning, and protracted mother absences during illness of the sibling prior to death. These family variables will be discussed in greater detail under 4.2.2 (“Familial aspects of sibling loss”).

While there may be a perception that children drawn from a psychiatric population, such as the one cited above, would present with more ambivalence and guilt, it is significant that this theme presents quite strongly in community-based samples as well. For example, Rosen's (1984-85) findings appear to concur with Cain *et al* (1964) that *guilt* is a common reaction of bereaved siblings. Half of the respondents in Rosen's (1984-1985) study reported guilt feelings related to the death. They experienced guilt for being alive when the sibling had died, for being well when sibling was ill, and for having wished the sibling dead at some time in their relationship (1984-1985: 312). Rosen's findings add another dimension to the guilt experienced by siblings, i.e. that the child occasionally felt "special" for having experienced the loss of a brother or sister and subsequently felt guilty for having had that feeling. Other emotions included feeling sad, lonely, frightened, "numb" and angry.

Sadness was the most common reaction reported by Mahon and Page (1995) after a sibling's death and during the time since the death. The authors (1995: 20) found that sadness frequently coexisted with other feelings: shock; relief that their sibling did not have to suffer anymore; fear; and disbelief. Other feelings included a lack of understanding, anger and confusion. Several children reported a need to be alone or to be in a "comfortable place". Feelings of isolation were also common either because they chose to be alone or because they believed that everyone was focused on the child who had died and the needs of the parents.

Another more recent comprehensive conceptualisation of *childhood* sibling loss is that of Davies (1999). Using a qualitative approach (grounded theory), Davies' extensive study synthesises the findings from all her work (extending over 15 years) and provides a paradigm of sibling bereavement, based on the responses of siblings of all ages who had lost a brother or sister in childhood. This paradigm/model, drawn from a *general* population (as opposed to the *psychiatric* population studied by Cain *et al.*, 1964), includes the immediate, short- and long-term responses of bereaved siblings and demonstrates how these sibling responses may be influenced by individual, situational and environmental factors.

Davies (1999) identifies four responses of bereaved siblings, i.e. "I hurt inside", "I don't understand", "I don't belong" and "I'm not enough." According to this author, the first two, i.e. "I hurt inside" and "I don't understand", constitute the more immediate responses to the loss of a sibling. These responses are similar to those described in most literature about sibling bereavement and focus on the emotional/behavioural reactions of children and the cognitive responses that result from children's developing understanding about death. The other two responses, "I don't belong" and "I'm not enough" reflect the more long-term effects of sibling bereavement. Davies (1999: 199) also points out that the first response, "I hurt inside", stems from the "vulnerability of being human", of being attached to someone and missing that person when he or she is gone. The other three responses are

rooted in a vulnerability that arises from the child's dependence on the adults in their lives. She concludes that the way in which parents, older siblings and other adults respond to a sibling's pain will contribute to how bereaved siblings experience, "I don't understand", "I don't belong", and "I'm not enough." In brief, Davies describes the bereaved siblings' responses as follows:

(i) "*I hurt inside*" - This response encompasses all emotions typically associated with grief, including sadness, anger, frustration, loneliness, fear, irritability, guilt, restlessness, and a host of other responses - responses that are common to all who grieve. However, Davies (1999: 199) notes that, unlike adults, who may perhaps more readily describe their emotions, children may show their pain in different ways: "they may cry, withdraw, seek attention, complain, misbehave, pick fights easily, argue, have nightmares, fear going to bed at night, lose their appetite, or overeat."

(ii) "*I don't understand*" - While this response is influenced largely by children's level of cognitive development, Davies (1999: 200) posits that children's awareness of death only adds to their confusion if they are not helped to understand and to make sense of the death. When children are not given information and do not understand what has happened, they become even more anxious in a situation where they already feel overwhelmed by "unfamiliar sights and sounds" (1999: 200). Their own feelings are also confusing to them - e.g. it is puzzling to feel sad while at the same time feeling angry with the brother or sister for leaving.

(iii) "*I don't belong*". Davies (1999: 200) notes that a death in the family disrupts the normal routine of everyday life; the parents' grief, the "flurry of activity" and the consequent changes in the family structure, generate a sense of insecurity and a feeling in the surviving siblings that there is no place for them in the family. When children's own ways of responding to the loss are not tolerated, they feel even more as if they do not belong in their family. In addition, children who experience the death of a brother or sister often feel that they are different from others - especially from their peers - and may feel as if they do not belong with their friends either.

(iv) "*I'm not enough*" - Children may feel that the child who died was their parents' favourite child and that they, as surviving children, are "not enough" to make their parents happy ever again. Some surviving siblings, in attempting to understand why they survived, strive to be good at all they do, try to do more, striving "to prove that they are enough, that they are worthy enough to live" (Davies 1999: 201).

Other studies have described a host of emotional, physical and behavioural responses associated with sibling bereavement. These include: sleep disturbance, poor concentration, loneliness, guilt, feelings of powerlessness and helplessness, feeling different to peers, fear of dying, more frequent illness,

depression, anger, nightmares, suicidal thoughts, feeling uncomfortable if happy, feeling responsible for the death, feeling overprotected by parent(s), anger at God, increased grief at special times of the year, and believing that their parent(s) will never get over the death.

Several studies focus on identifying some of the variables and conditions of sibling loss, and to what extent they impact on the loss experience, with a view to preventing the development of psychological problems in later life. Some of these variables, i.e. the closeness of the pre-death relationship, the nature of the death, and time elapsed since the loss, will now be discussed.

- **The Nature of the Pre-death Relationship**

Bank and Kahn (1982) note that sibling relationships that are too close or too fused, and those that are too polarised and rejecting, may complicate the surviving sibling's grief. However, it has also been documented (Moss & Moss, 1986; Cicirelli, 1995) that sibling relationships are not unidimensional and some sibling pairs may have both strong positive and negative affective ties while others may have relatively weak ties. In addition, it is clear that sibling relationships are not static; relatively weak ties or conflicted early relationships may change with time.

Mahon and Page (1995) in fact comment on the changing nature of sibling relationships and the relevance of the closeness-distance dimension in an attempt to explain the differing bereavement responses of the three groups included in their study (i.e. pre-adolescent, adolescent, and those over 18 years of age). The authors report that “for many of the adolescent group, siblings were just beginning to work through competitive relationships and to form better relationships” so that “when this process was prematurely cut off, a perception of the unfairness of life was fuelled” (1995: 85).

In her study of *shared life space* and bereavement responses, Davies (1988; 1999) explored the pre-death relationship between siblings “as one aspect of the interpersonal environment” (1988: 340) that may be related to bereavement outcome in surviving siblings who have lost a brother or sister to cancer. Davies' findings, derived from an analysis of data obtained from 34 children (6-16 years) who were *closest in age* to the deceased sibling, and an analysis of the data pertaining to *all the siblings* in the same families, revealed that *closeness in age* was not related to behavioural responses during bereavement. Although, in both samples, there was a trend for greater “closeness” to be associated with more “internalising” behaviour (defined as “uncommunicative” or “social withdrawal”), the relationship was not significant (Davies, 1988: 346). Davies presents as a possible explanation for this finding, the fact that there may have been a weakness in the measurement of “closeness”. She points out that the Closeness Index comprised primarily items that reflected the *amount of life space shared* by the two siblings (i.e. “shared activities”, “shared time”, and “shared belongings”), and the *functions* that the siblings fulfil for one another (i.e. “confiding” and “defending”). Only one item, “*stated*



*closeness*”, attempted to measure the *perceived emotional closeness* between the two children. In the secondary analysis, where closeness in age was not considered, the difference between the 2 groups was significant. Those children who had the highest Internalising scores also had the highest scores on the Closeness Index.

This study is significant in that it highlights that the amount of life space shared by the siblings and the functions that they fulfil for one another, in themselves, do not reflect the dimension of closeness that has to do with the *meaning* that the relationship has for the survivor’s life (Davies, 1988). It is also significant in that it points to the value of the *qualitative* data that provided examples of relationships in which two siblings were described as being “very close” (for example, a 15 year old who was extremely close to his 2 year-old sister) even though they had not shared many of the other aspects of shared life space. Davies concludes that it is the *stated emotional closeness* in the relationship that is important in sibling bereavement and she suggests that further studies of shared life space should incorporate the concept of *centrality*; a concept presented by Bugen (1977, in Davies, 1988:346) as a determinant of the intensity of grief.

In a later article, Davies (1995) points out that the *emotional* closeness (as defined above) that exists between the siblings prior to the loss tends to be related to the outcome of the surviving child’s bereavement process. The closer the relationship, the more behaviour problems the surviving siblings demonstrate afterwards. However, she does not indicate whether, in the long-term, the sibling who experienced a close relationship with the deceased brother or sister is better able to integrate the loss than one who experienced a more conflicted relationship at the time of the loss. From Balk's (1983b: 151) study on adolescent grief reactions and self-concept perceptions (one of the few studies that included questions about the sibling *relationship*), it appears that those siblings whose relationship with the deceased had been strained, experienced more guilt and that this was long-lasting.

An interesting additional finding by Fanos (1996) is that although surviving adolescent siblings who lost a brother or sister to cystic fibrosis expressed differing degrees of actual involvement while growing up with their sibling, the deceased sibling was, nevertheless, “of great importance to the survivors” (1996: 160).

- **Circumstances of the Death**

Some researchers focus on specific types of losses for the insights that these studies may bring to those caring for bereaved siblings; for example, the impact on the bereaved sibling of a sudden or violent death, such as accident and murder, or of a stigmatised death, such as suicide or AIDS. Other researchers have also observed grief responses in children and adolescents even when there had been

no opportunity to establish a bond with the deceased sibling, as, for example, in the event of neonatal deaths, still births or when a brother or sister died before the birth of the sibling.

Since the majority of these studies have focused on childhood and adolescent sibling loss, these will be included under this category (although the findings, in some instances, may also apply to the loss of a sibling in adulthood).

- **Sudden or Unexpected Losses**

Various researchers have studied siblings after sudden infant death syndrome (SIDS) which often leaves “parents devastated and guilt-ridden” (Cicirelli, 1995: 188). In a study by Mandell *et al.* (1988, in Cicirelli 1995), the researchers found that 44 of the 45 surviving children displayed some reaction to the loss including: “changes in sleep patterns, bedwetting, changes in interaction with the mother, and changes in interaction with peers ranging from being quiet and withdrawn to being aggressive” (Cicirelli, 1995:188).

Other instances of unexpected sibling death involve accidents, homicide or suicide. Sudden deaths are commonly experienced as traumatic and this is as true of sibling loss. Surviving siblings whose brother or sister dies suddenly not only experience the grief of loss, but they are also traumatised. Initial grief after such a death is characterised by greater stress. Applebaum and Burns (1991) found that symptoms of post-traumatic stress disorder were nearly universal in a study of 20 sibling survivors of such deaths in childhood and adolescence. According to Davies (1999), accidental and violent deaths may be particularly difficult for surviving siblings, because accidents often imply preventability or fault that may or may not be resolved within the family. Cain *et al.* (1964) found that in about a third of their cases where a surviving sibling was somehow involved in the circumstances of the death, the silence surrounding the loss was striking and the guilt experienced was intense.

Deaths due to accidents or violence do not allow for any “anticipatory grieving” and “increase children’s sense of vulnerability” by creating a lingering worry about how the sibling died (Davies, 1999: 96-97). Although there is some doubt as to whether anything can prepare one for the actual loss of a significant other (Parkes, 1972/1975), there is evidence to suggest that if the death involved a stigmatised cause such as suicide, homicide, a drug overdose, or AIDS, surviving siblings would be especially prone to complicated mourning (Rando, 1993). The author found that siblings are significantly affected by a brother’s or sister’s death from an AIDS-related illness and that these survivors may well become the “disenfranchised of the disenfranchised” (Rando, 1993: 642).

Lukas and Seiden (1987/1990: 27) posit that the silence that surrounds a suicide “gets in the way of the healing that comes with normal grieving” and that suicide survivors experience something

qualitatively and quantitatively different from the experiences of survivors of natural and accidental deaths. Suicide survivors, also referred to as “survivor/victims”, are likely to experience more “guilt, anger (bordering on rage), and pain - feelings that go on for years” (Lukas & Seiden, 1987/1990: 5). Post-traumatic stress reactions are also common. One of the most painful things that emerged from the authors’ talks with suicide survivors (parents, siblings, as well as sons and daughters) was the realisation that someone whom they deeply cared about had *chosen* to leave them, which frequently left the survivor(s) “feeling worthless” (Lukas & Seiden, 1987/1990: 8).

- **Perinatal Loss: The “Invisible Loss”**

While the emotional closeness between siblings, and the amount of shared life space, are significant in terms of the intensity of grief and the impact that the loss has on a surviving sibling, perinatal losses (miscarriages, spontaneous abortions, stillbirths, and neonatal deaths) have also been recorded as potentially having a penetrating impact on surviving siblings.

Perinatal losses are generally “*invisible losses*” (Leon, 1990: 139) for the surviving or future sibling who “rarely sees the body or infant, may hear little or nothing about the pregnancy or death, and is given little opportunity to ask questions or to express feelings” (Cicirelli, 1995: 187). Sibling attachment to a new born can occur if the child was included in the experience of the pregnancy and prepared for the role of older brother or sister. When this role expectation is disrupted the child may experience grief which frequently goes unnoticed and unacknowledged.

Leon (1990) also notes that adolescents who lose a baby brother or sister may experience feelings of guilt over their sibling’s death as well as feelings of low self-esteem. Younger surviving children may be vulnerable to *misidentification* that occurs when parents use another child as a substitute for the deceased child. This may lead the surviving child to regression and the parents to favouritism. Occasionally the parents scapegoat the surviving child (Tooley, 1975, in Vande Kemp, 1999:357). Children born after the death of a sibling may become *replacement children*, conceived in order to allay the painfulness of grief over the previous baby who died (Cain *et al.*, 1964; Krell & Rabkin, 1979).

Long-term effects of such a loss have also been explored. Maria Rosen (1995: 75) demonstrates that the neonatal death of a sibling can have a profound effect when that loss is not mourned. In a case study the author describes a delayed reaction to sibling loss in an adult woman patient who had decided to start a family and who began to have unexplained panic attacks after making the decision to have a baby. In analysis it gradually became apparent that these panic attacks were a delayed reaction to the trauma of the loss of her baby brother (four days old) when she was 16 years old. She had looked forward to this new sibling and experienced the baby's death as a terrible blow.

Significantly, the patient reported that there was “very little discussion about it in the family; nor could she talk of it at school” (1995: 79). Cicirelli (1995: 188) notes that to prevent complications of grief, parents should include “the sibling in the parents’ grief and mourning process.” This was clearly lacking in this case and delayed the patient’s mourning.

Maria Rosen’s (1995) thesis is that inhibition of mourning can cause a block in the procreative capacity of a surviving sibling. In this case, the unmourned nature of the death of her brother had had a deadening effect on her feelings, including her own maternal feelings. Rosen describes the patient’s procreative capacity, which, having been inhibited for many years, became liberated and available to her through therapy.

- **Loss of a Twin**

Another implication of sibling death and bereavement is the role that siblings play in each other’s identity development. Bank and Kahn (1982) argue that siblings develop their identity in the presence of each other. Thus, the loss of a sibling may leave the survivor without an important referent. Although some non-twin siblings may have a powerful impact on each other’s identity, this aspect of the loss of a sibling is perhaps most clearly demonstrated in studies involving the loss of a twin.

It has been recorded that a special bond exists between twins (Engel, 1975; Wilson, 1995; Davies, 1999) and that the grief over the loss of a twin in childhood can be as profound and devastating as losing a parent (Riches & Dawson, 2000). Twins are known to play an even more central role in each other’s lives and identities than non-twin siblings possibly because of “identical genetic make-up, similarity of environments [when] growing up, and age-related experiences” (Wilson, 1995: 100). This is particularly true in the case of identical twins. As pointed out by Engel (1975: 32), “[a] central developmental issue for twins concerns the fact that separation and individuation must ultimately involve the twin as well as the mother.” Although there are indications that the intimacy and intensity of the twin bond facilitates separation from the mother, Engel notes that this may be replaced by a symbiosis between twins whose separation and individuation from each other may be overly delayed. When one dies, the surviving twin not only has to face life without a previously close companion and intimate partner but is also left to define his or her role in the absence of this important referent - the deceased brother or sister.

Engel (1975: 34) posits that anniversary reactions, identification with the deceased, the yearning for reunion, and other normal sibling bereavement issues and feelings, may be intensified by the unique developmental features of “twinning”, i.e. “the enduring diffuseness of ego boundaries between self and object representation; the narcissistic gains of twinship; and the delicate balance of the defences against aggression.” For many twins there is a sense of being incomplete parts of a whole. For Engel

(1975), every glance in the mirror, every misidentification with his twin by friends or colleagues (something which they had both enjoyed, and even exploited, when his brother was alive), became a painful reminder of the loss. In addition, Engel's pain of loss was weighted by the reactivated memories of his father's death and intensified the "pool of grief" (Moss & Moss, 1986: 410). Survivor guilt was also prevalent and reinforced by his perception of previous parental favouritism.

By using various examples of literary figures and artists, Davies (1999: 11-14) illustrates the ongoing impact of sibling loss when this occurs in childhood. She notes that, even among perinatal deaths, the loss, particularly of an identical twin (as in the life of Elvis Presley), may have an enduring effect upon the survivor, with survivor guilt experienced very intensely. The surviving twin may persistently feel lonely or detached, as if something were missing from his or her life.

- **Losses Due to a Life Threatening or Chronic Illness**

Turning to studies that select exclusively on the basis of losing a brother or sister to a chronic or life-threatening illness, we find a series of comparative and longitudinal studies that deal with childhood and adolescent sibling loss. As noted by Fanos (1996: xi), "technological advances, medical treatments and earlier diagnoses have allowed children with serious illnesses to live into their teens and beyond." Consequently, many children may live with chronically or terminally ill siblings for many years. This has implications for the loss experience of bereaved siblings, *inter alia* because the long years of illness generate stress in the whole family and disrupt many of the usual patterns of relating and behaving in the family. Parents facing the death of a child are understandably very preoccupied with the sick or dying child and the healthy sibling(s) are likely to be neglected. Cain *et al.* (1964: 749) found that these children become "essentially motherless", not only because the mother is emotionally drained by her ordeal, but also because of her physical absence.

In an early retrospective exploratory study of 20 families who had lost a child to leukemia, Binger *et al.* (1969: 416) found that one or more "previously well-adjusted siblings" showed significant behavioural problems that indicated difficulty in coping with the loss. While these healthy siblings showed signs of distress during the course of the sibling's illness, the authors found that more severe reactions followed the actual death of the sibling and persisted for a long time. A variety of physical symptoms and emotional difficulties: "enuresis, headaches, poor school performance, school phobia, depression, severe separation anxieties and persistent abdominal pains" (1969: 416), were reported by the parents of surviving siblings. Siblings also experienced feelings of guilt and a fear that they might also die. They perceived their parents' preoccupation with the sick child as a "rejection of themselves" and, in their own way, experienced "anticipatory grief reactions" (1969: 416).

In a follow-up article, Binger (1973: 196) concludes that the reactions of a child to a life threatening illness, and the subsequent death of a sibling, include not only the immediate physical and psychological grief responses but that, in some children, these symptoms continued towards “enduring symptoms and distortions in character structure.” His presentation supports the findings of Cain *et al.* (1964), in that Binger (1973: 197) also found that the child’s responses to the loss of a sibling were dependent on several factors: “the developmental stage of the child, the total response of the family, the natural history of the illness, and the extent to which the illness becomes intertwined with family conflicts.”

A less frequently cited early exploratory pilot study by Iles (1979) using grounded theory to explore the perception of five healthy siblings (between the ages of 7 and 12 years) during the illness of a brother or sister with cancer, provides further insights into the healthy siblings' world during this stressful time. In this study, Iles identified themes of “change, loss and growth in human relations and self concept” (1979: 371). Change was experienced in interpersonal relationships and in the external environment. Like Cain *et al.* (1964), Iles observed that there was a sense of loss of the parental relationship during the ill sibling’s hospitalisation. Frequent and/or prolonged absences of the mother from the home left the healthy sibling feeling left out; “not getting attention anymore” and “not having any family activities together” (1979: 373). These siblings also experienced more demands being placed on them within the family. For these siblings, the two areas that were especially difficult were the “empty house” phenomenon and the presence of “parent substitutes” (1979: 374), i.e. other people who took care of them during their parents’ absence.

In addition, all the siblings experienced a sense of loss in their relationship with the ill sibling due to changes wrought by the illness. Beyond an awareness of changes in ways of relating to their ill siblings, subjects were also very aware of changes in the physical appearance of their sick brother or sister. Subjects described tensions experienced within the school environment that were related to the altered appearance of their sibling and/or frequent absences from school for treatment purposes. Insensitive comments by children generated feelings of rejection, isolation, confusion and self-doubt in the healthy siblings themselves.

However, Iles (1979: 375) found that these very same circumstances also provided opportunities for growth. There was a greater awareness of their mother’s suffering; pride in being able to take care of younger siblings and of their own needs; gains in terms of knowledge and understanding about the physical symptoms of the disease and therapy; and identifying ways in which they could be helpful to their ill sibling; all of these contributed to feeling positive about themselves. With regard to peers, Iles (1979) notes that knowing what it was like to live with cancer enabled some children to provide comfort to others who showed signs of the disease (e.g. hair loss).

In their exploratory comparative study of the prolonged consequences of a sibling's death (for pre-adolescents, adolescents and those over 18 years of age), Fanos and Nickerson (1991: 75-76) found that adolescents who had lost a sibling to a chronic illness (cystic fibrosis) were troubled not only by a sense of guilt - guilt over their handling of their sibling's illness and death, and "survival guilt" - but they also experienced a global sense of anxiety. "Feelings of vulnerability, bodily concerns, fear of intimacy (related to carrier issues), excessive concern for others, somatic complaints and sleeping difficulties" (1991: 70) were also reported.

An important finding in this study is that there was no significant relationship between the surviving sibling's adaptation and the number of siblings lost, birth order and gender, family size, or time elapsed since the death of the sibling. Only the *age* of the surviving sibling at the time of the death was significant. The authors found that those between 13 and 17 years of age at the time of the loss showed more anxiety, depression and guilt than did either the 9-12 year-old (i.e. latency or preadolescent) group or those who were over 18 years of age. Fanos and Nickerson (1991: 79-80) provide three possible explanations for this discrepancy between the groups:

- (a) Differing developmental tasks. The need to disengage from parents increases during adolescence so siblings are more likely to be caught between their own developmental needs and concern for their parents.
- (b) Higher cognitive abilities enable adolescents to understand the significance of death and to question their religious upbringing. The sense of being different also elicited more anger at having had an experience that their peers had not gone through.
- (c) More complex relationships with siblings as they were just beginning to work through competitive phases and to form better relationships with their siblings.

The authors conclude that some problems may arise from the impact of the death itself, i.e. the *direct* effect through the sibling's own understanding of the nature of the death, which would depend on the developmental level and capacity to interpret its cause and to mourn the loss. Other problems may arise from the *indirect* effects (what Hindmarch, 1995, referred to as "secondary losses"), in that the capacity of the parents to mourn effectively may influence their ability to provide a nurturant environment for survivor siblings. Problem areas may also arise from the stress of having to deal with a chronic illness and the reorganisation that takes place within a family as it struggles to cope with long years of the illness (Fanos & Nickerson, 1991: 71).

In a later comparative longitudinal study, Fanos' (1996) findings concurred with those of Fanos and Nickerson (1991) but three additional and significant factors emerged:

- (i) Few of the siblings who were adolescent at the time of the loss married and many of them received therapy.
- (ii) Although surviving siblings expressed varying degrees of actual involvement while growing up with their sibling, the deceased sibling was generally of great importance to the survivor.
- (iii) For some individuals, the sibling bond seemed to have been altered in subtle ways by the illness experience itself - some established a stronger bond than had previously existed, while others experienced a greater distance (Fanos, 1996: 160).

Significant in this study is that the death of a sibling due to a chronic illness can have long-lasting implications for psychological wellbeing and for the establishment of intimate relationships of survivors; the latter is related to a fear of carrier issues. Also of significance is the finding that even though the siblings may not have been particularly close as they were growing up, the deceased sibling was still important to the survivors.

- **The Effect of Time**

Several researchers have explored the differences in children's and adolescents' responses, more specifically in terms of the time elapsed since the death. For many years, there was a perception, possibly based on Lindemann's (1944) work on bereavement, that grief is a time-limited process and that one or two years after the death, the person should be back to "normal." However, research into the long-term effects of sibling bereavement reveals a very different picture.

- **Persistent or Enduring Grief**

Birenbaum *et al.* (1989-1990) investigated the behavioural adjustment of 61 children, aged 4-16 years, during the terminal illness and 2 weeks, 4 months, and one year following a sibling's death from cancer. The authors found that survivors revealed behaviours typical of withdrawn and depressed children and similar to behaviours described in other bereaved children: anxiety, somatic complaints, depression, social withdrawal, immaturity, uncommunicativeness and obsessive compulsion. Like Binger (1973), the authors found that children exhibited these behaviours not only following the death, but also during the dying process.

The findings that children displayed a high frequency of behavioural problems at all four points in time and that a significant portion of these responses were severe enough that children were labelled "referable", led Birenbaum *et al.* (1989-1990) to suggest that early intervention is warranted (i.e. that the sibling receive support prior to the death of a brother or sister from cancer). Although this



suggestion is a sound one, a limitation of the study is that the time elapsed since the death was only one year. Other researchers have shown that changes in grief responses become apparent only after 18 months to 3 years post-death (Hogan, 1988). Demi and Miles (1987) suggest that some responses may still be considered as “grief within normal parameters” up to 5 years following the death, and McClowry *et al.* (1995) found that many parents and siblings were still expressing pain and experiencing the “empty space” phenomenon 7-9 years after the death of a child/sibling from childhood cancer.

In his study of the effects of sibling death on 33 adolescents (aged 14-19 years), divided between younger (14-16) and older groups (17-19), Balk (1983a: 15) reported that the most common emotional responses immediately after the loss were shock, confusion, depression, anger, numbness, fear and guilt. Sleeping and eating habits were also disturbed. Frequency of thoughts about the dead sibling, increased grief during holidays such as Christmas and Easter, and on anniversary of death, birth (i.e. anniversary reactions), thoughts of suicide, “hallucinations” (i.e. some teenagers experienced moments when they thought they had seen or heard their deceased sibling), and negative effects on study habits were also reported. Balk (1983a) notes that many of the adolescents’ grief symptoms were similar to those reported as typical of bereaved adults (Lindemann, 1944; Parkes, 1972/1975).

By grouping responses into two time frames, i.e. before or a few weeks after the death and “at the time of the interview”, Balk (1983b) found significant differences in reactions and perceptions, with grief reactions diminishing in intensity over time. However, the author notes that this did not mean that the death had no enduring influence on the siblings’ lives, nor that some were not still struggling with the impact of the loss on them. Although moments of acute grief seemed to be transitory and became less acute, the respondents’ grief had a lingering quality. One quarter to one half of the participants in this study reported what Balk (1983b: 152) describes as “enduring grief reactions” and many adolescents recalled their sibling’s death with a lot of pain two or more years after the loss.

Davies (1991a) reports similar findings in her study of adolescent sibling bereavement. She notes that the more immediate emotional responses, i.e. feelings of shock, numbness, sadness, loneliness, anger and depression, diminished in intensity over time but that most of the participants continued to experience some of these feelings, though much less intensely than during the first several years. However, what is significant is that Davies (1999: 105) notes that her earlier study revealed a negative correlation between “internalising” behaviour and time elapsed since the death, i.e. over time (up to three years post death) siblings became more withdrawn, anxious and sad. She stresses that although the acute manifestations of grief may subside, sibling grief is a form of “persistent grief” (Davies, 1999: 211).

Hogan's study (1988) of 40 bereaved siblings between the ages of 13-18 years also identified symptoms and reactions that are associated with different time frames following the loss of a sibling. Analysis on the HSIB (Hogan Sibling Inventory of Bereavement) revealed no changes between the first twelve months and the second twelve months, but there were significant differences when data were analysed during the first 18 months and the second 18 month period. Hogan (1988) concludes that researchers need to question the commonly held belief that one year is a reliable marker for measuring "resolution" of bereavement and posits that in order to help bereaved adolescents, it is necessary to understand what they are experiencing and the *considerable time* that it takes for these symptoms to begin to subside. Thus, as noted by Davies (1999: 105), the data related to the effect of time on sibling bereavement responses suggest two contradictions to general assumptions about sibling loss. Firstly, the time required for the bereavement process in siblings is indeed longer than a year or two, and even many years after the death, siblings are still experiencing pain and loss. Secondly, rather than describing a process of "letting go", the siblings and their parents detailed the continuing presence of an "empty space" (McClowry *et al.*, 1995).

- **Ongoing attachment**

Closely associated with the above is the theme of ongoing attachment, which has also been explored in the literature. In a study that included 157 bereaved adolescents (13-18 years of age), Hogan and DeSantis (1992: 171) note that adolescent sibling bereavement is a process that is not time-bound and that bereaved siblings experience a persistent, ongoing attachment to their deceased siblings. Using a focused question, "If you could ask or tell your dead sibling something, what would it be?", the authors found that the adolescent sibling bereavement process encompasses past, present and future dimensions, which become intermeshed as the grief process evolves (1992: 172). The study is significant in that it illustrates "the timelessness of adolescent sibling bereavement and the infiniteness of the sibling bond" (1992: 159). The past is inherent in the categories of "Regretting" and "Endeavouring to Understand" and is present in various regrets that siblings have about the relationship and in their effort to understand the circumstances of the death (1992: 172). The dimension of the present is most evident in the categories "Catching Up", "Reaffirming" and "Influencing" and is manifested by the survivor's "ongoing conversation with the deceased siblings about current events and a quest to find out how things are with them" (1992: 172-173), in the request that a deceased sibling "watch over and guide them" (1992: 173), and in vows never to forget the deceased sibling. The future dimension is encompassed in the category "Reuniting" and is apparent in "expressed anticipation of meeting the deceased sibling in heaven" (1992: 173).

Pervasive throughout the categories and across all the dimensions of time is the theme of "*ongoing attachment*" (Hogan & DeSantis: 1992: 173-74). The authors assert that it is this continuous emotional attachment that maintains the "ongoing presence" of the deceased brother or sister in the life of the bereaved sibling. They argue that these phenomena, that is, of "ongoing presence" and

“timelessness”, challenge medical science conceptualisations that grief is time-bound and that healthy recovery depends on the severance of emotional bonds with the deceased. In concluding, Hogan and DeSantis (1992: 174) aver that “... bereaved adolescents experience a sense of conceptual, emotional, and social eternity with their deceased siblings in the face of their physical absence”. This study highlights the significance of the loss of a sibling.

- **Personal Growth and Developmental Interference**

Several positive outcomes have also been documented in the literature, particularly as they relate to the loss of a sibling during adolescence. As noted by Fanos (1996: 126), “[t]ragedy has the capacity to promote growth as well as to interfere with development.” In general, the data on psychological and behavioural reactions to sibling loss suggest that while feelings of sadness, guilt, anxiety and fear often predominate in the shorter term, long-term reactions include psychological growth. Several researchers (Iles, 1979; Balk, 1983a, 1983b; Davies, 1991a; Hogan & DeSantis, 1994, 1996; Mahon & Page, 1995; Fanos, 1996) note that adolescent sibling survivors frequently speak of psychological growth as a result of their personal encounter with death and loss.

In their study of 35 surviving siblings from 12 families, Mahon and Page (1995) found that the self-concept of bereaved children is sometimes higher than that of a comparison group. Some of this was evidenced in the increased appreciation of the sibling relationship and some of it arose from increased family responsibility (see also Iles, 1979). From their data, Mahon and Page (1995:23) conclude that this maturity results from bereavement and can be distinguished from the developing maturity that comes with age.

Fanos (1996: 126) also reports that some siblings considered an increased appreciation of life as a present strength. Others found it beneficial to be forced to adopt an early independence because parents were not around - although the author recognises that this trait had both adaptive qualities and what appeared at times to be “rather sadly defensive” (1996: 127) qualities. Still others believed that living with a physically ill sibling made them more compassionate towards others. Robinson and Mahon (1997) summarise these positive outcomes as changes in maturity, self-concept and self-image.

Growth as a consequence of sibling loss has been described in other studies as well (Davies, 1991a; Balk, 1983a; Hogan and DeSantis, 1994). Davies’ (1991a: 90) study of 12 adults who lost a sibling in early adolescence, revealed that the adolescents’ encounter with death expanded their view of life and made them face death and their own mortality at a young age. Having experienced death, surviving siblings developed a more sensitive outlook on life, which they would not otherwise have gained, and enabled them to help others who were experiencing the death of a loved one. This, in turn, contributed

to “feeling good about themselves” (1991a: 90). Siblings’ reports of these positive outcomes indicated that the loss experience had provided an impetus for psychological growth.

However, while perceptions of psychological growth are common in many bereaved siblings, their altered view of the world left them feeling that they are different from their peers (Davies, 1991a: 92). To these adolescents, their friends’ interests and behaviours seemed “trivial” (1991a: 90) and some siblings withdrew from their peers, preferring to be alone. Long-term effects of sadness and depression were reported by 3 participants who had withdrawn from their peers following the death. Even though the other 9 siblings also reported feeling “different”, they had at least one friend with whom they shared many day-to-day experiences. Of significance in this regard is that even these 9 siblings seldom shared their thoughts and feelings about their sibling’s death with others (1991a: 91).

Davies (1991a) concludes that the sadness and withdrawal of these siblings were compounded by a sense of isolation. Instead of turning to peers for support and understanding, they withdrew and removed themselves from the natural experiences of growing up with peers. The author found that in the long term, these were the adolescents who “suffered harmful outcomes of sibling bereavement” (1991a: 93). Why some adolescents withdrew from their peers, whereas others did not, remains unclear. Davies (1991a: 93) mentions two possibilities: (1) that adolescents used coping behaviours similar to those used in previous stressful situations, and (2) that withdrawal may also be influenced by several aspects of individual personality with self-concept cited as a critical variable.

From her results, Davies (1991a) concludes that the experience of sibling bereavement in adolescence undoubtedly has an effect on adolescent development. However, she recognises that it is not the withdrawal itself, but rather the interaction of several factors that account for negative long-term outcomes. In particular, Davies (1991a: 85) attests that the long-term bereavement outcomes in siblings are in large part due to the relationships that they have with others, including the closeness of the pre-death sibling relationship, the cohesiveness of the family environment and the family’s social involvement.

Balk (1983a, 1983b) also focused on personal maturity and self-concept perceptions following the loss of a sibling during adolescence. Using a focused interview to gather data specifically on perceptions of *personal maturity, lessons learned from the death and the importance of religious beliefs*, the author found that perceptions of personal maturity as well as the importance of religion, before the sibling’s death and at the time of the interview, differed significantly. Evidence of increased maturity cited by Balk (1983a: 17) includes: improved schoolwork after temporary difficulties; and better relations with parents and peers. However, in contrast to the findings of Davies (1991a) and Mahon and Page (1995), Balk found that adjustments on most dimensions of self-concept

were the *same as*, rather than better than, the self-concept of non-bereaved teenagers. Nevertheless, in the area of *moral values* there seemed to be better adjustment than achieved by “normal” teenagers. These differences were apparent during the second year of bereavement. There was an increasing sense of contrast with the selves they remembered before their sibling’s death, and their more reflective, serious demeanour was a contrast attributed to time elapsed since the death rather than to age.

In Balk’s study (1983a), surviving siblings attributed feelings of *increased maturity* to having coped with their sibling’s death. Some also considered self-reflection or role changes (e.g. becoming the eldest child) to have contributed to their increased maturity. They felt that the most important *lessons learned from the death* were that there are ways to cope with adversity, and that bad things happen in life and people should be valued more while they are alive (1983a: 17).

In the study undertaken by Mahon and Page (1995), most children perceived themselves as *changed* by the experience of their sibling’s death and the bereavement process. Although these children felt “different” because of the death and some felt separate from their peers, many described a *change* in friendships. While some friends were lost, new and “better” friendships were formed and they came to know who their “real friends” were. This reflected greater maturity and resilience.

Hogan and DeSantis (1994, 1996) also recognised the opportunities for personal growth and the development of greater resilience following the loss of a sibling during adolescence. At the root of this shift from vulnerable to resilient survivor is the recognition of the irreversibility of the loss and the realisation that they need to regain control of their lives (1996: 190). This growing sense of personal control arises within the context of having to define “who they are now”, i.e. in a world without the physical presence of their deceased brother or sister (1996: 191). In their theory of adolescent sibling bereavement, the authors (1996: 189-190) describe “Personal Growth” as one of the main constructs, the others being the “Grief Construct” and the “Construct of Ongoing Attachment.” Changes are described in the following five categories that constitute the “Personal Growth” construct: a permanently changed reality; increased sense of others; increased resilience; increased faith; and an ability to receive and to give help.

- **Enhanced Spiritual Awareness**

The relationship between grief and enhanced spiritual awareness has been discussed in the general grief literature. Several studies have touched on this theme as it relates to the experience of losing a sibling during adolescence (Balk, 1983a, 1983b, 1991; Hogan & DeSantis, 1996). However, apart from Balk, few sibling bereavement studies have dealt with this aspect in any depth. Fanos and Nickerson (1991: 80) note that the adolescent group of bereaved siblings questioned their religious

upbringing which “generally fell by the wayside.” In another study of 40 bereaved adolescents, Hogan (1988) found that, following the death of a sibling, there was a shift in assignment of blame from themselves to God during the two time periods (3-18 months and 18-36 months). Although Balk (1983a: 17) found that *religion* assumed greater importance for the teenagers in his study, and had been turned to as one source of meaning since the sibling's death, in a later article (1991: 13) he points out that this turn to religion “occurred only after considerable questioning of, and anger at, God.” This is not an uncommon reaction to the loss of any loved one as demonstrated by C. S. Lewis (1976). Balk (1991: 14) also notes that, while current evidence indicates that specific bereavement reactions differentiate religious from non-religious adolescents (youths with strong religious beliefs report more confusion after the death, whereas other adolescents report more depression and fear), religious belief does not necessarily make coping with a sibling's death any easier.

In a more recent study, Batten and Oltjenbruns (1999: 529), using grounded theory, explored the relationship between adolescent sibling grief and enhanced spirituality, defined as “the human quest to understand life's meaning.” Quotes drawn directly from interviews with four adolescents following the death of a sibling illustrate these young persons' change in world perspective following their sibling's death. The authors describe 5 major themes that emerged from the interviews (1999: 538-540): a new perspective of self (“more mature”; “more open”); of others (an increased value of others); of the sibling relationship (the sense of ongoing attachment and continuation); of God/Higher power (new ways of thinking and interacting with a Higher power); and of life and death (developed a new perspective of death and in the process were forced to consider its impact on what life means). In broad terms the authors demonstrate how developmental changes in cognitive capacity during adolescence make it possible to challenge one's beliefs and search for meaning. They conclude that the crisis of experiencing the death of a sibling during this period can serve as a catalyst for enhanced spirituality.

It is clear from the foregoing literature that the loss of a sibling in childhood and adolescence is indeed a significant loss. While adult sibling loss is considered a more “normative” loss than the loss of a very young person, the experience of losing a sibling in adulthood may be a difficult one to come to terms with. The following section will deal with sibling loss in adulthood.

#### **4.2.1.2 Sibling Losses in Adulthood**

Most of the research on sibling loss ends with adolescence with little attention given to adult sibling bereavement. Yet an exploratory, hermeneutic study by Cicirelli (1995: 87-105) of relationships between adult siblings in one large family, reveals that brothers and sisters maintain vital connections in adulthood. The author notes that, despite a special closeness among certain siblings, a degree of conflict and tension between certain siblings and parents, and conflict between certain siblings and

certain spouses, all the siblings in the study seemed ready “to close ranks, to give help in the event of a crisis or outside threat, as well as to co-operate on family tasks and projects” (1995: 105).

Although bereaved siblings are generally referred to as “forgotten” and “invisible” mourners, perhaps the most neglected in the bereavement literature and possibly also in clinical, social and therapeutic situations, is the sibling who loses a brother or sister in adulthood. With few exceptions (Moss & Moss, 1986; Robinson & Mahon, 1997; Robinson & Pickett, 1996; Pape, 1999, 2002; Rodger & Tooth, 2004; Eaves *et al.*, 2005), adult sibling loss has been ignored.

Some writers provide testimony to the depth of the grief experienced by adult siblings, whose loss is frequently unacknowledged and overlooked. Gorer (1965/1987), who lost his younger brother, Peter, when he himself was 51 years old, wrote poignantly about the impact of this loss. He emphasised that his grief was profound and intense and also described the failure of friends and society in general to understand the depth of his loss or his need to mourn (1965/1987:14). Engel (1975) also described the emotional and physical turmoil that he experienced following the death of his identical twin at the age of 49 years.

In their concept analysis of sibling loss, Robinson and Mahon (1997) outlined three characteristics of adult sibling bereavement: (a) a multi-dimensional bereavement reaction consisting of grief with physical, psychological, and/or behavioural components; (b) a change in self-perception; and (c) a change in world-view, including one’s roles and responsibilities. To a large extent these characteristics align with the themes of Moss and Moss (1986) who ground their findings in the sibling bond. The authors (1986: 399-402) examined 6 interwoven qualitative characteristics of the childhood sibling bond: affective ties, rivalry, family solidarity, assistance, companionship, and socialisation. They argue that although the meanings may be manifested differently in adulthood as the family and social contexts change and the focus shifts to new nuclear families, these characteristics persist for life. For each, some early childhood patterns may persist, and other new behaviours and patterns may develop (1986: 403).

In exploring the loss of a sibling in adulthood, the authors describe three pervasive interrelated themes that underlie adult sibling loss: (a) personal vulnerability towards death; (b) impact on the sense of self; and (c) threat to family unity. These themes will be used to highlight certain aspects of sibling loss in adulthood.

- **Personal Vulnerability Toward Death**

When an adult sibling dies, the survivor may experience a heightened sense of “*personal vulnerability toward death*” (Moss & Moss, 1986: 408) particularly if the sibling dies unexpectedly or

“off-time”. This insight aligns with the findings of Pape (1999), which refer to increased vulnerability following the loss of a sibling and a heightened awareness of finitude that challenges survivors to face existential realities. Because the sibling came from the same family and was in the same generation, the loss may affect the survivor’s perception of how long he or she expects to live (Moss & Moss, 1986: 409). The authors note that the sense of finitude triggers the question: “Am I next to die?” but it can also lead to a more positive acceptance of death. The fear that he or she may die at the same age or from the same cause as the sibling may manifest in somatic (identificatory) symptoms as demonstrated by Engel (1975) following the loss of his twin brother. A higher increase in “personal death awareness” has also been noted in the event of childhood sibling loss (Worden, 1996: 117) and by those who experience the loss of a friend (Oltjenbruns, 1996). As noted by Worden (1996) our own mortality becomes more figural when we are confronted by the death of a contemporary, of a peer.

Moss and Moss (1986) elaborate on what they refer to as “off-time” life events, particularly as these relate to sibling loss in adulthood. The authors describe “off-time” life events as events that occur earlier than the normal expected time, and which may be particularly traumatic because they upset the natural “rhythm of the life cycle...” (1986: 409). Survivor siblings may experience the death of a brother or sister as “off-time” in various ways: (a) if the sibling that died is younger than the surviving sibling; (b) if the sibling dies before the parents; (c) if the sibling dies at a younger age than the parents died; (d) if the death occurs at an age younger than the survivor expects to die; (e) and if there are “unfinished developmental tasks” (1986: 410). Moss and Moss conclude that “it may be that all sibling deaths, except those of the very old, are perceived as being off-time, since our own generation – one’s self - is not yet ready to die” (1986: 410).

- **Impact on the Sense of Self**

The loss of a sibling in adulthood may also shake the *sense of self* and lead to feelings of emptiness, helplessness and hopelessness (Moss & Moss, 1986: 410). For some adults, the deceased brother or sister may have been a person central to his or her sense of identity and an important source of emotional support and assistance (1986: 410). Social comparison with the sibling, and the lifelong process of identification and differentiation, of separation and individuation, ends. The identity crisis accompanying sibling loss is most forcefully demonstrated in Engel’s (1975) description of the impact of the death of his twin. A lifelong companion with whom to share activities, interests and reminiscences, is lost (Moss & Moss, 1986: 411). Mutual support, caretaking opportunities, and companionship, reactivated in later adulthood when the “empty nest, widowhood, and joint parent care” become significant, are also lost (1986: 405). The search for meaning in the sibling’s death may lead to understanding or evoke “questions of guilt or retribution” (1986: 411) - for not having done enough for the deceased, not been closer or kinder to him or her. The strongest feeling, according to



Moss and Moss (1986: 411) may be “survivor guilt”, which may persist and intensify. Relief may also be experienced and this too may evoke guilt (1986: 412).

- **Threat to Family Unity**

Moss and Moss (1986: 412) contend that, as in the case of childhood sibling loss, the loss of a brother or sister in adulthood may also threaten the unity of the family, as “habitual patterns of interaction” cease. Survivors must often renegotiate relationships with parents, with other surviving siblings and with the family of the deceased (1986: 413). They must decide whether or not to “carry on the values and expectations of the deceased” (1986: 412). They must acknowledge that the family will never be the same family again; “an existential incompleteness will persist” (1986: 412). If parents are deceased, sibling loss reactivates the grief of parental loss (as also revealed by Engel, 1975). If parents are alive, their grief complicates that of the surviving sibling. Parental comparisons of the survivor with the deceased and idealisation of the lost sibling may trigger old rivalries, weaken the bond with the parent and leave the surviving sibling feeling as the “less preferred child” (Moss & Moss, 1986: 413). In addition, survivor siblings may become a unifying force in the lives of the bereaved nuclear family of the deceased. In the process their own deep grief may be disregarded as the sympathy of friends, acquaintances, and extended family is directed towards the spouse and children of the deceased (1986: 413).

In one of the few available studies examining sibling death in early and middle adulthood, Demi and Howell (1991, in Cicirelli, 1995: 196) used grounded theory to discover common themes in views of 17 sibling survivors aged 26 to 50 years regarding the loss of their sibling to suicide. The authors found that the major themes of such a loss included: (a) the pain of losing the sibling; (b) hiding the painful feelings from others; and (c) efforts to resolve the loss and heal the pain. Cicirelli (1995: 196) notes that, as in childhood and adolescence, the suppression of painful feelings interfered with the grief work and the ultimate resolution of the loss.

Two more recent, unpublished studies by Pape (1999; 2002) also pertain directly to the loss of a sibling in early to middle adulthood. Following the heuristic process of Moustakas, 1990 (in Pape, 1999), Pape delineates several themes that emerged from her interviews of five participants (three men and two women) whose siblings’ deaths were unexpected (mostly due to accidents). A dominant theme, and one which concurs with the findings of Moss and Moss (1986), is the surviving sibling’s heightened sensitivity to finitude and a re-evaluation of priorities in life. Pape (1999: 4) notes that the irrevocable finality of their sibling’s death brought a new realisation of mortality and fuelled personal changes, shifts in relationships, and “an entering into the world in a more authentic way.” At some point all the participants experienced profound sadness, anger and confusion and went through a period that felt like a decreased functioning in the world. Surviving siblings also experienced the need

for a “safe place” in order to facilitate healing and nurture change (1999: 5). There were changes in the participants’ relationships with others that were often inspired by a sense of limited time. Bereaved siblings also experienced an increased sensitivity and compassion for the suffering of others (1999: 6).

For all the bereaved siblings, there was a point at which they realised that their lives were separate from their siblings’ lives (Pape, 1999: 6). The realisation that their lives were ultimately distinct and separate, no matter how deeply connected they might be to another person, generated a sense of loneliness and separateness, yet all the participants still chose to “deepen their relationships with others” (1999: 6). With the sense of separateness and loss, many of those interviewed described a desire to integrate some of their sibling’s characteristics and take on some of the roles that their sibling had played in their lives (1999: 7). Finally, although all participants had reached some resolution of their loss, this was “usually stated in a way that recognised the depth of personal transformation experienced, but that also respected the cost of that change” (1999: 7). The author concludes that what emerged from the participants’ stories was a strong sense of how “externally quiet” but “internally disruptive” sibling loss in adulthood can be. She suggests that clinicians need to be prepared for this if they are “to help surviving siblings survive and make sense of their loss” (Pape, 1999: 8).

Expanding on this earlier study, Pape’s second paper (2002) focuses more specifically on the process of redefining the self, following the loss of a sibling in adulthood. Pape points out that the redefinition of one’s place and meaning in the world involves not only synthesising a new relationship with the deceased sibling but also redefining and understanding who one is as a surviving member of the family and as someone still confronting the challenges and difficulties of life (2002: 4). Critical to this is the actual “living in” and experiencing of the loss, remaining “internally active” and recalling memories and stories of their sibling’s life (2002: 2).

A significant additional theme that was touched on but not elaborated, is that while each of the siblings interviewed was keenly aware of the pain that his or her parents endured with the death of their adult child, none of the surviving siblings felt that “their grief experience was in any way impeded by the extent of their parents’ grief reaction” (2002: 6). Pape provides as possible explanation for this the fact that as adults these siblings may have had other support systems (friends, spouse) that held them during their grief so that their parents would not need to do so. However, Pape points out that all the participants felt a lack of their parents’ “presence and care” (2002: 6).

#### 4.2.2 Familial Aspects of Sibling Loss

A sibling tie is a family tie whether the surviving sibling is a child, an adolescent or an adult. The familial aspects of sibling loss refer to how the surviving sibling experiences the loss of a brother or sister within the context of the family. Thus, apart from the emotional closeness (Davies, 1988; 1991b; Mc Clowry *et al.*, 1995) between the siblings prior to the loss and the developmental level of the bereaved sibling (childhood, adolescence or adulthood), several researchers have also found that the manner in which families manage the pain of loss (Cain *et al.*, 1964; Krell & Rabkin, 1979), the process of family adaptation to the loss (Gelcer, 1986; Gilbert, 1996), and the “degree of cohesiveness in the family” (Davies, 1991b: 130), also influence the outcome of sibling loss. Indeed, Bradach and Jordan (1995) argue that it may not simply be the death itself as much as the damage done to the family that ultimately determines the longer-term effects on siblings.

It is generally accepted that the loss of a child, at whatever age, is among life’s most devastating experiences (Raphael, 1984; Rando, 1991). One of the moments of the complexity of sibling loss is that survivors not only have to cope with their own grief but that they are also faced with parents who are mourning the loss of their child. This truth is recognised by several researchers (Cain *et al.*, 1964; Binger, 1973; Krell & Rabkin, 1979; Rosen, 1986; Fanos, 1996; Davies, 1999), who also note that the child’s reactions to the loss of a sibling are not merely intrapsychic but that these are inevitably interrelated with the family dynamics. Rosen (1986: 5) asserts that the death of a child “can significantly disrupt the structure and organisation of the family, and that parental grief and mourning can hinder surviving siblings in their efforts to adapt.”

##### 4.2.2.1 Parental Grief

Cain *et al.*, (1964) found that parents often distrusted and sometimes blamed doctors or hospitals following the death of their child. Thus the surviving sibling’s heightened fear of doctors and hospitals was not “an isolated one” (1964: 746). Similarly, the survivor’s fears of death, prominent in almost all of the children’s responses, were not purely the product of “talion fantasies and identification with the dead sibling” (1964: 747). Cain *et al.* observed that parents sometimes dealt with their grief by treating the remaining child(ren) as a substitute or by comparing the survivor to the deceased. The authors note that the changes in sibling relations and parent-child relations wrought by the loss of a child, as well as the profound and prolonged parental mourning and protracted mother absences during the illness of the sibling prior to death, essentially leave healthy siblings without support (1964: 749).

The parents’ responses to the death of a child, e.g. overprotectiveness of the remaining children by one or both parents, and the consequent insecurity and exacerbation of fears of death in children, have also been well described by others including Krell and Rabkin (1979). In their article, Krell and

Rabkin (1979:471) posit that “the loss of a child leaves a legacy that affects all future interactions among the surviving family members.” The authors note that the parents’ difficulties in coping with the loss of their child may be foreshadowed by previous losses, and that these families “live in the shadow of potential child death” (1979: 471). This compounds the experience of bereavement and affects the parents, the remaining children, and even those not yet born. Significantly, Cain *et al.* (1964) found that children who were born subsequent to the death of a sibling manifested similar problems to those who had known their sibling and, for this reason, these individuals were also included in their study. On a more extreme level, case studies of children of Nazi holocaust survivors (Phillips, 1978; Niederland, 1981; Rubin, 1996) also illustrate the powerful legacy of multiple losses in a family. In such instances, surviving siblings in effect become survivors of “survivors” and a child may even “be expected to take the place of all other lost relatives” (Rakoff, 1966, in Phillips, 1978:371). The implication is that the loss of a child leaves shadows that, to use Davies' (1999: 211) words, become “contextual variables for the next generation.”

Krell and Rabkin (1979: 472) view parental reactions to the loss of a child as “family protective maneuvers” and the child’s roles are discussed as “forms of survivorhood that parallel the family protective maneuvers.” When a child dies, the survivors, both parents and children, must adapt to a new reality and “a complex family process begins, far more complicated than the sum of the individual responses of the survivors” (1979: 471). Especially prominent are the feelings connected with responsibility for the tragedy and the guilt to which parent and child survivors are susceptible (1979: 472).

The experience of losing a brother or sister is affected by the way in which the parent relates to the surviving child following the loss of a child/sibling. Krell and Rabkin (1979: 474) identified three types of survivor-children that reflect the consequences of parents' attempts “to handle the grief of loss, the guilt of survivorhood, and the vicissitudes of fate.” They identify: (a) The “haunted child”, where parents emphasise silence and focus on guilt. This leaves the surviving sibling feeling distrustful and fearful because of the silence in the family surrounding the circumstances of the death; (b) The “bound child”, where the surviving child becomes “incomparably precious” and is overprotected as a result of the parents’ attempt to prevent “further catastrophe”; (c) The “resurrected child”, where substitution and replacement become major themes, and the survivor is destined to live his/her own life as well as that of the lost sibling (1979: 474-475).

Among the commonly used protective devices used by parents against the anguish of loss, Krell and Rabkin (1979) point out that there are those who are at greater risk for difficulties to emerge in surviving siblings:

- **The Conspiracy of Guilt : The “Haunted Child”**

When parents feel that death was preventable and that they are to blame, it becomes difficult to explain the situation to surviving siblings and conversation about the death is “shrouded, evasive, elliptic” (1979: 473). Parent(s) and child come to share “a powerful bond through the spoken or unspoken feeling that if any one of them had somehow acted differently the child might still be alive” (1979: 473). The guilt maintained by these unrealistic (and sometimes realistic) beliefs remains frozen, with each member of the family locked in a struggle with his/her own conscience and unable to share their painful feelings. The fear of each member is that open discussion about the loss may lead to his or her exposure as the blameworthy one and the “conspiracy of guilt” provides “a blanket of protection” for parent and child (1979: 473).

- **The Preciousness of the Survivor : The “Bound Child”**

Giving *special status* to a surviving child is another way in which parents react against the pain of loss and is manifested by parental overprotection. Being *special* is enhanced by the *expectations* for the child, involving his or her own potential as well as the “real or fantasied attributes of the missing sibling” (1979: 473). The living child becomes the precious embodiment of two children. Thus, the absent child remains in some sense alive, protecting the family from having to face the loss fully.

- **Substitution for the Lost Child: The “Resurrected Child”**

Following the death of a child, parents may try to create a replacement. Most commonly one of the surviving children is chosen to fill the role of the deceased (1979: 474). Some parents may decide to have another child or to adopt or foster a child in order to fill the void. A sibling born after the loss of a child may be at risk of becoming a replacement for the lost child; sometimes even carrying the same name as the deceased infant. The Dutch artist, Vincent Van Gogh, is an example of a child born after the loss of a brother and carrying the name of his deceased sibling, i.e. Vincent. According to Krell and Rabkin (1979: 475), replacement children are likely to be even more vulnerable as they are destined to live a “double life”. The authors note that these children’s chances of developing a secure sense of identity are undermined by the parents’ inconsistent responses to their two perceived personalities, “the real and the illusory” (1979: 475).

In a study of surviving siblings whose brothers or sisters died from cystic fibrosis, Fanos (1996: 74-79) also lists three common parental responses in the aftermath of the death of a child: idealisation, refocusing, and substitution. Idealisation refers to the parents’ attempts to remember their deceased child in a positive way and the tendency to idealise, idolise (almost canonise) the deceased child. This frequently leaves the survivor(s) feeling unable to live up to the frozen image of perfection of the deceased sibling (also noted by Cain *et al.*, 1964). The other two parental responses (i.e. refocusing and substitution) are similar to those described by Krell and Rabkin (1979) and refer more to the ways

in which one or both parents relate to the surviving child, i.e. by overprotecting him or her (“the bound child”), and/or by trying to replace the lost child (“the resurrected child”).

In “refocusing”, parental attention is redirected towards the surviving sibling(s), and particularly to adolescents, because of fears that something bad might happen to yet another child (Fanos, 1996). For the survivor, separating from parents may then become difficult. This may be due partly to the sibling’s own sense of responsibility for parents, but sometimes it is due to the parents’ inability “to allow their adolescent children to grow up” (Fanos: 1996: 77). With “substitution” the parent may try to replace the lost child by substituting one of their other healthy children.

Very little research is available regarding the effect of parental grief on sibling loss in adulthood. However, Fanos (1996) points out that surviving siblings, 18 years and over, were more likely to experience a role reversal, becoming equally protective of their parents. These young adults struggled with wanting to live their own lives while being very concerned about their parents. Significantly, Fanos (1996: 78) also found that while surviving siblings who were adults at the time of the loss were more secure in their identity and were less likely to become substitutes for the lost child, many still struggled with pressure from parents to try to replace the lost individual.

In examining the direct and transgenerational effects of traumatic loss on current functioning in college students, Bradach and Jordan (1995: 315) found that subjects directly affected by traumatic deaths during their lifetimes reported more psychological distress, less individuation from parents, and poorer college adjustment than control subjects. According to the authors, an example of a family at increased risk would be one that had suffered a traumatic loss and subsequently was faced with a normal developmental loss, such as having a grown child leave home (1995: 317). They argue that reverberations from a previous traumatic death in the family may hinder members as they negotiate future losses and separations, including normal developmental transitions, such as leaving home (1995: 318).

#### **4.2.2.2 Communication within the family**

The need to express feelings of loss has long been recognised (Freud, 1917; Deutsch, 1937; Klein, 1940; Lindemann, 1944; Bowlby, 1979, 1980). Yet research indicates that, within the family, silence frequently surrounds death and loss in childhood and adolescence. The absence of open communication of feelings within the family regarding the loss is seen to contribute heavily to long-term negative outcomes of sibling loss (Cicirelli, 1995: 199).

Some researchers (Cain *et al.*, 1964; Davies, 1999; Mahon & Page, 1995) describe a conscious attempt by surviving siblings to keep their feelings and other responses secret in an effort to protect

their parents. Others have noted that siblings seldom shared their feelings with family members (Balk, 1983a; Davies, 1991a; Rosen, 1984-85). A “*startling*” finding by Balk (1983a: 17), is that although all respondents said that they spoke to at least one family member about personal matters before the death, less than half were able to talk to any family member about personal matters after the death. By the time of the interview, most of the teenagers said that they had begun talking about school concerns, friends and college plans but only three of the participants said that they discussed their feelings about the death. This resonates with Rosen’s study (1984-85) in which she emphasises the silence in families surrounding the death of a child/sibling. Rosen (1984-85) first refers to this reaction as “prohibited mourning” and later refers to it as “unspoken grief” (1986). This seems to be a major feature of the grief of childhood and adolescent survivor siblings.

Rosen’s study (1984-1985) of 159 late adolescents and adults who had lost a sibling in childhood or adolescence (i.e. before the age of 20 years), constitutes one of the few early attempts to explore individual, familial and societal responses to the loss of a sibling. A major aim of the study was to explore the extent to which a child is able to grieve the loss of a sibling and “the extent to which the family and the surrounding social supports are able to assist in that process” (Rosen, 1984-1985: 312). With regard to the interaction with parents, Rosen found that about one third of the *respondents* felt that they had to comfort one or both parents; moreover, approximately a third reported a sense of responsibility to compensate for their parents’ loss. Striking in her study was the degree to which respondents failed to share their feelings with others at the time of the loss and for a long time afterwards. Failure to express feelings did not appear to be related to the respondent’s age at the time of the loss, his or her sibling’s age, social class, family size, or birth order position. Equally striking was the unexpected degree to which the *parents* failed to talk about the death of the child (1984-1985: 313-314). This too was not influenced by the age of the sibling who died, cause of death, family size, age of parents, or social class. In both instances, i.e. the bereaved siblings’ failure to express feelings and the parents’ failure to talk about the loss, the data suggested that religion might have been a factor with children coming from Catholic families representing half of those who did share feelings (1984-1985: 314).

As a result of the lack of communication the surviving “sibling’s sense of isolation and responsibility, as well as a clearly felt message that the sibling had not experienced a significant loss”, was enhanced (Rosen, 1984-1985: 314). Rosen’s findings suggest that when a child suffers the death of a sibling, he or she will most likely experience one or more “prohibitions” to acknowledging and working through the loss. Prohibitions can occur at the *intrapsychic level* by denial of the death and the painful emotions that this evokes; at the *family level* by a lack of communication with the child; and at the *social level* by injunctions to “be strong” as well as by avoiding conversation about the death, which

conveys to a surviving sibling even further to suppress feelings associated with the loss (1984-1985: 315).

Rosen (1984-85) concludes that children who lose a sibling in childhood or adolescence are at a high risk of failing to grieve the loss. Siblings take on a parent-protecting role, which might be “externally imposed (‘take care of your parents’) or self-imposed” (see also Robinson & Mahon, 1997: 482).

When a parent-protective posture is chosen by the surviving sibling and when this is also accompanied by social withdrawal (Davies, 1988, 1991), opportunities to express feelings and/or to receive support from others are limited even further. (Social responses will be discussed in greater detail under subsection 4.2.3: “Societal Aspects of Sibling Loss”).

In contrast to the above mentioned studies, the research of Hogan and DeSantis (1994), which aimed at identifying what bereaved adolescents perceived to have helped or hindered them in coping with the loss of their sibling, sixty-nine percent cited family members as being of assistance. Forty-seven percent reported that mothers and fathers provided comfort by helping them to accept the normality of their feelings and by sharing memories of the deceased sibling with them (1994: 137). Twenty-two percent said that relatives, other than parents, e.g. brother, sister, aunt, and grandparents, also provided support. The adolescents also felt that the stress of coping with the loss helped families to draw closer together.

Hogan and DeSantis (1994) note that the fact that a larger number of respondents found parents supportive rather than non-supportive is significant because of the prevailing view in the literature that deeply bereaved parents are emotionally unavailable to their grieving children (1994: 144).

Perhaps the fact that the subjects were accessed through Compassionate Friends, a support group for bereaved parents and children, may have a bearing on this finding. Nevertheless, it is significant that the adolescents were prepared to accept family support when it was available. Mahon and Page (1995) report similar results with most surviving siblings identifying mothers as being helpful, as were some fathers. Again, it would appear that when parental support is available, children are prepared to accept this support.

Because of the sparseness of research on adult sibling loss, there is insufficient evidence regarding this “prohibition” as it relates to adult sibling survivors. In one of the few studies examining sibling death, through suicide, in early and middle adulthood, Demi and Howell (1991, in Cicirelli, 1995) identified the tendency to hide painful feelings from others as one of the themes of adult sibling loss (discussed in section 4.2.1.2: “Sibling Losses in Adulthood”). As it has been well documented that death due to suicide is a particularly traumatic loss experience and that silence usually surrounds such a loss, it is possible that the suppression of feelings and failure to communicate about the loss may be



related more to the circumstances of the death and the stigma associated with suicide. However, Pape's (1999) description of the grief of adult sibling survivors whose siblings died mainly through accidents, as "externally quiet", and Gorer's (1965/1987) account of his own unacknowledged grief, would seem to suggest that the silence may extend to adult sibling survivors whose siblings died from a variety of causes. The meaning of the silence, however, may be qualitatively different.

#### **4.2.2.3 The Family as a System**

There are a number of authors (Gelcer, 1986; Gilbert, 1996; Nadeau, 1998) who, without studying a specific population, have written about the family as a system which is confronted by the loss of one of its members. These writers emphasise the importance of open communication about the death as relevant in the family's attempt to make sense of the loss.

Gelcer (1986) argues that any loss is experienced as a shock and that this cannot be "measured" solely in terms of individual responses or functional health impairment in individuals over a short period of time (1986: 315). The author presents the experience of loss within a family as part of an "*ongoing process of change* in a system" that involves "a whole personal and social frame of reference" (1986: 316). Like a "minor tremor in a major earthquake" (1986: 316), the immediate effects are felt by those who are close, but eventually it shakes the whole system of relationships. A "second order of change" (1986: 318) is brought about by the reactions of those who are immediately affected and this begins a cycle of change in others. According to Gelcer, stress may be experienced in reaction to this change rather than as a direct reaction to the loss itself. In order to understand the nature of the loss and its effect, researchers need to see it in the context of the whole social network and across time (1986: 316). She argues that attempting to slow down change, or to deny it by replacing the lost person, does not help anyone (1986: 319).

Gelcer (1986) notes that the reverberations within a family determine the nature of loss experienced and how it is dealt with. Based on a family systems analysis (1986: 328-329) of two therapy cases (both dealing with a child's loss of a parent), she stresses the significance of the network of relationships that connects individuals to each other and that defines a unique context for each individual. She notes that the death of one person creates a gap in this network that affects all relationships equally but with qualitatively different effects. Stress is experienced equally by all survivors as their relationships, with each other as well as with the deceased person, are tested. Each survivor has to re-evaluate his or her existence both individually and in relation to others. Gelcer (1986: 315) demonstrates how the particular patterns of the family prior to the loss and their larger socio-cultural context are essential in terms of how individuals cope with their loss. She concludes that the ability to acknowledge and deal with the loss can help to resolve pre-existing problems,

whereas, in the absence of mourning, not only are these problems intensified, but “new problems emerge that have to do with non-resolution of problems despite the passage of time” (1986: 329).

Gilbert (1996) takes a constructivistic/interpretivist view of grief within the interactive system of the family. She explores grief “from the inside out” (1996: 270), i.e. from the perspective of individual family members as they experience a loss in the context of their family. The author takes the view that grief is an active process of redefining one's own sense of reality. Families are seen as “arenas of grief”; they themselves do not grieve, only individuals grieve (1996: 273). This is done in a variety of contexts, one of which is the family. The author emphasises that in order truly to understand the nature of grief in families, it is necessary to recognise that individual and relational factors are operating simultaneously: “Grief within the family, then, consists of the interplay of individual family members grieving in the social and relational context of the family, with each member affecting and being affected by the others” (1996: 271).

Gilbert (1996: 274) focuses on one of the assumptions held by family members, namely that because they have lost the same individual, their grief should be the same. She points out, however, that the tendency of family members to be dealing with different issues at varied points in their grief process, is far more common than is “matched” grieving (1996: 275). Personal pain and differences in how each member grieves can, in effect, lead to some misunderstanding and deep resentments (Rosenblatt *et al.*, 1991; Nadeau, 1998).

Rosenblatt *et al.* (1991) in fact indicate that if two people experience a mutual loss, instead of being able to use their mutual experience to be supportive, they are the least likely to be able to help each other. Difficulties in shared mourning, cited by the authors, seem to stem from not meeting the needs and expectations of the other person (1991:123). Disagreements in shared bereavement cited by Rosenblatt *et al.* (1991) include: being pushed to express feelings; one person talking incessantly about certain things associated with the death; and disagreements about the character of the deceased. The authors note that the key to understanding disagreements in shared bereavement is that although they have lost the same person, they may not be grieving the *same relationship*; they may not have lost identical connections and may have different histories with the deceased. These differences may make it difficult to appreciate one another's needs, feelings and perceptions (1991: 123).

Gilbert (1996: 276) concludes that, within the family, each member's grief will have its own unique character, informed by the relationship with the deceased. In addition, the relationships individual grievers have with each other and any emotional legacies that they share from the past may contribute to differences among family members (Bowen, 1991, in Gilbert, 1996). Another complication cited by Gilbert, is that, over time, individual members may experience changes in their interpretation of the

loss. The degree to which family members are able to anticipate and prepare for the death is also a factor that can “put family members at different places” in their resolution of the loss especially if the family tendency is to protect each other from pain. Ambiguity about “who” or “what” has been lost in losing a family member can lead to internal and external conflicts, particularly if the individual is unable to confirm his or her reality with others in the family (1996: 276). Such ambiguous losses often lead to disenfranchised grief (Doka, 1987) and may result in grieving individuals feeling stigmatised and alienated within their own families - what Riches and Dawson (2000) refer to as “intimate loneliness”. Gilbert emphasises that conversation is crucial to the family’s attempt to make sense of its bereavement.

Shapiro (1994) integrates an interpersonal object relations perspective and developmental theory to generate a systemic developmental theory of adult bereavement. She stresses the relational aspects of individual grief within the family context and points out that in real-life grief experiences, parents and children grieve together (1994: 40). Shapiro focuses on the loss of a parent and the loss of a child and how this impacts on survivors within the family. She posits that the loss affects each individual uniquely, but the grief reaction of each individual will be shaped by the needs and reactions of the others. In this process of shared grief, the parents’ reaction often provides the cue for what the children will be able to express and integrate. However, bereaved children’s emotional reactions and their relationships to the grieving parents will also affect the parents’ bereavement experience (1994: 40).

Shapiro (1994: 42) views adult grief as part of a “family developmental crisis that disrupts adult and family stability in the interrelated domains of emotion, action and meaning.” According to Shapiro, adults need all the resources at their disposal - intrapsychic, family systemic, community and cultural - in their attempts to deal with the overwhelming emotions, in reorganising the activities of daily living and family interaction, and in restoring a stable sense of the “collaborative self which now includes the death and its meaning” (1994: 42).

The author argues that in the bereavement process the relationship to the deceased family member remains an important resource for the mourner (1994: 41). Drawing from the insights of the British object relations school and self psychology, she concurs that adults need enduring relationships in order “to sustain the basic psychological processes of emotional regulation and regulation of self esteem” (Shapiro, 1994: 41). From a systemic developmental perspective, a process of internalisation in early childhood establishes a secure inner image of close others and a sense of a resilient, autonomous self. These internalised images of loving attachment figures allow both children and adults to tolerate their loved ones’ ordinary comings and goings. When one of the vital members of the “collaboratively constructed self” dies, working models of the self with others have to be

reintegrated to accommodate realistically to the new characteristics of the relationship to the deceased. The relationship can only exist in memory and emotion, and the internal definition of self has to accommodate this new reality (1994: 41).

Shapiro (1994: 42) posits that changing family relationships following a loss require the “passage of time and a supportive environment in order to re-establish a new, coherent sense of the relational self.” Grieving parents who have lost a spouse or a child find themselves extremely stressed by the demands of ongoing parenting. The more stressful the real-life circumstances of the death and the scarcer the real-life supports, the more likely an adult will be to use “growth-constraining intrapsychic and interpersonal strategies as sources of support” (1994: 42). These strategies for stability may involve denial or disassociation (intrapsychic processes), or restricting family communication (interpersonal processes). While these defences help adults achieve stability in a state of crisis, they restrict full integration of the grief experience. This may become more apparent in subsequent stages of the family life cycle. Nevertheless, Shapiro notes that whatever an adult’s immediate response to the crisis of grief, “new stages of the family life cycle will provide new opportunities for growth and integration of previously fragmented aspects of the grief experience and for more inclusive reorganisation of the complex collaborative self” (1994: 43).

Based on her work with bereaved adults, Shapiro (1994: 41) avers that a systemic developmental perspective on adult bereavement suggests that, “the end point of successful grief work is not relinquishment of the lost relationship but the creation of a new bond, one that acknowledges the enduring psychological and spiritual reality of someone we have loved and made a part of ourselves.” Shapiro’s systemic developmental theory emphasises the relational aspects of a loss within a family but does not address the bereaved young adult sibling’s loss experience.

#### **4.2.3 Societal Aspects of Sibling Loss**

Societal aspects refer to the broader social world of the bereaved sibling and include relationships with peers, teachers and others. The sibling loss experience may be portrayed as an individual “journey” and/or as a private family affair, but siblings are also part of a larger social and cultural context of which the family is a part. In addition to the individual pain of loss, and the parents’ intense grief, the responses of “less significant others” (Rosen, 1984-85: 314) may also colour the sibling’s loss experience and influence the trajectory of his/her bereavement. Gelcer (1986:328) posits that the social class or community status and religious affiliation of the family may bring additional constraints on, or outlets for, the individual’s expression of grief.

Unfortunately, the interplay between individual and social group in our western culture is out of balance “not only in that one is generally left alone, or chooses to be alone, to suffer one’s pain and

move on, but also because cultural and social dicta have weakened” (Geler, 1986: 317). Thus, while traditional and religious communities may offer the support of “commonly held meaning structures that aid in making sense of the death”, modern and highly mobile societies may offer few, if any, “pre-existing meaning structures that can cope with bereavement” (Riches & Dawson, 2000: 24). A significant finding by Rosen (1984-85), although inconclusive, was that Catholic families more openly shared their grief than did families from certain other religious groups.

#### **4.2.3.1 The Social Pathology of Death**

Of the few studies available on the societal aspects of sibling loss, findings suggest that the broader social system fails bereaved siblings. A phenomenological study that is significant in this respect is that of Sennett (1987). In this study, Sennett explores social attitudes of western culture and how the emphasis on technology, the weakening of religious beliefs and the tendency to deny death, reinforce the bereaved person’s sense of loneliness and of being in a different world to others. Sennett (1987) obtained written descriptions from five bereaved individuals, ranging in age from 18 to 31 years, regarding their experience of a specific situation in which they felt that their bereavement had been denied by others. Three of the participants experienced the loss of a mother, one the loss of a special teacher, and another the loss of a brother.

Sennett’s (1987) essential description of the experience of having one’s bereavement denied speaks to all bereaved individuals in our Western culture who are avoided or left alone in their grief. The author (1987: 87) notes that although the bereaved person’s world is profoundly changed and the pain of loss is continually present to the individual, others fail to share, or to meaningfully acknowledge, his or her world. The loneliness of living in a different world is reinforced by the active denial by others of the bereaved person’s grief and their rejection of his or her world. Thus, in addition to experiencing the pain of loss through death, the bereaved person “experiences a denial of the full meaning of this pain”, and of the opportunity to share his or her grief with others.

Sennett's study is significant not only in that it highlights the difficulties that others experience in being-with-the-bereaved, but also that other mourners in our western culture may experience this social prohibition against mourning to a greater or lesser extent (Gorer, 1965/1987, 1973). From the literature review, this prohibition appears to be especially true of sibling loss.

#### **4.2.3.2 The Role of “Siblinghood”**

In the psychological literature, the status of becoming a sibling does not have the same developmental significance as becoming a mother/father or husband/ wife. Socially the role of “siblinghood” does not have a prominent place in our culture (Riches & Dawson, 2000). While in the event of the loss of a parent a child is generally perceived by those around him or her to have suffered an important loss

and others almost always recognise and acknowledge the significance of such a loss, “society seems to expect that the pain of sibling loss is neither intense nor of long duration” (Moss & Moss, 1986: 412). When a sibling dies it is mostly the parents or the sibling's spouse and/or child(ren) that others are mostly concerned about. Hence for some surviving siblings, particularly adult siblings, there may be “the stress of profound grief but little opportunity or support for its expression” (Moss & Moss, 1986: 412; Gorer, 1965/1987).

Other researchers (Mahon & Page, 1995; Vande Kemp, 1999) have also noted that sibling loss often leaves survivors as socially less recognised mourners. This can devalue the fact and experience of sibling grief and encourages some survivors to mask their own grief with consequent negative consequences. Loss that is not acknowledged, that remains too little mourned, leaves wounds half open; wounds half closed.

#### **4.2.3.3 Relationship with Peers, Professionals and Others**

Throughout the experience of sibling loss we find several relationships that (apart from the parent-child relationship) can facilitate or impede the healing process of grief, e.g. extended family, peers, teachers, neighbours, pastors, professionals, and members of a support group. Several researchers report changes in peer relationships following the loss of a sibling. Some of these changes may come from the bereaved sibling's own feelings of being different and withdrawing from friends; others are related to peers' difficulties in being with someone who has experienced a death in the family. As peers are especially important in the life of a developing child and assume even greater significance during adolescence (when relationships with friends are fundamental to completing developmental tasks, e.g. identity, separating from the family), some of these studies will now be reviewed.

- **Withdrawal, Loneliness and Isolation**

The bereaved sibling's sense of feeling different from his or her peers and friends, who still "live in innocence", has been highlighted by Davies (1991a). In cases where adolescents feel very different from their peers, the basis of the peer bond is weakened, and the sibling may respond by withdrawing. Thus, the adolescent may not receive the social support that he or she needs. Davies' (1999) later and more comprehensive study of sibling loss also emphasises the significance of peer relationships. She notes that the feeling of “I don't belong” stems not only from the reorganisation of the family following the loss and a sense of not being part of the family, but that feeling different from peers and withdrawing from peer group interaction may also intensify a sense of “not belonging” and of isolation.

In her study, Rosen (1984-85: 314) found 32 references to “less significant others” of which 30 were "negative" and only 2 were “positive.” Responses from others outside the immediate family that were

experienced as negative, fell into two general categories: statements that conveyed in varying degrees the message, “be strong for your parents” and, “pointed silences” about the loss, which were experienced by the surviving siblings as neglect of their needs. Rosen notes that such responses increased the sense of loneliness, isolation and unacknowledged grief of the respondents. In only two instances were the interactions felt to be helpful and included: “adult friends and neighbours, teachers, peers, aunts, uncles and cousins, grandparents, police, religious representatives” (1984-1985: 314).

While Rosen (1984-1985) recognises that individuals outside the family have difficulty knowing what to say or what their role should be with a recently bereaved child, she concludes that the responses of less significant others may have a greater impact on surviving siblings than they realise: “Close enough to be trusted by the surviving sibling, yet far enough removed not to be struggling with deeply felt grief at the same time, a close personal friend or teacher may be the most appropriate person to whom a grieving child can turn” (1984-1985: 315).

In the study by Mahon and Page (1995:20) which explored “stressors and modifiers” of sibling grief, the authors found that feelings of isolation after the death were common among bereaved siblings either because they chose to be alone or because they believed that everyone was focused on the child who had died and on the needs of the parents.

- **What was Helpful**

With regard to the question “What helped?” (Mahon & Page, 1995), most surviving siblings were able to identify people or events that were helpful to them in the time since the sibling’s death. Friends (particularly those who either made an effort to be supportive or had experienced the death of someone close to them) were perceived as helpful. Some children described a support group, seeing a psychiatrist, and talking to a teacher as helpful.

Hogan and DeSantis (1994) also found that in addition to extended family and friends, other social support systems, e.g. professionals such as psychologists and ministers of religion, were also experienced as helpful. However, only two bereaved siblings described how individual professionals provided support. Another ten respondents mentioned organised peer support groups (Compassionate Friends) as being helpful during their grieving. These adolescents received support by learning that other bereaved siblings experienced similar thoughts and feelings over the death of a brother or sister. Being with peers who had experienced a loss made them feel “less alone” and helped them to learn that “others had coped with similar difficult times” (1994: 138).

- **What was Not Helpful**

Mahon and Page (1995) found that bereaved siblings experienced “others” (unspecified but possibly referring to people outside the immediate family) as unhelpful when they felt that their responses to the loss were being judged by others as right or wrong, as appropriate or inappropriate (See also Rosenblatt *et al.*, 1991). A judgemental response leaves bereaved siblings feeling that it might not be acceptable to feel or respond in certain ways. This effectively blocks the grief work.

Other things that were perceived as not helpful were mostly things that people did or did not do (Mahon & Page, 1995). People (particularly friends) who were not actively supportive, or who lacked regard for their deceased sibling, were perceived as not helpful. Some children also did not like being asked to discuss the situation or their feelings when they “didn’t feel like it” (1995: 22). Some children thought that everyone should know about the sibling’s death, whereas others believed that this was private information. The authors conclude that responses of peers and others, as well as responses of parents, may be “modifiers” or “stressors” of sibling grief.

In the study by Hogan and DeSantis (1994), three types of social system responses emerged that were experienced as unhelpful and hindered the sibling’s grief. These included insensitivity of others, rumours and gossip, and the “perception of an unfair world” (1994:141). Respondents experienced non-bereaved persons as insensitive when they said that they knew how the bereaved adolescents felt; told them how, when, and for how long they should grieve; minimised the bereavement process through statements such as “I know how you feel”; and made judgmental statements, “you should be over it by now” (1994: 141). Bereaved adolescents experienced such advice as preventing them from dealing with the death on their own terms. Significantly, Hogan and DeSantis (1994) note that people who were perceived as “insensitive” were not identified in any definite way. They were simply referred to as “ones”, “they”, “people”, or “someone.” Since the respondents received the questionnaire by post, there was no opportunity to clarify whether these were friends (that were no longer “friends” and therefore not included under “peers”) or “others”.

Other factors that made it more difficult for these adolescents to deal with their grief included rumours and gossip about events related to the death or about the character of their dead brother or sister. Negative references to their deceased sibling’s character spoiled their memory and made it harder for them to cope with their grief. Hogan and DeSantis (1994: 142) conclude that, “support emanating from the social system was [generally] viewed dialectically as both helping and hindering the coping process”.



#### 4.2.4 Intervention and Support

The available research has contributed to identifying the needs of bereaved siblings, and most of the studies cited above offer suggestions for helping survivors to cope with the loss of a brother or sister. Individual counselling, psychotherapy, play therapy, family or “conjoint” therapy, and support groups for bereaved siblings have all been put forward as facilitating the healing process of grief. In addition, home care intervention programmes, as opposed to hospital care of terminally ill siblings, have been suggested as potentially assisting the family to deal with the illness and loss openly. By including siblings in the care of the ill brother or sister and by giving clear and honest information about the condition of their sibling, children would be in a better position to make sense of what is happening.

As early as 1964, Cain *et al.* noted that paediatric workers had already “wisely insisted” that in cases of children’s deaths the physician’s responsibility should not only be to the dying child but to the entire family unit and that the “family unit” should include the deceased child’s siblings as well as his or her parents. Cain *et al.* (1964: 751) recognised the need for a full “preventive-therapeutic approach to the bereaved siblings, integrated with assistance to the parents”, as a major step towards preventing what they had earlier referred to as the “senseless arithmetic of adding newly warped lives to the one already tragically ended”.

From their experience of survivor families with unresolved grief reactions, Krell and Rabkin (1979) also strongly recommend family therapy as the treatment of choice. The authors argue that in the post-traumatic situations that they had explored, allowing families to grieve together, although painful, could be a “solidifying experience” (1979: 476). They add that, “family roles and identities can best be freed up and reorganised in the nexus of the primary group”, and that opening up communication and “demystifying” the loss experience can also be most effectively handled in “conjoint meetings” (1979: 476).

Others (Birenbaum *et al.*, 1989-1990; Davies, 1999; Fanos, 1996; Fanos and Nickerson, 1991) have suggested that the openness of parents, others and caregivers to listening to the bereaved sibling’s fears and anxieties, as well as an ability to give honest and clear information, would do much to enable a child to make sense of the loss and to alleviate guilt. Within the family, involving children in activities following the loss and making them feel included, may dissipate feelings of “not belonging” (Davies, 1999) and the sense of unreality of the death.

Significantly, studies that explored the effects of a home care intervention programme, as opposed to hospital care (Mulhern *et al.*, 1983; Lauer *et al.*, 1985) found that siblings of children who received terminal care at home were less emotionally inhibited, withdrawn and fearful than siblings of children who received terminal care in the hospital. In their exploratory study, conducted one year after the

death of a sibling, Lauer *et al.* (1985) found that children involved in home care reported significantly greater awareness of impending death and a higher degree of support from their parents. They also perceived themselves and their parents as having done everything possible to help the dying child, and derived more comfort from attending the funeral than did the children whose siblings died in the hospital. Although more siblings in the home care group were present at the death, none reported it to be frightening. Many of the siblings felt that their presence was helpful, that their relationships with parents and other siblings had improved or grown closer since the loss, and, unlike the siblings in the hospital group, that their emotional support during bereavement came mainly from the immediate family. Some of these themes are echoed in a more recent study by Rodger and Tooth (2004) involving adult siblings' perceptions of family life and the loss of a sibling with a disability.

### 4.3 Concluding Comments

It is clear that interest in sibling bereavement has grown and that the significance of this loss experience has received considerable attention since the 1980s, more specifically as it relates to children and adolescents. As a direct result of the pioneering work of Kubler-Ross (1969/1985, 1974), death, and speaking about death and dying (particularly with children), has been opened up and become less of a “taboo” subject in nursing. Yet, in the main, sibling loss, and particularly adult sibling loss, remain in the shadows. Over and over in the literature we are told that individuals who experience the loss of a brother or sister either withdraw and keep to themselves, or “struggle” for recognition of their grief. Again and again we hear that surviving siblings, alone with their grief, either suffer “symptoms” for many years or overcome it so that they are “better” for having endured it. To tell the story within this literature in very few words, it is as if our Western society requires the twin burial of the *dead*, and of the *need to grieve*; if grief refuses to be buried, then one must resolve it quickly or run the risk of being adjudged “at risk”, “referable”... in brief, “psychopathologised”.

Taken together, the studies that were examined in this section reveal that research in the 1980s and 1990s has centred on broadening and deepening our understanding of the sibling bereavement process. However, with few exceptions, most of the studies focus on one or two variables or aspects of the loss that are thought to affect bereaved siblings (either positively or negatively) rather than on the *meanings* themselves or on the *process* of this unique loss experience as it evolves over time. If one were to provide literature to caregivers of bereaved siblings, it would be difficult to find a study that adequately conceptualises the lived experience in all its aspects.

It is clear that the loss of a brother or sister is a very complex phenomenon that cannot be understood solely as an intrapsychic, developmental, family-structural or socio-cultural one. Furthermore, it has become clear that this phenomenon cannot be fully understood in terms of immediate or short-term responses to the loss. Unfortunately, when the study of loss is approached by way of any one of these

perspectives alone, the full meaning of the loss for the individual is lost. This may account for several of the apparent contradictions that emerge from the foregoing research studies, for example, low/high self-concept; resilience/vulnerability; and strengthening/weakening of faith.

The journey through the literature is very worthwhile because it provides mounting evidence for the need to shift focus; a need not simply to add qualitative aspects to predominantly quantitative methods, but to change the ground of future research. In order to study directly the experience and meanings to the individual sibling who has lost a brother or sister through death, it is necessary to change the philosophical standpoint that in turn legitimises a different method, a qualitative method. Hence, the current study attempts to expand the field, seeking not ultimate clarity, but rather integrated, holistic and comprehensive knowledge. The following chapter addresses a research method that I believe is best suited to this aim.