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# A Qualitative Look at how Sibling Bereavement From Unnatural Causes of Death Affects Surviving Siblings

Michael David Gilvin  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Michael Gilvin

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

Review Committee

Dr. Cheryl Tyler-Balkcom, Committee Chairperson, Psychology Faculty

Dr. Tracy Mallett, Committee Member, Psychology Faculty

Dr. Michael Johnson, University Reviewer, Psychology Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2017

Abstract

A Qualitative Look at how Sibling Bereavement From Unnatural Causes of Death  
Affects Surviving Siblings

by

Michael D. Gilvin

MS, University of Phoenix, 2011

BA, University of Kentucky, 2006

Proposal Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
General Teaching Psychology

Walden University

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## Abstract

The purpose of the study is to fill the gap in the literature regarding sibling bereavement. This study explored how sibling bereavement from unnatural causes of death affects surviving siblings. Bereavement affects millions of Americans every year. Most grieve naturally, but some experience complicated grief or depression. Many studies address parental and spousal bereavement, but few focus on sibling bereavement. This study fills that gap in the literature so that mental health care professionals and the general public understand what bereaved siblings experience after the death of a sibling. The study was a phenomenological study using social constructivism as a theoretical lens to explore how sibling bereavement affects surviving siblings. Open-ended interviews were collected from 10 bereaved siblings. Those interviews were then transcribed and categorized using a 7 step process to review and organize all relevant statements. Results of this study shows that sibling bereavement can be a life changing event for surviving siblings affecting all aspects of life and leaving unanswered questions and feelings of guilt. Participants also state they felt overlooked after the death leading to delayed grief. Participants concluded that sibling grief is subjective, so any treatment plan should be catered to the individual based on their relationship to the deceased sibling and the role the sibling played. This study can bring about positive social change by helping mental health care workers understand sibling bereavement better so that they may help those suffering from complicated grief following the loss of a sibling.

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## Dedication

I dedicate this study to my uncle Douglas Gilvin who passed away in February of 1995, my mother Sheri Gilvin who passed away in June of 2002, and my brother Phillip Gilvin who passed away in March of 2008.

## Acknowledgments

I would like to thank my dissertation committee who helped me complete this study: Dr. Cheryl Tyler-Balkcom (committee chair), my chair member Dr. Tracy Mallett, and my URR Dr. Michael Johnson. I would also like to thank Walden University as a whole and all my professors and administrators that helped along the way.

## Table of Contents

Chapter 1: Introduction to the Study.....	1
Background of the Study .....	3
Problem Statement.....	6
Purpose of Study.....	9
Research Questions.....	10
Theoretical Framework.....	11
Nature of the Study.....	13
Definitions.....	15
Assumptions.....	16
Scope and Delimitations .....	17
Limitations .....	18
Significance.....	19
Summary.....	22
Chapter 2: Literature Review.....	25
Introduction.....	25
Literature Search Strategy.....	26
Theoretical Foundation .....	27



Literature Review.....	29
Parental Bereavement .....	30
Spousal Bereavement.....	31
Bereavement in the Elderly.....	31
Childhood Bereavement.....	32
Bereavement from Violent Death .....	33
Bereavement and Religion .....	36
Sibling Bereavement.....	38
Summary and Conclusions .....	42
Chapter 3: Research Method.....	45
Introduction.....	45
Research Design and Rationale .....	46
Research Questions.....	46
Central Concepts.....	47
Research Tradition .....	49
Rationale for Chosen Tradition.....	50
Role of the Researcher .....	52
Methodology.....	54
Population .....	54

Sampling Strategy.....	54
Participants.....	55
Procedures.....	56
Data Collection Instrumentation.....	57
Data Analysis Plan.....	58
Issues of Trustworthiness.....	59
Credibility.....	59
Transferability.....	60
Dependability.....	60
Confirmability.....	61
Ethical Procedures.....	61
Summary.....	63
Chapter 4: Results.....	65
Introduction.....	65
Setting.....	66
Demographics.....	67
Data Collection.....	69
Member Checking.....	71
Evidence of Trustworthiness.....	73

Credibility .....	73
Transferability.....	74
Dependability.....	75
Confirmability.....	76
Results.....	76
Participant Overview .....	77
Participant 1 .....	77
Participant 2 .....	79
Participant 3 .....	81
Participant 4 .....	84
Participant 5 .....	87
Participant 6 .....	88
Participant 7 .....	91
Participant 8 .....	95
Participant 9 .....	97
Participant 10 .....	100
Research Question Analysis .....	102
Research Questions.....	102

Research Question 1: What is the meaning of sibling bereavement to you?	105
Research Question 2: What was the relationship like between you and your sibling?	107
Research Question 3: Does the cause of death or time since the death make a difference?	108
Research Question 4: What kind of support system did you have when your sibling passed away?	109
Research Question 5: What kind of impact did the loss have on you?	112
Summary	115
Chapter 5: Discussion	118
Introduction	118
Interpretation of the Findings	119
Subjective Grief	120
Multiple Roles of Siblings	120
Unanswered Questions	122
Religion and Sibling Bereavement	123
Impact of Sibling Bereavement	124
The Overlooked Mourners	126

Summary .....	127
Limitations .....	128
Recommendations for Future Studies .....	129
Age Difference of Siblings .....	130
Bereaved Siblings with Parents vs without.....	131
Type of Death .....	132
Parental, Childhood, Spousal, and Sibling Bereavement .....	133
Recommendations for Treatment.....	134
Implications.....	136
Individual Level Social Change.....	137
Family Level Social Change.....	138
Organizational Level Social Change .....	139
Societal Level Social Change .....	140
Conclusion .....	141
References.....	144
Appendix A.....	160
Appendix B.....	161
Appendix C.....	163

## Chapter 1: Introduction to the Study

Bereavement affects millions of Americans every year. In 2014 there were 2,596,993 deaths in the United States (Center for Disease Control and Prevention, 2015). With almost any death someone is left behind to grieve: parents, children, spouses, siblings, or friends. “Bereavement usually refers to the experience of losing a loved one to death. Grief refers to the reaction people have to the loss or bereavement” (Fundukian & Wilson, 2008, p. 131). Bereavement may lead to depression and complicated grief (Herberman Mash, Fullerton, & Ursano, 2013; Golden & Dalgleish, 2012). Complicated grief is a disabling or pathological grief that some bereaved individual’s experience (Herberman Mash, Fullerton, & Ursano, 2013; Golden & Dalgleish, 2012). Individuals suffering from complicated bereavement show similar symptoms to major depressive disorder (Herberman Mash, Fullerton, & Ursano, 2013; Golden & Dalgleish, 2012).

Individuals suffering from depression or complicated grief may be more likely to think about or commit suicide. Suicide is becoming more prevalent in today’s society. In fact, suicide rates have nearly tripled since the 1950s (Lamis, Malone, Langhinrichsen-Rohling, & Ellis, 2010). Suicide rates increase during periods of bereavement (Ajdacic-Gross, Ring, Gadola, Lauber, Bopp, Gutzwiller, & Rosssler, 2008). Additionally, bereavement after suicide may lead to feelings of guilt, rejection, shame, and further suicide in the bereaved (Clark, 2001).

However, the needs of those most closely affected by suicide have largely been ignored (Bartik, Maple, Edwards, & Kiernan, 2013).

Many studies have addressed parental and spousal bereavement. However, sibling bereavement has been somewhat neglected in the literature. Over the past couple of years studies on sibling bereavement have started to emerge. The emergence of such studies shows the significance of sibling bereavement. However, these studies explore bereavement from others' perspective, such as teachers or parents of the bereaved siblings. The existing studies do not study bereavement from the perspective of the bereaved sibling. Therefore, existing studies simply tell what others perceive to be true of sibling bereavement. In addition, previous studies almost exclusively study sibling bereavement following death from disease, such as cancer, and do not address bereavement following death from unnatural causes.

There is a need for a study that addresses sibling bereavement from the bereaved sibling's point of view to give a better, more complete understanding of the phenomenon. Only the bereaved sibling really knows how the death affects them. Additionally, there is a need for a study that examines sibling bereavement from unnatural causes because the effect on the surviving sibling may be different than that of other types of losses. The bereavement process after suicide, for example, is different and more difficult to cope with as compared to bereavement following other types of loss such as cancer (Rostila, Saarela, & Kawachi, 2013). Therefore, treatment for sibling bereavement from unnatural causes may be

different than treatment for bereavement from natural causes. If mental health professionals want to help those suffering from complicated grief they must understand all types of grief and how they differ.

This chapter will give the background of the study. Next the chapter will provide the problem statement for the study. Following the problem statement the chapter will discuss the purpose of the study. Then the chapter will detail the research questions. The chapter will then discuss the theoretical framework. A section on the nature of the study will follow the theoretical framework. Important concepts will be defined in the definition section of this chapter. Assumptions of the study will then be addressed. Next the scope and delimitations will be discussed. Limitations will be discussed following the scope and delimitations. Finally, the chapter will discuss the significance of the study.

### **Background of the Study**

Many studies over the years have focused on parental and spousal bereavement. Findings show that the loss of a spouse may lead to depression if the marriage was positively reinforcing (Futterman, Gallagher, Thompson, Lovett, & Gilewski, 1990; Lalive d'Epinay, Cavalli, & Guillet, 2010), and the mortality rate of the widowed and adverse health problems increase, especially in the following year after the death (d'Epinay, Cavalli, & Guillet, 2009-2010). This phenomenon is called the broken heart syndrome. Broken heart syndrome symptoms are similar to a heart attack except that there's no evidence of blocked heart arteries. While experiencing broken heart syndrome one's heart temporarily



enlarges and does not pump properly following the death of a spouse. Studies on parental bereavement show increased mortality, morbidity, and depression among bereaved parents (Floyd, Selter, Greenberg, & Song, 2012). Parental bereavement is associated with increased mortality from both natural and unnatural causes in mothers and unnatural causes in fathers (Cohen-Mansfield, Shmotkin, Malkinson, Bartur, & Hazan, 2012).

Sibling bereavement, however, has been somewhat neglected in the literature. Studies have examined the effect of bereavement on siblings from teacher and classmate perspectives (Gerhart et. al, 2012) looking at how others perceive the bereaved sibling after the death. However, the findings are inconsistent. Some findings show that siblings seem to feel more isolated, demonstrate social withdrawal or loss of interest in peer activities, and have lower social competence (Davies, 1991; Martinson & Campos, 1991). Other findings show siblings seem kinder, more compassionate, more tolerant, and have an increased maturity and self-concept after the death of a sibling (Hogan & DeSantis, 1996; Hogan & Greenfield, 1991). Studies have also interviewed parents of children who lost a sibling to gain a better understanding of how the surviving child coped (Thompson et. al, 2011). Findings show both internalizing and externalizing problems such as feelings of sadness, anxiety, guilt, isolation from peers, lower social competence, higher social withdrawal, and higher aggression.

There is a need for a study that deals with sibling bereavement from the sibling perspective. Previous studies have examined sibling bereavement from others point of view. However, only the bereaved sibling truly knows what the loss meant to them. In addition, there is a need for a study that addresses a broader range of causation of death because some forms of death may cause more grief than others. For example, bereavement after homicide has been found to increase the risk of posttraumatic stress disorder, complicated grief, and depression (McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2011). Therefore, this study examines bereavement following death by unnatural causes because treatment for bereavement from unnatural causes may be different than treatment for bereavement from natural causes which could be important for mental health care workers who treat individuals with complicated grief. For example, bereavement from suicide is thought to be different and more difficult to cope with than bereavement from natural causes and may lead to a more severe and prolonged grief reactions (Rostila, Saarela, & Kawachi, 2013).

This study defines unnatural causes of death as death by external causes such as injury or poisoning, death by intentional injury such as homicide or suicide, death caused by unintentional injury such as accidents, and death from birth defects or organ transplants. In other words, unnatural death is defined as death by anything other than disease or complications from old age. Bereavement following death by unnatural causes may be different than bereavement following death by diseases. Therefore, studying sibling bereavement from unnatural causes

may give a more comprehensive understanding of sibling bereavement. In addition, first-hand knowledge may be more reliable than others' perspective of sibling bereavement, so this study will only use bereaved siblings. The study is a phenomenological study, and the participants will be bereaved adults who have lost a sibling from unnatural causes. The problem the study addresses is how sibling bereavement affects surviving siblings personally and if the type of death makes a difference in the bereavement process. By knowing how bereavement affects surviving siblings from the first person point of view mental health care workers can gain a better understanding of what their clients are experiencing. In addition, studying bereavement from unnatural causes may provide mental health care workers information they need to give their clients a more personalized treatment plan.

### **Problem Statement**

Bereavement affects millions of Americans every year. According to the U.S. National Center for Health Statistics (2013), the total number of deaths in 2010 was 2,468,435. With almost any death someone is left behind to grieve. "Bereavement usually refers to the experience of losing a loved one to death. Grief refers to the reaction people have to the loss or bereavement" (Fundukian & Wilson, 2008, p. 131). Sometimes bereavement leads to complicated grief. Complicated grief is a prolonged grief that disrupts one's ability to resume normal daily activities (Golden & Dalglish, 2012). Bereavement may also lead to

depression which in turn can affect a person's thoughts, behavior, feelings, and sense of well-being (American Psychiatric Association [APA], 2013).

Individuals suffering from depression may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt, or restless. Major depressive disorder (clinical depression or major depression) is a mental disorder characterized by pervasive and persistent low mood accompanied by low self-esteem and a loss of interest or pleasure in formerly pleasurable activities (APA, 2013). About 3.4% of people with major depression commit suicide, and up to 60% of people who commit suicide had depression or another mood disorder. Suicide rates have nearly tripled since the 1950's (Lamis, Malone, Langhinrichsen-Rohling, & Ellis, 2010). In fact, according to the National Center for Health Statistics (2013), there were more deaths from suicides than motor vehicle crashes in 2009. Suicide rates increase during periods of bereavement (Ajdacic-Gross, Ring, Gadola, Lauber, Bopp, Gutzwiller, & Rosssler, 2008). Additionally, bereavement after suicide may lead to feelings of guilt, rejection, shame, and further suicide in the bereaved (Clark, 2001). The needs of those most closely affected by suicide have largely been ignored (Bartik, Maple, Edwards, & Kiernan, 2013).

Complicated grief or complicated bereavement is a psychiatric response to bereavement distinct from mood and anxiety disorders (Golden & Dalglish, 2012). Individuals suffering from complicated bereavement show similar

symptoms to major depression disorder. Therefore, it is important to fully understand the ways in which complicated grief occurs in order to prevent major depressive disorders, complicated bereavement, or suicide. Death of a loved one may lead to cognitive distortions, physical health problems, and psychosocial difficulties (Golden & Dalgleish, 2012), feelings of sadness, anxiety, guilt, isolation, and social withdrawal (Gerhardt, et al., 2012), and disrupt development of self-identity and the relationships to the world and others (Herberman Mash, Fullerton, & Ursano, 2013). Approximately 10-15% of people experience a disabling pathological grief (complicated grief) following the loss of a loved one (Golden & Dalgleish, 2012).

Social support is important when dealing with any loss or major change in one's life. However, social support may be lacking when someone experiences sibling bereavement. Lack of social support may be due to lack of knowledge, discomfort, and inexperience in assisting the bereaved which may complicate recovery and produce a sense of isolation (Herberman Mash, Fullerton, & Ursano, 2013). The loss of a sibling has rarely been studied and resources for support and intervention may be limited or rarely offered. In addition, bereaved siblings may experience a "double loss" from the death of the sibling and unavailability of parents who are dealing with their own grief leaving siblings feeling isolated (Gerhardt, et. al, 2012). Isolation felt may be compounded and lead to social withdrawal if the sibling commits suicide because suicide survivors are viewed more negatively by others and themselves (Rostila, Saarela, & Kawachi, 2014).

### **Purpose of Study**

The purpose of the study is to gain a more complete understanding of sibling bereavement. A study about sibling bereavement from unnatural causes may give mental health professionals a better understanding of the phenomenon so that they may better assist individuals who suffer from complicated grief or depression because a better understanding may lead to better treatment plans. Social support is also important in the bereavement process because a lack of social support from peers due to a lack of knowledge or discomfort in assisting the bereaved may complicate recovery and lead to a sense of isolation in the bereaved (Herberman, Fullerton, & Ursano, 2013). Bereaved siblings are often taught to repress or deny their grief and remain strong for their parents (Devita-Raeburn, 2004), so they may have to look outside of the family for a support system. Therefore, this study hopes to raise awareness of sibling bereavement in an effort to strengthen the support system for those suffering from sibling bereavement.

Complicated grief, depression, and suicide are major social problems in today's society. The ultimate goal of the study is to help the 10-15% of people who suffer from complicated grief by bringing awareness to the problem and giving mental health professionals a better understanding of the unique problems that surviving siblings encounter after the loss of a sibling. Additionally, even those who do not suffer from complicated grief may benefit from more knowledge about the subject of bereavement in general and sibling bereavement

in particular. Knowledge of the process of bereavement may help those who suffer from bereavement by educating them on what to expect so that they do not think something is wrong with them if they experience it differently than others they know. It is important to know there is no right or wrong way to grieve. Everyone is different and every situation is different. Grieving is an individual process, but social support is important. Knowing how individuals experience loss may help those around them provide support. Social support is important for anyone suffering loss even if they do not experience complicated grief.

### **Research Questions**

Creswell (2013) describes qualitative research questions as open-ended, evolving, and non-directional. Central questions are broad questions that explore a central phenomenon or concept (Creswell, 2014). The central question of the study is what is the meaning of sibling bereavement for each participant and how has it affected them personally. The participants will be in control of the interview. However, there will be an interview protocol (see Appendix C) with a few general open-ended questions and cues to help guide the interview. The interview questions are meant to determine which variables of the sibling relationship make bereavement easier or harder.

In addition to the central question there are a few broad questions that will help to guide the interview. First there will be a few questions about the relationship to the deceased sibling: was your sibling older or younger than you

and by how many years, was your sibling a brother or a sister, and how would you describe your relationship with your sibling prior to his/her passing. The purpose of these questions is to establish how close the siblings were and see if any other dynamics could play a role in bereavement. For example, maybe siblings mourn the loss of a younger sibling more than an older. Secondly, questions will be asked about the death itself: how long has it been since the death, what was the cause of death, and how old were you at the time. These questions will be asked because sometimes the type of death impacts bereavement. Third, the participants will be asked about their relationship with their parents and others while going through the bereavement process. Participants will also be asked if they have any other siblings. If they have other siblings they will be asked about the relationship they have with the other sibling. The purpose of these questions is to find out what kind of support system the participant had during the process. Finally, the interview will focus on how the loss impacted the participant: how did the loss affect you, what changed after the loss, how you coped with the loss, how have you adjusted since the loss, and what remains unresolved if anything.

### **Theoretical Framework**

The use of theory varies in qualitative research (Creswell, 2014). Theory may be used as a broad explanation for behavior and attitudes, used as a theoretical lens or perspective, or an end point of the study. However, qualitative studies such as phenomenology often do not have an explicit theory.



Phenomenological studies attempt to build the essence of experience from participants' point of view. Researchers must, therefore, construct a rich, detailed description of a central phenomenon. This study will not use an explicit theory. The study will be using a grounded theory method and analysis. However, it will use a theoretical lens to shape the questions asked and guide the research.

The theoretical lens this study will use is social constructivism because social constructivism allows a phenomenon, such as bereavement, to be studied from an individualistic perspective. It can lead to a more in-depth description of a personal experience. In other words, it allows an individual to personally construct how a social situation or phenomenon impacts them. In social constructivism, individuals seek to understand the world by developing subjective meanings of experiences (Creswell, 2013). Research relies on participants' views of the situation or phenomenon experienced. The subjective meanings one has are formed through experience or interaction with others. Researchers using social constructivism do not start with a theory. They generate or inductively develop a theory or pattern of meaning throughout the study. In addition, they may address the process of interaction and focus on specific contexts in which people live and work. Researchers must also recognize that their backgrounds and experiences shape their interpretation, so they "position themselves" in the research to acknowledge that their interpretation comes from their experiences. The role of the researcher is to interpret the meanings others have about the

world. Therefore, social constructivism is appropriate for phenomenological studies where individuals describe their experiences such as their experience with bereavement.

### **Nature of the Study**

The methodology of the study will be qualitative and phenomenological. Qualitative research gives a more detailed description than quantitative (Creswell, 2013). A qualitative study is best because the purpose of the study is to understand how the participants personally experienced the bereavement process. The goal is to know how the bereavement affected the bereaved and what they did to overcome the loss and the grief associated with the loss. Therefore, the study needs an in-depth analysis of the bereavement process. Qualitative research uses open-ended questions to allow the researcher to explore and understand the meaning individuals ascribe to social problems or phenomenon (Creswell, 2009). This design will allow a more personalized explanation of bereavement.

Phenomenological studies describe a common meaning for individuals with similar lived experiences (Creswell, 2013) and allow for more personalized explanation of the phenomenon giving individual meaning to an abstract concept. Patton (2002), states that the foundational question in a phenomenological study asks what the meaning, structure, and essence of the lived experience of a phenomenon is for the person or group. Creswell (2009) summarizes the

phenomenological approach as one that identifies the nature of the experience about a phenomenon as reported by participants. The interview process involves emerging questions and procedures to allow the participant to direct the interview more than the interviewer.

A phenomenon such as bereavement needs a more detailed and personalized explanation so one can understand the complexities involved. A qualitative study that provides detail and personal accounts and stories of sibling bereavement would benefit anyone who is suffering, has suffered, or will suffer from sibling bereavement. The purpose of this study is to gain a better understanding of sibling bereavement from the individual perspective so that mental health care workers or any member of the bereaved sibling's support group can understand what they are going through. A better understanding may lead to a better treatment plan. The individual perspective will give a more detailed and personal account of the bereavement process than studying bereavement from an outsider perspective. In addition, bereavement may be different depending on the person lost and the type of death the person experienced. Everyone will experience grief in their own way. Grief is the reaction people have to the loss (Fundukian & Wilson, 2008). The goal, however, is to help people experience grief naturally and reduce or eliminate complicated grief.

### **Definitions**

A few terms need to be defined as they are used in this study. Here is a brief list of terms used extensively in the study:

*Bereavement*: the process one goes through after the loss of a loved one (Fundukian & Wilson, 2008).

*Grief*: the reaction one has to the loss of the loved one (Fundukian & Wilson, 2008).

*Complicated grief*: complicated grief is distinct from major depression or anxiety. Complicated grief is a prolonged grief following bereavement. Prolonged grief is grief of over six months. Complicated grief disorder has been proposed as a new disorder to be included in the new DSM, some call it pathological grief or more recently persistent complex bereavement disorder. Complicated grief disrupts one's ability to resume normal activities following the death of a loved one (Golden & Dalgleish, 2012).

*Unnatural death*: death caused by external causes such as injury or poisoning, death due to intentional injury such as homicide or suicide, death caused by unintentional injury in an accidental manner (Segen's, 2012), and death from birth defects or issues with organ transplants.

*Mental health care worker*: a mental health care worker is anyone who offers services for the purpose of improving an individual's mental health. Mental health care workers include psychiatrists, psychologists, counselors, social workers, and pastors.

*Phenomenology*: a phenomenological study looks at and describes the essence of a lived experience by a person or group of people. Phenomenology can refer to a philosophy, an inquiry paradigm, an interpretive theory, a social science analytical perspective or orientation, a major qualitative tradition, or a research methods framework. The phenomenon may be an emotion, relationship, job, marriage, program, organization, or culture (Patton, 2002).

*Social constructivism*: part of cognitive constructivism that emphasizes collaborative learning (Creswell, 2013). There is no single definition of social constructivism. However, there are general themes of social constructivism: what is known or understood derives from communities of understanding rather than individuals operating as an isolated being, what is known is unique to the subjective experience of the individual knower, change is the fundamental process in nature, and understanding is derived from the “interpersonal consensualizing process”(Cottone, 2007).

*Cognitive constructivism*: encompasses social constructivism but focuses on mental processes rather than observable behavior (Creswell, 2013).

### **Assumptions**

This study will assume that individuals experience bereavement differently. In addition, it will assume that different types of bereavement will affect individuals in different ways. For example, the loss of a sibling may be different than the loss of a parent, child, or spouse. Additionally, the cause of death may affect how one copes with the death. For example, individuals dealing

with bereavement after suicide may experience the bereavement differently than someone who has lost someone to cancer. Another assumption is that the amount of time since the death and the quality of the relationship prior to the death may affect the bereavement process. One's social support system may also affect one's bereavement. The study will also assume that only the person experiencing the grief can accurately describe the grief. Therefore, the study will rely on first-person description of sibling bereavement from an adult perspective.

### **Scope and Delimitations**

The specific aspect addressed in this study is sibling bereavement. The study briefly mentions other types of bereavement in the literature review. However, parental and spousal bereavement have been thoroughly addressed in previous studies. The study focuses on sibling bereavement because it has not been given the same amount of attention as other types of bereavement. Sibling bereavement was chosen to bring more attention to the bereavement process following the loss of a sibling. The study aims to discover how sibling bereavement is similar to and different from other types of bereavement. Sibling relationships are distinct because siblings are also friends and peers which could bring an extra dynamic to the bereavement process.

The only population included in this study is bereaved siblings. The study will exclude those bereaved from the loss of a parent, spouse, or child. Sibling bereavement is different from parental bereavement because the siblings would likely be closer in age than a parent and child would be, and siblings would likely

grow up together. Therefore, the bond would be different than that of a parent and child. One's spouse will likely be close in age just like a sibling, but the spouse did not grow up in as close proximity as a sibling would have. However, one would expect the bereavement process to be more similar to spousal bereavement than parental bereavement. Results from a study on sibling bereavement may be somewhat transferable to spousal bereavement or bereavement of a friend.

### **Limitations**

The major limitation of this study is the design weaknesses. The study is a purposeful study. Therefore, the study is not a random sample. The sample may not generalize to the general population. However, it may generalize to those suffering from sibling bereavement. Another limitation is that qualitative sample sizes, such as the proposed study, are much smaller than quantitative studies. Interviewer bias may be a limitation as well. To control for interviewer bias the interviewer must try to maintain a neutral tone so as not to guide the interview in any way and stay objective.

Instead of looking for internal validation, external validation, reliability, and objectivity qualitative research seeks credibility, authenticity, transferability, dependability, and confirmability (Creswell, 2013). To establish credibility each participant will be interviewed two or three times to make sure the answers are consistent. The study will provide thick description to ensure transferability. The study will also be reviewed by a committee and revised accordingly to ensure

dependability and confirmability. The participants will be given the opportunity to review the findings to ensure consensual validation and reduce interviewer bias or error. Interviewer bias may occur if the interviewer does not fully understand what the participant is trying to say or if the interviewer only reports information that fits what the interviewer believes the participant should say. Therefore, the participant will be given the opportunity to confirm or deny if the information is interpreted correctly. Additionally, to ensure integrity the interviewer will be bracketing personal experience and only reporting what was learned in the interviews to ensure that the study is about the participants and not the interviewer's experience. The interviewer will need to be objective in the questioning of the participants and not ask leading questions. To ensure the interview is conducted correctly the interview questions will be reviewed by the dissertation committee before the interview and the answers and interpretations will be evaluated after the interview by the committee and the participants.

### **Significance**

This study will address an area of bereavement that has been neglected in the literature. Sibling bereavement has not been given as much attention as other forms of bereavement, such as parental bereavement or spousal bereavement. Studying bereavement is important because it is a phenomenon that everyone will experience at some point in their life. Some people will experience bereavement in a natural and healthy manner and are not overcome with grief. However, some will not experience bereavement in a healthy way and may experience



complicated grief leading to symptoms of intense sorrow and pain at the thought of the loved one, focusing almost exclusively on the loss, intense and persistent longing for the loved one, problems accepting the death, numbness or detachment, bitterness from the loss, feeling that life has no meaning or purpose, irritability or agitation, lack of trust of others, and an inability to enjoy life without the loved one. Therefore, it is a topic that needs to be fully addressed and understood completely so that mental health professionals can help those suffering from complicated grief or depression.

Bereavement may lead to depression which in turn can affect a person's thoughts, behavior, feelings, and sense of well-being (American Psychiatric Association [APA], 2013), and complicated grief or complicated bereavement is a psychiatric response to bereavement distinct from mood and anxiety disorders (Golden & Dalgleish, 2012) that disrupts one's ability to resume normal activities following the death of a loved one. In order to prevent complicated bereavement or depression one must first understand bereavement and coping strategies that may help with the bereavement process.

Bereavement that leads to depression or complicated bereavement may also lead to suicide. Suicide is becoming increasingly more common in society today and is becoming a major problem. According to the National Center for Health Statistics (2013), there were more deaths from suicides than motor vehicle crashes in 2009, and suicide is the leading cause of death during late adolescence

and early adulthood. Suicide rates increase during periods of bereavement (Ajdacic-Gross, Ring, Gadola, Lauber, Bopp, Gutzwiller, & Rosssler, 2008). Additionally, bereavement after suicide may lead to further suicide in the bereaved (Clark, 2001). The need to help those suffering from bereavement, especially those suffering from bereavement following homicide or suicide, is becoming more important and necessary today than ever before. However, the needs of those most closely affected by suicide have largely been ignored (Bartik, Maple, Edwards, & Kiernan, 2013).

This study will help give a more complete and detailed explanation of sibling bereavement by giving an in-depth analysis of sibling bereavement from those who have suffered or are suffering from sibling bereavement. The first-hand knowledge of the participants should give a better understanding of the phenomenon. This study hopes to show the uniqueness of sibling bereavement. Sibling bereavement is assumed to be different than parental bereavement and spousal bereavement and should be treated as such. There may be similarities between different types of bereavement, but there certainly are differences as well.

A future study comparing the different types of bereavement will be needed to fully address the phenomenon. However, this study will not go that deep into the problem. This study will give a detailed account of sibling bereavement that may be used in a future study to compare the different types of

bereavement. The study will assume there is no universal way to address bereavement, there is no right or wrong way to grieve, and everyone is different. Different types of bereavement may require different techniques to help those suffering cope with bereavement. Therefore, a more complete understanding of bereavement is necessary.

This study will contribute to the knowledge of sibling bereavement by giving a voice to the actual sibling and not those around them. By interviewing the bereaved siblings themselves the study can examine how the loss affected the surviving sibling in their own words. Additionally, by examining sibling bereavement from unnatural causes this study may show differences in grief following natural vs. unnatural bereavement. The goal of the study is to shed light on and address the needs of those suffering from sibling bereavement so that they may get the help that they need. Some may simply need their parents and peers to understand and acknowledge what they are going through while others may need a specialized plan of therapy. The additional knowledge gained from the study may help advance this understanding for the general public and provide mental health care workers the information they need to help those suffering from complicated grief following the loss of a sibling.

### **Summary**

Most people are affected by bereavement at some point in their life. People grieve the loss of a parent, spouse, child, sibling, and friend. Grief is

natural. However, some people experience a pathological grief called complicated grief. Complicated grief can bring undue stress to bereaved individuals and cause physical and mental complications. Complicated grief is similar to major depressive disorder. People who suffer from complicated grief or major depressive disorder are more likely to commit suicide or have suicidal thoughts. Suicide is becoming an ever increasing problem in today's society, and those affected by suicide are often ignored. In fact, bereaved individuals in general are often ignored due to a lack of knowledge, discomfort, and inexperience with the dealing with bereavement.

This study hopes to provide a detailed account of bereavement from the bereaved sibling's point of view. The goal is to develop a more detailed and comprehensive explanation of bereavement in general and sibling bereavement in particular. The study is a qualitative phenomenological study. Data will be gathered through an interview using open-ended questions to allow the participants to guide the interview and provide as much detail as possible. The study will use social constructivism as the theoretical lens to establish the subjective meaning of bereavement for each participant.

Although the ultimate goal is to bring a more complete understanding of bereavement in general the proposed study will only address sibling bereavement. Parental and spousal bereavement will be used as background information only. The participants will be bereaved adult siblings. The participants may have experienced other types of bereavement besides sibling bereavement, but the

interview will only be discussing how losing a sibling affected them. If participants chose to discuss different types of bereavement they experienced that information will only be used in comparison to sibling bereavement. Therefore, this study is just one step toward a more complete understanding of bereavement. More studies are needed to explain and compare different types of bereavement to bring a better understanding of the phenomenon.

## **Chapter 2: Literature Review**

### **Introduction**

Grief and bereavement are problems that affect most everyone at some point in their life. Bereavement is a common and normal part of life, but research indicates that bereavement is one of the most stressful experiences people face and is associated with high risk of psychological distress, social isolation, physical illness, and death (Fundukian & Wilson, 2008). In fact, people often have symptoms that are characteristic of clinical depression in the initial months of bereavement, but a diagnosis of major depressive disorder is not generally given unless the symptoms are significantly present two months after the loss of a loved one (Fundukian & Wilson, 2008). Complicated grief disorder has been proposed as a disorder distinct from major depressive disorder to be included in next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). People who experience complicated grief remain in a chronic state of mourning and are unable to accept and adjust to the loss (Fundukian & Wilson, 2008).

To date, little is known about what is helpful to bereaved siblings (Thompson et al., 2011). One of the most frequent findings from bereavement literature is that the experience of grief and the bereavement process are highly individual and likely vary from person to person, so there should be no expectations about how one should or should not feel following the loss of a loved one (Thompson et al., 2011). In other words, there is no universal right or wrong way to deal with the bereavement process. People experience bereavement and

grief differently. In fact, the individual nature of grief and bereavement suggests that interventions be tailored to the individual (Thompson et al., 2011). The purpose of this study is to examine the impact of sibling bereavement on surviving siblings in order to better assist mental health care workers in providing effective interventions to individuals suffering from sibling bereavement and to better inform the general public to show the importance of a social support system for the bereaved.

This chapter will review current literature on bereavement in general and sibling bereavement in particular. The chapter will start with the literature search strategies used to research the topic of bereavement including databases searched and terms used. Next, it will discuss the theoretical foundation for the proposed study and the rationale for using the particular theory. Then the chapter will provide a review of current literature relating to sibling bereavement. Finally, the chapter will conclude with a summary of the major themes in the literature.

### **Literature Search Strategy**

The first database used in the search strategy for the proposed study was PsycINFO. PsycINFO is an APA renowned resource. It contains abstracts of scholarly journal articles, book chapters, books, and dissertations. PsycINFO is the largest resource devoted to peer-reviewed literature in behavioral and mental health and contains nearly 3 million citations and summaries. The secondary database used was PsycARTICLES. PsycARTICLES is also an APA resource. It

is a definitive source of full text, peer-reviewed scholarly and scientific articles in psychology.

The literature search strategy used many key terms. The first and most applicable term searched was bereavement. Next, different types of bereavement were explored by adding the terms: parental, spousal, childhood and sibling. In addition, the study used the terms complicated grief, depression, suicide, homicide, religion, and coping strategies to explore the relationship to bereavement. For the most up to date articles the search was set to include articles from the year 2000 to the present. However, some older articles were added after reviewing the more current literature. Older articles that were included in current articles that seemed relevant were researched by the author's name and date of publication. Once the original article was found and reviewed it was added to the study and bibliography.

### **Theoretical Foundation**

The use of theory varies in qualitative research (Creswell, 2014). Qualitative studies such as phenomenology often do not have an explicit theory. This study will not use an explicit theory. The study will be using a grounded theory method and analysis. However, it will use a theoretical lens to shape the questions asked and guide the research. The theoretical lens this study will use is social constructivism. In social constructivism, individuals seek to understand the world by developing subjective meanings of experiences (Creswell, 2013).



Two major works define the development of social constructivism: Gergen's (1985) "The Social Constructivist Movement in Modern Psychology," and Maturana's work on marital and family therapy using social constructivism (Cottone, 2007). There is no single definition of social constructivism. For this study social constructivism will be conceptualized as a social theory that maintains that human development is socially situated and knowledge is constructed through interaction with others. There are general themes of social constructivism: what is known or understood derives from communities of understanding rather than individuals operating as an isolated being, what is known is unique to the subjective experience of the individual knower, change is the fundamental process in nature, and understanding is derived from the "interpersonal consensualizing process" (Cottone, 2007). Following these general themes one can see that what is known derives from interpersonal processes. In other words, learning is social and subjective. The central thesis of social constructivism is that our minds do not mirror reality or experience, but our minds project and reconstitute experience to build mental models that organize human experiences (Werhane et al., 2011). The theory states that our minds actively interact with data from our experiences, selectively filter and frame the data, and create socially learned mental models. However, sometimes the resulting mental model or mindset may be incomplete or distorted.

A Solution-Focused Therapy identified by de Shazer (1994) consistent with constructivist thinking has been applied to depression, marital problems, and individual problems (Cottone, 2007). In addition, Cottone (1992) developed his “Cognitive Consensual Therapy” as a social constructivist therapy. In other words, there are existing coherent approaches to therapy using social constructivist principles. Social constructivism is appropriate for the proposed study because a phenomenon such as bereavement is social and subjective. The social constructivist perspective places problems in context and allows for individual interpretation (Cottone, 2007). Therefore, the social constructivist approach offers counseling and psychotherapy a framework in which to work that addresses problems in ways other paradigms cannot. Attempts have been made to tie mental health counseling to ideals consistent with social constructivism (Cottone, 2007). Social constructivist ideals may be especially important in multicultural counseling.

### **Literature Review**

There are many types of bereavement that individuals experience. Parental bereavement, spousal bereavement, bereavement in the elderly, childhood bereavement, bereavement from violent death, and sibling bereavement will all be addressed in the proposed study. Sibling bereavement is the major issue to be addressed in the study. However, other types of bereavement will briefly be reviewed in order to determine if and how they are similar to or different from sibling bereavement. The ultimate goal of bereavement studies is

to gain a better, more complete understanding of bereavement. This goal is too broad and comprehensive for the proposed study. However, reviewing some of the major findings in the bereavement literature may help form the foundation for the study.

### **Parental Bereavement**

Parental bereavement is when a parent loses a child. Parental bereavement may be the most emotionally painful experience a parent can endure (Floyd, Seltzer, Greenberg, & Song, 2012). The death of a child is a stressful life event that demands a high degree of adjustment for the parents (Levav, Krasnoff, & Dohrenwend, 1981). Some believe the loss of a child may invoke more core bereavement phenomena than other types of bereavement (Middleton, Raphael, Burnett, & Martinek, 1998). The death of a child may be more difficult to cope with because the death is often untimely, unanticipated, and goes against the generational law which states that parents should not have to bury their children (Wheeler, 2001). In addition, the parental role is a source of existential meaning that gives a sense of purpose in life to some (Thoits, 1995). The changed understanding of one's own life and roles may be difficult to overcome. Negative effects of parental bereavement include an elevated risk for psychiatric hospitalization (Li, Laursen, Precht, Olsen, & Mortensen, 2005), increased risk of mortality (Li, Precht, Mortensen, & Olsen, 2003), high rates of morbidity (Song, Floyd, Seltzer, Greenberg, & Hong, 2010), and symptoms of depression lasting many years after the death (Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008).

### **Spousal Bereavement**

Stress research ranks spousal death as the most stressful event individuals are likely to experience in their life (Daggett, 2002). Spousal bereavement is inherently stressful because it involves the death of a primary attachment figure resulting in social isolation because of the loss of a lifelong companion (Somhlaba & Wait, 2009). Bereavement is a stressful life event that may elevate one's risk for suicide for the widowed. Mortality rates for the widowed increases after the loss of a spouse, especially in the first year of bereavement (Bowling & Windsor, 1995). Suicide rates in young widowed persons are higher than older widowed persons (Kreitman, 1988). The first year of widowhood seems to be the hardest for the widowed. The risk of suicide decreases after the first year of widowhood (Erlangsen, Jeune, Bille-Brahe, & Vaupel, 2004). Widows whose spouse committed suicide experience more guilt and blame than widows who lost a husband in an accident (McNiel, Hatcher, & Reubin, 1988).

### **Bereavement in the Elderly**

The elderly experience additional difficulties with bereavement. The sense of loss felt from parental bereavement may be compounded in old age as the parents deal with their own health issues and social losses (Malkinson & Bar-Tur, 2005). Aging may increase one's vulnerability to stress because of declining health and multiple losses. Bereaved older parents have been found to be have more depressed affect, poorer physical functioning, lower levels of cognitive functioning, and are significantly lonelier (Cohen-Mansfield, Shmotkin,

Malkinson, Bartur, & Hazan, 2012). The most prevalent psychological disorder in older adults appears to be depression (Murrell & Himmelfarb, 1989). This may be due to the loss of someone or several losses.

Late-life depression could increase suicidal behavior (Clark et al., 2011). Changes in cognitive functioning and specific stressors such as bereavement may contribute to the elevated rate of suicidal behavior in older adults. Additionally, a decrease in decision-making ability in the elderly may contribute to high suicide rates in bereaved older adults. In fact, evidence shows that bereavement in old age requires more adjustment than any other life event (Gallagher, Thompson, & Peterson, 1981-1982). However, other studies show that older adults experience minimal morbidity and mortality after the first year of bereavement (Clayton, 1979). The reason for this may be that older bereaved individuals may have more effective coping skills (Floyd, Seltzer, Greenberg, & Song, 2012).

### **Childhood Bereavement**

The loss of a parent disrupts the parent-child bond and places children at a higher short- and long-term risk of mental and physical disorder (Luecken, Kraft, Appelhans, & Enders, 2009). Early loss could potentially exert lasting effects on the development of emotional and physiological responses to stress (Brotman, Gouley, Klein, Castellanos, & Pine, 2003; Luecken & Lemery, 2004). Early loss could also heighten fear of loss in later relationships (Rudolph & Hammen, 1999). Without the right support following the death children may develop ineffective coping mechanisms and negative cognitive schemas or belief systems (Davies &

Cummings, 1994). However, a positive relationship with the surviving parent can mediate some of the negative effects of losing a parent (Luecken, Kraft, Appelhans, & Enders, 2009).

Depression, loss, and abandonment issues may impact an adolescents' ability to function in school, retain information, and develop meaningful relationships after the loss of a parent (Freudenberger & Gallagher, 2009). Adolescents may not accept the loss and seek to retrieve or recreate the lost parent. The loss may result in depression, addiction, and expressed feelings of hopelessness and uselessness. It is a complete disruption of life and childhood for some children. Confused identity and alienation may also result. Children may develop apathy and withdrawal from others. Other symptoms include detached feelings, sleeplessness, and a dulling of the senses (Freudenberger, 1985). Drug and alcohol use and promiscuity may also increase following the loss.

### **Bereavement from Violent Death**

Violent deaths may impact the bereavement process. Losses by violent causes often have a more profound impact on survivor's psychological and spiritual well-being (Currier et al., 2013). Individuals who lose a loved one to a violent death have a greater difficulty making sense of the loss which may lead to complicated grief (Currier, Holland, & Neimeyer, 2006). People who experience loss of a love one under traumatic circumstances are at a higher risk for psychological dysfunction (Davis, Wortman, Lehman, & Silver, 2000). The cause of the child's death may be an important factor determining the

bereavement process in parents (Floyd, Seltzer, Greenberg, & Song, 2012).

Deaths that are violent or unexpected may cause more problems and emotional distress. According to Floyd et al. (2012), violent cause of death was predictive of higher levels of complicated grief. Homicide is a leading cause of death for young adults (McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2012). Homicide of a loved one puts survivors at a greater risk for posttraumatic stress disorder (PTSD), complicated grief, and depression (Rynearson & McCreery, 1993).

People bereaved by suicide often experience psychological and social difficulties (Cvinar, 2005) and are themselves at a greater risk for suicide (Feigelman, Jordan, & Gorman, 2008-2009). Bereavement following suicide brings additional stressors to survivors. Reactions that might be unique to suicide survivors are feelings of abandonment and rejection (Jordan & McIntosh, 2011). Four key themes following the loss of a loved one from suicide are: meaning making, feeling guilty, risky coping behavior, and relating to friends (Bartik, Maple, Edwards, & Kiernan, 2013). Survivors try to understand why their loved one committed suicide and did not confide in them, feel guilty for not doing more or being there more, often abuse drugs or alcohol, and struggle to relate to friends and others who were not impacted by the suicide. After suicide bereaved individuals may have intense feelings of guilt, rejection, and shame (Clark, 2001).

Those bereaved through suicide may have complicated bereavement because of a lack of social support. Suicide survivors are judged more negatively

than survivors of other types of loss (Stillion, 1996) often resulting in social withdrawal and straining or rupturing of family cohesiveness (Barlow & Coleman, 2003). The community may try to avoid talking about the suicide to survivors or avoid the survivors altogether resulting in more social withdrawal (Cerel, Jordan, & Duberstein, 2008). The bereaved may be concerned about the afterlife and the destiny of the deceased after suicide because of the religious condemnation of suicide in Western culture and may face a stigma by others (Vandecreek & Mottram, 2009, 2011).

Several years after a suicide there are still lingering adverse effects for the survivors (Rostila, Saarela, & Kawachi, 2014). The bereavement process following a suicide are often more difficult to cope with and may lead to severe or prolonged grief, mental disorders, complicated grief, and depression. The death of a sibling often results in the loss of the most intimate and durable relationship of a person's life. Following the loss of a loved one, survivors are at risk of intense psychogenic shock, also known as the "broken heart syndrome." Sibling suicide increases the risk of own suicide, especially in women. Survivors of suicide struggle with making sense of a loss so sudden and unexpected, and the motives and frame of mind of the deceased. They struggle with higher levels of guilt, blame, responsibility for the death, feelings of rejection and abandonment, and feelings of anger toward the deceased. Survivors are also often stigmatized and receive less social support.



### **Bereavement and Religion**

Religion is an important part of life to many. Religion may be especially important during times of loss (Wortman & Park, 2008). Hays and Hendrix (2008), state that dying and religion are “inextricably entwined” (p. 327). Religion often provides a means for coping with bereavement (Park, 2005; Wortman & Park, 2008, 2009). In fact, religion is one of the most frequently used means of coping with death (Becker et al., 2007; Wortman & Park, 2008). Religion is often used as a way of assigning meaning to life (Hays & Hendrix, 2008). Religion teaches people about loss, death, and the afterlife (Wortman & Park, 2008). Religion is often used as a way to derive meaning or give an explanation for the loss of a loved one and provide a purpose for the loved one’s existence and death (Golsworthy & Coyle, 1999). Additionally, evidence has shown that bereaved often seek out their clergyperson to talk to about the loss (Davis et al., 2000).

World religions cope with loss and bereavement in different ways. Buddhists emphasize that death is an inevitable part of life and believe in rebirth (Keown, 2005). Buddhism teaches followers to attend to their own consciences and reflect on scripture, customs and traditions, and opinions of teachers (Keown, 2005). Hindus consider one’s current life as a transition from a previous life to the next life (Hays & Hendrix, 2008). Hinduism teaches that the deceased is either reincarnated, living in Heaven with God, or absorbed into an ultimate reality depending on whether the family is able to perform specific rituals for the

deceased before and after the death (Firth, 2005). In Islam, religious explanations for death are discussed openly (Gatrad, 1994), but prescribed religious behaviors differ by gender (Sachedina, 2005). Jews from Orthodox and Conservative congregations likely follow bereavement rituals prescribed by their rabbi's interpretation, but Jews from Reformed traditions may describe more individualistic bereavement rituals (Dorff, 2005). Finally, Christian's meaning-making and mourning practices vary depending on the religious tradition they follow (Hays & Hendrix, 2008). Therefore, there are no universal practices or beliefs for the bereavement process, but religion plays a strong role in the bereavement process for many.

Violent deaths of loved ones generally challenge one's worldviews and often make coping more difficult (Currier et al., 2013). However, faith in God and religious practices may be an effective way of coping with death, even violent death, for survivors (Parappully, Rosenbaum, van den Daele, & Nzewi, 2002). In general, it appears that religious practices such as cultivating forgiveness and praying may assist people in the grieving process (Currier et al., 2013). In addition, the social support from the religious community can be beneficial to those in mourning (Currier et al., 2013). Attendance in church may alleviate some distress and anxiety among the bereaved and provide a place to grieve and find meaning in the loss (Wortman & Park, 2008). However, social support may be a confounding variable. Some question whether it is the religious environment

or just the social support in general that actually helps the bereaved cope with the grief (Hays & Hendrix, 2008).

### **Sibling Bereavement**

The sibling relationship is often the most intimate and durable relationship of a person's lifetime, and the death of a sibling can be very disruptive to surviving siblings (Rostila, Saarela, & Kawachi, 2014). Sibling relationships are unique because siblings may serve multiple roles. Sibling bereavement, unfortunately, has not been given as much attention in the literature as other types of bereavement. However, almost 80% of children grow up with at least one sibling in the home (Kreider, 2007), and nearly 60,000 children under the age of 20 years die each year in the United States and Canada (Heron et al., 2010). Therefore, following these numbers, 48,000 people lose a sibling every year in the United States and Canada, and this number does not include siblings that die after the age of 20.

The sibling relationship is a unique and powerful bond that may last a lifetime with siblings serving as attachment figures, teachers, friends, comforters, protectors, competitors, and antagonists making the sibling relationship a key component of socialization and development (Brody, 1998; Cicirelli, 1995; McHale, Kim, & Whiteman, 2006). Siblings may impact one's development of identity (Moser, Jones, Zaorski, Mirsalimi, & Luchner, 2005). The death of a sibling poses many challenges, but has received relatively little attention as compared to the loss of a parent, child, or spouse (Gerhardt et al., 2012).

However, the loss of a sibling has as great of an impact on functional and cognitive status as the loss of a spouse (Hays, Gold, & Pieper, 1997). Sibling loss may challenge bereaved adolescents belief in God (Hays & Hendrix, 2008) and may even create anger at God (Batten & Oltjenbruns, 1999) for taking the sibling.

Bereaved siblings may also experience a “double loss” with the loss of a sibling and the unavailability of parents who are themselves overcome with grief (Sood, Razdan, Weller, & Weller, 2006). Often parents are less emotionally available to surviving siblings following the death of a sibling (Lohan & Murphy, 2002). In fact, the surviving sibling is often given little family support (Cicirelli, 2001). Bereaved siblings do not receive the support that others receive after the loss of a child or a spouse (Lalivie d’Epinay, Cavalli, & Guillet, 2009-2010). Therefore, bereaved siblings often feel isolated and socially withdraw from family and friends (Davies, 1991).

Sibling grief may intensify if they witness parents’ distress and vulnerability after the loss (Horsley & Patterson, 2006). Therefore, the surviving sibling may not mention the deceased sibling for fear that it may upset the parents even more. Sibling grief may also be complicated if those around them do not acknowledge that they have suffered a significant loss (Davies, 1995). Devita-Raeburn (2004) refers to bereaved siblings as “the forgotten or invisible mourners” because of the overt and covert messages to repress or deny their grief. They must remain strong for their parents. Acknowledgement of the difficulty the parents are dealing with without mentioning the sibling’s grief minimizes the

sibling grief, leaving them feeling invalidated, unacknowledged, and ignored (Horsley & Patterson, 2006). Additionally, surviving siblings may have to assume grown-up roles and essentially lose their childhood because the parents do not have the ability to deal with the loss and still support the surviving child (Packman et al., 2006). Although communication is crucial after the death of a sibling children may not be allowed or know how to express feelings or talk about the deceased leaving the children feeling overlooked and alone in their grief (Horsley & Patterson, 2006). Adolescents often try to appear normal and unemotional and avoid talking about the deceased so that they do not appear different than their peer group (Christ, 2002).

Bereavement in young adults can disrupt the development of self-identity and relationships to others, and a lack of grief support from peers due to lack of knowledge or inexperience with bereavement may complicate the bereavement process (Herberman Mash et al., 2013). In addition, the age of the bereaved and the untimeliness of the death may intensify the grieving process. The level of closeness between the siblings may also affect the grief response. Bereaved siblings may feel separation anxiety following the loss of such a significant attachment bond. The difficulty of letting go coupled with feelings of anger toward the deceased for abandoning them may lead to conflicting feelings in bereaved siblings. According to Herberman Mash et al., the loss of a sibling is more likely to lead to complicated grief than the loss of a close friend.

The death of a sibling in childhood, adolescence, or early adulthood may not end the relationship (Bank & Kahn, 1982). Siblings often have a continuing relationship with the deceased (Attig, 2001). Sibling relationships are unique because they usually last longer than most relationships, and siblings spend more time with each other than any other family member (Bank & Kahn, 1982). The sibling bond develops because of high access and contact between each other, and siblings use each other for personal identity and understanding in the world. The death of a sibling also means the loss of a playmate, confidante, role model, and friend (Davies, 1995). Siblings' identities are connected because they share similar histories, and when one dies, the survivor essentially loses part of themselves (Devita-Raeburn, 2004).

Bereaved siblings maintain a connection to the lost sibling by engaging in specific action such as looking at pictures, including some kind of memento into special events, ongoing conversations, and praying to them for protection or guidance (Packman, Horsley, Davies, & Kramer, 2006). The relationship continues because the memory of the deceased sibling lives on with the survivor. For the surviving sibling the most important variable in the grief process is the search for new meaning. Surviving siblings need to learn to define their roles and relationships without their primary referent (Bank & Kahn, 1982). However, bereaved siblings may feel disloyal in moving ahead without their sibling (Packman et al., 2006).

Bereaved siblings may develop feelings of guilt over things that were said or done before the death, or they may have regret over unfinished business if they did not have a chance to say goodbye or apologize before the death (Packman et al., 2006). In fact, sibling bereavement may last a lifetime. Surviving siblings often actively miss their deceased sibling and feel a renewed and intense grief on special occasions such as birthdays, weddings, graduations, and holidays. In a study by Sveen, Eilegard, Steineck, and Kreicbergs (2014), more than half of the bereaved young adults had not worked through their grief when interviewed 2-9 years after the loss, and unresolved grief was associated with higher levels of depression in bereaved siblings. Therefore, sibling bond may be one of the most important bonds in one's life, and more attention needs to be focused on sibling relationships and sibling bereavement.

### **Summary and Conclusions**

The literature review addressed parental bereavement, spousal bereavement, bereavement in the elderly, childhood bereavement, bereavement from violent deaths, and religion and bereavement to show an association to and foundation for this study on sibling bereavement. Parental bereavement focuses on the loss of a child. Some of these findings may also apply to sibling bereavement if the lost sibling was a child. For example, since the death is often untimely and unanticipated one can assume that the death may have psychological effects on not only parents but also on surviving siblings. In addition, just as parental roles provide a source of meaning to the parents (Thoits, 1995), sibling

roles impact one's development of one's self identify (Moser et al., 2005).

Siblings play many roles in life, and just like in parental bereavement when someone losses a sibling they may have to reevaluate one's role or identity in life.

Spousal bereavement has been found to be stressful because it involves the loss of a primary attachment figure and lifelong companion (Somhlaba & Wait, 2002). Although siblings are not romantic companions the sibling relationship may last a lifetime with siblings serving as attachment figures making the sibling relationship a key component of socialization and development (Brody, 1998; Cicirelli, 1995; McHale, Kim, & Whiteman, 2006). In addition, siblings may impact one's development of identity (Moser, Jones, Zaorski, Mirsalimi, & Luchner, 2005). Therefore, one can assume that the loss of a sibling could have similar effects on the surviving sibling that the loss of a spouse has on spousal bereaved individuals.

Bereavement in the elderly may be especially difficult because the grief may be compounded by health issues of the bereaved (Malkinson & Bar-Tur, 2005). Elderly may be more vulnerable to stress. Children may experience greater difficulty coping with bereavement because early loss could heighten fear of loss later in life (Rudolph & Hammen, 1999), lead to ineffective coping strategies (Davies & Cummings, 1994), and impact the child's ability to function in school and develop meaningful relationships (Freudenberger & Gallagher, 2009). Violent causes of death may predict higher levels of complicated grief (Floyd et al., 2012). What all these types of bereavement have in common is that



they could all apply to sibling bereavement. Elderly individuals could lose a sibling, children could lose a sibling, and siblings may die violently. Therefore, bereaved siblings could experience one of these same results or any combination of these results found in other studies. By examining what the loss of a sibling means to the surviving sibling one can determine how best to help the surviving sibling. Some of the practices already in use for spousal bereavement or parental bereavement may be helpful and some may not. In order to know what strategies are effective there first needs to be a study to determine how sibling bereavement is experienced by the surviving sibling and then determine how sibling bereavement is similar to and different from other types of bereavement. Mental health care workers can then develop a more effective treatment plan for sibling bereavement.

## **Chapter 3: Research Method**

### **Introduction**

The purpose of this study is to gain a better understanding of sibling bereavement to help those suffering from complicated grief. Better understanding of sibling bereavement may be beneficial for mental health care professionals treating bereaved siblings. In addition, a better understanding may lead to a stronger social support system for those suffering from complicated grief. Bereaved siblings often do not receive the same level of support that bereaved parents or bereaved spouses receive (Lalivie d'Épinay, Cavalli, & Guillet, 2009-2010), making bereaved siblings feel isolated and socially withdraw from family and friends (Davies, 1991).

This chapter will focus on the research method of the study. First the chapter will discuss the research design and rationale, including the research questions and research tradition. Next the chapter will focus on the role of the researcher in the study. Then the chapter will discuss the methodology of the study. The methodology section will detail the population, sampling strategy, participants, procedures, data collection, and data analysis strategies. The chapter will then discuss the issues of trustworthiness including: credibility, transferability, dependability, confirmability, and ethical procedures.

## **Research Design and Rationale**

### **Research Questions**

Creswell (2013) described qualitative research questions as open-ended, evolving, and non-directional. Central questions are broad questions that explore a central phenomenon or concept (Creswell, 2014). The central question of the study is: what is the meaning of sibling bereavement for those who have lost a sibling. The goal of the central question is to ascertain the participants' conceptualization of the meaning of their experience with sibling bereavement. The participants will be in control of the interview. They will be asked to describe how the loss of a sibling affected them personally, and they will be allowed to discuss the process openly without interruption. However, there will also be an interview protocol (see Appendix C) with a few general semi-structured questions to help guide the interview. These additional interview questions are meant to determine which variables of the sibling relationship make bereavement more or less difficult and how the participant overcame the bereavement.

In addition to the central question there are a few broad questions that will help to guide the interview. First there will be a few questions about the relationship to the deceased sibling to establish how close the siblings were and see if any other dynamics could play a role in bereavement. Secondly, questions will be asked about the death itself. Third, the participants will be asked about

their relationship with their parents and others while going through the bereavement process to find out what kind of support system the participant had during the process. Finally, the interview will focus on how the loss impacted the participant. For more information on the interview questions refer to appendix A: Semi-Structured Interview.

### **Central Concepts**

The central concept of the study is bereavement. “Bereavement usually refers to the experience of losing a loved one to death. Grief refers to the reaction people have to the loss or bereavement” (Fundukian & Wilson, 2008, p. 131). This study focuses on bereavement following the loss of a sibling. Bereavement and grief are natural following a loss. However, bereavement may lead to depression which in turn can affect a person’s thoughts, behavior, feelings, and sense of well-being (American Psychiatric Association [APA], 2013).

Prolonged and disabling or pathological grief is referred to as complicated grief. Complicated grief or complicated bereavement is a psychiatric response to bereavement distinct from mood and anxiety disorders (Golden & Dalgleish, 2012). Individuals suffering from complicated bereavement show similar symptoms to major depression disorder. Major depressive disorder (clinical depression or major depression) is a mental disorder characterized by pervasive and persistent low mood accompanied by low self-esteem and a loss of interest or pleasure in formerly pleasurable activities (APA, 2013). Individuals suffering

from depression may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt, or restless.

Another central concept to the study is unnatural death. This study will define unnatural causes of death as death caused by external causes, death due to intentional injury, death caused by unintentional injury (Segen's, 2012), and death from certain birth defects or issues involving an organ transplant. Examples of unnatural death include: injury, suicide, homicide, and accidental death, such as car wrecks. Bereavement following death by unnatural causes may be different than bereavement from natural causes. Therefore, studying sibling bereavement from unnatural causes may give a more comprehensive understanding of sibling bereavement.

A final concept is social constructivism. The theoretical foundation for this study is social constructivism. Social constructivism is part of cognitive constructivism that emphasizes collaborative learning. Cognitive constructivism focuses on mental processes rather than observable behavior. In social constructivism, individuals seek to understand the world by developing subjective meanings of experiences (Creswell, 2013). Research relies on participants' views of the situation or phenomenon experienced. The subjective meanings one has are formed through experience or interaction with others.

Researchers using social constructivism do not start with a theory. They generate or inductively develop a theory or pattern of meaning throughout the

study. In addition, they may address the process of interaction and focus on specific contexts in which people live and work. Researchers must also recognize that their backgrounds and experiences shape their interpretation, so they “position themselves” in the research to acknowledge that their interpretation comes from their experiences. The role of the researcher is to interpret the meanings others have about the world. Therefore, social constructivism is appropriate for phenomenological studies where individuals describe their experiences such as their experience with bereavement.

### **Research Tradition**

The research tradition is phenomenology. Phenomenology is a qualitative approach. Qualitative research gives a more detailed description than quantitative (Creswell, 2013). A qualitative study is best because the purpose of the study is to understand how the participants personally experienced the bereavement process. The goal is to know how the bereavement affected the bereaved and what they did to overcome the loss and the grief associated with the loss. Therefore, the study needs an in-depth analysis of the bereavement process. Qualitative research uses open-ended questions to allow the researcher to explore and understand the meaning individuals ascribe to social problems or phenomenon (Creswell, 2009). This design will allow a more personalized explanation of bereavement.

This study will be a phenomenological study. Phenomenological studies describe a common meaning for individuals with similar lived experiences (Creswell, 2013) and allow for more personalized explanation of the phenomenon giving individual meaning to an abstract concept. Creswell (2009) summarizes the phenomenological approach as one that identifies the nature of the experience about a phenomenon as reported by participants. Patton (2002), states that the foundational question in a phenomenological study asks what the meaning, structure, and essence of the lived experience of a phenomenon is for the person or group. In other words, a phenomenological study looks at and describes the essence of a lived experience by a person or group of people. Phenomenology can refer to a philosophy, an inquiry paradigm, an interpretive theory, a social science analytical perspective or orientation, a major qualitative tradition, or a research methods framework. The phenomenon may be an emotion, relationship, job, marriage, program, organization, or culture. The phenomenon of this study is sibling bereavement. Therefore, the participant will describe the essence of the experience of losing a sibling.

### **Rationale for Chosen Tradition**

Research findings on bereavement have suggested an association between depression and complicated grief. Studies have explored suicide related bereavement (Ajdacic-Gross et al., 2008; Cerel, Jordan, & Duberstein, 2008; Clark, 2001), homicide related bereavement (McDevitt-Murphy, et al., 2012), and bereavement in children (Luecken, Kraft, Appelhans, & Enders, 2009),

adolescents (Freudenberger & Gallagher, 1995), and the elderly (Futterman, et al., 1990; Gilewski, Farberow, Gallagher, & Thompson, 1991; Murrell & Himmelfarb, 1989). However, the majority of the studies on bereavement are quantitative. There is a lack of qualitative study of bereavement in general and of sibling bereavement specifically. While it is important to study bereavement quantitatively it is also important to study how the bereaved experience the loss. In addition, while several studies have examined parental bereavement and spousal bereavement e.g., few have studied sibling bereavement. Lalive d'Epainay, Cavalli, and Guillet (2010), state that the loss of a sibling in old age can be as impactful as the loss of a spouse. However, one does not receive the social support one would when they lose a spouse (Lalive d'Epainay, Cavalli, & Guillet, 2010). Other studies examine the effects of losing a child to cancer have on siblings and parents (Gerhardt et al., 2012, Pang, 2007, & Thompson et al., 2011). However, children may not be able to effectively communicate the impact the death has on them at that stage in life. Therefore, this study will examine the effect of sibling bereavement from an adult perspective.

Qualitative research allows the researcher to explore and understand the meaning individuals in the study ascribe to social problems. Therefore, qualitative designs allow for more personalized explanation of the phenomenon. Qualitative studies give individual meaning to an abstract concept. A phenomenon such as bereavement needs a more detailed and personalized



explanation so one can understand the complexities involved. A qualitative study that provides details and personal accounts of bereavement would benefit anyone who is suffering, has suffered, or will suffer from bereavement. The phenomenological inquiry will provide an in-depth understanding of bereavement as experienced by the participants, and the meaning ascribed by the individuals involved. The goal is to discover commonalities experienced by all or most participants. In addition, this study wants to learn why some people experience bereavement naturally while others' bereavement lead to complicated grief, depression, and suicide.

### **Role of the Researcher**

In this study the researcher role is one of an interviewer and observer. The researcher's role in the data collection procedures will be to collect data from participant interviews and develop a composite description of the essence or meaning for the participants. To ensure confidentiality and consistency of interpretation the researcher will be the sole interviewer. The study will use a social constructivism theoretical lens. Therefore, researchers must also recognize that their backgrounds and experiences shape their interpretation, so they "position themselves" in the research to acknowledge that their interpretation comes from their experiences. The role of the researcher is to interpret the meanings others have about the world. Social constructivism is appropriate for

phenomenological studies where individuals describe their experiences such as their experience with bereavement.

The researcher will not have any professional relationship with the participants. There will be no supervisory or instructor relationship with the participants. Therefore, the researcher does not have any overt power or influence over the participants. However, the researcher may have personal relationships with some of the participants. The participants will be known to the researcher either directly or indirectly through friends. The reasoning for this is the money and time constraints the researcher has as a student. The researcher will find participants through social media (Facebook) and word of mouth (See Appendix A). This will minimize the amount of money and time spent searching for participants. However, this may bias the interviews. Participants may answer in ways they believe the researcher wants them to answer. Therefore, the participants will guide the interview as much as possible.

The researcher will refrain from participating in the interview except as an observer that provides general questions to move the interview along. The researcher may have a personal bias as well since the researcher has experience in bereavement in general and sibling bereavement in particular. Therefore, the researcher will need to set aside personal experience and focus on the participants. Allowing the participants to guide the interview should minimize any personal bias the researcher has on the subject. In addition, the participants will be allowed

to view the researcher's interpretation of the interview to ensure the researcher fully understands what the participant is trying to say and does not misinterpret anything in the interview. After the interview the results will also be reviewed by the dissertation committee and the participants themselves to ensure that the researcher is not allowing personal bias into the study and that the results reported are what the participants intended.

## **Methodology**

### **Population**

A population includes all relevant units of analysis (Frankfort-Nachmias & Nachmias, 2008). This study is a study on sibling bereavement. Therefore, the population of the study will be individuals who have experienced sibling bereavement sometime in their life. In addition, the study is only interested in studying sibling bereavement from an adult standpoint, so the population is adults who have experienced sibling bereavement. The participants may have experienced the bereavement as a child or an adult, but only adults will be interviewed. The reasoning behind interviewing adults is that they are more likely to have been able to better process the bereavement, and adults can express how the bereavement affected them. In addition, children are a more vulnerable group of participants than adults.

### **Sampling Strategy**

Sample designs can be probability or nonprobability sampling designs. Probability designs identify the probability that each sampling unit will be

included in the sample (Frankfort-Nachmias & Nachmias, 2008). Nonprobability samples have no way of specifying the probability of including a unit in a sample. Probability samples are preferred over nonprobability samples because they make it easy for researchers to predict how the findings of the study will differ from the results if the whole population was studied. However, probability samples are often difficult in social sciences.

This sample will be a nonprobability sample because it will be too difficult to precisely define the population of interest (Frankfort-Nachmias & Nachmias, 2008). The study will use a convenience sample. Convenience samples use sampling units that are easy to reach (Frankfort-Nachmias & Nachmias, 2008). Participants selected for the study will be selected purposefully so that they can provide information for the phenomenon. More specifically, participants need to meet specific criteria. Therefore, the study will use criterion sampling. “Criterion sampling works well when all individuals studied represent people who have experienced the phenomenon” (Creswell, 2013, p. 155). The sample will be individuals who have experienced sibling bereavement.

### **Participants**

Participants for this study must be individuals who have experienced sibling bereavement first-hand. In other words, each participant must have lost a sibling at some point in their life. Only surviving siblings will be interviewed in the proposed study. The study will only include adult participants because children may be too vulnerable to talk about issues such as bereavement. The size

of the group in a phenomenology study may vary from 3-4 to 10-15 individuals (Creswell, 2013). For the purpose of this study the sample size will initially be set at 12. Twelve people will provide enough information to gain an understanding of bereavement without the information becoming too overwhelming. In addition, 12 people will allow for dropout without affecting the proposed study.

### **Procedures**

The internet allows access to a diverse population that may be hard to reach otherwise. It offers the advantages of cost, speed, and access. Internet research is also useful for reaching vulnerable groups. This can be helpful for social scientists that want to study attitudes, values, and behaviors of vulnerable populations. It increases participant pool and participant comfort. The internet would be beneficial to this study because the population is a vulnerable group, and using the internet would make the recruiting of individuals easier. In particular, the researcher will use Facebook to recruit participants. The researcher will post a brief description of what the proposed study is about (see Appendix A) and ask anyone that wants to participate to send a personal message back confirming they would like to participate.

The study will use social media (Facebook) to identify and recruit participants. The researcher will post the research topic online and ask for volunteers. Volunteers that meet the criteria will be asked to contact the researcher. In addition, the researcher will ask anyone reading the post to repost

the study so that it may reach as many people as possible. After potential participants respond, the researcher will verify that the potential participants meet the criteria of the study before being included. The participants will then have to read and sign a consent form before being included in the study (see Appendix B). This process will continue until the researcher has enough participants for the study. Creswell (2013) recommends using 3-10 participants in a phenomenological study. In this study the number of participants the researcher is initially seeking is 12 participants. This number will allow for dropouts while still keeping within the recommended range.

### **Data Collection Instrumentation**

In qualitative research there are four types of data: observation, interviews, documents, and audiovisual materials (Creswell, 2013). The researcher will only use interviews in the study. The goal is to understand how the participants experienced bereavement personally. The main data collection procedure will be the open-ended interview process. The researcher will ask some open-ended questions to help guide the interview while still allowing the participant to speak freely. The only documents involved in the data collection procedures will be notes taken in the interview. Finally, the researcher will record the interview on an audiotape. The reason for the audiotape is to make sure not to miss any important information in the interview, and the use of videotape would be unethical as it may breach confidentiality of the participant. The interviews will

be transcribed immediately after each interview to ensure accuracy. The data set is small enough that the researcher will manage code, analyze, and report on data manually. To provide meaning to the results the interviewer will read and reflect on the data, create categories, and draw conclusions.

### **Data Analysis Plan**

This study will begin the analysis by reviewing the information collected during the interviews. Next the researcher will summarize the information in memos and reflective notes. The data will be categorized and coded to sort and refine them. Then each transcript will follow a series of steps that is a variation of methods suggested by Stevick (1971), Colaizzi (1973), and Keen (1975) and adapted from Moustakas (1994) who is one of the leading representatives of the phenomenological tradition. This series as described in Rudestam and Newton (2007) follows 7 steps:

1. Review each statement for how well it describes the experience.
2. Record all relevant statements.
3. Remove all statements that are redundant or overlap with others, leaving the key meaning units of the experience.
4. Organize the invariant meaning units into themes.
5. Coalesce the themes into a description of the textures of the experience and augment the description with quotations from the text.

6. Using your imagination and taking multiple perspectives to find possible meanings in the text, construct a description of the structures of your experience.
7. Create a textual-structural description of the meanings and essences of your experience. (p. 183)

After each transcript goes through all seven steps the researcher will integrate the individual textual-structural descriptions into a composite description of the meanings and essences of the experience of the entire group to develop a grounded theory.

### **Issues of Trustworthiness**

#### **Credibility**

Credibility is the equivalent to internal validity in a qualitative study.

Rudestam and Newton (2007), refer to credibility as the “truth value of findings.”

It deals with the question of how similar are the findings to reality. A way to ensure credibility is to spend enough time with the participants to check for distortions in their story. This means having multiple interviews with each participant. Another way to ensure credibility is to get as much detail as possible to truly understand the participant’s experience. The audiotapes will also help ensure credibility by providing a means to review the interviews multiple times to ensure the researcher does not miss any important information. The interviewer will also need to clarify the findings of the interview with the participants to ensure the experience was correctly recorded and described. This may be the



most important step to ensure credibility because it allows the participant the chance to check the accuracy of the interpretations. The researcher will seek peer review from classmates also going through the dissertation process. Finally, there will be frequent debriefings to the committee members reviewing the study to provide opportunities for more peer review.

### **Transferability**

Transferability is the qualitative equivalent of external validity.

Qualitative studies emphasize a “thick description” of an experience from a small number of people (Rudestam & Newton, 2007). To allow for transferability the participants and the setting need to be described in detail. The goal is to be able to make generalizations to other participants and settings. Therefore, the researcher must describe the setting and participants with sufficient detail for the data to be transferable to other settings and other people. However, for transferability to be possible the situations have to be similar.

### **Dependability**

Dependability is the qualitative counterpart to reliability. It is concerned with the replication of the study under similar circumstances (Rudestam & Newton, 2007). The key to ensuring dependability is to provide as much detail as possible. A way to ensure dependability is to have trained interviewers. The researcher is not exactly a trained interviewer, but is a PHD student working on a dissertation. Therefore, the researcher does have a sufficient knowledge of how to conduct an interview. In addition, the interviews will be recorded and

transcribed to ensure dependability. The researcher will code the data in a way that the ordinary person can understand the themes. The goal is for others to be able to use the same themes and come up with similar conclusions.

### **Confirmability**

Confirmability is the qualitative counterpart to objectivity. The researcher must make sure that the findings are the result of the experiences of the participants and not that of the researcher. In other words, the researcher must try to minimize researcher bias. The researcher must first know and admit any biases or predispositions. Detailed description is again the best way to ensure confirmability. The researcher must provide as much detail as possible from the participant interviews to provide an accurate description from the participant point of view. The accuracy again can be confirmed by the participants to ensure the researcher is not presenting biased information.

### **Ethical Procedures**

This study involves potentially vulnerable people because of the sensitive subject matter. Therefore, the researcher must first gain approval from the review board to study the topic. The researcher will have to minimize the stress caused by this study. To do so researcher must not push the interview. The researcher needs to allow the participants to tell as much or little as they wish. The goal is to get as much detail as possible without pushing the participant too hard. Therefore, two or three interviews will be required to get more detail without

causing too much stress or anxiety. In addition, the researcher will provide each participant the number for an anonymous hotline and a recommendation for an approved psychiatrist in the area who may assist the participants if necessary.

The researcher will obtain informed consents from the participants (see Appendix B). The researcher will verbally explain the details of the study to each participant and ask if they still wish to be included in the study. The researcher will then put the details in writing to be signed by the participant to show they do in fact consent to the study. In addition, each participant will be reminded that the interview will be audio-recorded before proceeding with the interview. The researcher will also explain the risk associated with revisiting a possible sensitive subject such as bereavement. The researcher must ensure confidentiality by protecting the identity of the participants. Once the study is complete the records will be kept for five years for confirmation purposes and then destroyed to maintain confidentiality. The information from the interviews will be stored at the researcher's home in a safe to ensure confidentiality of the participants.

There is no clear conflict of interest for this study because there is no personal authority or financial gain involved. However, there is an intangible conflict of interest in that the researcher gains from academic activity and scholarship. The study is not trying to validate a theory or hypothesis, so it starts with an objective and open viewpoint which should minimize any conflict of interest. In addition, having the research peer reviewed and having a committee

oversee the research should eliminate any conflict of interest. The academic gains by the researcher will also be described to the participants so they know what the researcher will gain from the study. This should give the participants the information they need to determine if there is a conflict of interest that needs to be addressed and if they are still willing to participate.

### **Summary**

This study is a qualitative phenomenological study. A semi-structured interview will be used to explore the phenomenon of sibling bereavement. In a semi-structured interview the participants are in control of the interview with the interviewer asking a few central questions to provide participants the opportunity to give detailed, descriptive answers. The central concepts of the study include sibling bereavement, grief, complicated grief, depression, unnatural death, and social constructivism.

The reasoning behind using qualitative methods for the study is that qualitative studies allow the researcher to explore and understand the meaning individuals ascribe to social problems such as bereavement. Qualitative research allows participants to give a more personalized explanation of a phenomenon. Since the experience of bereavement and grief are thought to be highly individual and may vary from person to person (Thompson et al., 2011) qualitative methods such as phenomenology can bring a better understanding of the phenomenon.

The role of the researcher in this study is to collect and analyze data from the interview. The population of the study will be anyone who has lost a sibling

to unnatural death. The participants will be adults who have experienced sibling bereavement from unnatural causes at some point in their life. The sample will be a nonprobability convenience sample. More specifically, the sample will be a criterion sample because all participants must meet the criteria of being a bereaved sibling. The study will recruit 12 participants over the internet using social media. Steps will also be taken to ensure issues of trustworthiness such as credibility, transferability, dependability, confirmability, and ethical procedures are met.

## **Chapter 4: Results**

### **Introduction**

The purpose of the study is to gain a better understanding of the phenomenon of sibling bereavement. The goal is to give mental health professionals a detailed account of how individuals experience sibling bereavement so that the professionals can help assist individuals who suffer from sibling bereavement. In addition, the study can give families and friends of bereaved siblings a better understanding of what the bereaved sibling is going through. If families and friends understand more about sibling bereavement they can provide a better social support system for the bereaved siblings. Finally, a greater understanding of sibling bereavement may help those who have lost a sibling by hearing stories from bereaved siblings and how they coped with the loss.

The central question of the study is what sibling bereavement means to individuals who have lost a sibling. The bereaved siblings of the study gave detailed description of what their experience with sibling bereavement was like and how it affected them. This knowledge and description of the phenomenon was obtained through an open-ended interview (See appendix C) with 10 bereaved siblings. The participants started the interview by talking about sibling bereavement in general. Then the participants answered questions about their relationship with the deceased sibling: was your sibling older or younger and by how many years, was your sibling a brother or sister, and how close were you and

your sibling. Then the participants were asked about the death itself: what was the cause of the death, and how long has it been since the death. Next the bereaved siblings were asked about their relationship with their parents and other family members in order to establish what kind of support system the participant had at the time of death and after. Finally, participants were asked about how the loss impacted them: how did the loss affect you, what if anything changed after the loss, how did you cope with the loss, how have you adjusted since the loss, and what if anything remains unresolved.

This chapter will start with a description of the setting of the study. Next the chapter will describe the demographics of the participants in the study. Then the chapter will focus on the data collection techniques of the study. After the data collection techniques are discussed the chapter will then present the data analysis from the study. The chapter will then address issues of trustworthiness in the study. Next the chapter will present the results of the study. Finally, the chapter will end with a summary of the answers to the research questions.

### **Setting**

The setting was the same for each participant in the study. Each interview was conducted in the county library in a private room. Library personnel did not know what the room was being used for, only that it was a school project. I did not even tell them it was for a dissertation because I did not want to raise any more questions. This was done to ensure confidentiality. The interviewer was the same in every interview. In addition, the interviewer and the participant were the

only people in the room during the interview, and the interview was recorded on an audio recorder. Participants determined the time of day based on their schedule, so sometimes the interview was in the morning and sometimes it was in the evening. All of the interviews were conducted from January to March. All known variables that could be controlled for were controlled for. The only known difference in participants was the amount of time since the death of their sibling.

### **Demographics**

Participants were not recruited based on any specific demographics. The only criteria used to determine eligibility for the study was that each participant has experience in sibling bereavement. The age range was from 30-55 at the time of the interview. However, the study did not include children or elderly due to ethical concerns. Children may not be able to deal with the loss and bringing it back up to them may cause unnecessary grief. Elderly participants were not included because of possible heart complication or other health issues that may be exaggerated by talking about a sensitive subject like death and bereavement.

The study included 10 people. There were 3 males and 7 females in the study. The youngest participant in the study was 30 years old, and the oldest participant in the study was 55 years old. However, most participants were in their late 30s. The age range of the participants at the time of death is more varied. Participants age range at the time of their sibling's death ranges from 12 to 42. Some participants experienced sibling bereavement as little as a year ago, and others experienced sibling bereavement as far as 23 years ago. Two of the



participants lost multiple siblings in that time span. The causes of death include car wrecks, work accidents, drug overdoses, and one gun-shot victim. Figure 1 below illustrates the participants age now, age at the time of the loss of their sibling, their siblings age at the time of the death, participants sex, participants sibling's sex, years since the death, and the cause of death.

**Figure 1: Demographics**

<b>Participants</b>	<b>Age (Age at time of Death)</b>	<b>Sibling Age at time of Death</b>	<b>Sex (Sex of Sibling)</b>	<b>Years Since Death</b>	<b>Cause of Death</b>
Participant 1	55 (40)	41	F (F)	15	Car Wreck
Participant 2	38 (12)	24	F (F)	16	Car Wreck
Participant 3	38 (15)	19	M (M)	23	Work Accident
Participant 4	35 (21)	19	M (M)	16	Gun Shot
Participant 5	38 (24)	28	F (M)	14	Drugs
Participant 6	37 (31, 33, 36)	16, 24, 33	F (M, M, M)	2, 5, 7	Car Wreck, Drugs, Work Accident
Participant 7	43 (42)	37	F (F)	1	Drugs
Participant 8	37 (35)	31	F (M)	2	Unknown

					Heart Defect
Participant 9	37 (31)	22	F (M)	8	Kidney Complication
Participant 10	30 (23)	39	M (F)	7	Work Accident

### **Data Collection**

The goal of the study was to have 12 participants just in case anyone dropped out or changed their mind. The study did recruit 12 participants. However, the actual number of participants in the study was 10 after 2 decided they did not want to participate. Each participant was interviewed at the county library in a private room. Only the participant and the interviewer were present in the room. The duration of the interview varied depending on the interviewee. I would have liked to have had longer more interactive interviews. However, I was limited in the scope of the interview because the IRB did not want me asking questions that were not pre-approved so that I did not bias the interview. Therefore, I could only ask a few questions. The shortest interview was 13 minutes long, and the longest interview was 26 minutes long. However, every participant was asked the same questions. The only difference was how long each took to answer the questions and how much detail they went into. Since the participants were in control of the interview some chose to elaborate on the issue

more than others. In addition, some participants added additional experiences to the interview. For example, some participants had lost a parent or friend in addition to the sibling and they chose to compare the two losses. Each interview was recorded on an audio recording device and transcribed afterwards.

The data collection procedures in chapter 3 were followed as closely as possible. The participants were recruited through social media (see Appendix A), volunteers that met the criteria signed a consent form (see Appendix B) before the interview was scheduled, open-ended interviews were conducted (see Appendix C for interview protocol) in a private room in the library, and the interviews were audio-recorded. However, the interviewer did not take any notes during the interview because it seemed like it may be a distraction and possibly rude to the participants. Instead the interviewer chose to focus solely on the participant and their story about sibling loss and bereavement. In addition, each participant was only interviewed once instead of multiple times as stated in chapter 3. After conducting the interviews it became apparent that all the participants still grieve the loss of their sibling. All participants were very emotional, and most started crying. Some of the interviewees even needed a break during the interview to regain composure. I decided that interviewing them a second time may bring more unnecessary grief or pain to the participant. In addition, I would not have been able to ask them any new questions without getting them approved by the IRB first. Therefore, even though everyone agreed to a second interview if necessary, each participant was only interviewed once. However, the

thoroughness and thoughtfulness of each participant's interview answers was enough to give a detailed description of their experience with sibling bereavement.

### **Member Checking**

This study originally was going to include two interviews for each participant. However, after conducting the first interview and seeing how emotional each participant got during the interview the interviewer decided it was best to only conduct one interview. A few of the participants seemed overwhelmed with emotion when talking about their sibling, and each participant was given a sibling bereavement hotline, website, and the number of a psychologist to speak with after the interview if they wished. Each participant thoroughly answered every question, so it was determined that there was no need for additional interviews. Email became the preferred way of member checking. Instead of conducting a second interview each participant was given two opportunities to review the findings of the first interview to ensure that the interviewer did not misunderstand what the interviewee intended to say. In addition, this gave the participants a chance to add anything that the interviewer missed during the interview or anything the participants thought about after the interview that they wanted to add.

The first member check came after the interview. The interviewer transcribed each interview and emailed the transcription to the participant for review. Participants were asked to review the transcripts and respond if the

interviewer understood them correctly during the interview process. Additionally, participants were asked if they wanted to add anything to the transcription that they did not say in the interview. The second member check came after the chapter was written. The interviewer emailed the section of this chapter that described each participant's interview to the respective participant. Participants were again asked to review what was written from their interview and respond if it was accurate and if it was thorough. This gave the participants a chance to review the interview in written form to check that it accurately depicted what they wanted to say in their interview and gave them one more chance to add anything they wished to add. Once each participant responded their section of the chapter was edited accordingly.

### **Data Analysis**

The first thing to do in the data analysis process is transcribe the interviews. As soon as the interview was over the interviewer transcribed each interview by going back and listening to the audio tape of the interview and typing every statement made in the interview. Each interview was transcribed on its own document and printed upon completion. Once all the interviews were transcribed and printed the interviewer took all the printed copies of the transcribed interviews and looked for common themes. As mentioned in chapter 3 this study used the 7 step process suggested by Stevick (1971), Colaizzi (1973), and Keen (1975), and adapted by Moustakas (1994). The seven steps as described in Rudestam and Newton (2007) are:

1. Review each statement for how well it describes the experience.
2. Record all relevant statements.
3. Remove all statements that are redundant or overlap with others, leaving the key meaning units of the experience.
4. Organize the invariant meaning units into themes.
5. Coalesce the themes into a description of the textures of the experience and augment the description with quotations from the text.
6. Using your imagination and taking multiple perspectives to find possible meanings in the text, construct a description of the structures of your experience.
7. Create a textual-structural description of the meanings and essences of your experience. (p. 183)

This 7 step process was applied to all 10 interview transcripts. Once some common themes were recognized each theme was highlighted on the printed copy of every interview transcript it appeared. Those themes were then printed on index cards to help keep them sorted and categorized with quotes from the interviews that supported each theme.

### **Evidence of Trustworthiness**

#### **Credibility**

Credibility in a qualitative study is the equivalent to internal validity in a quantitative study. The question involving credibility is whether the results reflect reality. To ensure credibility the study planned on interviewing each

participant multiple times. However, due to the sensitive subject area and possible vulnerable population it was decided that one interview would be sufficient. Everyone in the study was obviously still affected by the loss of a sibling and talking about it brought up painful memories. Therefore, each participant was only interviewed once. Each participant did give a very detailed description of their experience, so it was determined that one interview was enough to get the information necessary for the study.

Audiotaping the interviews was another way to ensure credibility. Audiotapes provided the interviewer a means to review the interview without having to remember everything that was said. The audiotapes were important because it allowed the researcher to listen to what the participant said while taking notes so that the interviewer did not miss any information or miss quote anything the participants said. The interviewer could also pause and rewind the tapes as often as necessary to make sure to get the full story of what the participants were saying. All of the interview transcripts were then presented to the interviewees to ensure the accuracy of the interpretations. Due to the informal environment of online learning the researcher did not seek peer review from classmates. However, the researcher did provide frequent updates to the committee chair and asked questions when necessary.

### **Transferability**

Transferability is to qualitative studies what external validity is for quantitative studies. To ensure transferability the researcher described the

participants and setting in detail. By describing the setting and participants in detail one can make generalizations to other populations and settings. However, for transferability to be possible the situations have to be similar. In addition, transferability is only possible when the researcher provides a “thick description” (Rudestam & Newton, 2007) of the setting and everything involved in the study. Providing a thick description of the participants and setting means giving as much detail as possible to ensure the study can be duplicated.

### **Dependability**

In qualitative studies dependability is the counterpart to reliability in quantitative studies. Dependability is concerned with the replication of a study under similar circumstances (Rudestam & Newton, 2007). Just like with transferability the key to dependability is to provide as much detail as possible to allow another researcher to replicate the study. One way to ensure dependability is to have trained interviewers. In this study the interviewer was a PHD student working on a dissertation. While at residency the interviewer also attended two seminars on properly conducting interviews. The interviews were also recorded and transcribed afterwards to ensure dependability. The interviewer coded the interview data personally rather than using a computer program. The reason for coding without a computer program is because, as Rudestam and Newton (2007), software cannot read meaning into the data. Therefore, the researcher took sole responsibility in reading and reflecting on the data to create categories and



themes. Additionally, the researcher did not want to rely too much on software and neglect creative meaning making and theory building.

### **Confirmability**

Confirmability in qualitative studies is similar to objectivity in quantitative studies. The main idea with confirmability is that the findings are the result of the experiences of the participants and not the experiences of the researcher. The researcher must minimize researcher bias in the study. The first thing to do is to recognize the researcher's biases before conducting the research. In this study the researcher bias is that the interviewer experienced sibling bereavement personally. The way for the study to minimize researcher bias was to allow the participants to lead the interview and speak freely with minimal guidance from the interviewer. In addition, all questions asked by the interviewer were pre-approved by the IRB before the interview took place, and no other questions were asked. I would have liked to ask a few follow up questions, but I was instructed by the IRB not to ask anything further as I am not yet approved to perform such interviews, and they did not want me to bias the interview with my views. Just like any other issue of trustworthiness in qualitative studies detailed description is the key to ensuring credibility. In addition, the accuracy of interpretation was confirmed by allowing the participants the opportunity to review the interviewer interpretation.

### **Results**

For the purpose of presenting data each participant was assigned a number based on the order of the interviews. An overview of each participant interviews

is presented below. Next, research questions findings will be discussed. Themes will then be established and presented. Finally, an overview of the general findings from the study will be developed from the collection of themes.

### **Participant Overview**

#### **Participant 1**

Participant 1 is a 55 year old female. She lost a sister in a car accident 15 years ago when she was 40. In addition, she also lost a brother 22 years ago to cancer when she was 33. Although the loss of a brother to cancer does not qualify as an unnatural death it does give her a unique and more complex understanding of sibling bereavement. She has lost a younger brother to a disease and an older sister to an accident. Her brother was 2 years younger and her sister was 15 months older, but she does not believe that age was a factor in her bereavement. She was extremely close to her brother, but not as close to her sister. However, she said she cried harder after the loss of her sister than her brother (perhaps because they were not as close). She said she “thinks her sister knows she loved her, but she wishes she could have told her.” She also has a surviving sister that is 3 years older than her, but she is not very close with the sister.

Participant 1 said the pain and heartache of losing her siblings was the same despite the fact that she was able to say goodbye to one but not the other. She said it was “life changing mentally and physically” because you are losing someone you grew up with and expected to be there throughout your life. She stressed herself out a lot, gained a lot of weight, was put on blood pressure

medication, and even developed temporomandibular joint dysfunction (TMJ) from gritting her teeth so much. She went on to say that she does not think there is a time frame to move on, everyone is different. Participant 1 believes that sibling bereavement is a “never ending process, her siblings are always on her mind, and she has never been the same since.” She also believes the bereavement is intensified on holidays and birthdays. In addition, she has daily reminders from something she sees on television or memories that are triggered by something she sees or hears. Sometimes she even forgets they are gone and picks up the phone to tell them about something before realizing they are not there to answer. “Missed experiences” such as her sister not being able to watch her 5 sons grow up or meeting her grandchildren also makes the loss of her sister more painful. She said she “felt responsible” for her nephews in a way now since they did not have a mother anymore. She also mentioned she lost one of those nephews to suicide, and she said it was like losing a son of her own. Her brother never got married or had kids, but she wishes he had a chance to experience that type of happiness before he died.

Participant 1 stated that she was closer to her parents before the death than she is now. In fact, they even forgot her birthday the first year after her brother passed away. Her birthday was a month after her brother died. She stated that:

My parents pulled away from everyone. They were consumed with death and shut others out. I stayed with my parents after my sister died, and I remember hearing them crying and praying in

their bedroom. I did not know what to do. I did not know how to comfort them.

She went on to say she definitely supported her parents more than they supported her. Her husband was her biggest support system. In addition, her two daughters, her friends, and her church were a big part of her support system. However, she also felt that if they had not lost a sibling as she did then they could not possibly understand what she was going through. She said she “forced herself to accept what happened and make every day count because she realized that it was GOD’s plan and she should not feel guilty.”

### **Participant 2**

Participant 2 is a 38 year old female. Her sister died at the age of 24 in a car wreck. Participant 2 was 12 at the time of the death which may have affected how she reacted to the loss. She stated that it “changed her whole life.” Her sister had 2 boys, but the sister’s husband gave custody of the boys to his parents and participant 2 was not able to see her nephews. Participant 2 stated that:

My mother and I were consumed with death. Everything was about my sister after she was gone. We spent a lot of time at the cemetery. We went to the cemetery every holiday and birthday. It was like a second home.

Participant 2 was extremely close to her sister despite the age difference. In fact she lived with her sister for a while after her parents got divorced. She said she was close to her mom, but not her dad. The relationship did not change

much after the death, but her mom was more distant. “She was like a ghost. She was there physically, but not mentally or emotionally.” Participant 2 has another sister who was 2 years older than the sister that passed away. She was not close to her surviving sister at the time of the death but did get closer after the death.

Participant 2 said it took her about 3 years to really figure out what was going on since she was so young when her sister passed. By the time she was 16, participant 2 developed an eating disorder and was in the hospital a lot. She said she had good doctors and therapists, but she did not listen to their advice on how to cope with the loss. In fact, she even refused the meds that were offered to her. She was in therapy for 3 years and changed schools. She said:

I did not cope with the loss at all. I did not know how to. I was just blank. I did not turn to drugs or anything. I just did not do anything. Nothing helped me. I had questions of where is she. Why is she not here? I wouldn't say I was suicidal, but when I was 17 I did lock myself in the bathroom and cut my wrists. I did not want to die. I just did not know how to cope, and mom did not know how to help me because she did not know how to cope either.

Eventually participant 2 said she found GOD and that was her coping mechanism. She did not have a support system. She just figured out that death was a part of life. In addition, she started to worry more about her nephews. She decided it

wasn't about her and her loss. The focus should be on the kids and trying to help them cope.

### **Participant 3**

Participant 3 is a 38 year old male. He lost his brother 23 years ago in a work accident. His brother was 4 years older than him. His brother was 19 when he died (participant 3 was 15). He was the only sibling participant 3 had leaving participant 3 as an only child. Participant 3 said he looked up to his brother even though they fought occasionally. His brother passed away while training for work. He was putting out a fire and a chemical burnt through his lungs. The brother then developed pneumonia which lead to adult respiratory distress syndrome (ARDS) causing his lungs to shut down followed by the kidneys and eventually the liver.

Participant 3 said that the loss of his brother “affected every aspect of my life, and continues to affect my life 23 years later.” He stated that:

The loss affected my mentality on how I handle things, the actions I take, and the goals I set for myself. I try to accomplish the goals that my parents set for my brother like finishing school and playing sports as a tribute to him. I was more timid before the death. I am more open and straight forward now after the death regardless of how what I say or do affects others. I am honest but not always nice. I don't intentionally hurt someone's feelings but I'm just honest and true to myself.

Participant 3 goes on to say he believes he overcompensates in his life to fill the void left by his brother passing. For example, instead of just getting one degree he will be finishing his fourth degree this year because his brother enrolled in school just before his death but never attended.

Participant 3 said he was very close with his brother growing up. They “lived in close quarters, did everything together, learned from each other, and had the same experiences in childhood.” Participant 3 developed anger issues after the death. He played football in high school and rugby in college as an outlet for his anger. He became more violent after the death and had a “short fuse.” He disregarded the consequences of his actions when he was angry which caused issues in his personal life. Thinking back participant 3 says he gets angry because his brother was not here to meet his children; his brother never had a chance to have children of his own; and just reflecting on all the missed opportunities and experiences they did not have a chance for. In addition, participant 3 said he missed the one time his brother woke up in the hospital. His brother woke up and asked where he was, but he stepped out to get something to eat. That missed opportunity still bothers him today.

One unresolved issue participant 3 has with his brother’s death is that the family requested but never received the records from the accident. It left questions unanswered and kept him from having closure after the death. However, he said that the fact that his brother died doing something he loved brings some comfort, but not knowing the whole truth still remains a sore area for

him and his family. In addition, participant 3 stated that his brother dying at a young age made the death more difficult. It “affected his relationship with GOD.” In fact he didn’t believe in GOD for a long time after that. It took until he was 30 to get over that part and start believing again.

Participant 3 said he had a “decent” relationship with his parents before the death but is closer to them now. After the death he said his parents tried not to treat him differently. He went on to say they “gave me space more than support.” Sports and the gym was his main way of coping. He also used drugs (marijuana) as a way to “escape” the pain of losing his brother. He kept to himself immediately following the death then eventually talked more about it to friends. Participant 3 said the anger issues were the biggest change to his personality. He said he never got over the death. He just has a “new normal now.” His way of living now is different than it was before, but it has been so long that this is his “new normal.” He still has some anger issues and still has questions about the records, but not as much as he once did. People that knew his brother talking openly and honestly about his brother helps. He still thinks about his brother almost daily, but that has improved some since he got married and had kids. He said his wife and kids fill a void, especially his son, left by his brother’s death. Participant 3 concluded with this advice to others suffering from sibling bereavement:

Talk to someone about it. Write it in a letter and drop it at the gravesite if you can’t talk about it. It’s not about trying to get over



it because you never really get over it. It is about trying to let it out so that it does not consume you.

#### **Participant 4**

Participant 4 is a 35 year old male. He is the oldest of 3 brothers. One brother is 3 years younger than him and the other is 8 years younger than him. The middle brother passed away at the age of 18 from a gunshot wound. The gunshot was accidental and fired from a gun that was in participant 4's hand. His brother died 13 years ago. He was extremely close to his brother that passed. In fact, he said he was closer to him than anyone else in his life, including his current wife. They grew up in a mentally, verbally, and physically abusive house at the hands of his father. He said his mother "sat back and let the abuse happen." Participant 4 stated that he was more like a father to his brothers before he moved out then became more like siblings afterwards. He was never close with his parents, but his relationship is improving with his mother now that she has asked for forgiveness. His relationship with his father worsened after the death, and they do not speak at all now. In fact they have not spoken in over a year because his father blames him for the death and even threatened to kill him.

Participant 4 did not deal with the loss well. He said it was tough dealing with the loss and "being the reason his brother was no longer here" even though the death was accidental. He stated that:

Initially the loss is what hurt the most, but then I was detained and incarcerated. The focus shifted to the way he passed. Being

incarcerated helped me not think about the loss but did not give me a chance to grieve. The incarceration delayed my grief. My youngest brother came to see me in jail, and I just broke down because of the guilt I felt from being partially responsible for the death. I told him not to look up to me anymore.

Participant 4 started the grief process after his legal issues were settled and he was cleared of the charges. However, some still blamed him for the death and others had already grieved and moved on. He did not talk about the death to anyone because he did not have anyone to talk to. Eventually he went to therapy.

Participant 4 said the “guilt changed him.” He used to be outgoing and was not as pessimistic as he is now. He said he was in the newspaper and “could not escape the negative feelings and talk aimed at him.” Participant 4 said the death was hard because he was dealing with the loss of his best friend and the guilt of taking a son away from his parents and a boyfriend away from a pregnant girlfriend. Friends told him that he became reclusive, negative, and bitter. He said it was hard to let go because he had lost his best friend and he was punished for it as well. Participant 4 used to go back to their old neighborhood and cry while reminiscing on the passing of his brother, but he did eventually let go of the guilt he felt for the death.

Participant 4 said he coped with the loss through therapy that “somewhat helped.” However, the therapy focused more on how he was dealing with family, friends, and society in general rather than how to cope with the death and move

on. He said he gave off the impression that he was fine even though he really was not. He started drinking heavily. Participant 4 was diagnosed with PTSD and depression and was prescribed Zoloft. He continued drinking heavily and avoided dealing with the death until a close friend died of a self-inflicted gun-shot wound. The death of his friend brought up feelings of his brother's death that he had tried to avoid. He said:

The grieving of the death of my friend actually helped me get over the grief from my brother's death 5 years prior. I met this friend just after the passing of my brother. He filled the void of the brother I lost. Being at the hospital with the surviving siblings of my friend helped me as a kind of support system that I did not have when my brother died.

Participant 4 then reached out to his brother's ex and established a relationship with her and his niece. His niece forgiving him "lifted the weight of guilt off his shoulders." He said the guilt from his brother's death is now gone, but the pain of him not being around still remains. He said of the pain:

My brother knew me better than anyone ever has, and he is not here now. The pain is still there 14 years later. Still to this day my brother is the most important person that has ever been in my life even though I am married now and have 2 daughters.

**Participant 5**

Participant 5 is a 38 year old female. She lost her brother 14 years ago. He was 28 when he died and she was 24. Her brother that passed had a twin that died at birth so she never met that brother. After the brother she knew died she was an only child. She stated that her brother was like a father to her because her father had already died prior to the passing of her brother. She did not grieve as much when her father died because her brother filled that void. However, once her brother died there was nobody there to fill that role. Her brother died from a heart attack from a genetic defect that became relevant due to drug (cocaine) use. She stated that:

It was the hardest thing I have ever dealt with in my life. It was like losing a brother and a father at the same time. It made me lonelier because I was now an only child. I did not have anyone to grieve with. I felt all alone.

Participant 5 said she was close to her mom before the death, but her mom was dealing with addiction herself which made it hard to relate to her mom. However, the relationship changed after the death of her brother. She got closer to her mom. Participant 5's main support system was her husband and her cousins. Religion was also a major coping mechanism for her. She stated that she was always a believer and she had to respect GOD's plan. "I went to Jesus for support."

The biggest impact the death had on participant 5 was it made her determined to fulfill her brother's wishes for her after he was gone. She wanted to make sure she was a good mom, get a good education, and be the person her brother wanted her to be. She does not believe she has completely coped with the loss. Over time she said she has adjusted to him not being here, but she still misses him and talks to him daily. "It is hard to let him go." She said she holds on to the memories of him because they help her get through it.

### **Participant 6**

Participant 6 is a 37 year old female. She has lost 3 younger brothers in the past 8 years. One of the brothers (B1) was 16 (participant 6 was 31) and died in a car accident on the farm, the second brother (B2) was 24 (participant 6 was 33) and was electrocuted on a job site, and the last brother (B3) was 33 (participant 6 was 36) and died from an overdose of heroin. The last brother died just 4 months prior to this interview. Each experience was different to her. She said:

The first one was different because it was a new experience. I did not know how to handle it and move forward. He was like a son to me because he was 15 years younger than me. He looked up to me as a mother figure. I named my son after him. I became closer to my other siblings after the death of our first brother. As an adult I was not as close to my second brother as I was to the other two. His death was tough, but it did not hit me quite as hard as the first

one. I was closest to the oldest brother (B3). His death was the toughest because he was my best friend. He was the closest one to me in age, and it is the most recent death. He died the day before my son's birthday. I helped plan the funeral for my first and my last brother that died.

Participant 6 also stated that she had some survivor's guilt after her third brother passed because of the way he died. She wished that she could have helped him more so that he did not turn to drugs.

Participant 6 said that the grief is worse on the holidays and birthdays. She also said she is reminded of them by some things in nature that she saw after each death. For her first brother it was a monarch butterfly, for her second brother it was a famous painting that reminded her of her brother, and for her third brother it was a rainbow. To this day she said anytime she sees one of these things she is reminded of one of her brothers. Participant 6 does have 3 more half siblings that are still alive. She has become closer to these half siblings after the deaths despite all of the half siblings living in different states. However, she is not as close to any of them as she was to the 3 brothers she lost. Participant 6 has always been really close with both her parents. Her relationship with her mother has not changed much, but she has gotten closer with her father now because she is his only child now. She said she was always close to her dad, but he was closer to her brothers than her before their deaths. Now he talks to her about his will and estate periodically. Her dad was actually running the job site that her second

brother was electrocuted at. Participant 6 said her support system has always been her family. She has a big family, but they are close.

Participant 6 believes that sibling bereavement affects everyone differently. She says she thinks it depends on the relationship you have with your sibling. Dealing with the death of her brothers she said showed her the “dark side of life” and forced her to “face her own mortality.” She said that sibling bereavement gives surviving siblings the opportunity to “do more or crumble” after the death. Her spirituality has changed since the death she said. Before the deaths of her brothers she said she was more “superficial,” but after the deaths she became more focused on philosophy and the meaning of life. She is also more religious now. In addition, she is also more into acupuncture, massage, and yoga as a means of relaxation and stress relief.

Participant 6 says she “has grown a lot as a person” since the deaths of her brothers. She has also been reading some of her brother’s writings and looking at her brother’s paintings lately. In fact, she said the paintings of Dali and learning about him personally has helped her cope with her second brother’s death. Dali painted a picture of a setting with an electrical wire in it that reminded her of her brother. When she did some research on Dali she found out that he had a sibling die before Dali was born, so she related to him somewhat. She still has questions about her second brother’s death. She wonders how much pain he felt when he was electrocuted and what exactly happened.

Art was one comforting escape for participant 6. Her second brother liked to paint, and she was planning a trip to an art museum with her third brother before he died but they did not make it to the museum. Participant 6 stated that:

You never get over the loss of a sibling. It becomes part of you.

There are moments when a picture or something triggers a memory of them. I still breakdown sometimes. I am thankful for what I have left in my life, but I still feel sadness from what is missing in my life.

She also had an uncle and some friends that have died, but the sibling relationship is much different. The pain of losing a sibling is worse than the pain associated with the loss of another family member or friend. She said that “a sibling is part of you” and that “a sibling is an extension of yourself.” In addition, she stated that losing a sibling to unnatural causes is tough because of the “suddenness of the death that leaves unanswered questions and an inability to say goodbye.”

### **Participant 7**

Participant 7 is a 43 year old female. She lost a sister that was 5 years younger than her less than a year ago. She referred to her as her “baby sister.” Her sister was 37 years old when she passed away, and participant 7 was 42. Her sister died of a drug overdose. She was addicted to pain killers, and she died from an overdose of heroin that she bought when she could not find pain killers. In addition, the sister she lost has a twin who is still alive. The twin sister was actually with her sister when she died. Participant 7 also has an older sister and



an older brother. She has always been close with all of her siblings, but she was closest with the sister that passed away. Her older sister, she said, has a drug problem and can be violent, so she is not as close to her now as she once was but their relationship has always had its ups and downs. In addition, she said her older sister had a mental breakdown after the loss of their younger sister. Her older sister even showed up high to the funeral. Participant 7 is close with her older brother, and they got closer after the death of their sister. The twin sister of her sister that died has a mental disability, so she says it is hard to be close to her, especially since she just lost her twin and best friend.

Participant 7 lost her dad 11 years ago to a suicide, so he was not around when her sister died. She said she was close to her mom before her sister's death, but she is closer to her mom now. Participant 7 says her mom leans on her now. The surviving twin lives with her mom, but her mom vents to participant 7 because she is her mom's only source of coping. After the death participant 7 says she was there for her mom rather than her mom being there for her. In addition, she says that she can't breakdown to her brother because he does not handle emotions well. She says she did not have a support system to deal with her sister's death. She entered counseling because she did not have anyone to turn to.

Participant 7 says the pain of losing her sister was much worse than the pain of losing her father. She said:

The pain doesn't even compare. I took care of my sister and her twin growing up. She was like a daughter to me. I got her ready for school, helped with homework, fixed meals for us, and she even slept in the same bed with me because she slept walked at night. She had her own bed, but I made her sleep with me so I could keep an eye on her. Even all the way up to her death she would sleep with me occasionally when something was wrong or she was upset. It feels like there is a hole in my heart now. I have started to call her on several occasions without thinking about it until I realized she was not there to answer.

She goes on to say that her sister was her coping strategy anytime something was wrong with her. Her sister was like her best friend, sister, and daughter all in one. She goes to her sister's grave several times a week now. She talks to her and takes care of the grave site (keeps it clean, puts flowers out) because that is what her sister did at their father's grave site and now she has taken over that role.

Participant 7 says she feels guilty about fighting with her sister now. She fought with her sister about her drug use two weeks prior to her overdose. When asked how she feels now she said the pain never goes away. She said she will randomly breakdown and start crying. Sometimes she has to close her door at work, and co-workers just know to give her a minute to compose herself. She went on to say that losing her father was tough but you expect your parents to die

before you, so she was more prepared for his death even though he committed suicide. With her sister it was different. She said:

We were closer than friends. She was always there for me, and I was always there for her. We always had each other's back. I never felt alone. It's like something unnatural happened and nobody understands. Part of me is missing now. It makes me less of myself, and I will never get that back.

Participant 7 stated that initially after the death a lot of family and friends came and they would check on her, but they did not keep in contact after the death. Her husband, she says, ignores things as a way of dealing with it. She stated that "he acts like if you ignore it then it will go away." She also stated that some friends and family were judgmental because my sister died of an overdose. In addition, she said that people just do not want to be sad in general, so when they are around you can't be sad around them. You have to hide your pain so others do not feel uncomfortable. Participant 7 says it feels like she "lost her child, sister, and best friend." She went on to say when dealing with someone who is experiencing sibling bereavement you just have to let them know you are thinking of them and show them love. There is nothing you can say to make it better. She said birthdays and holidays are especially tough. The surviving twin did not even want to celebrate her birthday after her twin passed away. Participant 7 concluded by saying she can't compare any pain to the pain of losing her sister, but she had to be strong and make sure everyone else were alright.

**Participant 8**

Participant 8 is a 37 year old female. She lost a brother less than 2 years ago. He was a little more than 3 years younger than her. He was 31 when he died and she was 35. She was very close to her brother. They talked often, spent several weekends together, and had daughters the same age. She does not have any other siblings. Following her brother's death she said she was the one that had to take care of everything. Being an only child now she has more responsibility in the family. Participant 8 was always close to her mother, but she not as close with her father because he was an alcoholic that always seemed disconnected with the family. Her dad died 2 weeks prior to her brother's death. Her brother died from an enlarged heart condition that the family was unaware of which lead to complications. She said that losing her dad was tough despite not being close with him, but losing her brother was the worst thing she has ever felt. She went on to say, "I couldn't imagine any pain being worse except maybe losing a child."

After her brother died participant 8 said she felt like she had to be there for her mom. She said:

It was like my role and my mom's role shifted. I have to take care of everyone including my mom because it was like my mom was broken. My husband was my support system, but I did not talk about my feelings much because I did not want people to tell me how to fix the problem. I struggled expressing my feelings and

emotions. I did not want to hear from others. I became my own support system because I did not want to rely on someone.

Participant 8 believes that everyone handles sibling bereavement differently depending on their relationship to the sibling they lost. For her she said:

It is like I have a hole in my life that can never be filled. He was the only person that knew everything about me, and I knew everything about him. I do not think you can ever be closer to anyone than your sibling. His death changed my perception on life. I worry about things more now to the point of almost having a panic attack sometimes because I know anything can happen at any given moment. It changed the way I view things, my perspective on life, my relationships with others, and made my life harder and much sadder.

The biggest changes in participant 8's life after the death of her brother is the level of responsibility for the family, she does not trust things as much, she often worries about losing other people now, she lost trust in GOD, and her overall views on relationships has changed. She said she slowly came to terms with the loss. It took about a year, but she is not as angry anymore and does not have the "overall feeling of emotions or dread" anymore. However, sometimes it still "sneaks up" on her on holidays, birthdays, or when she hears a song or something that reminds her of her brother.

Participant 8 says that she does not have any advice for someone who is suffering from sibling bereavement because every situation is different and every relationship is different. She said the only thing you can really do is let them know you will be there for them if they need to “talk, cry, or whatever.” In her situation participant 8 says she felt “overlooked.” When people were there to offer support they supported her mother and her brother’s daughter but not her. She went on to say she felt guilty about feeling overlooked. People would make comments to her to be strong for her mom and family and compliment her on how strong she was even though she did not feel strong. She said she is still close with her niece and her brother’s ex-girlfriend, and they still get their daughters together often. She stated that “Staying in touch with my niece helped because it was like a part of my brother was still here, but it also makes it hard sometimes because it is a constant reminder of my brother.”

### **Participant 9**

Participant 9 is a 39 year old female. She lost her brother 8 years ago after complications from a kidney transplant that she donated to him. Her brother was 22 at the time and she was 31. She has two other brothers, a sister, and a step-brother. She was very close with her brother that died. In fact, her brother was moving in with her the week that he passed. She is close with her other siblings but not as close as she was with her brother that passed away because her other siblings all live out of state. However, she did say she got closer to her surviving

siblings after the death of her brother. Participant 9 was always close with her mom but not her dad. She said she is closer with her mom now.

Participant 9 said the death of her brother was very difficult for her. She said:

I took over responsibility for everything. I planned the funeral and called everyone. I did not get to grieve myself because I was taking care of everyone else. I postponed my grief to deal with things and be there for my mom. I was my mom's rock. I was there for my mom rather than my mom being there for me. I shut others out because I did not want to talk to anyone. I broke up with my boyfriend at the time and went into depression. I was angry, and I questioned GOD a lot.

She went on to say the death of her brother changed her and it still affects her today. She still has bouts of depression and anxiety. Her brother is still in her conversations 8 years later she said. Participant 9 said she was "tired of people saying I'm so sorry" so she withdrew from people because she was overwhelmed with the loss.

Participant 9 said it took her at least a year to be "alright" with the death of her brother and start going out and doing things again. Before that all she wanted to do was stay in bed and sleep all the time. She said it was like losing a son, brother, and best friend all at the same time. Participant 9 believes that losing a sibling is "totally different than losing someone else." She took care of her

brother when they were younger and helped her mom raise him. Her older brother will not even talk about the death unless he is drinking she said.

Participant 9 does not believe sibling bereavement gets easier with time. She said “you just learn to deal with it.” She does not have any advice for others suffering from sibling bereavement because she says everyone experiences it differently. Participant 9 went on to say:

I cope with the loss daily. Nothing is really unresolved, but I think about him often and wish he was still here. I think about him more on holidays and birthdays or when a song or something reminds me of him. I do still have unanswered questions about what his life would be like now. He died too early. He never had a chance to get married nor have kids. Since his death my life has been like a roller coaster of emotions. I am still single. I can't relate or get close to others because I am scared to lose someone close to me again so I just do not get close.

She goes on to say that she does feel a little bit guilty that she was not there with him to make sure he went to the doctor. Participant 9 says she does not know if going to the doctor would have helped him, but she would have made sure he went if she was with him. Therefore, she says she still has questions about his death and if it could have been prevented if he would have just went to the doctor.



**Participant 10**

Participant 10 is a 30 year old male. He lost his sister 7 years ago after she was electrocuted in a factory accident. She was 39 when she died and participant 10 was 23 at the time. When asked how close he was to his sister he said, “As close as you can get.” He said his sister was like a mother figure to him. His sister has a son that is just 4 years younger than participant 10. He does still have an older brother who is 18 years older. He was close to his brother but not as close as he was to his sister. Participant 10 did get closer to his brother after the death, but his brother was never the same after the death. He said he has always been close with his parents, but they were “more emotional and naïve and could not let go.” He went on to say that it was like he lost a whole side of the family when his sister died. He could not see his niece because of his brother in law and only sees his nephew when he is not with his “other family.”

Participant 10 said his support system was his family and friends, but admitted that they did not know how to relate to him. He said he went to the visitation but avoided the funeral. He went on to say:

I spent a lot of time alone. I couldn't see others in a vulnerable state. I distanced myself from others, but I did try to console them when I was around. I just did not know what to do after losing one of the most important people in my life. I did not think I could live without her. It will impact my life forever. I think I would have a different outlook on life if she was still here.

Participant 10 said they had less family events after his sister's death because she was the one that always planned them. "She was the organizer and held the family together." He says he used to talk to or see his sister almost daily, and he misses their deep conversations. According to participant 10 the family split after the death of his sister. His brother was never the same. He said it was like his brother lost a piece of himself and never recovered.

Participant 10 said he was going into electrical maintenance before his sister's death but switched after her death since she was electrocuted. He said he had moments of anger and sadness; he withdrew from others, and he would find a way to distract himself so that he did not think about his sister. Now he says he talks to his girlfriend about his sister as a way of coping. Thinking back participant 10 says people just did not know what to say to him. He says now he just tries to "do right by her and do what she would want him to do." He says he is still not over the loss and always thinks about his sister. Participant 10 goes on to say that there are constant reminders of his sister, especially on holidays and birthdays.

After the death of his sister participant 10 said there was a family fight over her death settlement and unanswered questions about the "disappearance of her will." He says he misses his niece because he never gets to see her or talk to her. He said he hates his brother in law for keeping her away from him, and is disappointed that his brother in law did not honor his sister's wishes. Participant 10 does not have any advice to others suffering from sibling bereavement because

you have to know their relationship in order to help them cope. All he can tell anyone is to remember the good things and do what you think they would want you to do after they are gone. He concluded saying he feels like he could have “done or said more” when she was here, and he regrets not “saying or doing more” when she was alive.

### **Research Question Analysis**

#### **Research Questions**

The research and interview questions of the study were designed to gain a better understanding of sibling bereavement in general and sibling bereavement from unnatural causes in particular. The central question of the study is: what is the meaning of sibling bereavement for those who have lost a sibling. To answer the central research question a few research questions were examined. The first research question was (1) what is the meaning of sibling bereavement to you? In order to investigate this question some interview questions were asked: (a) if someone asks you to describe sibling bereavement what would you say; (b) how do you think sibling bereavement affects surviving siblings; and (c) what would you say to someone going thorough sibling bereavement? The second research question was (2) what was the relationship like between you and your sibling? This question was investigated by asking: (a) how close were you and your sibling; (b) was your sibling older or younger (how much older or younger); and (c) was your sibling a brother or sister? The third research question was (3) what was the cause of death and how long has it been since the death? This question

was investigated by asking: (a) how did your sibling pass away; (b) how long ago did your sibling pass away; and (c) how old were you and your sibling at the time? The fourth research question was (4) what kind of support system did you have when your sibling passed away? This question was investigated by asking: (a) how close were you with your parents when your sibling passed away; (b) did your relationship with your parents change at all after your sibling passed away; (c) do you have any other siblings and if so what is your relationship with your other siblings; (d) did your relationship with your siblings change at all; and (e) did you receive support from anyone else? The fifth research question was (5) what kind of impact did the loss have on you? This question was investigated by asking: (a) what was the impact of the loss on you personally; (b) what, if anything changed after the loss; (c) how did you cope with the loss; (d) how have you adjusted since the loss; and (e) what, if anything remains unresolved?

**Figure 2: Overview of Themes Discovered**

Research Questions	Themes
Research Question 1	<ul style="list-style-type: none"> <li>• Life changing</li> <li>• Never the same</li> <li>• No timetable for recovery</li> <li>• Affects all aspects of life</li> <li>• Void left</li> <li>• Changed perception on life</li> </ul>

	<ul style="list-style-type: none"><li>• Daily struggle</li><li>• Constant reminders</li><li>• Affects people differently</li></ul>
Research Question 2	<ul style="list-style-type: none"><li>• Closeness does not matter</li><li>• Age does not matter</li><li>• Sex of sibling does not matter</li></ul>
Research Question 3	<ul style="list-style-type: none"><li>• Cause of death does not matter</li><li>• Years since death does not matter</li><li>• Age at time of death does not matter</li></ul>
Research Question 4	<ul style="list-style-type: none"><li>• More support for parents than siblings, siblings overlooked</li><li>• Role reversal between parents and surviving children</li><li>• Biggest support system: spouse, friends, and religion</li></ul>
Research Question 5	<ul style="list-style-type: none"><li>• Increase stress levels</li><li>• Greater responsibility</li><li>• Unanswered questions</li><li>• Missed opportunities</li></ul>

	<ul style="list-style-type: none"><li>• Divided families</li><li>• Mental problems (depression)</li><li>• Feelings of guilt</li><li>• Inability to cope</li><li>• Anger issues</li><li>• Loneliness and withdrawal</li><li>• Delayed grief</li><li>• Therapy and drug use</li><li>• Forced to face own mortality</li></ul>
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**Research Question 1: What is the meaning of sibling bereavement to you?**

To answer this question participants were asked to describe sibling bereavement, tell how they think sibling bereavement affects surviving siblings, and give any advice they would have to someone who is going through sibling bereavement. The major themes discovered from this question were:

- Life changing
- Never the same
- No timetable for recovery
- Affects all aspects of life
- Void left
- Changed perception on life

- Daily struggle
- Constant reminders
- Affects people differently

This question helped provide insight into how surviving siblings view sibling bereavement. All of the participants agreed that losing a sibling is a life changing event. In addition, they all believe that you are never the same after the loss, and there is no timetable for your grief or period of recovery. They all stated that the loss still affects them today no matter if they lost their sibling last year or over 20 years ago. Everyone also agreed that birthdays and holidays are especially hard now. Additionally, there are other constant reminders such as songs, artwork, movies, or children left behind that they must face on a regular basis. The participants believe that sibling bereavement affects all aspects of life. They often stated that the loss affects you mentally, physically, and emotionally.

Some participants said after the loss it was like there was a “void” left behind that could “never be filled”. Others described it as a feeling of having a “hole” in their heart. According to the participants, losing a sibling changes your perception on life because you lost someone you expected to grow old with. They say it is different than losing a parent because you are supposed to outlive your parents, but you expect your siblings to always be there. Additionally, they say it is an experience you could not understand if you have not been through it personally. Sibling bereavement is something you deal with on a daily basis no matter how long it has been since the death, according to the participants.

Everyone agreed that sibling bereavement affects everyone differently. The only advice the participants had for someone going through sibling bereavement was to talk about it with someone, write down your feelings, or do whatever you needed to do to get it off your chest just do not hold it in.

**Research Question 2: What was the relationship like between you and your sibling?**

To answer this question participants were asked to describe how close they were to their sibling before the death, whether their sibling was older or younger and by how much, and whether their sibling was a brother or a sister.

The themes discovered from this question were:

- Closeness does not matter
- Age does not matter
- Sex of sibling does not matter

Most participants stated that they were very close to their sibling that passed away. Some say the relationship was like a best friend, some say their sibling was like their child, and some say the sibling was like a parent. Two participants said they were not very close to their sibling that passed away. Participant 1 stated that she was very close to her brother but not as close to her sister. However, she cried more after the loss of her sister. She stated that she believes her sister knew she loved her, but she wished she could have told her before she died. Participant 6 lost 3 brothers and said it was different every time. She said she was close to two of them, but not the third. The first brother she lost was like a son to her, the



second brother she was not as close with, and the third brother was like her best friend. She said they all hurt but in different ways.

The study found that age does not affect how much pain one feels from the loss of a sibling. However, age did affect how the relationship between the siblings was. Participants 1, 3, 6, and 8 describe their relationship as one like a sibling and a friend (usually best friend). They were close in age, shared a lot of the same experiences growing up, and learned from each other. The participants said they interacted with their siblings daily, played together, and knew more about each other than anyone else did. Participants 2, 5, and 10 said their sibling was also like a parent to them. Their siblings were all older than them and taught them things growing up. The sibling helped raise them and filled the role of parent when a parent was not there. In fact, these participants said they were closer to their sibling than their parent. Participants 4, 9, 7, and 6 (6 had multiple brothers die) stated that their sibling was like their child as well as their sibling. In this case the participants were the ones that helped raise the sibling. Their siblings looked up to them for advice and help in their daily life.

**Research Question 3: Does the cause of death or time since the death make a difference?**

To answer question 3 participants were asked how did your sibling pass away, how long ago did your sibling pass away, and how old were you at the time. Themes from this research question were:

- Cause of death does not matter

- Years since death does not matter
- Age at time of death does not matter

This question was asked to differentiate different types of unnatural deaths.

The study included deaths by car accidents, work accidents, drug overdoses, gunshot wound, and unnatural health issues. The study concluded that all types of unnatural deaths cause approximately the same amount of grief. In addition, the study found that the years since the death does not matter either. Everyone in the study still mourned their sibling no matter how long it had been since the death. Some participants lost a sibling as short as a year or two ago while others lost a sibling over 20 years ago. The result was still the same. All participants said they still miss their sibling, still think about their sibling, and still have not gotten over the loss of their sibling. Finally, the age of the participants at the time of their sibling's death did not seem to be much of a factor either. Some participants lost a sibling in their teenage years while others lost a sibling in their 40's. The loss of a sibling had a tremendous impact on all participants. However, participant 2 did say it was hard for her to understand the death at first. She was only 12 (the youngest of the participants) when she lost her sister, so there might have been a difference if all of the participants were minors at the time of their siblings death.

**Research Question 4: What kind of support system did you have when your sibling passed away?**

To answer this question participants were asked how close were you with your parents when your sibling past away, did your relationship with your parents

change at all after your sibling passed away, do you have any other siblings and if so what was your relationship like with your other siblings, did your relationship with your surviving siblings change at all, and did you receive support from anyone else. The themes that the study found were:

- More support for parents than siblings, siblings overlooked
- Role reversal between parents and surviving children
- Biggest support system: spouse, friends, and religion

Every participant stated that most of the support from family and friends was directed toward the parents of the deceased. Everyone at the funeral and anyone who was around afterwards was focused on making sure the parents were alright after losing a child. The surviving siblings tended to be “overlooked.” They did not receive much support. In fact, the siblings were told to “stay strong for your parents.” Many of the participants, 7 out of 10, said there was like a “role reversal” between them and their parents. Their parents leaned on them rather than the participants leaning on their parents for support. In fact, 6 of the participants mentioned having to plan the funeral and call the family and friends because their parents were “broken,” “distant,” or “consumed with death.” The 3 participants that did not see a “role reversal” did not get support from or give support to their parents. They were the youngest 3 participants at the time of death (12, 15, and 21). For these three participants 2 say they just distanced themselves from everyone and everything. They did not know what else to do. The third one was in jail awaiting trial, so he was not around.

Since the parents of the surviving siblings were struggling to cope with the loss of a child and were unable to support the surviving siblings through the bereavement process the participants turned to others for support or just went into isolation. Participants 1, 5, and 8 say they leaned on their husband for support, and participant 6 says she leaned on other siblings and family members but took on more responsibility for the family. The remaining 6 participants said they did not have anyone to lean on or help support them. Participant 4 was incarcerated and said he had to postpone the grieving process. Participant 2 was too young to understand or comprehend what was going on and did not know how to cope. She said she was “just blank.” Participant 3 said he got angry and just “withdrew” from everyone. Participant 10 said he withdrew from others as well and did not even attend the funeral because he did not know how to deal with the loss. Participant 7 said she felt like she did not have anyone to turn to, not even her husband. Finally, participant 9 said she “shut people out” and went into depression.

Therapy and religion were also mentioned as being a part of the support system for some of the participants. Three of the participants (2, 4, and 7) went to therapy. They each say it “somewhat helped.” Three participants (1, 5, and 6) say religion played a factor in their recovery. They say they used church and GOD as a way of coping and finding meaning in the death. One said she just had to accept that GOD “had a plan” and she had to respect it. Participant 6 also stated that she turned to art as a form of escape and therapy. However, three of

the participants (3, 8, and 9) said they lost faith in religion and GOD for a while after the death. They say they either “did not believe,” “lost trust,” or “questioned” GOD for a while after the death of their sibling.

**Research Question 5: What kind of impact did the loss have on you?**

To answer this question the participants were asked what was the impact of the loss on you personally, what if anything changed after the loss, how did you cope with the loss, how have you adjusted since the loss, and what if anything remains unresolved. The themes discovered from this question were:

- Increase stress levels
- Greater responsibility
- Unanswered questions
- Missed opportunities
- Divided families
- Mental problems (depression)
- Feelings of guilt
- Inability to cope
- Anger issues
- Loneliness and withdrawal
- Delayed grief
- Therapy and drug use
- Forced to face own mortality

This question provoked the biggest response from participants. Many of the participants described an increased level of stress and anxiety after the death of a sibling. Some of the stress was due to them worrying about other family members and how they would cope with the loss. Some of the deceased siblings had children they left behind, and all of the deceased siblings left at least one parent behind to mourn. The participants stated that they worried how their parents would handle the death, and others were concerned what would happen to the children. Many felt a greater responsibility to “step up” and help the family. For some this meant planning the funeral or taking care of their parents. For others this meant being a bigger part in their nieces and nephews lives.

All of the participants expressed concerns about unanswered questions or missed opportunities and experiences. Participant 1 stated that she wished she had an opportunity to tell her sister that she loved her. She also discussed her regret that her sister did not have the opportunity to watch her children grow up, meet her grandchildren, and be there for graduations and weddings. Participant 2 said that she had questions about “where is she” and “why is she not here.” She was only 12 when she lost her sister. Later participant 2 said she stressed about her nephews and if they would be alright. Participant 3 still has questions about his brother’s death and the details surrounding it. He also mentioned he wished his brother would have been around to meet his children and regretted that his brother never had a chance to get married or have kids of his own. Participant 3 also regrets not being in the hospital room the one time his brother woke up so

that he could talk to him one last time. Participant 4 still has difficulty coping with the fact that he is partially responsible for his brother's death. He also said his brother died before ever getting to meet his own daughter and wishes his brother could have met his two girls. Participant 5 still has questions about what would have happened if someone was there to make sure her brother did not overdose and wonders if he would still be around today if someone would have stopped him. Participant 6 also wonders what would have happened if she was there to make sure her third brother did not overdose. In addition, some questions still remain about her first brother dying in a farm accident and her second brother getting electrocuted on the job. Participant 7 says she wishes she was there for her sister when she overdosed. She wonders if she could have done something more to help her. Participant 8 wonders if they would have known about her brother's heart condition if they could have prevented his death. She also talked about him not being able to watch his daughter grow up. Participant 9 said she knows if she was with her brother she would have made him go to the doctor the day he died, and she wonders if the doctors could have saved him if he went. Finally, participant 10 discussed his concern about his niece and nephew and wishes his sister was there to watch them grow up.

Some of the participants said the death divided the family. Participant 2 said after her sister passed away her brother in law gave custody of their kids to his parents and she was not able to see her nephews. Participant 4 said his father blamed him for his brother's death and did not talk to him much after the death.

Participant 10 said he was not able to see his niece or nephew after his sister passed because his brother in law would not allow them to see his side of the family. In addition, he said his sister planned all of the family events and after the death he lost one side of his family. Other issues participants mentioned were depression and survivors' guilt. Participants often mentioned being forced to face their own mortality after the death of a sibling. Finally, many participants mentioned a delayed grief reaction. The delayed grief came either because they were not around after the death or they were just too busy making sure everyone else was alright to deal with their own grief. They had to "stay strong" for the rest of the family and put their grief on hold.

### **Summary**

The study found that losing a sibling is a life changing event that affects all aspects of life. It is a daily struggle and changes one's perception on life. After losing a sibling the surviving sibling is never the same. It is like there is a void left that can never be filled. There is no definitive timetable for recovery, and there are constant reminders of the lost sibling. Surviving siblings think about their lost sibling regularly. In addition, this study found that sibling bereavement affects everyone differently depending on the relationship they had with their sibling before the death. However, the closeness one feels to their sibling does not affect how they mourn them. Everyone mourns their sibling despite being close or not. Losing a sibling is like losing a part of you. Age and sex of the sibling does not matter either. You expect to grow old with your



sibling, so losing them is tough no matter how old you are when they die.

Additionally, the cause of death, years since the death, and age at the time of the death are not relevant factors either. Losing a sibling is still a life changing event that is hard to overcome or cope with.

This study found that most family and friend support tends to go to the parents and children of the deceased. Surviving siblings are told to be strong for your parents and help take care of the family. The surviving siblings' pain and grief tends to be overlooked. In addition, the surviving sibling often ends up being the support system for the parents rather than the parents being there to support them in their grief process. It is like a role reversal with the parents and surviving children. Surviving sibling's biggest support system tends to be spouses or friends rather than parents and other family members. Some ways the loss of a sibling affects surviving siblings are an increased stress level, greater family responsibility, mental problems such as depression, feelings of guilt, and an inability to cope with the loss. In addition, surviving siblings often have unanswered questions about the death and think about missed opportunities they had with their sibling or missed opportunities that their sibling. Finally, the death of a sibling can often divide a family.

The next chapter will discuss some of these issues further. Chapter 5 will present an interpretation of the findings of the study. It will also discuss limitations of this study. Then chapter 5 will provide recommendations for further research on the topic. Next the chapter will discuss implications of the

study for social change. Finally, chapter 5 will conclude with a final message that captures the essence of the study.

## **Chapter 5: Discussion**

### **Introduction**

The purpose of this study was to address a gap in bereavement literature by investigating sibling bereavement. The qualitative phenomenological study focused on sibling bereavement from unnatural causes of death such as: death by external causes (injury or poisoning), death by intentional injury (homicide or suicide), death caused by unintentional injury (accidents), and death from birth defects or organ transplants. In the study bereaved siblings discuss their experience with sibling bereavement using an open-interview format to allow the participants to guide the interview and provide as much detail as possible. The goal of the study was to provide a first-hand look at sibling bereavement to increase awareness of the phenomenon and help those that have lost a sibling cope with that loss. In addition, an increased awareness and understanding of sibling bereavement may be helpful for mental health professionals treating bereaved siblings and for families and friends of bereaved siblings.

Participants in the study reported that sibling bereavement was a “life changing” event that “affected every aspect” of the sibling’s life. Participants stated that the loss of a sibling left a “void that can never be filled.” They said that sibling bereavement is a “daily struggle” with no timetable for recovery. The study did not find significant difference in bereavement based on demographics such as age of the sibling, sex of the sibling, cause of death, or closeness to the sibling. Many participants stated that they supported their parents more than their

parents supported them. They said it was like a “role reversal” with their parents who needed their support but provided none in return. The participants stated that they had to look elsewhere for their support system. Participants also said they were left with a “greater responsibility” for the family, “unanswered questions” following the death, and some mental, physical and emotional problems following the death of their sibling. These themes will be discussed in detail in this chapter.

### **Interpretation of the Findings**

Studies on bereavement can give a better understanding of a phenomenon that most people must endure at some point in their life. This study lends support to Fundukian and Wilson’s (2008) assertion that bereavement is one of the most stressful experiences that people face and can lead to psychological distress and social isolation. Some of the participants even acknowledged that they experienced major depressive disorder following the loss of their sibling and had to seek treatment for their grief. Many of the participants seemed to have experienced complicated grief following the loss of their sibling. Complicated grief is when people remain in a chronic state of mourning and are unable to accept or adjust to the loss (Fundukian & Wilson, 2008). Several of the participants stated that they had difficulties accepting the loss and adjusting to it, and most stated that they still mourn their sibling. A few of the participants stated that they saw a counselor, but they still mourn their sibling even after counseling.

**Subjective Grief**

This study supports Thompson et al. (2011) finding that grief and bereavement processes vary from person to person. Participants in this study believed that since grief was so individual, they were not comfortable giving advice to others experiencing sibling bereavement beyond recommending basic levels of support (i.e., “be there for them if they need you”). All the participants stated that they believe everyone experiences loss differently and grief processes depends on several factors, including one’s relationship with the deceased and one’s support system. The individuality of sibling bereavement could prove to be problematic for mental health professionals trying to help someone experiencing sibling bereavement. Perhaps the best advice to give to mental health professionals is to ask the bereaved sibling to explain their relationship with the deceased and how the death affected them before offering any advice.

**Multiple Roles of Siblings**

Experience with different types of bereavement such as parental or spousal death may be helpful when dealing with sibling bereavement. Participants in this study state that siblings often play multiple roles in their life. Many sibling relationships have somewhat of a duality to them: sibling and parent, sibling and child, or sibling and best friend. The participants in this study expressed such dual roles their siblings played in their life. Therefore, sometimes losing a sibling is like losing two loved ones who played a big role in one’s life. For example, if the bereaved sibling viewed their sibling as a sibling and a child they helped raise

they would have to deal with the feelings of losing of a child which can be the most emotionally painful experience a parent can endure (Floyd, Seltzer, Greenberg, & Song, 2012), and the loss of possibly their biggest support system in their sibling. Additionally, according to stress research spousal death is the most stressful event an individual is likely to experience in their life (Daggett, 2002), and spousal bereavement is inherently stressful because it involves the death of a primary attachment figure and lifelong companion (Somhlaba & Wait, 2009). Similarly, siblings may also function as primary attachment figures and a lifelong companion.

Participants also stated that the loss of their sibling affected later relationships in life by making them more cautious because they did not want to lose another loved one and even avoided getting close to others at times. This finding is similar to findings of childhood bereavement studies that found that early loss of a parent could heighten fear of loss in later relationships (Rudolph & Hammen, 1999). Losing a parent in childhood can lead to depression and abandonment issues (Freudenberger & Gallagher, 2009), and this study found that losing a sibling in childhood or early adulthood can bring some of the same abandonment issues and lead to depression as well. Additionally, just as losing a parent in childhood can effect development of emotional and physiological responses to stress (Brotman, Gouley, Klein, Castellanos, & Pine, 2003; Luecken & Lemery, 2004), losing a sibling can lead to similar outcomes. Participants in this study reported their response to stress was anger or withdrawal and social

isolation. Others stated they simply did not know what to do or how to handle the situation. Sometimes losing a sibling in childhood or early adulthood can disrupt development of self-identity and relationships to others (Herberman Mash et al., 2013). This study found support for this claim. Participants said losing a sibling was like losing a piece of their self and the loss affected their relationships later in life.

### **Unanswered Questions**

Losses by violent causes may have a more profound impact on survivor's (Currier et al., 2013), and individuals who lose a loved one to a violent death may have a more difficult time making sense of the loss (Currier, Holland, & Neimeyer, 2006). The interview with participant 4 provides support that the loss of a loved one from gun violence, even accidental gun violence, has a profound impact on the survivor and makes it difficult to cope with or make sense of the loss. Participant 4 had difficulty making sense of the loss, especially sense he had a part in the death. He had survivor's guilt and did not know how to process the loss until years later when he lost a close friend who committed suicide.

The difficulty in making sense of the loss may also be extended to accidents or drug overdoses. Many of the participants who lost a sibling to an accident or drug overdose stated that they had "unanswered questions" following the death and "feelings of guilt" for not being there to help. This supports Packman et al. (2006) finding that bereaved siblings often develop guilt over things that were done or said before the death, regret over unfinished business, or

the inability to say goodbye or apologize before the death. Others did not know how to react or cope with a loss that they simply did not understand. Perhaps the suddenness of the loss leaves more questions unanswered.

### **Religion and Sibling Bereavement**

Previous studies state that religion is often a way of coping with bereavement (Becker et al., 2007; Park, 2005; Wortman & Park, 2008, 2009). Participants in this study lend support to their claim. Many participants stated that religion was important in their grieving process. Some looked to GOD or Jesus as part of their support system to help them cope. Other participants questioned GOD, loss belief in GOD for a period of time, or got angry at GOD following the loss. Participants who questioned, loss belief in, or got angry at GOD support Hays and Hendrix (2008) findings that sibling loss may challenge belief in GOD and Batten and Oltjenbruns (1999) findings that the loss may create anger at GOD. This may be because when something bad happens people want to blame someone. It may be especially true when dealing with violent death because violent death often challenges loved one's worldviews and makes coping more difficult (Currier et al., 2013). Another reason people may look to GOD or religion is because people want to believe things happen for a reason and look for meaning in the loss. Religion often provides a way of assigning meaning to life (Hays & Hendrix, 2008), teaches people about loss, death, and the afterlife (Wortman & Park, 2008), and provides a purpose for a loved one's existence and death (Golsworthy & Coyle, 1999).



**Impact of Sibling Bereavement**

Many participants stated that the death of a sibling was the worst thing they had ever been through and could not imagine anything being more difficult. Some had previously lost a parent or a friend, but said the loss of a sibling was much more difficult to deal with. This lends support to Rostila, Saarela, and Kawachi (2014) who state that the sibling relationship is often the most intimate and durable relationship of a person's lifetime, and the death of a sibling can be very disruptive to surviving siblings. All of the participants of this study stated that they still have not gotten over the loss of their sibling and do not think they ever will. The loss still affects their lives today no matter if the loss was a year ago or over 20 years ago. Participants say it is as if there is something missing in their life that they can never recover lending support to Sveen, Eilegard, Steineck, and Kreicbergs's (2014) study that found that more than half of their participants had not worked through their grief when interviewed 2-9 years after the loss of their sibling.

Many participants stated that their sibling was more than a sibling. This supports the idea that siblings provide a unique and powerful bond that lasts a lifetime with siblings serving as attachment figures, teachers, friends, comforters, protectors, competitors, and antagonists making sibling relationships an important component of socialization and development (Brody, 1998; Cicirelli, 1995; McHale, Kim, & Whiteman, 2006) and may impact one's development of self-identity (Moser, Jones, Zaorski, Mirsalimi, & Luchner, 2005). Therefore, the loss

of a sibling breaks the bond that was once thought to be something that would last a lifetime and adversely affects one's socialization development and sense of self. Sibling relationships are unique because they usually last longer than most relationships and siblings spend more time with each other than they do most other people (Bank & Kahn, 1982). Some believe bereaved siblings maintain a connection to the lost sibling by looking at pictures or having conversations with their sibling (Packman, Horsley, Davies, & Kramer, 2006). This study found support for this belief. Many participants talked about frequent visits to the cemetery to talk to their sibling and looking at pictures or other reminders of the sibling like paintings. These pictures and conversations with deceased siblings may give surviving siblings a way to maintain a connection with the deceased.

The findings of this study support Sood, Razdan, Weller, and Weller's (2006) assertion that bereaved siblings experience a "double loss" with the loss of a sibling and "unavailability" of parents who are too overcome with grief to support surviving siblings. All of the participants stated that their parents were not emotionally available to them after the loss of their sibling just as Lohan and Murphy (2001) found in their study. Many participants in this study stated that they had to turn to friends or a spouse for support while others stated that they did not have anyone to turn to. This study also lends support to Cicirelli (2001) who states that surviving siblings often have little family support following the death of a sibling, and Lalive d'Épinay, Cavalli, and Guillet (2009-2010) who state that bereaved siblings do not receive the support that bereaved parents and bereaved

spouses receive. As stated by several of the participants and by Davies (1991), this lack of family support often leads to isolation and social withdrawal.

### **The Overlooked Mourners**

Many participants said that they were told to be strong for their parents. According to Devita-Raeburn (2004) statements like “be strong for your parents” may give bereaved siblings the impression that they need to repress, deny, or delay their own grief and put their parent’s grief before their own. That is why Devita-Raeburn (2004) refers to bereaved siblings as “the forgotten or invisible mourners.” When bereaved siblings are told to be strong for their parents without any acknowledgment of their own grief it minimizes the grief of the sibling which may make them feel invalidated, unacknowledged, or ignored (Horsley & Patterson, 2006). Many participants of this study stated that they withdrew and grieved on their own because they did not have anyone to help them through their grief or they did not want to upset their parents more lending support Horsley and Patterson’s (2006) statement that sibling grief may intensify if they witness their parent’s distress or vulnerability after the death. Additionally, several participants mentioned an increase in family responsibility following the loss of their sibling such as having to support their parents or other siblings, planning the funeral, and helping with kids left behind from the death. Therefore, this study also supports Packman et al.’s (2006) assertion that surviving siblings often have to assume grown-up roles after the loss because the parents do not have the ability to deal with the loss and still support the surviving child.

## **Summary**

Most people will experience some type of bereavement in their life. Whether one experiences sibling bereavement, spousal bereavement, parental bereavement, or childhood bereavement the ultimate goal of bereavement literature is to educate in an attempt to make the grieving process more natural and avoid complicated grief and major depressive disorder. This study found that sibling bereavement is an individualistic process and must be understood subjectively. Every sibling relationship is different. Therefore, the grieving process will be different as well. One must understand the relationship in order to understand the grief. Siblings often play multiple roles in their sibling's life. Therefore, the loss of a sibling can often feel like a double loss if the sibling plays multiple roles in one's life.

Unnatural deaths are often difficult to understand because of the nature of the death and because of the unanswered questions following the death. Homicides often lead to anger and questions about justice. Suicides and overdoses often lead to feelings of shame, abandonment, and survivor's guilt. Accidents also leave unanswered questions about the circumstances of the death. In addition, the fact that one cannot say goodbye to a loved one sometimes complicates the grief. From the interviews conducted in this study it seems that the role of religion and belief in GOD can vary dramatically from person to person. Sometimes one's faith in GOD can be questioned or strengthened following the loss of a sibling. At times the impact of the death can be so

traumatic that survivors assign blame to GOD or question why he took their loved one. Other times GOD and religion seem to be the only consolation after the loss.

Despite one's religious views or support system all of the participants in this study agree that sibling bereavement is the most painful experience they have ever had. In addition, all participants believe the grief they feel will last a lifetime. This study found that the bond one has with their siblings is unique, and so is the relationship. Once the sibling bond is broken it may never be mended. Participants stated that losing a sibling is like losing a piece of oneself that can never be replaced. Since sibling bonds are so strong it is critical that surviving siblings receive support from friends and family following the death of their sibling so that they do not feel alone in their grieving process.

### **Limitations**

The limitations of this study's findings were consistent with those mentioned in chapter 1. The major limitation was the design weakness. In order to ensure that all participants met the criteria this study had to use purposeful sampling. Purposeful sampling is widely used in qualitative research to identify and select participants related to a phenomenon of interest. This study used a purposeful sampling strategy called criterion sampling to study the phenomenon of sibling bereavement. Criterion sampling involves selecting cases or participants that meet a predetermined criterion (Patton, 2002). However, when using criterion sampling or any form of purposeful sampling there are limitations to the generalizability of the sample. This study did not use a random sample, so

it may not generalize to the general public. Therefore, the study may only generalize to those who have experienced sibling bereavement. Additionally, qualitative studies use smaller sample sizes than quantitative studies. This study interviewed 10 adults who experienced sibling bereavement at some point in their life.

Interviewer bias is another possible limitation of the study. To control for interviewer bias the interviewer must maintain a neutral tone and not guide the interview in any way. To ensure that the interviewer did not influence the interview the study used an open-ended interview. Open-ended interviews use broad questions and allow the participants to guide the interview and give as much detail as they wish without interference from the interviewer. The interviewer in this study had a pre-approved interview protocol (see Appendix C) containing a few broad questions. In addition, the interviews were all conducted by the same interviewer. The participants also had a chance to review the interview transcripts and the section of chapter 4 that corresponded with their interview to ensure that the interviewer did not misunderstand anything the participant said, add anything extra that the participant did not say, or leave out any important information from the interview.

### **Recommendations for Future Studies**

Based on the interviews conducted and the results found in this study on sibling bereavement the following recommendations are indicated. These recommendations should be interpreted with respect to the sensitivity of the

subject matter and the vulnerability of the potential participants involved in future research in the area of sibling bereavement. To date research in the area of sibling bereavement is still limited. Future research may want to consider studying the effects of age difference between siblings. Another possibility is to study bereaved siblings who still have their parents versus bereaved siblings who have already lost their parents. A third possibility is to study the difference in the type of death of the sibling: violent, accidental, and natural. A final recommendation is to study bereavement in a more comprehensive fashion incorporating parental bereavement, childhood bereavement, spousal bereavement, and sibling bereavement.

### **Age Difference of Siblings**

This study found that age of the sibling did not factor into the grief the bereaved sibling felt after the loss of a sibling. However, the way the bereaved sibling copes with and experiences the loss of the sibling may be affected by the age difference between the siblings. Findings from this study indicated that it is often the case that bereaved siblings view their lost sibling in different ways depending on the age of the sibling. Older siblings often view their younger siblings like a parent would view their child. Siblings who are around the same age often view their sibling as a best friend. Younger siblings often view their older sibling as a parental figure. Therefore, a study focusing on the age difference of the deceased sibling may bring greater awareness to how one grieves the loss of a sibling.

**Bereaved Siblings with Parents vs without**

There are two reasons to study bereaved siblings who either have parents or do not have parents still alive. The first reason is that it may shed light on the relationship with the sibling. If the bereaved sibling has already lost their parents the bond and relationship of the siblings may be different than a bereaved sibling who still has their parents. For example, after losing a parent siblings may become guardians to younger siblings. Therefore, a younger sibling may actually lose a sibling and a guardian. In this scenario it may be like losing a parent again in addition to a sibling.

Another reason for studying bereaved siblings with parents versus bereaved siblings without parents is to examine the bereaved sibling's support system. If bereaved siblings still have their parents then they may be able to lean on their parents for support. However, this study found that parents often look to their surviving children for support when they experience parental bereavement. In this case the parents may add stress to the surviving children. In addition, when other friends or family members tell bereaved siblings to stay strong for their parents it may minimize the bereaved sibling's grief. A study designed to explore the difference in sibling bereavement with a group of bereaved siblings who still have parents versus a group of bereaved siblings who do not have parents may show a difference in support system for the bereaved sibling. A study of this nature brings many more questions to explore:



1. Does not having the stress of “being strong for your parents” make it easier to deal with sibling bereavement, or is it better to have a parent so that you may lean on each other?
2. Does being there for your parent help or hinder bereaved siblings grief process?
3. Does the grief from previously losing a parent compound the grief of losing a sibling or better prepare them to handle the grief?
4. Do other family members and friends support the bereaved sibling more if there is no parent to “be strong for?”

### **Type of Death**

This study found that bereaved siblings grieve equally no matter how the sibling died. However, the way they grieve may differ. In addition, the treatment for bereaved siblings may differ depending on the nature of the death. A comparative study focusing on bereaved siblings from natural death, accidental death, and violent death may shed light on how bereaved siblings are affected by the loss of a sibling. Violent causes of death may have a more profound impact on survivor’s psychological and spiritual well-being (Currier et al., 2013) and may lead to more complicated grief (Currier, Holland, & Neimeyer, 2006). Therefore, treatment for bereaved siblings that lost a sibling to homicide or suicide may be different than treatment for bereaved siblings who lost a sibling to disease, drug overdose, or an accident. This study found that bereaved siblings who lost a sibling in an accident often had unanswered questions. A comparative

study on causes on death and the impact on sibling bereavement could be beneficial to mental health professionals treating grief associated with sibling bereavement. A study of this nature could address several questions that remain in bereavement in general and sibling bereavement in particular:

1. Does violent death make bereavement more difficult?
2. Does being able to say goodbye make bereavement easier or more difficult?
3. Does death by unnatural causes lead to more unanswered questions? How does this affect the bereavement process?
4. Do suicide and drug overdoses make survivors guilt more likely? How does this affect the bereavement process?

### **Parental, Childhood, Spousal, and Sibling Bereavement**

The ultimate goal of any study on bereavement is to help those suffering from bereavement to develop coping skills and to inform other interventions in order to mitigate more serious symptoms of complicated grief. A comparative study of bereavement in its different forms (parental, childhood, spousal, and sibling) would be beneficial for any mental health professional trying to tailor a treatment plan for a bereaved individual. This study supports the claim that bereavement is an individual experience, and each bereaved individual experiences bereavement differently. However, a comparative study may find themes and similarities in types of bereavement that may be implemented in a treatment plan for specific types of bereavement.

Parental bereavement may involve questions based on the untimely and unanticipated death of a child that goes against the generational law (Wheeler, 2001). Parents may also question their purpose and meaning in life when they are no longer a parent (Thoits, 1995). Therefore, treatment for parental bereavement may focus on providing new meaning in one's life after parenthood. Childhood bereavement may lead to abandonment issues and an inability to develop meaningful relationships later in life (Freudenberger & Gallagher, 2009). Treatment for childhood bereavement may focus on trust issues and developing relationships. Spousal bereavement is stressful because it involves the death of a primary attachment figure and lifelong companion (Somhlaba & Wait, 2009). Treatment may focus on moving on from that relationship and trying to build other meaningful relationships rather than isolate one's self. The sibling relationship is one of the most intimate and durable relationship of a person's life (Rostila, Saarela, & Kawachi, 2014) that may serve multiple roles. Treatment for sibling bereavement would first have to discover what roles the sibling played in the life of the bereaved sibling and develop a plan accordingly.

### **Recommendations for Treatment**

One of the most frequent findings from bereavement literature is that grief and bereavement are highly individualistic (Thompson et al., 2011). This study supports this finding. Therefore interventions should be tailored to the individual based on their relationship to the deceased and their current situation. However, by exploring different variables mental health professionals may find some

patterns or themes. The sibling relationship is one of the most intimate and durable relationship of a person's life (Rostila, Saarela, & Kawachi, 2014) that may serve multiple roles. Treatment for sibling bereavement would first have to discover what roles the sibling played in the life of the bereaved sibling and develop a plan accordingly.

A study focusing on age differences of siblings may bring greater awareness of the experience of losing a sibling and may lead to specialized treatment programs for bereaved siblings. Mental health care professionals may be able to borrow from parental bereavement literature to help those who have lost a younger sibling that they also view to be like their child. For bereaved siblings who have lost a sibling of around the same age the treatment may focus on the experience of losing a best friend as well as a sibling. Finally, studies on childhood bereavement may be helpful when designing treatment plans for bereaved siblings who have lost an older sibling they view to be a parental figure. In this case one could again go back to studies on childhood bereavement to determine the appropriate treatment plan. If the guardian is the one to lose their sibling then mental health professionals could incorporate findings from parental bereavement studies to tailor a treatment program to help the bereaved sibling deal with the loss of a sibling and child.

Parental bereavement may involve questions based on the untimely and unanticipated death of a child that goes against the generational law (Wheeler, 2001). Parents may also question their purpose and meaning in life when they are

no longer a parent (Thoits, 1995). Therefore, treatment for parental bereavement may focus on providing new meaning in one's life after parenthood. Childhood bereavement may lead to abandonment issues and an inability to develop meaningful relationships later in life (Freudenberger & Gallagher, 2009). Treatment for childhood bereavement may focus on trust issues and developing relationships. Spousal bereavement is stressful because it involves the death of a primary attachment figure and lifelong companion (Somhlaba & Wait, 2009). Treatment may focus on moving on from that relationship and trying to build other meaningful relationships rather than isolate one's self.

### **Implications**

This study addresses a neglected area of bereavement literature. Sibling bereavement has not been given the same amount of consideration as other types of bereavement in previous studies. However, almost 80% of children grow up with at least one sibling in the home (Kreider, 2007). Complicated grief is a prolonged grief that disrupts one's ability to resume normal daily activities and affects approximately 10-15% of people suffering from bereavement (Golden & Dalgleish, 2012). Previous studies suggest that social support is an important protective factor when dealing with grief and bereavement. A lack of social support may complicate recovery and lead to isolation in the bereaved (Herberman Mash, Fullerton, & Ursano, 2013). However, bereaved siblings are often taught to repress or deny their grief and be strong for their parents (Devita-Raeburn, 2004). Therefore, a study about sibling bereavement can be helpful for

bereaved siblings and for mental health professionals trying to assist bereaved siblings with their grief. Sibling bereavement and general bereavement studies can help bring positive social change at every level: individual, family, organizational, and societal.

### **Individual Level Social Change**

At the individual level, the more information available for those suffering from sibling bereavement the better. Bereavement literature often gives bereaved individuals a pre-determined time frame of when they should recover from grief. However, this study found that there is no exact timetable for recovery, and every situation is different. For an individual suffering from sibling bereavement it is important to know that it is alright to take longer to recover from the loss. What is important is that they recover in a healthy manner. Nobody should feel pressure to get over a loss in a specific timeframe. In addition, it may be helpful for anyone suffering from sibling bereavement to read about the experiences others had with the same phenomenon. If the bereaved sibling can relate to another's experience it may help them with their own grief.

This study found that it did not matter how much time has passed since the death of their sibling. Everyone still mourned their deceased sibling. Some participants lost their sibling less than a year ago, but some lost their sibling over 20 years ago. Everyone still stated that it was like they lost a piece of themselves that they could never get back. At the individual level it is important to understand this so that one will know what to expect. This study found that you

never truly get over the loss of a sibling. You simply find ways to cope and move on. Individuals suffering from sibling bereavement need to understand it is alright to still mourn a deceased sibling as long as it does not adversely affect one's life. For positive social change to occur at the individual level deceased siblings need to understand that moving forward does not mean forgetting or even recovering from the loss. Moving forward simply means finding a way to deal with the loss so that it does not consume you.

### **Family Level Social Change**

At the family level bereavement studies can help others understand what the bereaved sibling is going through. For instance, people may learn the detrimental effects of telling a bereaved sibling to be strong for the parents. If friends and family members gave more support to the bereaved sibling that sibling may be able to recover more naturally without feeling guilty about their own grief. Parents may start to realize the extra stress and pressure they unknowingly put on surviving children. Finally, if other family members or friends have a better understanding of what bereaved siblings are going through and the feelings they have then the family may be able to better support the bereaved sibling.

For social change to occur at the family level families need to understand what the bereaved sibling is experiencing. Everyone needs support after the loss of a loved one. Ignoring siblings compounds the problem when dealing with bereaved siblings. Families need to understand the impact the loss has on the surviving sibling. When the surviving sibling is ignored or asked to stay strong

for others it minimizes the loss of the sibling and often makes the bereaved sibling feel alone and guilty for their grief or for not being strong for the family. When the family is not there for the surviving sibling then the sibling may turn to other ways of coping.

### **Organizational Level Social Change**

Mental health professionals can benefit from more sibling bereavement studies. Participants in this study stated that if you have not lost a sibling you could not possibly understand what it is like to lose a sibling. However, gaining a better more complete understanding of sibling bereavement can help give some insight into the issues that bereaved siblings face. By reading stories of those who have experienced sibling bereavement mental health professionals can gain some insight into what one goes through when dealing with sibling bereavement. In addition, they may learn what key factors affect sibling bereavement so that they know what to ask bereaved siblings. By gaining a better understanding of sibling bereavement and learning what questions to ask bereaved siblings mental health professionals may be able to develop a better more personalized treatment plan for bereaved siblings.

The purpose of this study was to add to the current literature on bereavement. However, the ultimate goal of any bereavement study is to help treat those suffering from grief associated with bereavement. Gaining a better understanding of sibling bereavement may lead to better treatment for bereaved siblings. When mental health professionals know how someone experiences



bereavement they can help them cope with their bereavement more effectively. Positive social change will occur when less people experience complicated grief. Complicated grief is a disabling or pathological grief (Herberman Mash, Fullerton, & Ursano, 2013; Golden & Dalgleish, 2012) that shows similar symptoms to major depressive disorder (Herberman Mash, Fullerton, & Ursano, 2013; Golden & Dalgleish, 2012). Therefore, complicated grief is a major social issue that needs to be addressed.

### **Societal Level Social Change**

At the societal level a greater understanding of sibling bereavement may lead to a better social support system for bereaved siblings. Lack of social support may be due to lack of knowledge, discomfort, and inexperience in assisting the bereaved (Herberman Mash, Fullerton, & Ursano, 2013). The more studies conducted on sibling bereavement the more educated the general public can be on the issue. Therefore, even if one has not lost a sibling they may still gain a general understanding of some of the issues faced by bereaved siblings. Knowing what some of the issues bereaved siblings face can lead to more support for the bereaved sibling from the community as a whole. For example, many participants in this study sited church as a support system. Better educated church members can better help those in need. In addition, the more discussion on the topic the more comfort one has with the topic. Bereaved siblings are sometimes taught or told not to discuss the death leaving the sibling feeling overlooked and alone in their grief (Christ, 2002) which may make recovery more difficult.

Suicide is a major social problem that may be exaggerated after the death of a loved one. Individuals suffering from depression or complicated grief may be more likely to think about or commit suicide. Suicide is becoming more prevalent in today's society. In fact, suicide rates have nearly tripled since the 1950s (Lamis, Malone, Langhinrichsen-Rohling, & Ellis, 2010), and suicide rates increase during periods of bereavement (Ajdacic-Gross, Ring, Gadola, Lauber, Bopp, Gutzwiller, & Rosssler, 2008). Additionally, bereavement after suicide may lead to feelings of guilt, rejection, shame, and further suicide in the bereaved (Clark, 2001). Education about grief and depression may be able to keep bereaved individuals from committing or thinking about suicide. The greatest social change bereavement literature may accomplish is the reduction in complicated grief, depression, and suicide rates. This may be accomplished at the societal level by bringing awareness of the issue to the public and stressing the importance of social support following the death of a loved one.

### **Conclusion**

Bereavement affects millions of Americans every year, and almost everyone will experience some type of bereavement in their lifetime. Complicated grief is a disabling grief experienced by some bereaved individuals whose symptoms are similar to major depressive disorder (Herberman Mash, Fullerton, & Ursano, 2013; Golden & Dagleish, 2012). Complicated grief or depression may increase the chance of suicide. About 3.4% of people with major depression commit suicide, and up to 60% of people who commit suicide had

depression (Lamis, Malone, Langhinrichsen-Rohling, & Ellis, 2010). According to the National Center for Health Statistics (2013), there were more deaths from suicide than car crashes in 2009, and suicide rates increase during periods of bereavement (Ajdacic-Gross et al., 2008). Therefore, the needs to understand, diagnose, and treat complicated grief and depression is paramount.

Social support is critical when dealing with bereavement. However, social support is often lacking when it comes to sibling bereavement. People often do not understand the support bereaved siblings need or direct their support to others. Everyone experiences bereavement differently, so every situation is different. However, everyone needs some support so that they do not feel alone or abandoned when dealing with their grief. With the right support system those suffering from complicated grief may be able to overcome the grief more quickly and get back to normal daily routines and activities.

Individuals experiencing sibling bereavement describe it as a life changing experience. Bereaved siblings stated that their life was never the same after the loss of their sibling. Sibling bereavement affects all aspects of life. The loss of a sibling leaves a void in one's life that can never be filled. Sibling bereavement changes one's perspective on life and is a daily struggle that affects everyone differently. Many people suffering from sibling bereavement do not get the support they need and are often even asked to take on more responsibility and stress following the death. Unnatural deaths often leave unanswered questions

and family members thinking about missed opportunities. It may lead to mental problems, feelings of guilt, anger issues, and withdrawal from peers and family.

Bringing awareness to sibling bereavement is important because bereavement is such a stressful event. Bereavement changes people's lives. It is important to make sure that everyone suffering from bereavement receives the proper support and treatment when necessary. A better educated society is better equipped to deal with complicated issues such as bereavement. Avoiding talking about or dealing with bereavement is not beneficial to anyone, especially the bereaved individual. In order to help those suffering from complicated grief or depression we must first know what they are dealing with and how it may affect them. Once one gains a better understanding of the phenomenon one may feel more comfortable talking about the issues. Talking about the problem is the first step to solving the problem. Sometimes people suffering from bereavement just need to know that there are people supporting them still and they are not alone.

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**Appendix A**  
**Facebook Post**

I am conducting a study on sibling bereavement from unnatural causes. Unnatural causes include anything other than disease. If you have lost a sibling from unnatural causes and would like to participate in the study please email me at [michael.gilvin@waldenu.edu](mailto:michael.gilvin@waldenu.edu). For privacy reasons please do not respond to this post directly. After you email me I will give you all the details on the study and you can decide if you would like to participate. This is a voluntary study. I will not pressure anyone to participate or hold it against them if they do not want to participate. There will not be any compensation for participating. The study is simply to bring awareness to sibling bereavement. Please share on your page as well so I can recruit more participants. Thank you for your time and consideration.

## **Appendix B**

### **CONSENT FORM**

You are invited to take part in a research study about sibling bereavement from unnatural causes. The researcher is inviting bereaved siblings to be in the study. I obtained your name/contact info via Facebook. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Michael Gilvin, who is a doctoral student at Walden University.

#### **Background Information:**

The purpose of this study is to learn more about and raise awareness about sibling bereavement to help siblings who struggle with grief following the loss of a brother/sister.

#### **Procedures:**

If you agree to be in this study, you will be asked to:

- participate in an interview lasting about 30 minutes.
- participate in a 30 minute follow up interview.
- allow the researcher to use the information from the interview in a study on sibling bereavement.

Here are some sample questions:

- How did the loss of your sibling affect you?
- How close were you to your sibling?
- How did your sibling die?
- How was your relationship with your parents at the time of the death and following the death?
- What impact did the loss have on you?

#### **Voluntary Nature of the Study:**

This study is voluntary. You are free to accept or turn down the invitation. No one will treat you differently if you decide not to be in the study. If you decide to be in the study now, you can still change your mind later. You may stop at any time. Please note that all volunteers will be contacted to participate.

#### **Risks and Benefits of Being in the Study:**

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as grief or anxiety from discussing the death of a sibling. Being in this study would not pose risk to your safety or wellbeing.

Here are some free resources to help you with your grief and bereavement if you need them:

Grief Recovery Helpline 1-800-445-4808

Grief Website [www.griefshare.org](http://www.griefshare.org)

National Depression Association 1-800-826-3632

Participating in this study and talking about your loss may help you move on from the loss. The study may also help others who are grieving the loss of a sibling. It may also bring awareness of the topic of sibling bereavement to the general public and give mental health professionals information to help them treat those struggling with grief and depression following the loss of a sibling.

**Payment:**

There will not be any payment for participating in this study. It is a voluntary study only.

**Privacy:**

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by password protection and use of codes in place of names. Data will be kept for a period of at least 5 years, as required by the university.

**Contacts and Questions:**

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via [michael.gilvin@waldenu.edu](mailto:michael.gilvin@waldenu.edu) or by calling 859-492-1072. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210.

Walden University's approval number for this study is **IRB will enter approval number here** and it expires on **IRB will enter expiration.**

The researcher will give you a copy of this form for your records.

**Obtaining Your Consent**

If you feel you understand the study well enough to make a decision about it, please indicate your consent by signing below.

**Participant Signature**

**Date of Consent**

**Researcher Signature**

**Appendix C**  
**Interview Protocol**  
**Interview Questions**

- 1) What is the meaning of sibling bereavement to you?
  - a) If someone asks you to describe sibling bereavement what would you say?
  - b) How do you think sibling bereavement affects surviving siblings?
  - c) What would you say to someone going through sibling bereavement?
- 2) What was the relationship like between you and your sibling?
  - a) How close were you and your sibling?
  - b) Was your sibling older or younger (how much older or younger)?
  - c) Was your sibling a brother or sister?
- 3) Does the cause of death or time since the death make a difference?
  - a) How did your sibling pass away?
  - b) How long ago did your sibling pass away?
  - c) How old were you and your sibling at the time?
- 4) What kind of support system did you have when your sibling passed away?
  - a) How close were you with your parents when your sibling passed away?
  - b) Did your relationship with your parents change at all after your sibling passed away?



- c) Do you have any other siblings, if so what is your relationship with your other siblings?
  - d) Did your relationship with your other siblings change at all?
  - e) Did you receive support from anyone else?
- 5) What kind of impact did the loss have on you?
- a) What was the impact of the loss on you personally?
  - b) What, if anything, changed after the loss?
  - c) How did you cope with the loss?
  - d) How have you adjusted since the loss?
  - e) What if anything remains unresolved?