# THE SEARCH FOR NEW MEANING: ADOLESCENT BEREAVEMENT AFTER THE SUDDEN DEATH OF A SIBLING: A GROUNDED THEORY STUDY

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# The Search for New Meaning: Adolescent Bereavement after the Sudden Death of a Sibling: A Grounded Theory Study

by

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## ABSTRACT

Despite the fact that many adolescents experience the sudden death of a brother or sister, little is known about the bereavement process. The purpose of this study was to use a grounded theory approach to examine the bereavement process for adolescents who experienced the sudden death of a sibling. Interviews conducted with six adolescents, within seven years of their sibling's death, provided the major sources of data. The findings of this study indicate that the bereavement process is variable and encompasses five stages. In each of these stages the adolescent focuses on the basic psychological process of 'the search for new meaning'. The first stage, 'finding out', encompasses the teens initial reactions to hearing of their siblings death. 'Avoiding reality', stage two, is a time when the adolescent has not really accepted that their sibling is gone, and is marked by either numbness or keeping busy. The third stage, 'facing reality', is the focal point of the bereavement process. Three key obstacles are identified: dealing with the pain; intense loneliness; and, being different. The teens then 'turn the corner' and go in one of two directions. The teens either realize they can survive within the reality of the loss and move on to the 'finding new meaning' stage, or they give up and 'end their search'. Key elements of the 'finding new meaning' stage are: accepting the pain; continuing the bond; and, redefining self. Even after 'finding new meaning', the teens can return to the 'facing reality' stage and continue their search if their new meaning does not allow them to move on with their lives. Findings from this study may give new insights into developing interventions for helping teens through this bereavement process that is grounded in

scientific rationale and is age sensitive, addressing adolescents unique experiences and concerns. Included in this study are implications for practice, education and research for helping professionals.

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## TABLE OF CONTENTS

ABSTRACT ..... ii

ACKNOWLEDGEMENTS ..... iv

TABLE OF CONTENTS ..... vi

LIST OF FIGURES ..... ix

CHAPTER 1: Introduction and Rationale ..... 1

- Purpose of the Study ..... 5
- Definition of Key Terms ..... 6
- Significance of the Study ..... 6
- Research Question ..... 8

CHAPTER 2: Review of the Literature ..... 10

- The Grieving Process ..... 10
  - Adults ..... 10
  - Children ..... 14
  - Adolescents ..... 17
  - Summary ..... 19
- Death of a Child ..... 19
  - Impact on the Family ..... 19
  - Impact on the Parents ..... 21
  - Impact on Siblings ..... 23
  - Summary ..... 26
- Adolescent Sibling Loss ..... 27
  - Grief Reactions ..... 28
  - Effects on Relationships ..... 31
  - Coping Patterns ..... 32
  - Theory of Adolescent Sibling Bereavement ..... 33

Summary ..... 34
Summary of Literature Review ..... 35

CHAPTER 3: Methodology ..... 37

Research Design ..... 37
Participants ..... 38
Ethical Considerations ..... 39
Data Collection ..... 40
Data Analysis ..... 42
Credibility of Findings ..... 44

CHAPTER 4: Findings ..... 46

The Participants ..... 46
Their Stories ..... 47
Sue ..... 47
John ..... 48
Pam ..... 49
Karen ..... 50
Dan ..... 51
Justin ..... 52
Findings of the Study: The Bereavement Process:
The Search for New Meaning ..... 54
Stage One: Finding Out ..... 57
The Initial Responses ..... 57
Stage Two: Avoiding Reality ..... 58
Numbness ..... 59
Keeping Busy ..... 60
Stage Three: Facing Reality ..... 61
Working Through the Pain ..... 62
Loneliness ..... 67

Being Different ..... 70
Stage Four: Turning the Corner ..... 73
Stage Five: Ending the Search versus Finding New Meaning ..... 75
Ending the Search ..... 75
Finding New Meaning ..... 76
Accepting the Pain ..... 78
Continuing the Bond ..... 79
Redefining Self ..... 80
Conclusion ..... 82

CHAPTER 5: Discussion ..... 84

New Insights – Adolescent Sibling Bereavement ..... 85
Discussion of Findings in Conjunction with the Literature Reviewed ..... 88

CHAPTER 6: Limitations and Implications ..... 103

Limitations ..... 103
Implications of the Study ..... 104
Implications for Practice ..... 104
Implications for Education ..... 106
Implications for Research ..... 107
Conclusion ..... 110

References ..... 112

Appendix A: Approval Letter from Ethics Review Committee ..... 124

Appendix B: Introductory Letters/Telephone Scripts ..... 126

Appendix C: Consent Form for Participants ..... 133

Appendix D: Consent Form for Parent/Guardian ..... 136

Appendix E: Demographic Information ..... 139

Appendix F: Suggested Topics to Guide Interview ..... 141

## LIST OF FIGURES

Figure 1: The Process of the Search For New Meaning .....56

# CHAPTER 1

## Introduction and Rationale

The death of a child is probably the most tragic event that can strike the average family. Each one of us is moved deeply by this loss, stimulating our deepest sense of empathy and injustice. Death in old age, while difficult to accept, makes some sense to us, as there is some satisfaction gained from knowing a full life span has been enjoyed. However, we recoil at the thought of a life being unable to fulfil its potential and of parents having to outlive their offspring. Yet, approximately 5500 children die in Canada each year (Statistics Canada, 1997), meaning that many of us will be touched directly or indirectly by this tragic event at some point in our lives.

The loss of a child is the most devastating and painful loss for parents to endure (Burnett, Middleton, Raphael & Martinek, 1997; Johansen, 1988; Klass, 1993; Middleton, Burnett, Raphael & Martinek, 1996; Rosen & Cohen, 1981; Schwab, 1997; Wright, 1992). As parents, we expect our children to live longer than ourselves (Rosen & Cohen, 1981), and when a child dies, not only do we lose them, but we also lose part of ourselves and our future. The impact of the death of a child on parents has received a great deal of attention in the literature (DeVries, Davies, Wortman & Lehman, 1997; Johansen, 1988; Klass, 1993; Romanoff, 1993; Schwab, 1990,1992,1996; Videka-Sherman, 1982), as has children's reactions to the death of a parent (Gray, 1987; Murphy, 1986; Payton & Krocker-Tuskan, 1988; Silverman & Worden, 1993; Thompson et al.,1999; Worden & Silverman, 1996). However, many individuals beside parents are

affected by the death of a child, including siblings, grandparents, family members, friends, and others. For each individual, the death takes on a different meaning. While parents and children have been the focus of much of the research, in comparison relatively little is known on the impact of the death of a child on the siblings left behind (Gibbons, 1992; Hogan & DeSantis, 1996; Pollock, 1986; Rosen, 1985; Rosen & Cohen, 1981; Worden, Davies & McCown, 1999).

Children's concepts of and reactions to death vary depending on their age, personality, maturation, and development, and many times they are forced to cope with an event for which they are often totally unprepared (Balk, 1990). There is evidence to suggest that children do grieve, however there is much less known about the process they go through (Rosen, 1985). While it is difficult to understand the meaning a child attaches to any death, one can propose that the child's response to the death of a sibling is unique. It is with siblings that we share the same parents and grow up with in the same household. Later in life, siblings may be the only family we have and for many of us our relationships with our brothers and sisters may last the longest. When a sibling dies, the surviving child loses a unique participant in his life and someone who has fulfilled a role that no other person can (Rosen, 1986).

If the loss of a child is so difficult for parents to survive, they may become preoccupied with their own grief, unable to help the surviving siblings through their pain. This could mean a double loss for the sibling, not only the loss of a brother or sister, but also the parents, at a time when they may need them the most (Pollock, 1986; Rosen & Cohen, 1981; Schwab, 1996).

The number one killer of children over the age of one year is accidents. Approximately 1300 children die suddenly in Canada each year (Statistics Canada, 1997). In addition, Canada has one of the highest suicide rates among young people ages 15-19, of any western country, with an average of 27 per 100,000 people (Sullivan, 1995). These deaths are unanticipated with little or no opportunity to prepare for the loss or say good-bye, which may make it more difficult to cope with the loss. In addition, there are over three million families in Canada with two or more children (Statistics Canada, 1996), meaning that when these deaths occur, many times there are siblings as well as parents that must survive the tragic loss. Our understanding of the death of a brother or sister and the grief and mourning of the surviving siblings has been restricted by limited research. It is crucial to study the impact of sibling death on the remaining children, the largely forgotten survivors of this tragic event.

When surviving children have been the focus of research, the age of the child examined has varied, leading to little available data on specific age groups. Of particular interest is the adolescent age group. Adolescence is a time of significant physical, cognitive, moral, interpersonal and psychosocial transitions (Balk, 1990). Sibling death during this period is a serious life crisis at a time when they are just forming their view of the world and their own identity. Hogan and DeSantis (1992, 1994) and Balk (1991) concluded that the death of a sibling is one of the most traumatic and least understood crises that an adolescent can encounter, and Balk (1991) suggested that adolescent bereavement is far more enduring and intense then many have suspected.

As adolescents struggle for successful completion of the developmental tasks that will send them into adulthood, the death of a sibling may impede their progress. Our understanding of how adolescents grieve is restricted, especially with sibling death. Society seems to focus more on the devastating pain of parental grief, while smothering the pain of sibling grief. Balk (1991) identified the need for the "development of a theoretical understanding of the phenomena of adolescent sibling bereavement" (p. 18). Helping adolescents through this crisis may fall on the shoulders of parents, family, teachers, counsellors, and peers. With greater knowledge and understanding of the mourning process they experience, the support system the adolescent turns to will be better able to provide them with the support they need.

The present study provides a greater understanding of adolescent sibling bereavement by focusing on what the grieving process is like for adolescents who have experienced the sudden death of a sibling. A grounded theory mode of inquiry was used for this purpose.

The purpose of the study, definition of terms, the significance of the study and the research question are outlined in the remainder of chapter one. Chapter two is a presentation of the literature review pertinent to the focus of the research. Chapter three contains a presentation of the grounded theory methodology, based on the approach as outlined by Glaser and Strauss (1967) and further explained by Chenitz and Swanson (1986). The findings of the research are presented in chapter four. Chapter five is a discussion of the findings, and chapter six explores the limitations and implications of the study.

## Purpose of the Study

The overall purpose of this study was to examine adolescent responses to the sudden death of a sibling using the grounded theory approach. Additionally, a substantive theory on adolescent sibling bereavement was developed. As more becomes known about adolescent sibling loss, realistic expectations and goals can be formulated and effective strategies can be developed and implemented to facilitate the process. A decision was made to study sudden death as this represents the most common circumstance surrounding the death of children and teenagers (Miles & Perry, 1985; Statistics Canada, 1997). While the evidence is not entirely consistent (Miles, 1985; Miles & Perry, 1985; Nelson & Frantz, 1996; Sanders, 1980), some research suggests that a sudden loss is initially more difficult to cope with and may more likely lead to long-term problems than a loss that was anticipated (Ball, 1977; Lehman, Wortman & Williams, 1987; Parkes & Weiss, 1983; Zisook, Chentsova-Dutton & Shuchter, 1998). Cleiren (1993) concluded from his review of relevant studies that "the research that finds a worse outcome after unexpected death is often conducted among a younger age group" (p. 44).

Utilizing a grounded theory approach (Strauss & Corbin, 1990), the researcher was guided by, but not limited to, the following themes: (1) The adolescents patterns of mourning, including behaviours, thoughts, and emotions; (2) Relationships with family members; and, (3) Available support systems. These themes are discussed in more detail

with the research question. This investigation led to the development of a substantive theory on adolescent sibling bereavement.

## Definition of Key Terms

The following definitions were used throughout the study:

1. Bereavement: the experience of loss through death.
2. Grief: "the complex feelings, cognitions, and behaviour of an individual in reaction to a loss (Cleiren, 1993, p. 6).
3. Mourning: a process that is characterized by "the actions and manner of expressing grief" (Stroebe, Stroebe & Hansson, 1988, p.4).
4. Sudden death: instantaneous death by accident; suicide; or within 48 hours of the onset of an illness.
5. Adolescent: An individual between the ages of 13 and 19 years

## Significance of the Study

This research attempted to gain an understanding of the much-neglected area of adolescent sibling loss and provide valuable information to enhance further theory development. For bereaved adolescents, this knowledge will help them understand the process they are experiencing, one which only they can totally comprehend. For parents, grandparents, and others, who are struggling with their own grief, knowledge of how the

loss is affecting the surviving adolescents has the potential to help them address their needs.

A more accurate picture of sibling loss is invaluable to helping professionals. When children die of non-sudden means, many times the siblings have contact with a helping professional prior to the death and this supportive relationship may continue after the death. Since most sudden deaths occur as a result of accidents, the adolescent has little or no warning of the death and may have no immediate contact with a helping professional. Who does the sibling turn to for help? Doctors, nurses, and pastoral care workers in Emergency Rooms and Intensive Care Units need to understand how this devastating loss effects siblings as well as parents. Clergy, social workers, and nurses who visit the family after the death, and in the weeks and months following, need to have a clear picture of adolescent bereavement, so they can more adequately identify and respond to their needs.

The resource most closely linked to the adolescent may be their teachers and counsellor. However, Hogan and DeSantis (1994) found that adolescents rarely cited school personnel, such as teachers, counsellors, and nurses, as being supportive. In another study of 189 teachers from elementary and middle schools, less that one third of the teachers described themselves as qualified to provide death education or related interventions (Mahon, Goldberg & Washington, 1999). The counsellor or teacher could be the pivotal person to help the adolescent through the mourning process and possibly recognize warning signs of ineffective coping. Knowledge of how adolescents grieve the

loss of a sibling would prove invaluable for such helping professionals, as the more that is understood about this topic the better one can help.

## Research Question

The research question for this study is: How are adolescents affected by the sudden death of their sibling?

The nature of grounded theory methodology requires that the research question be refined as data is generated and analyzed, and serves to identify the phenomenon of interest and lend focus to the study (Streubert & Carpenter, 1995). Three broad themes guided the initial interviews, however these were revised as the data was collected and analyzed. They included:

1. The patterns of mourning: Of interest were the behaviours, thoughts, and feelings the adolescents experienced surrounding the death. Were there identifiable patterns of mourning for adolescent sibling bereavement similar to the stages of mourning identified in the literature for adults?

2. Relationships with family members and peers: The adolescent was encouraged to describe their relations, emotional closeness, and communication with family and peers following the death. Did they perceive any changes and what were those changes?

3. Available support systems: What did bereaved adolescents perceive helped or hindered them in coping with and adapting to the sudden death of their sibling?

The following chapter presents a review of the current literature on the process of grieving, the death of a child and the family, and the impact of the death of a sibling on the adolescent.

# CHAPTER 2

## Review of the Literature

In this chapter a summary of the current literature relevant to the study of adolescent sibling loss is presented. The majority of the studies cited are quantitative in design, due to the limited number of qualitative studies. The literature review is organized into three sections. The first section looks at the grieving process, describing various models of bereavement that have been developed for adults, children and adolescents. Section two examines the impact of the death of a child on the family, parents and siblings. The final section focuses on the limited research conducted on adolescent sibling bereavement. Grief reactions, effects on relationships and coping patterns are examined and a theory of adolescent sibling bereavement is described.

## The Grieving Process

### Adults

In 1917, Freud wrote his classic paper Mourning and Melancholia, in which he described the painful and arduous process of grieving. This process involved coming to terms with the reality of death, withdrawing one's attachment to the lost object, and investing once again in others (cited in Osterweis, Solomon & Green, 1984). Since Freud's work, various models of grief have been proposed in the bereavement literature.

Most models refer to the concept of 'grief work', which implies that a change over time leading to resolution can only be achieved through a long and difficult process of confronting thoughts of the loss, and that there are no easy routes or short cuts (Archer, 1999).

Bowlby (1969), expanding on Freud's work, described the grieving process in greater detail, identifying four phases through which the bereaved adult must pass in order to accomplish the grief work. These phases are: numbness, yearning and searching, disorganization and pain, and reorganization.

Kubler-Ross (1969) was also a leader in the effort to understand the grief process. Her description of the experience of grieving stemmed from her work with dying patients, however her findings are often applied to those grieving the death of someone else. Five stages describe the process: denial; bargaining; anger; depression; and, acceptance. Limitations to Kubler-Ross's model include: it was done primarily on dying patients; the stages could be interpreted as being absolute and linear; and, it does not take into account characteristics such as age, gender, and culture (Cook & Dworkin, 1992). Wortman and Silver (1987), in their extensive review of the literature, acknowledged that although the linear pattern that is typically described in the literature exists, a pattern of chronic intense grieving also was evident.

Three models of parental grief (Lightner & Hathaway, 1990; Miles, 1984; and Rando, 1986) differ in language but have the same basic assumptions, that grieving progresses from a state of initial numbness, through a phase of high arousal and distress, ending in a resolution of grief and a return to pre-loss levels of functioning.

Associated with the concept of grief work is the theory that there are specific tasks to achieve during grieving. These tasks define end-points, or what steps must be taken for resolution of grief. Worden's (1981) four tasks to achieve resolution of grief are: to accept the reality of the loss; to experience the pain of grief; to adjust to an environment in which the deceased no longer exists; and, to emotionally relocate the deceased and move on with life. This model suggests that the healing process is a developmental sequence of activities, yet the growth is not linear. The bereaved will cycle and recycle through the tasks, handling them differently at different times.

Parkes and Weiss (1983) proposed a model based on three tasks. The first task is intellectual acceptance of the loss and the need to develop a satisfactory account of what has happened. Emotional acceptance of the loss is the second task. This is generally seen as the outcome of repeated confrontation with thoughts associated with the loss, or grief work. The third task, gaining a new identity, involves a change in the person's assumptions about themselves so that those fit with the new reality.

Hogan, Morse and Tason (1996) developed an experiential theory of bereavement from interviewing thirty-four adults who had experienced the death of a loved one. They concluded that regardless of the cause of death, the timeliness of the person's death or the relationship of the survivor to the deceased, the process of bereavement follows a consistent overall pattern. The components of the model include: Getting the News; Finding Out; Facing Realities; Becoming Engulfed with Suffering; Emerging from the Suffering; Getting on with Life; and, Experiencing Personal Growth. Many of the phases overlap and recur as the bereavement process changes from consuming the survivor to

periods of relative peace and relief. The model presumes that grief may linger indefinitely, but over time the intensity of the grief lessens.

Sanders (1989) contends that an individual moves through five stages of bereavement: (1) shock; (2) awareness; (3) conservation-withdrawal; (4) healing; and, (5) renewal. The central element of this integrative theory of bereavement is that each of the psychological forces that operate during the process of grief also has a biological change that determines the physical well-being of the individual.

Stroebe and Schut (1999) challenged the traditional theorizing about effective ways of coping with bereavement, including the 'grief work hypothesis' and formulated a stressor specific model. The Dual – Process Model of the grief process incorporates the tension between approaching and avoiding the loss as its basic dimension. This model suggests that the central dynamic aspect of grief involves an oscillation between two processes, one of which is loss-oriented and the other restoration-oriented. Loss-oriented refers to facing grief, confronting stimuli and thoughts associated with the loss and in the process gradually breaking the affectional bonds to the deceased. This is the approach part of the Dual-Process Model. The restoration-oriented part is not simply about avoidance. It concerns the way in which the bereaved attends to other aspects of life, such as coping with daily life and learning new tasks, instead of being concerned with the loss. In order to do so it may be necessary to actively avoid thoughts and feelings associated with the loss, to deny aspects of it, and to distract oneself from loss-related thoughts. This model differs from most other views of grief because it does not view a

confrontation, with thoughts and feelings associated with the loss, (often called grief work), as necessary for its resolution.

The length of time for resolution of mourning varies within the literature. Early studies of bereavement suggested that grief is time limited, varying from four to six weeks (Lindemann, 1944), four to six months (Clayton, Halikas & Maurice, 1972), over six months (Parkes, 1964) and one year (Maddison & Viola, 1968; Maddison & Walker, 1967; and Parkes & Brown, 1972). Recent studies suggest that bereaved individuals continue to show symptoms for two to four years (Parkes & Weiss, 1983), four to seven years (Lehman et al., 1987), and up to fourteen years (Kachoyeanos & Selder, 1993).

## Children

It is important to understand children's concept of death in order to comprehend the nature of their grief (Osterweiss et al., 1984). In the past it was often assumed that children must have a mature concept of death in order to grieve. This idea was strongly based on Freudian theory, in which mourning requires the ability to separate self from the love object, have a mental representation of the deceased person, have an understanding of the concept of death (Osterweis et al., 1884), and invest in a new relationship (Haig, 1990). In the past, children were often overlooked as a population who grieved because of these sophisticated death concepts (Schell & Loder-McGough, 1979).

Developmental theorists have proposed children perceive death differently than adults. These differences are due to children's limited cognitive structures, their unique

perceptions (Salladay & Royal, 1981), and their difficulty in understanding finality and causality (Arthur & Kemme, 1964). This thinking has profound implications for children's grief theory, as if children perceive death in a non-adult-like way, they will grieve in their own way.

Much of the current literature relies on the developmental theories of Piaget and Erikson, and the pioneering work of Nagy (1959) to explain a child's concept of death (Hayes, 1984; Jewett, 1982; Salladay & Royal, 1981). They suggest that the child's concept of death develops over time in clear, identifiable stages, each with characteristic perceptions. Stage One, birth to age 5, is characterized as the child having no cognitive acknowledgement of the irreversibility of death. Death is often thought about in a magical way and supernatural ideas of heaven and spirits are popular. In stage two, ages 5 to 10, children acquire concrete thinking skills and these new abilities help them wrestle with the difficult concepts of finality and causality. While they are only beginning to understand the concept of death, they now comprehend the pain of the loss. In stage three, age 10 through adolescence, the reality of death becomes comprehensible, as children can better think abstractly about themselves and the world (McGlauflin, 1992; Schell & Loder-McGough, 1979).

Vianello and Marin (1989) found in their study of 348 children, between four and ten years old, that by the age of 4-5, most children understand that death is irreversible, universal, and involves the cessation of vital functions, which is in sharp contrast to the view expressed by Nagy (1959). In a recent study, Mahon (1993) also found that

children, five years of age and younger, may have an accurate understanding of the concepts of death.

Children have been observed to go through phases of grief responses and several models of mourning have been proposed for children. Bowlby's (1980) work with young children led him to identify three sequential phases in response to separation and loss. The first is a period of protest characterized by loud angry tearful behaviour. The second phase is one of despair, marked by acute pain and misery. The final phase is one of detachment, when children behaved as if they no longer cared. Bowlby cited that there are distinctions between adult and child grief. He proposed that adults have learned that they can survive without the lost person, while children have not; adults can seek out their own support systems, while children are left with what is given them; and adults are able to grieve in their own way, while children are influenced by the way adults around them grieve and the expectations about grieving placed on them.

Jewett (1982) also identified three phases of children's mourning. Phase one, Early Grief, is a period of shock and alarm; phase two, Acute Grief, is comprised of confusion and strong emotion; and, phase three, Integration of Loss and Grief, occurs when the loss is integrated and accepted.

Rosen (1991) isolated six factors that have a particular bearing on the grief reactions of the child. These factors include: the relationship to the deceased and the availability of substitute objects; how family members respond to the loss; the developmental level of the child; the child's understanding of death; ambivalence; and, how children mourn.

As with adults, the longevity of the grief process in children has varied in the literature. Jewett (1982) found it took two years or more for the entire process to unfold, while Worden (1981) described grief work as taking at least one year, with two years not considered extreme. Elizur and Kaffman (1982) found in their work with children following parental bereavement that many continued to show signs of emotional distress four years after their fathers had died. A number of researchers (Balk, 1991; Balk & Hogan, 1995; Davies, 1991; Martinson & Campos, 1991) noted that children continue to grieve for indeterminate periods of time.

## Adolescents

The grief reaction in adolescence is more similar to that of the adult than to that of the child (Haig, 1990), however adolescence as a distinct developmental stage has been largely ignored in grief research. Death of a significant person during adolescence can affect interpersonal relationships and developmental tasks (Calvin & Smith, 1986). This includes independence–dependence, peer identification, role models, physical and social self-image and bonding. They proposed that the developmental tasks may be affected by many factors, including the nature of the relationship with the deceased, the adolescent's personal coping style, peer relationships, other experiences with death, personal development and the nature of the adolescent's support systems.

Rosen (1991) identified several issues important to understanding the experience of loss in adolescence. First, as part of the transition from child to adult, adolescents are

affected by the developmentally normal instability they are experiencing and generally have more fear of death than any other nonbereaved group except those in middle age. Second, adolescents have to deal with the already trying necessity of separation from the family of origin and a loss during this period may make this separation more difficult or even impossible. Third, the teenager has the desire not to cause the parents or remaining parent any further unhappiness, which may interfere with the adolescent experimenting and experiencing life as a method of finding his/her own identity. Lastly, some teenagers feel the expectation to take the place of the deceased, whether that be the parent or sibling.

Fleming and Adolph (1986) noted that no comprehensive model of adolescent grief yet exists, and they proposed a model based on maturational issues, developmental tasks, and coping responses. This model suggests parallel issues involved in the adjustment to loss and normal adolescent development, and outlines the adolescent grief experience as it relates to the tasks and conflicts of three maturational phases. In Phase One, ages 11 to 14, the basic task is emotional separation from parents, with a conflict between separation and reunion. In Phase Two, ages 14 to 17, the basic task is competency/mastery/control, with a conflict between independence and dependence. In Phase Three, ages 17 to 21, the basic task is intimacy or commitment, with a conflict between closeness and distance. In each of these phases, Fleming and Adolph identified five core issues around which bereaved adolescents attempt to find some resolution of the ambivalence engendered by phase conflicts. These issues are: predictability of events; self-image; belonging;

fairness/justice; and, mastery/control. They cited that core issues in each phase can provoke cognitive, behavioural, and affective grief responses.

## Summary

Models of adult bereavement have been given extensive attention since Freud's paper in 1917, with some researchers proposing models based on stages adults have to work through, or tasks that must be mastered and a more recent model which challenged the "grief work hypothesis". While child bereavement models have been developed, this area has received less attention and there are still considerable variations in theories surrounding a child's concept of death. This review of the literature supports the need for further research to expand our understanding of child and adolescent bereavement. The present study was designed to explore how adolescents react to the sudden death of a sibling.

# Death of a Child

## Impact on the Family

Bowlby-West (1983) described the changes and adjustments in families who experienced the death of a loved one, where the bereaved person was viewed in the context of the family system. The death created a void in the family structure and twelve

adjustment reactions were frequently used to define a new functional system, including anniversary reactions, displacement of feelings, idealization, and replacement. The adjustment was partly determined by the bereaved persons, depending on the phase of grief they were experiencing, and the way bereavement was perceived by family members.

Krell and Rabkin (1979) described the adaptations that were made in the family to secure a new family equilibrium after the death of a child. Many times the surviving siblings became the focus of these adaptations. Three family protective manoeuvres were identified: The Conspiracy of Guilt, where the parents took the blame for the death of the child and communication about the death was shrouded and evasive; The Preciousness of the Survivor, where special status was awarded to the surviving child resulting in overprotectiveness and shielding; and, Substitution for the Lost Child, creating the situation where one of the surviving children was selected to play the role of the deceased. Three categories of survivors were also identified, including the Haunted Child, the Bound Child, and the Resurrected Child.

Rubin (1986) also referred to the family as having to reach equilibrium. Families, in response to the sudden death of a child, underwent major changes in organization and in the relationships among family members.

## Impact on the Parents

Parental mourning is a lifelong process (Kastenbaum, 1995), as the death of a child is one of the most traumatic experiences parents will have to endure (Archer, 1999; Johansen, 1988; Klass, 1993; Miles, 1984; Schwab, 1990, 1992). Sanders (1980) compared adult bereavement reactions in the death of a spouse, child, and parent and found the death of a child produced the highest intensities of bereavement as well as the widest range of reactions, including somatic complaints, depression, anger, guilt, and feelings of despair. Anger and blame can also be directed at the self, causing self-hatred and forceful feelings of shame and worthlessness (Sanders, 1989).

Miles (1984) described the emotional, behavioural, and cognitive manifestations of grief that may be experienced by parents during the phases of the grief process. Miles's model for parental grief divides the process into three phases: a period of numbness and shock; a period of intense grief; and, a period of reorganization and recovery. The period of numbness and shock occurs in the first few hours and days following the death of the child. Reactions include inability to make decisions, disbelief, denial, unreality, and feelings of anger, helplessness, rage, frustration, and guilt. There may also be behavioural reactions of crying, hysteria, hitting, or physical acting out. The period of intense grief brings a wide range of emotions, symptoms, and behaviours, which can be clustered into several groups including: yearning; helplessness; physical symptoms; behavioural changes; and, the search for meaning. The reorganization phase is entered when the parents speak enthusiastically about other aspects of their lives. Reorganization

however is not recovery, parents never recover from the loss of a child, and they must face life as a different person. Johansen (1988) identified similar reactions of parents to the death of a child, describing two phases: Disorientation and Reorganization.

Marital relationships also suffer when a child dies (Miles, 1984; Schwab, 1992). Schwab (1992) found that husbands were concerned and frustrated with their wives grief, wives were angry over husbands not sharing their grief, there was a temporary halt in communication, loss of sexual intimacy, and general irritability between spouses.

Many parents feel like they will not survive the pain of grief, however, they do cope. Five major coping strategies used by parents are: seeking the release of tension; avoiding painful thoughts and feelings; using a cognitive framework to understand and deal with the experience of loss; helping others; and, relying on religious beliefs (Balk, 1999; Schwab, 1990). In contrast, Videka-Sherman (1982) found that parents who volunteered to help others who were coping with the death of a child, or who replaced the dead child with another child or a new role, became less depressed than those parents who did not use these strategies. Least adaptive coping mechanisms were escape, preoccupation, and religiousness, which were associated with depressive symptoms.

The impact of a child's sudden death on parents has received little attention in the literature. Nixon and Pearn (1977) interviewed parents of children who drowned to identify family stressors. They found an increase in drinking, sleep problems, feelings of guilt and a high number of marital separations. Miles (1985) compared the emotional and physical symptoms of parents whose children died after an accident or a chronic disease with parents who were not bereaved. Parents bereaved by accident or chronic

illness did not differ from each other but had more emotional symptoms and sleep and appetite problems than did the non-bereaved group. Data from this study was further analyzed to explore the concept of guilt in bereaved parents and it was found that parents of children who died in accidents had more death causation guilt than parents of children who died from a chronic disease (Miles & Perry, 1985).

More recently, Murphy et al. (1999) examined changes in bereaved parents mental distress following the violent deaths of their children, ranging in age from 12 to 28 years. Using a community-based sample, data was collected at 4, 12 and 24 months post-death. Mental distress for both genders was greatest between 4 and 12 months post-death. Two years after the deaths, mothers' mental stress scores were up to five times higher than the control group of "typical" mothers and fathers' scores were up to four times higher than "typical" fathers. It was concluded that violent death bereavement has sustained, distressing consequences on parents.

## Impact on Siblings

Although the reactions to the loss of a child has received a considerable amount of attention in the literature, relatively little has been written about the impact of such a loss on the remaining siblings (Robinson & Mahon, 1997; Rosen & Cohen, 1981). This section focuses on siblings of all ages, while adolescent sibling research is reviewed in the next section.

Rosen and Cohen (1981) found in their review of the literature that much of the early research by Bender, Pollock, and Jaglon (as cited in Rosen and Cohen, 1981) involved samples that were drawn from siblings who were mental health patients. They were already exhibiting some degree of impaired coping, which were serious limitations of these studies. In more recent studies, non-patient subjects were used, providing greater generalizability of the findings.

Children respond with a variety of affective responses, which may include guilt, sadness, fear, anger, rejection, pain, grief, confusion, and loneliness (Back, 1991; Mahon & Page, 1995; Rosen, 1986). Feelings of guilt arise from being alive when their sibling died (Gibbons, 1992), from past disagreements with their sibling, from having wished their sibling dead, and from being jealous of their parents grief over the dead sibling (Rosen, 1986).

Mahon and Page (1995), in their study of 18 siblings, found that almost all children reported that they felt sad upon hearing the news of the death, and sad was also the word used to describe their feelings since the death. The children disclosed they were aware their grief responses were sometimes judged as appropriate or inappropriate and they felt isolated because they believed that everyone was focusing on the child that died. This highlights one of the greatest difficulties for families that have experienced the death of a child, the sometimes conflicting needs of the grieving parents and the surviving children (Mahon & Page, 1995; Pollock, 1986; Rosen, 1986). In many cases, the children recognize the grief of their parents and take on a protective feeling of wanting to care for them, either as an assigned responsibility, or one that is spontaneously assumed, a finding

also supported by Rosen (1986). Rosen refers to this reaction in the children as "prohibited mourning" and attributed this characteristic of sibling bereavement to the societal belief that the death of one's child is the worse loss experience possible.

While surviving siblings reported having experienced intensely painful feelings surrounding their loss, Rosen (1986) found that of 34 siblings who were personally interviewed, 26 reported they were unable to share their reactions with anyone at the time of the loss and since the loss. Only eight siblings shared their feelings with another person at the time of the death, the most frequent persons being a parent or another sibling.

Two studies found that parents reported increased behaviour problems among bereaved children, assessed up to two years after a sibling's death. Hutton and Bradley (1994) compared a small sample of Australian children, aged 4-11 years, who had lost a sibling through Sudden Infant Death Syndrome, with a matched control group. They found a considerable higher level of behavioural disturbances, particularly aggression, social withdrawal and depression, among the bereaved children. McCown and Pratt (1985) also found higher levels of behavioural problems among a sample of 9-10 year old children who had lost a sibling.

Mahon and Page (1995) reported that children could readily identify people or events that were helpful to them in the time since their sibling's death. Mothers were most frequently identified, along with other family members, friends, and support groups. Other things that helped included having possessions of the child that died, and continuing with supports that were helpful before the death, such as reading, writing, and

participating in sports. Fewer things were considered not helpful. These were described as things people did or did not do, including people coming to the house after the death, being asked to discuss the death when they did not feel like it, and their friends avoiding them. Rosen (1986) also, found keeping a possession of the child who died was considered helpful, as well as focusing on school activities, drawing upon religious faith, and attending services for the deceased.

Michael and Lansdown (1986) found a high percentage of siblings exhibited low self-esteem after their brother or sister died of cancer. The surviving child's self-esteem was related to the length of time their sibling was sick, in that the longer the illness the higher the self-esteem. In contrast, Balk (1990) found normal overall self-image levels in his sample of 42 adolescent sibling survivors two years following their siblings death. Bereaved children have also shown a higher self-concept than those of a comparison group (Martinson, Davies & McClowry, 1987). The death of a sibling and the resultant bereavement process has also been described as a growth experience (Mahon & Page, 1995; Martinson et. al., 1987). This maturity comes from an increase in the appreciation of the sibling relationship and an increase in family responsibility.

## Summary

When examining the impact of the death of a child on parents, all researchers identified this experience as the most traumatic any parent can endure. Extensive research has been completed on this group for this very reason. The loss of a child means

a change in family structure and relationship among family members, with the relationship between husband and wife getting particular attention. Coping strategies were identified as well as differences in sudden verses anticipated loss.

The impact of the death of a child on surviving siblings has received less attention. Affective responses to the loss have been examined, as well as sibling grief in the context of parental grief. Research has found evidence of an inability for the sibling to share grief with others, a loss of self-esteem and a greater maturing as a result of the loss.

## Adolescent Sibling Loss

Adolescence is a particularly vulnerable time during childhood to suffer the loss of a sibling (Osterweis et al., 1984). The adolescent's role and identity consolidation are contributed to by both siblings and parents (Erikson, 1964). The death of a sibling creates a drastic change in these relationships and has the potential to interfere with these important developmental processes (Hogan & Greenfield, 1991).

Bank and Kahn (1982) argue that siblings develop their identity in the presence of each other, and regardless of the strength of this relationship, are bound to each other by a "sibling bond". For an adolescent grieving the loss of a sibling, the task of defining and stabilizing personal identity and concept of self must now happen in the absence of a principal agent - the dead brother or sister. Identify formation, identification, and other developmental tasks may not progress normally after the death of a sibling. Coping with

the developmental crisis of adolescence is now compounded by the crisis of personal and family bereavement.

## Grief Reactions

Descriptions of grief reactions have been obtained through community based samples of bereaved adolescents (Balk, 1983, 1990; Fanos, 1996; Fanos & Nickerson, 1991; Hogan, 1988; Hogan & Balk, 1990; Hogan & Greenfield, 1991; Martinson et al. 1987; Michael & Lansdown, 1986). Grief reactions associated with sibling bereavement in these studies included sleep disturbance, doing things alone, guilt, feelings of powerlessness and helplessness, poor concentration, not being liked by peers, fear of dying, being sick more often, depression, anger, suicidal thoughts, difficulty concentrating, feeling uncomfortable when happy, feeling responsible for the death, difficulty concentrating, feeling overprotected by parents, anger at God, increased grief symptoms during family holidays, and believing their parents will never get over the death.

Fanos (1996) in a study of individuals who experienced the death of a sibling with cystic fibrosis, found the adolescent group (age 13- 17) presented themselves as more anxious, depressed and guilty than either the preadolescent group (age 9-12) or the adult group (over age 18). The adolescent group had less denial but there was much more conscious pain. Themes expressed by the adolescents included a global sense of anxiety

and guilt, bodily concerns and feelings of vulnerability, fear of intimacy, excessive concern or worries for others, somatic expressions and nightmares.

Several studies have focused primarily on bereaved adolescents' self-concept. Guerriero (1983) found that self-concept and the time since the death had a strong relationship. The more recent the death the stronger the self-concept, indicating that self-concept may decline over time. This may be related to the increase in attention and care by family and friends at the time of the death and families pulling together with the loss.

Balk (1990) suggested that, overall, the portrait of the 42 adolescents he studied, resembled normal adolescents in terms of self-concept. However, when cluster analysis was used to identify three clusters of adolescents based on high, average, and low self-concept, distinctly different bereavement reactions were noted. Adolescents with high self-concept were more likely to feel confused and to have trouble eating in the first few weeks after the death. However, at the time of the interview (mean of 22.7 months) they were less likely to feel confused, lonely, afraid, or depressed, and had hardly ever considered suicide. The average self-concept group was more inclined than their bereaved peers to feel angry in the first few weeks. By the time of the interview they were still angry, as well as lonely and depressed. The group with the low self-concept felt depressed and afraid after the death, thought about suicide, had difficulty sleeping, and thought about their dead sibling often. At the time of the interview, they were less angry, but reported more confusion, still thought about suicide, felt afraid, and had difficulty eating. Their emotions at this point were similar to those they had experienced during the first few weeks after the death. These findings suggest self-concept could be a

factor in varying degrees of successful coping and may lend support to the notion that sibling bereavement can be an impetus for maturation as well as an obstacle to growth (Bank & Kahn, 1982).

In a study of adolescents within 18 months of the death of a sibling, results showed high levels of grief symptomatology, while a second sample assessed more than 18 months after the death reported lower levels of grief. However, a significant group of adolescents in this second group continued to have high levels of grief, and also revealed dysfunctional patterns of self-concept (Hogan & Greenfield, 1991).

Balk and Hogan (1995) found that bereaved adolescent siblings experienced difficulties in concentration and altered study habits. Both the amount of time bereaved siblings spent studying and the grades they achieved showed a decline after the death of a brother or sister. In an earlier study, Balk (1983) reported that grades and study habits eventually returned to normal.

According to Davies (1991) long-term effects of adolescent sibling bereavement were generally positive in nature and centered on psychological growth. Adolescents who experienced the death of a sibling 11 to 28 years previously, reported feeling comfortable with death, being able to help others, having a sensitive outlook on life, and feeling good about oneself. These findings again support the theory that adversity could be an impetus for growth (Bank & Kahn, 1982; Guerriero, 1983; Martinson & Campos, 1991). However, their expanded view of life created difficulties as well. They felt different from others, especially their peers, and sometimes these feelings of being

different caused them to withdraw from involvement with their peers. For these siblings, the feelings of sadness and loneliness became long-term.

In contrast, Mufson (1985) studied three adolescents to explore the impact of sibling death on their current life. Three themes emerged, including the inability to mourn the deaths of their siblings, the overwhelming need to appear normal, and the denial that anything tragic had happened. The ultimate results for two of the teenagers were a difficulty in emotionally and psychically separating from their parents. Whether this was a result of the sibling death or would have occurred anyway was not clear from the study.

Longevity of the mourning process in adolescent sibling bereavement has varied in the research. Enduring symptoms, in longitudinal and cross-sectional studies, do exist, varying from five years (Hogan & Balk, 1990; Hogan & Greenfield, 1991), seven years (Balk, 1983), nine years (Martinson et. al., 1987), to 28 years (Davies, 1991). Hogan and DeSantis (1992,1996) proposed that adolescent sibling bereavement is a process that is not time bound and these siblings continue to miss and love their deceased sibling and to anticipate their eventual reunion in heaven/afterlife. This persistent, emotional attachment to their dead sibling has been conceptualized as "ongoing attachment".

## Effects on Relationships

Balk (1983) found evidence that relations with parents improved after the siblings death and most of the teenagers said that they liked the way their parents currently treated

them. Peer relations changed after the death with some improving and others worsening. Eventually the relationships that were negative improved and those that improved endured. These results differ from the Davies (1991) research reported above, where withdrawal from peer relationships was identified as a negative long-term outcome of sibling loss.

## Coping Patterns

Hogan and DeSantis (1994) studied adolescent's perceptions of what helped and hindered their bereavement process. Three categories characterized both the helped and hindered perceptions: (1) self; (2) specific individuals; and, (3) social network. Personal coping, such as engaging in stress reducing activities and having a personal belief system, were the self related activities that helped. Family members were cited most often as being the individuals who provided assistance, with friends also being important. The social system supports included psychologists, ministers, and support groups. Pervasive throughout these categories was the theme of resourcefulness, defined as those things (attributes, events, or people) that improved the adolescents' sense of resiliency.

Self as a hindrance, was due to spontaneously occurring, intrusive thoughts and feelings related to the death of their sibling. These fell into three subcategories: (a) feelings of guilt and shame, where the majority of these responses were given by siblings whose brothers or sisters died by traumatic, unexpected causes; (b) a sense of loneliness, as the dead sibling was regarded as their best friend who they missed terribly; and, (c) a

realization that the death is permanent. Family members hindered the process most often, especially when adolescents fought with their parents, or witnessed parental discord and distress. Friends were not identified as a hindrance to bereavement. Social systems responses that emerged from the data included: (a) people being insensitive to their needs; (b) rumors and gossip about events related to the death or about the character of their dead sibling; and, (c) describing the world as an unfair place and that their sibling had been wronged. The factors that hindered the bereaved adolescents in coping with the death of a brother or sister gave them a sense of helplessness and increased the adolescents' sense of vulnerability and exacerbated their grief.

In summary, this study found a larger number of adolescents reported their parents were more supportive than non-supportive during the bereavement process. This differed from the prevailing view that parents are generally emotionally unavailable to their grieving children (Balk, 1991; Bank & Kahn, 1982; Demi & Gilbert, 1987; Krell & Rabkin, 1979; Osterweis et al., 1984).

## Theory of Adolescent Sibling Bereavement

Hogan and DeSantis (1996) derived a theory of adolescent sibling bereavement based on a triangulation of qualitative and quantitative data from a community-based sample of 157 bereaved adolescents (Hogan & DeSantis, 1992, 1994; Hogan & Greenfield, 1991). Three constructs: (1) grief; (2) personal growth; and, (3) ongoing attachment, are the basis for the theory. The six categories that constitute the construct of

grief include: permanently changed reality of self and family; physical effects; increased vulnerability; cognitive interference; desire for reunion with sibling; and, coping behaviour. Personal growth has been previously reported after the loss of a sibling (Bank & Kahn, 1982; Davies, 1991; Hogan & DeSantis, 1994; Martinson et al., 1987). The five categories that comprise the construct of personal growth in this theory include permanently changed reality; increased sense of others; increased resiliency; increased faith; and the ability to receive and give help. The construct of ongoing attachment is conceptualized as "a type of motivational energy that assists in transforming bereaved adolescent siblings into resilient survivors" (Hogan & DeSantis, 1996, p. 191). The categories include: regretting the way they had treated their deceased sibling; endeavoring to understand the death; keeping in touch; reaffirming their ongoing relationship; the dead sibling influencing their life; and, anticipating a reunion. They propose that the constructs of grief and personal growth are independent in nature and the construct of ongoing attachment is the silent variable that mediates them both.

## Summary

Adolescence is probably the most vulnerable time to experience the loss of a sibling due in part to the developmental tasks that are being mastered during this period. This section examined the many grief reactions that have been documented in the literature as well as findings on the length of the grieving process. Relationships with

others, namely parents and peers, as well as coping patterns were discussed. A theory of adolescent sibling bereavement was described.

## Summary of Literature Review

Bereavement in adults and parents has been well researched and various models describing the process of mourning have been identified. Adolescents and children have received less attention, and for them the process of mourning is less well understood. Developmentally, children have varying perceptions of the meaning of death and these impact on how they grieve. The conceptualization of adolescent sibling bereavement is complicated by the fact that adolescents are simultaneously coping with the situational crisis of sibling death and the developmental tasks of adolescence. For all bereaved individuals, the duration of the grief process is still open to debate, indicating the time dimension is still not well understood.

When a child dies, parents, siblings, and the family system as a whole feel the impact. The devastating effects on parents are well documented. However, Osterweis et al. (1984) stated that because of a lack of information on sibling bereavement, a section devoted to sibling grief could not be included in their report. While more attention has been given to the topic in the past ten years (Hogan & DeSantis, 1996), limited research has been completed on adolescents who have experienced the death of a brother or sister, in particular, death by sudden means. The death of a sibling has a devastating but varying effect on the surviving adolescent, however the understanding of adolescent

sibling loss is far from clear. This study will help further the development of a theoretical model. The following chapter presents the methodology for this study.

# CHAPTER 3

# Methodology

## Research Design

In this study, a grounded theory approach, as outlined by Glaser and Strauss (1967), was used to explore and describe how adolescents react to the sudden death of their sibling. The basic assertion of these authors is that "generating grounded theory is a way of arriving at theory suited to its supposed uses" (Glaser & Strauss, p.3). Since generating a theory of adolescent sibling bereavement was a desired outcome, grounded theory was the appropriate methodology. Grounded theory is a highly systematic research approach for the collection and analysis of qualitative data with the aim of developing theories from real world observations (Chenitz & Swanson, 1986). The objective of grounded theory is to generate theory that explains patterns and variations in behaviour common in social life. This approach is especially useful in providing information about phenomena that have not been subjected to much formal examination and about which little is known. It is also appropriate for the clarification of basic social and psychological processes (Sandelowski, Davis & Harris, 1989).

Grounded theory uses a symbolic interactionist perspective to study interaction and human behaviour. Symbolic interactionism is a theory about human behaviour and is an approach to the study of human conduct. Symbolic interactionists focus on the meaning of events to people in natural or everyday settings. For these theorists, meaning guides behaviour and a stage of deliberation or definition of the situation precedes action

(Morris, 1977). The meaning or reality of the situation is generated by people and leads to action and the consequences of action. One's action toward an event or object is an indication of the purpose or value of that event or object to the individual. Examining one's experiences and behaviours in relation to an event or object reveals the significance and meaning of that event to the individual. In addition, symbolic interactionists view human behaviour as the result of the process. According to Blumer (1969), all human behaviour is the result of "a vast interpretive process in which people, singly and collectively, guide themselves by defining the objects, events and situations they encounter" (p. 132). Thus the assumptions of symbolic interactionism act as the theoretical basis of grounded theory.

The simultaneous and ongoing collection, categorization, and interpretation of data, (known as the constant comparative method) characterizes the grounded theory approach to knowledge development. In addition, subjects are obtained through deliberate sampling, as they must all illuminate the phenomena being studied, and measures are ongoing to ensure validity of the study (Sandelowski et al., 1989).

## Participants

In this study participants were selected initially because of their ability to illuminate the bereavement process following the sudden death of a sibling (purposeful sampling). Data collection however was guided by theoretical sampling, a procedure in which continued selection of subjects is based on the findings that emerge in the course

of the study (Chenitz & Swanson, 1986). A total of six subjects were interviewed in this study. This number of subjects was determined when data saturation occurred and no new themes or patterns emerged (Chenitz & Swanson, 1986).

Eligibility requirements for participation in this study included persons who: (1) were between age 13 and 19 at the time of their siblings death; (2) resided in the same household as the sibling at the time of the death; and, (3) agreed to participate in the study. The time lapse since the loss was no more than seven years. The deceased sibling must have: (1) died suddenly or within 48 hours of the precipitating event; and, (2) been between the ages of 5-20 years at the time of death. Participants were identified using word of mouth, contact with school counsellors, local clergy, and a review of obituaries. Subjects were selected according to availability and willingness.

## Ethical Considerations

Prior to conducting this study, a proposal was submitted to the Faculty of Education Ethics Committee at Memorial University of Newfoundland for research approval. Following approval from the Ethics Committee (see Appendix A), potential families/participants were contacted by letter or telephone (see Appendix B) and were informed of the purpose of the research, the participation requirements, and the benefits expected. Participation in the study was voluntary and adolescents, under legal age, had to have the consent of their parents. In the case of minor adolescents, the parent was

asked to inform their son/daughter about the study and ask permission to meet with them either in person or by telephone to explain the study.

A time for the first interview was set by telephone. At this first meeting, the purpose, nature of the study, data collection techniques, the researchers responsibilities and the likely risks and benefits were explained. It was stressed that subjects could refuse to answer any question and could discontinue the interview at any time. Permission for participating in this study and for audiotaping all interviews was secured using a signed consent form (see Appendix C). In the case of minors (those under 18 years of age), informed consent of a parent or guardian was obtained (see Appendix D). Participants' rights to confidentiality and anonymity were explained. Using codes instead of names on the interview data protected identity and subjects were guaranteed that identifying information would be kept confidential. Identifying information was destroyed as quickly as possible and audiotapes were erased once transcribed. In maintaining confidentiality, all identifying information was secured in a locked file, code information was released only to those who needed access to the collected data, and no identifying information was entered onto the hard drive of the computer. Participants were offered a summary of the research findings if requested.

## Data Collection

Data collection involved the use of individual interviews and a questionnaire. Demographic information was obtained through a questionnaire (see Appendix E) using

close ended questions to facilitate condensing and analyzing of information.

Unstructured interactive interviews were the main method of data collection. All interviews, except one, were conducted face to face, in a private location, such as the interviewee's home or the researcher's office. One follow up interview was conducted by telephone. Each participant was individually interviewed in two separate sessions, each approximately one and one half hours in duration. The questionnaire was administered in the first session. All interviews were audiotaped. The sessions were spaced at least six weeks apart to allow the interviewer time to review the data to identify emerging themes and areas needing clarification.

The interview technique examined the subjects' inner experiences and how the event affected their thoughts, feelings and behaviour, as seen through their eyes. During the interview, a general theme was introduced with an open-ended question, such as, "Tell me about your brother's (sister's) death?" This focused the subject's thoughts yet allowed them freedom of expression. Gentle probing was used to direct the interview, especially to elicit details of events and for further explanation and clarification. Effective listening skills were important to minimize interruption and to allow full expression by the subjects whenever possible. Topics that required further exploration were "tracked" in the interview and the subjects were redirected to these topics after they had finished expressing their thoughts. This technique was utilized to minimize interference by the interviewer. As the study progressed, more direct interviewing became necessary in an attempt to validate data. This was more common during the second interview that was conducted with each subject.

A number of guideline questions were developed prior to beginning the interviews (see Appendix F) and many other questions arose from the responses of the interviewees.

## Data Analysis

In grounded theory, data collection, analysis, and verification and the development of theoretical explanations occur simultaneously throughout the grounded theory approach (Sandelowski et al., 1989). This process continues until no new concepts emerge and conclusions can be drawn. In this study, the constant comparative method was employed to discover the core category that would account for most of the differences in data, and that incorporates the data, codes, and analytic and process memos that were developed during the course of the study. Memos are the written records of the analytic process and show the step by step development of theory (Chenitz & Swanson, 1985).

A line-by-line analysis of the transcribed interviews was utilized, coding the data into relevant concepts or phrases. Coding is defined as the process of analyzing data in an abstract form. Codes were then compared both within and across interviews, with similar codes being clustered and a category being formed. As data collection and analysis progressed, other categories were produced, combined, and refined. Some of the initial categories were subsumed and hypotheses were formulated to be explored with other participants. More data was gathered and incidents were compared to discern the similarities and differences occurring and reoccurring in the data. Each category was

then compared with every other category to ensure that they were mutually exclusive.

The categories initially developed were verified and refined as data collection continued. Further theoretical saturation was sought with the addition of each new participant. Some of the initial categories were abandoned and data reworked into a smaller set of more abstract categories. At this point, evidence of one core variable, 'the search for new meaning', was emerging. Many pieces of data and their subsequent categories and properties evolved around this core category. At this point the categories became saturated as no new data was discovered and there were no new additions to each category.

This process was aided by diagramming, which is a visual representation of the analytical scheme in whole or in part (Chenitz & Swanson, 1986). Diagrams were used to obtain a visual picture of the categories as they were developing and to see how they linked together. This process was quite useful as it allowed the rearrangement of data, visualization the logical flow of the process, and determination of where the theory required further development.

Although the data collection and data analysis procedures are presented here in a linear approach, it is worth noting that these procedures do not occur in a linear manner. As Glaser and Strauss (1967) state "there tends to be a continual blurring and intertwining of all three operations (implicit coding, data collection and data analysis) from the beginning of the investigation until near its end" (p. 57). Based on the author's experience with the research process, it is evident that as the analysis progressed and the

systematic processes emerged, the theoretical framework developed truly represents the data.

## Credibility of Findings

The techniques that were used to establish adequacy of evidence and credibility of findings were based on criteria established for naturalistic inquiry (Sandelowski, 1986). Throughout this process, the researcher attended to issues of credibility (validity) and fittingness (applicability) by ensuring data, as reduced, was fully represented in the categories, including the typical and atypical aspects, constantly questioning conclusions about data and validating data with participants. Successive interviews allowed for repeat of questions to check credibility and verification of the results of the ongoing analysis. Coding and categorization decisions were grounded in the data collected.

Maintenance of process and analytical memos throughout the course of the study were used to ensure stability of the data and allow tracking of the progression of events and categorizations over time. After each interview, memos were written to capture ideas and decisions about data were made, from which the theory evolved. These decisions were reviewed and discussed with the thesis advisor to ensure accuracy and consistency in the process of data collection, analysis, and interpretation. Alternative explanations for data generated were explored with the subjects and the thesis advisor to ensure interpretational objectivity of the data. As patterns emerged from the data and hypotheses were developed regarding processes, they were explored and confirmed with

other participants. The following chapter describes the findings of this study and presents a substantive theory on adolescent sibling bereavement.

# CHAPTER 4

## Findings

This chapter describes what the grieving process is like for adolescents who experience the sudden death of a sibling. The findings presented depict the grieving process as 'the search for new meaning'. The interview data reflects the similarities and variations within the process.

This chapter is divided into two parts. The first part describes the participants and their individual stories. The second part of this chapter is a presentation of the process of 'searching for new meaning', supported by selected material from the interview data.

## The Participants

Demographic data were collected from the six participants in the study. There were three females and three males ranging in age from seventeen to twenty three years with a mean age of nineteen years. Their age at the time of their sibling's death ranged from thirteen to nineteen years, with a mean age of sixteen years. The age range of the deceased sibling was eight to twenty years, with the mean age 16.8 years. Four of the participants had older siblings die and two were younger. All of the deceased siblings were male. The modes of death included: accident = 3, suicide = 2, and sudden death due to illness = 1. At the time of the initial interview, the time lapse since the death ranged from six months to five years, with a mean time of 2.8 years. Five of the participants

were of the Roman Catholic faith and one was Muslim. At the time of the initial interview, four participants were still completing High School, and two were in post secondary education settings.

## Their Stories

The following profile of each subject describes the circumstances surrounding their sibling's death, capturing the impact of this traumatic event on the adolescent. This section is intended to allow the reader to see the sudden death as the participants experienced it, as only they can describe. The participants and their siblings are given fictitious names in an attempt to bring the stories to life and to facilitate easier reading. In the next section, the individual participant is referred to by name only when explaining a variation in the data.

### Sue

Sue is now a grade 12 student, planning her upcoming graduation from high school and her future. Five years ago, on a winter's night, her life was changed forever when her brother, Scott, age 18 at the time, died suddenly of meningitis. This is how she describes that night:

> It was a Thursday night and he was sick that day and came home from school and it was like he had the flu. That night I went downstairs and he asked me to get him a blanket because he was cold. I gave him the blanket, tucked him in and called him

> a sook and I just went upstairs to bed. Then about 5 o'clock in the morning I heard Mom and Dad saying stuff out in the bathroom about something was wrong with him and like he couldn't move and he was all purple and stuff like that. I got up and it was really scary like because I didn't know what was wrong with him, I was only young, I was only 13 then.

Things happened very quickly after that. Scott had no pulse. Sue's Dad started CPR and a neighbour, who was a nurse, was called to help. Sue can still picture the neighbour dressed only in her nightdress. It was very scary to watch them try to bring life back into her brother. They did not know what was wrong with him. Sue thought at that point that he might die. The ambulance came and took Scott to the hospital about 15 minutes away. Sue and her parents followed behind in their own car, however Sue can remember very little about this ride, stating, "I was really scared." By the time they got Scott to the hospital it was too late. Scott was already dead. Sue still remembers that night as vividly as if it was yesterday.

**John**

John is currently in grade 11 and lives with his mother and stepfather. When he was 16, his half-brother, Jimmy, age eight, was killed by a drunk driver while playing on a neighbours lawn. John also remembers that day very vividly.

John was out walking with his girlfriend. As they were coming home, they saw an accident had recently occurred. One car was on top of two others in a neighbour's driveway. There was a large crowd of people around the area. For some reason John just walked by, although usually if he saw an accident he would go over and check it out.

"For some reason that day I didn't want anything to do with it." Then as he walked up his street, a neighbour started walking toward him. As soon as she spoke his name he knew something was wrong by the tone of her voice. At first John thought it was his mother, but then was told that his brother Jimmy had been taken by ambulance to the hospital. His parents were at the hospital with him. John went home, by himself, to wait. Calls to the hospital did not yield much information. Finally he got in touch with his mother and was told his brother was in stable condition. However John had a feeling that his brother was going to die. He took up a vigil at the hospital with his parents and extended family. John had the opportunity to see Jimmy, lying pale and lifeless, connected to tubes and monitors, a sight which still pains him to this very day. Twenty-four hours later, Jimmy was disconnected from life support.

**Pam**

Pam, a grade 12 student, just graduated from high school and lives with her mother and stepfather. One and a half years ago her 20 year old brother, Peter, was killed when he was struck by a truck while walking home from a party late on a summer night. She described the incident in the following way:

> It was just so sudden, I never would have expected it. I was in bed and someone was knocking on the door and I looked at the clock, it was 1:30 a.m.. I had to go and unlock the door and my aunt came in and I realized that no one was home and she said that everyone was at the hospital, that my brother was hurt. We drove to the hospital and had to drive past where the accident was. I saw all the lights and the cars and stuff were still there and my aunt told me not to look. I will always picture that in my mind.

Pam was at the hospital all night and held out hope that her brother was going to be all right. Her father and mother were crying and upset all the time and she did not really understand why. The next day she was outside the hospital sitting on a picnic table when she was told to go inside and see her mother. Her mother was too upset to talk to her so the doctor told her that her brother was being disconnected from life support. "I lost it and started screaming. I went to say good-by to him, his face was all swollen and it felt so panicky and I felt really alone." Pam still becomes teary when she speaks of that tragic night and day.

**Karen**

Karen is a 23-year-old university student. Her brother Bill was a year younger than she was when he drowned while swimming with his friends. Bill was seventeen. Karen describes finding out about Bill's death:

> It was summer and he went with a friend to the waterfalls. Mom was doing stuff around the apartment when the phone rang and someone told her to go to the waterfalls. When she got there, the ambulance and police were already there and they were trying to get Bill out of the water. They wouldn't let her down to see. She went to someone's house and called me. She said there's been an accident, with Bill, and she was crying hysterically, so the lady had to get on the phone and explain. I went right to the hospital. No one could tell me if Bill had been brought in. They took me to the quiet room and I waited there until my Mom came. We waited and called some relatives who came and stayed with us. Then about half an hour later, six doctor's came in and we knew it wasn't good news. They said they tried everything. They worked on him for about an hour and a half and they couldn't resuscitate him. They said they were sorry.

Karen says she can still picture exactly where everybody was seating around the room that day, where the doctors stood and how they were aligned. The memory is still very vivid and painful.

**Dan**

Dan is currently living with his mother and younger brother. His parents are divorced, although he sees his father on a regular basis. Dan is currently a student a university although he admits he is not very settled in this role. Dan was sixteen years old when his older brother Eric, age seventeen, committed suicide.

Dan describes how his family home had been broken in to days prior and was extensively damaged. As a result his family had moved out until the repairs were complete. The night before his brother was scheduled to go away, his mother received a call from him saying he was staying at the house. That made his mother uneasy and the fact that she was uneasy made Dan drive with her to their home.

> About a mile from our house a cop car flew past us. I just get cold shivers now thinking about it because I can remember like it just happened two minutes ago. When we turned down our street I saw the cop car in the driveway and I thought that he must be throwing a party. There were cops and ambulance and everything, and I was like, all right so he's passed out on the floor, or drunk or I don't know. So I went into the house and everybody pretty much ignored me. Everything was in slow motion. I was in my own world, like I wanted to know myself what was going on. I went down over the basement stairs. I just walked downstairs and there are mirrors on the wall that you're facing so that you can see yourself walk down the stairs. And I walked right over him not knowing I did. Because he was under the stairs and the way the stairs are you can see right through them. I was the only one out of my whole family who saw him there, dead. He was a funny color. I didn't go all the way down. Like I knew what had happened at that point. I didn't want anybody to see me cry. So I walked back up the stairs and I remember

> holding on to the wall while I was doing that and I went straight around the corner and into the bathroom and I'd say three single tears fell from my eyes. I didn't cry, I didn't make any noise.

Dan described that night as like standing in front of a big wave. He said it just hits and you are in shock from the wave, you feel the cold of the water, you feel everything.

**Justin**

Justin lives with his parents and younger sister. He is currently in level II of high school although he has missed a lot of time this year. Just six months ago Justin found his brother, David, hanging by an extension cord in the shed in the backyard. David was just 20 years old. Justin describes that night as follows:

> When I found him it was about quarter to eleven at night. I didn't know.... I hadn't seen him the whole day since I left the house at 9:30 that morning. When I went home I just went down to our shed like I always did to bring some garbage down there. When I went to open the door, the door got stuck. So I went to push it open and when I looked behind the door and saw him against the door. I smacked his face and then I realized what had happened. I knew then that he was gone because he was icy cold. I went up and told Mom. That was the hardest thing I ever had to do. She went down and she cut him down and then I phoned 911.

Shortly after that the police and the fire department arrived. Justin watched while they tried to resuscitate his brother on their patio. They later told them he had a faint heartbeat in the ambulance on the way to the hospital but they lost it. Justin and his mother went to the hospital and a short while later the doctor told them was nothing he

could do. Justin, with tears in his eyes said "I was really, really upset, really in shock. Couldn't believe it."

The researcher would be remiss if no comment was made on the reactions of the other family members to telephone calls and visits. Most of the contact was with mothers of the adolescents, resulting in conversations of great length and depth. Initial telephone conversations with the mother, introducing the study, sometimes lasted up to 60 minutes. For some there was an overwhelming need to tell and retell the story of the death of their child, to search for support and acknowledgement that they are surviving, and to express concern for their surviving child. After the interviews, the mothers, and sometimes the fathers, also sought out the researcher to further explore their memories and feelings. They had a strong desire to share as much about their dead child as possible, such as pictures and other momentoes. It was like the families wanted the researcher to have a bond with the sibling. The mothers expressed a great need for more support systems for themselves and even more so for their surviving child. They were very grateful for the provision of the opportunity for their child to talk about their experiences surrounding the death of their sibling and were very encouraging of their sibling to participate.

Only two families contacted refused to notify the adolescents of the research study and therefore could not be interviewed. For one family, the guardian for the child, an older sister, stated that she did not want her sibling upset again as he was just getting back to "normal" after the death of her brother six months ago. For the second family, the mother was called and informed of the study and was asked to inquire whether the adolescent would participate. The mother refused to inform the adolescent of the study.

The mothers consent was not required to contact the teen directly, however it was felt that it was inappropriate to make the second contact directly to the adolescent after the mothers' response.

## Findings of the Study: The Bereavement Process: The Search for New Meaning

Analysis of the data revealed that the core variable in the grieving process for adolescents after the sudden death of a sibling was ***'the search for new meaning'***. The participants in this study described a process of searching for how this tragedy fit into their life, how it had permanently changed them and how they learned to go on living knowing their sibling was gone forever. The search began the moment the adolescent learned of their sibling's death, and continued on for many years until new meaning was found. In the data it was clear that there are no time lines and for some the search may never end.

The ***'search for new meaning'*** after the sudden death of a sibling encompassed several interrelated stages: (a) ***finding out***; (b) ***avoiding reality***; (c) ***facing reality***; (d) ***turning the corner***; and, (e) ***finding new meaning*** versus ***ending the search.***

The first stage, ***finding out***, involved the adolescent being told or discovering their sibling had died, and their immediate reactions. The second stage, ***avoiding reality***, was the time from the initial reaction, to feeling the full impact of the loss, usually within the first few weeks after the death. In this stage, the adolescents talked either of going

through the motions and not remembering many details, or keeping busy and taking control. The third stage, ***facing reality***, was the essence of their grief and the focal point in their '***search for new meaning***'. Here the teens described the obstacles they had to overcome and what they individually went through in the month/years after their sibling's death. They then moved on to stage four, ***turning the corner***, a transient stage, where the teens took one of two paths. One they described as a move toward an acceptance of the death, a realization that things were getting better and they were going to be okay. This path led to the ***finding new meaning*** stage. The other path some of the participants took led in a much different direction, and involved giving in to the loss and ***ending the search***. Fortunately, the two participants interviewed who decided take this path and ***end the search***, were able to return to the ***facing reality*** stage again and continue their '***search for new meaning***'. For those that moved on to the ***finding new meaning*** stage, they described it as moving on with their lives and accepting how the death of their sibling had changed them forever. Sometimes the participants thought they had ***found new meaning***, only to discover they were not happy with their life, and they returned to an earlier stage in the process, ***facing reality***, to begin the search again.

In the journey from ***finding out*** to ***finding new meaning***, or from ***finding out*** to ***ending the search***, the underlying psychological process the teens were engaged in was the ***'search for new meaning'*** (See Figure 1). As is described in the following section and can be seen in Figure 1, the process is fluid and can be cyclical in nature.

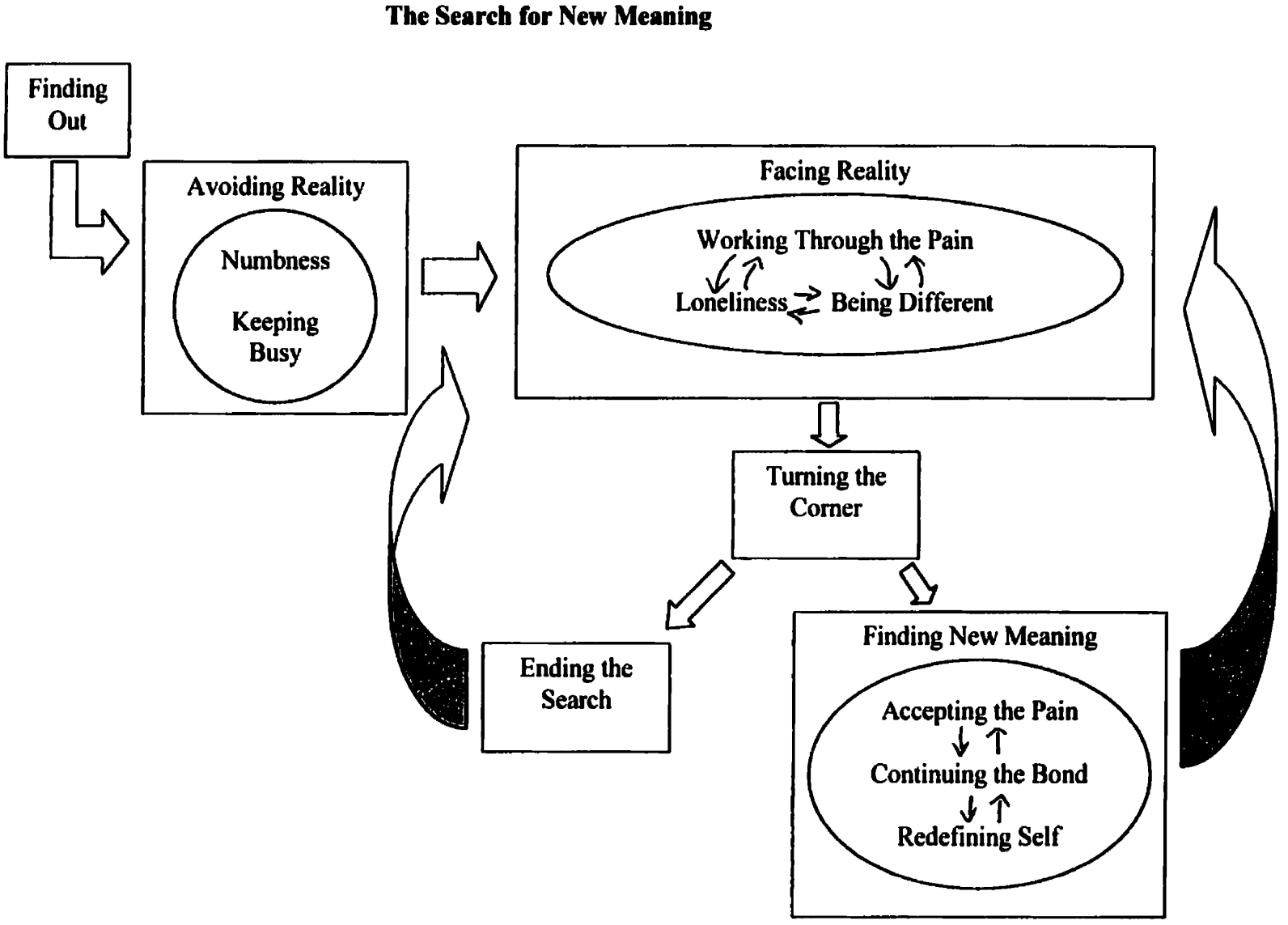


**Figure 1. The Process of the Search for New Meaning**

## Stage One: Finding Out

***Finding out*** refers to the time when the adolescent discovered that their sibling had died and marked the starting point in the adolescents' ***'search for new meaning'***. This stage was characterized by the initial responses to the loss.

**The Initial Responses.** Four of the participants learned of their sibling's death from a health care professional following resuscitation efforts, while two actually experienced finding their dead brothers. For all of the participants, one of the immediate responses was shock. They talked of not believing it was happening and of the feeling that what was happening was unreal:

> I thought everything would be alright. They said he was knocked down and everyone else was crying but I didn't really understand why. When they told me they had to take him off life support I lost it. I couldn't believe it.

And another participant reported:

> It's indescribable, overwhelming. Did you ever get hit by a wave and it takes your breath and everything? You stand in front of a big wave and it just hits you and you're like in shock from the wave and you can feel the cold water and you can feel everything. That's how it felt to me.

All of the teens felt tremendous sadness and showed outward emotion such as crying, although to different degrees. Dan, upon finding his dead brother, went to the bathroom and "shed about three tears". He said he didn't want others to see him cry. For John, Pam, and Justin, the response was more pronounced, with Pam relating that she lost

control, became hysterical and required a sedative to calm her. Justin described the following reaction:

> The hardest thing I had to do was to go up to the house and tell my Mom my brother was dead. That was the hardest thing I ever had to do...I cried a lot.

For some of the teens, the sense of loneliness began at the very moment they were told of their brothers death, and would prove to be one of the major obstacles to be overcome as the teens ***'searched for new meaning'***. Sue, who was left as the only child, stated, "I knew that I would be alone, because I didn't have a brother now. I was going to be an only child, that it was going to be different."

This stage also depicted other varied responses to the death, including fear of their parent's reaction, and the feelings of panic and anger. For Dan, his anger was significant and pronounced. From the minute he discovered his brothers body, he blamed his brothers friends for driving him to suicide. He talked openly about revenge and this anger stayed with him for years following his brother's death.

## Stage Two: Avoiding Reality

Following the news of their sibling's death, the teens entered a period where they avoided the reality that their sibling had died and what that meant to them and their family. On a cognitive level they knew their sibling had died but at this point they had not processed it any further.

The length of this stage varied but was generally the time surrounding the wake and the funeral. All of the participants talked of the importance of attending the wake and the funeral and participating in the rituals. They spent many hours at the wake and said they wanted and needed to be there. During this time they could still see their sibling and therefore they felt he was not really gone. While they still saw their sibling, they held some hope that it was not true. Some reported that pretending their brother was sleeping helped them avoid the fact that he was dead. Some described talking to their sibling at the wake, which helped them ***avoid the reality***:

> You feel like he's still there, you know as long as his body is still there. Like I found myself going over and having conversations, like just sitting down and I guess that helped too, like as long as his body was there you were fine.

During this stage there were two distinct responses. Some of the teens described this as a period of numbness, while others kept busy to avoid the reality.

**Numbness.** When asked about the days surrounding the funeral, they responded that they could not remember what went on and how they felt. They were numb. It was described as going through the motions or being in a fog. They could remember being at the wake and the funeral but were really not aware of details or specifics. They knew friends and family visited the funeral home and their own home but could not relate to the interviewer what they did or what was said. One teenager remarked, "It's like I can't remember the three days actually going to the wake, I just can't remember it."

**Keeping Busy.** Some of the teens avoided reality by taking control of the funeral preparations or keeping busy with routine activities. Some were caught up in the traditions of the events and played an important role in the planning of the wake and the funeral, looking after other family members and taking care of the smallest detail. This gave them a sense of control and also helped them avoid dealing with the fact that their brother was gone forever. This socially acceptable behaviour may be seen by others as delaying the bereavement process. Others kept busy by being with their friends and looking after everyone else:

> I found myself trying to look after my Mom and make sure she was ok and then trying to keep an eye to my other brother. There really wasn't time to sit down by myself and evaluate things and absorb it all. If I had all these other things to do then I didn't have to think about the immediacy of what happened and what we do from here.

And another participant reported:

> I never gave myself time to really think about it. I was just constantly on the go and just kept moving. I was trying to comfort other people.

For all of the teens, the end of the avoidance stage and the beginning of ***facing reality*** stage occurred at some point within the first few weeks after the death. The time varied from teen to teen. Several described the funeral/cemetery as the pivotal moment when the cognition and emotion first came together. Once the coffin was closed and lowered into the ground they knew he was really gone. They expressed that this would be last time they saw their sibling and they realized he was gone forever:

> The morning of the funeral was hardest. You really have to say good bye and know this is the last time you are going to see him. It was very, very difficult.

Another participant stated:

> At the funeral one of his friends got up and recited a poem. That's when I lost it, totally. I realized exactly what happened. I knew it was real, but I think it truly hit home. It hit me like a ton of bricks.

John recalls that for him, this realization came later, about two - three weeks after the funeral. Up until that time he kept busy, went with his friends and talked generally about the details of his brothers' accident but never about the impact it was having on him. He just wanted to try and forget things, to get it out of his head for a while. He said that at that point "I didn't want anyone to grieve for me or give me sympathy". Then he came home one day and realized his brother would never be there again:

> For the first few weeks I was just waiting for him, like he was gone on vacation, I was just waiting for him to come through the door any minute. And that's what is seemed like even though you did know he was gone. You didn't want to accept it as much. I'd come in the door and that's when it really hit me. The first time I realized that he was truly dead.

When the realization hit that their sibling was really dead, they could no longer avoid reality and they moved on to the next stage, ***facing reality***. The teens now had to deal with the reality of the loss and continue with their ***'search for new meaning'***.

**Stage Three: Facing Reality**

This stage began when the teenagers could no longer avoid the reality of the death and began coming to terms with what the death meant to them. This stage varied in length depending on the individual. For Karen it seemed to last about six months, while

for Pam it was about two years. For Dan, this stage apparently never really ended as he thought he had found new meaning through the consumption of drugs and alcohol, but later returned to the ***facing reality*** stage to begin his search again. Three main components of this stage were identified: (a) working through the pain; (b) loneliness; and, (c) being different. The process of working through this stage was not linear and the three components should not be examined in isolation or be considered as phases. The teens moved back and forth through the three components and many times they overlapped.

**Working through the Pain.** For all of the participants, the pain of this loss was intense and deep. They described it at times as unbearable and overwhelming. While all of the participants recognized the significance of the loss to their parents, and how losing a child was one of the most difficult losses to bear, they all felt that their loss was significant as well, and sometimes not recognized as such:

> I lost out so bad. I don't think I deserved it. My parents' loss was huge. They lost a son. I can't imagine, I would never want to imagine that. But I lost a brother, that's more then a son at this point to me...losing your brother was more than losing a parent, your parents are supposed to die before you...I'm still in a lot of pain. But there's nothing I can do about it.

Six months after his brother's death, Justin still at times did not believe it had happened. He stated, "When I looks at his headstone I cannot believe it is really him. Sometimes it's easier to pretend it's not real."

Many times, the pain hit them unexpectedly and was just as intense as the day they were told their brother had died. The teens stated that during this stage the frequency of the times the pain would hit decreased over time, however the intensity stayed the same:

> I get a pain in my chest and I cry and its' almost like a panicky feeling. It's unbelievable. It's like I feel the same as I did when I was told he was gone.

For Dan, Justin and John, their pain was so intense at times that they became very angry with their dead siblings. Dan and Justin were angry with their brothers for taking their own lives and for causing them and their family so much hurt, pain and turmoil. Dan also had intense anger toward his brother's friends, who he felt contributed to his brothers' actions:

> I'm mad for the reaction it caused. I'm mad that I don't have an older brother anymore. That's a huge part that I miss. I wish I had a brother.

John was angry with his brother for dying and leaving him to deal with the pain:

> I was angry at him because of the fact that sometimes where it was a really hard ordeal and everything, and everyone was going through it and things were coming down on me and stuff. I'd say to myself, why did you have to go and leave me here to put up with this.

The teens used various methods to work through their pain, including finding someone to talk to that understood, protecting their parents from their pain and escaping through various means.

At times the teens chose to deal with the pain through talking to others. The teens stated that talking about the loss helped them deal with the pain by sharing their feelings with others that would understand. Generally the teens gravitated toward a peer that had

experienced a similar loss. While all felt the loss of a sibling was unique, all stated that finding someone who had experienced a loss was important:

> It was good to know someone who has gone through a lot of pain. I felt with my best friend I didn't mind looking vulnerable or anything like that. Like I acted strong in front of everybody else but in front of her I didn't mind.

Another participant stated:

> I think she understands more about what you feel when you've lost somebody close, but I don't think anybody can really understand the loss of a sibling unless they've gone through it.

Equally important was being allowed to talk on their own terms and at their own time. The participants really valued not being pressured into talking when they were not ready. Essentially, they wanted someone to listen. That was the most important quality of someone who understood:

> That's why they helped me the most, because they let me come to them instead of them coming to me.

Another participant stated:

> You don't really need somebody to talk back to you, you just need somebody to listen and get it off your chest and get it out.

Prior to his brother's death, Justin said he had very few friends. After his brother died, he started in a new school and the few friends he did have went to different schools, limiting his support systems even further. At the time of his interview, Justin verbalized that he had no friends. The only persons, beside his mother, he had to talk to were his two cousins, who did not attend the same school and did not live in his neighbourhood.

Dan reported he had lots of acquaintances but only one friend at the time of his brother's death. His only support was his girlfriend, with whom he shared almost everything, but also with whom he had a very stormy relationship. At times he felt she really did not understand:

> No one understood. There's lots of things (friend) and I joked about that were serious questions but they just got blown off.

At the end of the first interview, Dan admitted that it was the first time he had shared his true thoughts and feelings with anyone since his brother died, five years earlier.

It was interesting to find that most of the adolescents did not share their pain with their parents but protected their parents from their pain instead. Five of the participants said their parents were available to them and encouraged them to talk, but they chose not to share their pain and feelings. In fact, the adolescents protected their parents from knowing the true impact that the loss was having on them. When questioned as to why, they expressed the belief that by sharing their pain with their parents, this would only increase their parent's pain and suffering. To cause more pain in their parents would only increase the teens' pain. So they chose not to share with them, to protect their parents and in turn protect themselves:

> I felt that if I brought it up to my Mom or step-father I was going to hurt them. That would hurt me more as well and I did it to protect myself.

Another participant stated:

> Mom needed me. I had to be there for her and I didn't want her to know how I was feeling. I didn't want her to know how much it was affecting me...If I bring it up to them they only get upset. And then I feel bad for bringing it up.

And another:

> I didn't want her to think that I was upset about it. I didn't want her to worry about me.

Justin was the exception. For the first two or three weeks he kept things to himself and then he started talking to his Mom. He said she was the only one who truly knew what it was like to find his brother hanging in the shed, as she experienced it with him.

Some participants tried to escape by throwing themselves back into the routine of everyday life. The teens returned to school and some were able to continue to do well with their studies. Karen stated that, "School helped a lot, throwing myself back into my courses." Others found it very difficult to concentrate and their marks suffered. Justin missed a lot of school and started having panic attacks. He said he hated school before his brother's death and was never a good student. Pam found the first year of school after her brother's death very difficult, saying she could not concentrate and her marks dropped. Dan chose to minimize his pain by escaping through the use of drugs and alcohol. This helped him avoid the pain of the loss:

> I forgot the world was even turning, I went into the deepest darkest corners with the craziest people I could find...I found the wonderful world of smoking weed and I forgot just like that....I was searching for something and I found it in the wrong things.

**Loneliness.** As mentioned previously, two of the teens spoke of feeling lonely the minute their sibling died. For all of the participants, the intense feelings of loneliness were a significant finding during this stage:

> I miss him so much. I think about the future and how I wish he could be here with me.

Another participant stated:

> I'm pathetically lonely. I know that I am.

The teens spoke of the importance of the sibling relationship in general and how that relationship was taken away from them. The loss of the relationship was even more significant for those participants who were the only surviving sibling. Before the event they had a sibling relationship - after the death, they were an only child. For all of the participants, the loss of this sibling relationship was critical. If the sibling was older, they expressed the strong sense of loss of a role model, as the person who was going to prepare them for their future was now gone. They were left to find out how the world worked on their own:

> I think I am lonelier now because I can't talk to anybody, I don't have anybody to talk to.

Another teen remarked:

> I'm now the leader, I don't want to be the leader. I don't want to be the first one to go through everything.

And another described it as:

> I feel a lot more alone that I ever have. My brother was popular with everybody and that made me stronger, like knowing my identity was his sister. When I lost him I lost my status too, my identity...I feel lost as a person.

The teens talked of not being able to share significant events with their dead sibling, such as birthdays, Christmas, graduation, or getting their driver's license. These were described as difficult days and all wished their sibling could participate in these important events with them. The first time the special day came after the death was the most difficult, especially the first Christmas:

> It was awful, Christmas was. I didn't even want to celebrate at all, I wanted to forget it but Mom still wanted to. I wished he could be there.

Many of the teens recalled the fights they had with their sibling and would have given anything to be able to fight with them again. This led to some anger toward other teens when they commented that they wished their brother or sister was dead after an argument:

> When a friend says, 'I hate my sister' sometimes I feel like saying, 'well at least you have one to fight with.' All the stuff we take for granted and then after something like this happens you miss it and you wish you could fight with him.

The loneliness was, in part, due to the uniqueness of the grief they were experiencing. Their grief was very individual and set them apart from their family and friends. All of the participants believed that their grief was different from their parents, and five stated that their grief was not less, just different. They described their parent's grief as more open and emotional, and it was accepted by the people around them as how parents should react to the death of a child. These adolescents, following the ***finding out*** and ***avoiding reality*** stages, did not express their grief openly, in part due to their need to

minimize the pain, as discussed earlier. The uniqueness of their grief led them to keeping many of their feelings to themselves because they felt no one else understood:

> I was the one that everyone paid the least attention to. My pain was worse.

Another participant stated:

> Nobody else knows what it feels like. Someone else who lost their brother might. Even then they wouldn't know exactly what it's like.

This lack of understanding by others of the intensity of their grief served to minimize their loss. This, at times, isolated them from others.

Finding ways to decrease the loneliness were important during this stage and included maintaining the bond with their sibling and drawing on their spiritual beliefs. In an effort to remain close to their brothers, Justin still carries his brother's wallet and uses it as his own and Dan still wears his brother's watch, seven years after his death. Some teens purposely tried to dream of their sibling, some carried pictures with them or spent time remembering events in an effort to remain close:

> I dreamt about him a lot after he died and a few nights I woke up and thought I could see him. I think he watches over us.

Another reported:

> I started a new diary when he died. Any memories of him I wrote them down and it made me feel good to look back over it and laugh. Or I'd write a letter to him. It made me feel a lot closer to him.

Five of the adolescents expressed the spiritual belief that their brother was still with them in some way and at some point they would see him again. Four of the teens had strong religious beliefs prior to the loss and they believed their sibling had gone on to a

better place. This loss did not waver those beliefs. They sensed at times that their sibling was close and watching over them. All had the belief that they would see him again some day. This belief helped them, at times, get through the loneliness and also helped keep them connected, on some level, to their dead sibling. They all commented that this helped them come to terms with ***facing reality*** and was important in accepting the loss:

> God needed him. It helps me get though it. I believe he is gone to heaven and he's ok now.

John did not have strong religious beliefs prior to his brother's death. He described himself as a teenager who did not believe in anything and was trying to make sense of God and death. During this stage he did a lot of exploring around a belief system and slowly moved in the direction of believing his brothers' energy was still with him in some way:

> After my brother died that's when I started thinking more or less about this because I started thinking about where, what and how....I believe he is with me, as energy all around me.

**Being Different.** One of the most obvious issues the teens struggled with was they were now different from their peers. The teens all stated that this loss changed them forever. They knew they were changed because of the traumatic event that had just occurred, yet they did not want to be different and did not want to be treated differently. They wanted to be 'normal'. This created a paradox. They knew they were different but they did not want to be different. In turn, one side of them wanted others to acknowledge

the loss but the other side did not want it acknowledged, because that made it more real and isolated the fact they were now different. One teen described it as:

> I thought people would think I was different. I didn't want them to just because something had happened and I couldn't do anything about it. I didn't want special treatment or anything.

Another participant remarked:

> I didn't know how I wanted to be treated cause part of me wanted sympathy from people and comfort and part of me wanted to be treated the same, I didn't want to be different.

Sometimes the teens felt that something was wrong with them because they had experienced this loss, even though it was not their fault and was totally out of their control:

> I feel flawed. It changed me so much that I'm not even the same person I was before it happened. I don't know how to deal with it, because I hide, I didn't want to talk about it.

They were now different, and this difference caused them a great deal of ambivalence and confusion. In this stage they were unsure how it changed them and how to cope with these changes. For some, their peers acted differently toward them:

> As soon as everyone knew how I felt, saw me upset, they thought of me as a weaker person.

Another teen described:

> They wouldn't bring it up around me, afraid I'd get upset or something.

For some, it was the reaction of teachers, counsellors and others that created strong feelings of being different. To the teens, a simple acknowledgement of their loss was

acceptable and welcomed from this group. The teens wanted their teachers to acknowledge their loss in a private way:

> I wish the teachers had said 'I'm sorry', he was a good person or whatever. It seemed the teachers didn't want to upset me, they were afraid...It would have helped it they said 'I was sorry'.

However, if these individuals singled out the teen by making a public gesture or statement, this led to resentment and strong feelings of being treated as different and like they were abnormal:

> I went to see the counsellor once, she called me down. I didn't like that. People might think there was something wrong with me or something. I felt like I was singled out.

These teens also started behaving differently during this stage. They reported being more sensitive to their parents needs, being more careful, not taking risks and trying to protect their parents from further hurt and pain. In some cases they took on more responsibility at home and tried to help the family as much as possible. Some described this as having to grow up faster because of this experience. This growth was not a conscious decision, it happened over time. Some reported this as a positive experience and others a negative, especially when they related the changes to the reason they were now behaving differently:

> I had to grow up faster, I couldn't grow up normally. All of a sudden I had to grow up, to be more independent.

Another teen described the change as:

> I don't mind having the extra responsibility but it's mostly how I got it. Now if anything has to be done around the house I am the one who has to do it. Before it was him...I had to grow up in a hurry.

Another described their change as negative:

> I've become the person that my brother was, I hate it.

## Stage Four: Turning the Corner

At some point in the process, the teens entered the transient stage of ***turning the corner***. Two very different paths were available, similar to a fork in the road, leading to two very different stages, ***finding new meaning*** versus ***ending the search***. The teens took that path that represented an acknowledgement that they were getting on with their lives, moved on to the ***finding new meaning*** stage. The other path led to a decision to give up their search, leading to ***ending the search***. When this turning point occurred was dependent on the length of the previous stages and varied widely with the teens interviewed.

Five of the teens talked about a time when things started to get better and they moved on to the ***finding new meaning*** stage. The turning point was either a specific moment in time or the teen noticing that the good days were more frequent than the bad. For Karen, it was a point about six months after her brother's death. She remembered that day clearly. The first Christmas after her brother died her family did not want to celebrate, no tree, no lights, and no decorations. Karen loved Christmas and thought that

sitting in a sombre house was not going to help those left behind. It would only make things worse. She decided she could live in grief forever or move on:

> I think that was when I first verbalized it. Death happens, we don't know why or we don't know what reason and we're never going to know but its something you have to accept. If you don't accept it you are in for a hard battle. By me dwelling on it wasn't going to get me anywhere. It was important for me to move on. That didn't make his death insignificant.

For John, it was around the time he started to think about his brother's death differently. He ***turned the corner*** when he solidified his belief system and believed that his brother was now an energy source that was with him. This belief system did not develop over night but was being formed as he moved through the previous stages:

> It probably took about a year and a half or so because the whole time I was thinking about it. But it never really hit home until later when I actually came up with my own beliefs...I started thinking about it differently.

For some teens, the realization that they had turned a corner did not become obvious until they looked back over time. For Pam, there was no moment she could pinpoint. She expressed the feeling that about one and a half years after her brother's death she noticed things were better.

Two teens ***turned the corner*** and gave up on their search. The pain and loneliness was unbearable and they looked for a way to escape. This was described as a specific point in time when they knew they wanted to ***end their search***. For Dan, the realization came when he was riding in a car with his friends:

> We were driving to CBS and I was just thinking, what am I doing here with these people. Why, why, why, why. Why don't I open the door and jump out of the truck. I lost it. I didn't care anymore.

These teens moved on to ***ending the search.***

## Stage Five: Ending the Search versus Finding New Meaning

### Ending the Search

Two of the participants made the decision to end their search. Both Dan and Justin voiced thoughts of suicide, as they both could not bear the pain any longer. They had decided to give up their ***'search for new meaning'***. For five years after his brother's death, Dan thought he had ***found new meaning*** and moved on with his life. However, his new meaning was supported heavily through the use of drugs and alcohol. His grief once again overwhelmed him and he returned to the ***facing reality*** stage to start his search again. About six months later, the pain was again too much, and five and a half years after his brother died, he decided to end his life, thereby ***ending his search***. He described it as wanting to get away from the pain and loneliness that his brother's death had caused him and his family:

> I wanted to die to escape the pain...I didn't want this place (life) anymore. I didn't like it. I didn't need it. This place just hurts people.

Justin also gave up and thought of escaping his pain through suicide. Five months after his brother died, Justin expressed thoughts of killing himself and sought help. He said it was the only way he could think of to get away from his pain and loneliness.

Although somewhat contradictory, ***ending the search*** for new meaning was the only means by which some semblance of new meaning could be obtained, at the time, for these two teens. Fortunately, for both of these adolescents, they sought help and were able to continue the process, by returning to the ***facing reality*** stage and their '***search for new meaning***'. If they had not sought help, attempted suicide and been successful, they would have ***ended their search***.

**Finding New Meaning**

At this stage, the teens expressed the view that they had faced the reality of the loss and that things were better. The bad days were not as frequent and they had found where the loss fit into their life, or ***found new meaning***. The teens expressed that the loss was not any less significant at this point, as it would always be a big part of their lives, but they had found how to continue living within the loss:

> I've dealt with things. It's not over, it will never be totally over, it will always be there. I'm just more at truth with myself.

Another teen commented:

> I don't want to be too upset about it, I don't think he'd want me to be upset all the time.

The new meaning was very individual and different for each participant and did not necessarily mean that this was the end of the process. For example, as described previously, Dan reached the ***finding new meaning*** stage at least twice since his brother's death. The first time, the new meaning involved the use of drugs and alcohol, which

helped him escape from the pain and loneliness. However, he could not hide forever and his grief again overwhelmed him. He described himself as a lost person at this point. He commented during the initial interview, five years after his brother's death:

> I think I can start again. That's how I feel right now. I'd have to start again and the five years that I had since were my dealing with the process, its' just coincidental that you've actually asked for this interview during my clarity and restepping.

He had discovered that his '***search for new meaning***' was not over and he was returning to the ***facing reality*** stage to continue his search. Seven years after his brother's death, during the second interview, Dan said he had ***found new meaning*** again:

> My anger toward them consumed more of my life than I wanted and because now I lean towards a belief that everything happens for a reason, I choose to learn from it rather than be destroyed by it. Which is only something I have come to understand in the past two years.

Some teens circled back to the ***facing reality*** stage if the new meaning they had found did not allow them to get on with their lives. The '***search for new meaning***' continued for many years.

There are three components to this stage, similar to stage three. They are (a) accepting the pain; (b) continuing the bond; and, (c) redefining self. Some of the concepts the teens spoke of in the ***facing reality*** stage continued to be important in this stage, such as the importance of continuing the bond through memories and spiritual beliefs. This gave strength to the theory that the final three stages and components of them are fluid and should not be considered phases or as having start and end points.

**Accepting the pain.** Part of finding new meaning was accepting that the pain would be with them forever. All of the participants expressed that they knew the pain would never go away and when it occurred, it was just as intense as the day their sibling died. One participant said "when the pain comes it is just as hard but it is not as often". But, in this stage, sometimes they had greater control over when the pain occurred and they knew it would fade again until the next time. Some of the teens purposely kept reminders, such as pictures, as an important part of continuing the bond, knowing full well that they would bring back the painful memories. But they accepted the pain as part of the remembering and necessary to continue the bond.

The one memory they all said was as vivid as the day it happened was the day their sibling died. They all believed they would remember that day until the day they die. It was also the most hurtful memory:

> I can remember just like it happened two minutes ago... It 's the most vivid memory I have of growing up.

The worst days were anniversary dates and special occasions. During these times they experienced the acuteness of the pain all over again and also experienced feelings of loneliness. They could not help but be reminded of the loss during these times:

> Christmas time, his birthday and the anniversary of his death are the hardest. Every Christmas, even though it has been five years, is the same.

Another participant described:

> Christmas is still the hardest time. I'm not too fond of it anymore.

**Continuing the Bond.** As maintaining the bond was important in ***facing reality***, continuing the bond was just as important in ***finding new meaning.*** All the teens said they never wanted to forget their brother and still took steps to keep memories alive. They reviewed pictures and talked to others, including family members, of events they shared. It was during this stage that the teens spent more time talking to their parents of moments they shared with their dead sibling. They still did not share their feelings but found talking about the memories helped keep the bond secure:

> Pictures are really important to me and things he might have made. I try to keep the memories vivid.

Another participant stated:

> He's still with us, his memory is still in my mind therefore I will never let go of it.

Remembering the good times was very important and most teens, when interviewed, rarely spoke of any negative memories of their sibling other than the event itself. They went to great lengths to protect the memory of their sibling.

Sue was the only teen who verbalized that her memories were fading. She stated that as time went on she was forgetting things her parents talked about and this was upsetting to her. She described it as:

> I find now that I'm getting older I don't remember him as much. I was young but it didn't seem like I was young at the time but when I look back I was only 13 and I find it hard to remember. I remember certain things. I won't ever forget him...It's not that I tried to forget but I just can't think of it.

Sue went on to say that it was important to her to keep remembering and she never wanted to forget her brother.

Still important to five of the teens was the belief they would see their sibling again some day. This belief provided an anchor to the sibling, that they were not gone forever, just not with them now. This belief gave the teens hope. For five of the teens, this spiritual belief helped them ***find new meaning***:

> The first year was really hard. But now I'm doing really good. I know he's gone but I'll be with him again soon, so I'll just go through life and get as much out of it as I can cause I'm going to be with him again anyway. That gives me hope. There's still a chance to see him and it makes me feel like I'm going to be a better person, to make sure I do be with him when I die.

Another teen describes it as:

> I wouldn't say there's a day go by that I don't think about him in some capacity. It takes away some of the loneliness but just knowing I'm never going to see the physical person or hear his voice...they are the things that make it lonely. But I will see him again some day.

John describes it as:

> I believe he is here with us, his energy. Everyone has their own energy and you cannot destroy energy. He's sort of my protector in a way.

**Redefining Self.** By the time the adolescents reached the ***finding new meaning stage*** they were closer to redefining who they were, based on the experiences of the previous stages. Sometimes this was a positive sense of self, other times they were not happy with whom they had become. Most were more comfortable with the new family structure and their new roles and responsibilities. The teens now had a greater sense of how this loss had changed them.

Personal growth occurred to some degree across all stages of this process but was most evident during this stage. During stage three, they described it as being different, almost in a negative context. In this stage when they talked of how they had changed, it

was more positive. Most felt that this experience had a growth effect on them. They reported a greater understanding and appreciation of life. Life was more important and some said they lived each day to the fullest, taking fewer risks and ensured that their family members knew how much they loved them. In many instances this was different than the attitude of their peers, but at this stage they accepted that their view of the world was slightly different than their peers. They considered their view as more mature than others. One teen described it:

> I think it made me look at life a little bit more, like not take things for granted and make sure that everyday is a good day. Things like how much money you'll have or if you go out on the weekend, that's what a lot of people my age look at. That stuff is irrelevant in the bigger picture.

Another stated:

> I'm a better person since this happened. It strengthened me. I think I have matured...I feel a lot better about life than I did. I almost feel I am living for him.

Some felt they could help others who had gone through the loss of a loved one and that they had a greater understanding of grief. Around the time of the second interview with Pam, a brother of an acquaintance of hers was killed suddenly. During the interview she expressed that she wished she could talk to her friend, as she understood, as well as any one could, how he was feeling. When prompted to call him however, Pam was reluctant to do so because of the personal pain that would cause her to relive her memories. Pam may still have a way to go in her '***search for new meaning***'. The redefining of self was not always positive. Sometimes there was still confusion in new family roles and a distancing of family members. Dan was not happy with who he had

become. Five years after his brother died he felt had not grown up at all since his brother died:

> I'm a very immature 21-year-old. I didn't grow up a day past 16, to be honest with you. I wasn't allowed. I was lost.

He returned to the facing reality stage and two years later he stated:

> In the past two years I've managed to get out of everything I was involved in. Everything I do for my girlfriend. I want to be the person that she wants to be with and to be that person.

He went on to say:

> The feeling of trust in people, that's mostly what I am looking for, trust. And emotions and feelings and having a sense about myself. They're the only things that I value.

## Conclusion

The participants described the bereavement process as the ***'search for new meaning'***. The teens proceeded through this process at different rates, depending on their own individual strengths, beliefs and supports. Each teenager followed their own path in their ***'search for new meaning'***. It was not a conscious process, with set boundaries. The search began the minute they were told of their sibling's death. After mastering the first two stages, there was a fluid movement though the last three stages. They ***found new meaning*** when they had reached the point that the good days were more frequent than the bad. They described this time as the pain being easier to accept, continuing the bond with their sibling and redefining who they were in the context of this loss. It was not that they no longer missed their sibling, as the loss would stay with them

forever, but they had moved on with their life as they had incorporated the loss into their 'new meaning'. However the search may not end here. Some teens returned to the ***facing reality*** stage when their grief once again overwhelmed them. Some teens did not reach the ***finding new meaning*** stage but turned a different corner and chose to ***end their search***. In the next chapter, the process of '***searching for new meaning***' is discussed in relation to previous research and new insights are identified.

# CHAPTER 5

## Discussion

In this chapter, the bereavement process of searching for new meaning for adolescents who experienced the sudden death of a sibling is discussed. Although it is evident there is overlap between the findings of this study and previous research, new insights are gained from the present inquiry.

At present little is known about what the bereavement process is like for adolescents who have experienced the sudden death of a sibling. The majority of research on bereavement has traditionally focused on adults and children, and the impact of the death of a child on parents, and has failed to address the bereavement process of adolescents and sibling death. With the limited research on adolescent sibling bereavement, expectations and interventions have been based, in many instances, on adult or child theories of bereavement. These models do not provide an accurate picture of the adolescent bereavement process.

The main purpose of this study was to examine the bereavement process of adolescents who experienced the sudden death of a sibling and to develop a beginning substantive theory to explain the process more fully. The first section of this chapter contains new insights into adolescent sibling bereavement. The second section of the chapter is a discussion of the findings in relation to the literature.

## New Insights – Adolescent Sibling Bereavement

The findings of this present inquiry have revealed aspects of adolescent sibling bereavement that have not been recognized in past research. Three areas include: (a) the ambivalence teens feel surrounding the knowledge that they are different from others as a result of the loss of a sibling; (b) the manner in which adolescents protect their parents from their pain in an effort to lessen their own pain; and, (c) turning to peers who experienced a loss for support.

It has been previously documented that adolescents who experience a loss relate feelings of being different. Davis (1991) reported that adolescents that had experienced the death of a sibling described feeling of being different from others, especially their peers. Adolph and Fleming (1986) also reported that the young adolescent (age 11-14) who experienced a loss, felt like they were different and marked because of the loss. In the present study, the teens also expressed that they were different. Most said that the minute they heard of their sibling's death, they knew this event had changed them forever and they would never be the same again. They had no control over the loss and they knew the death was not their fault, yet it would have a great impact on them.

What was unique to this study however, was the ambivalence that this knowledge of being different created in these teens. They knew they were different because of the devastating loss they had experienced, yet they did not want to be different or treated any differently. An example of this was when the counsellor called one teen out of the classroom, in front of her peers. This made her feel like there was something wrong with

her. It emphasized that she was different from her friends. Yet, when people did not treat these adolescents any differently and did not acknowledge the loss they had experienced, the teens became angry. The teens spoke of teachers not telling them they were sorry regarding their brothers death and how they felt this minimized their loss. On one hand they knew they were different, yet they did not want to be different and therefore did not want special treatment. Yet on the other hand, they did want their loss acknowledged, which in itself required a recognition that they had changed. This ambivalence created a very confusing and frustrating time for these adolescents. Without prior knowledge of these feelings of ambivalence, it must also be confusing for professionals who want to help. This new finding has implications for implementation of intervention strategies for helping professionals, which will be discussed in chapter six.

There has been varying evidence on the availability of parents to help the surviving children. Mahon and Page (1995), Pollock (1986), Rosen and Cohen (1981) and Schwab (1996) reported that parents are so preoccupied with their own grief they are unavailable to help the surviving children through their own pain. In many cases, the children take on the role of looking after the parent. In contrast, Hogan and DeSantis (1994), in a study of adolescent sibling loss, found that the teens reported their parents as being supportive during the bereavement process. The current study supports the findings of Hogan and DeSantis, as the teens reported that their parents were available to them at the time of the loss. But in contrast to Hogan and DeSantis, most of these teens did not turn to their parents for support. They made this decision based on their need to protect their parents, and in turn, protect themselves. Five of the teens in this study reported that their parents

tried to get them to talk to them but they did not share their thoughts and feelings. The teens stated that if their parents knew how much they were hurting as a result of their brother's death, this would only cause their parents more pain. And this in turn would increase the teen's pain. So in an effort to minimize their own pain, they did not share their grief with their parents.

The teens in this investigation referred most often to a peer as being most helpful during the time of their loss. In particular, they sought a peer who had experienced a loss in the past. The adolescents described this person as the individual best able to understand what they were going through. They were able to share their pain and grief without the fear that they would not be understood. It was the one person they could be honest with and share their vulnerabilities. Their peers also did not pressure them into talking, a characteristic they all found supportive. This finding differs from past research (Hogan & DeSantis, 1994), where the bereaved adolescents described family as being the greatest assistance during the death of a sibling, with mothers and fathers providing the most comfort. Rosen (1986) found that the majority of children who experienced the death of a sibling were unable to share their reactions with anyone, and if they did share, the most frequent person was a parent or another sibling. Mahon and Page (1995) reported the mother as the most frequent supporter. Teens in this study did not turn to their parents for support, but protected them from their grief. These findings have implications for those who may be helping the bereaved adolescent. Encouraging the

teen to talk to their parents would not be seen as helpful for this group, while supporting them in their relationships with their peers would.

## Discussion of Findings in Conjunction with Literature Reviewed

A number of topics will be discussed as they concur with previously identified research. The similarity of this current research will be compared, in detail, with the Hogan and DeSantis (1996) model of adolescent sibling bereavement. A brief comparison will also be made with Adolph and Fleming's (1986) model of adolescent bereavement, the Hogan et al. (1996) adult experiential theory and Miles (1984) theory of parental bereavement. Additionally, the longevity of the bereavement process and teachers and counsellors as support systems will be addressed. The similarity of the underlying psychological process of ***'the search for new meaning'***, as it relates to Frankl's (1991) logotherapy theory will also be discussed.

Several similar concepts were found to exist between the study conducted by Hogan and DeSantis (1996) and the current investigation. Three constructs: grief; personal growth; and, ongoing attachment, are the basis of the adolescent sibling bereavement theory (Hogan & DeSantis, 1996) and form a complex process with multiple pathways through bereavement and toward personal growth. This current study also determined that there are multiple pathways (Figure 1) through the process and opportunities to return to earlier stages as the adolescent embarked on their ***'search for new meaning'***.

Hogan and DeSantis (1996) determined that there are six categories that constituted the construct of grief. They included the permanently changed reality of self and family; physical effects; increased vulnerability; cognitive interference; the desire for reunion with their sibling (also identified as a key category in the construct of ongoing attachment); and, high risk coping behaviour. The current study identified many of the same concepts. The teens expressed the belief that the loss of their sibling had changed them forever and that they would never be the same again. They all described the night their sibling died as their most vivid memory. They experienced intense pain, loneliness and sense that they had lost the meaning in their lives during the first three stages of the process, especially in the ***facing reality*** stage, as well as in the ***ending the search*** stage. Others described similar findings (Balk, 1983; Demi & Gilbert, 1987; Hogan & Greenfiled, 1991; Martinson et al., 1987; Michael & Lansdown, 1986). In the ***finding new meaning*** stage, when they were learning to accept the pain, the initial intense pain returned, when certain memories surfaced, such as during Christmas and special occasions. Similar to bereaved parents (Lightner & Hathaway, 1990; Miles, 1984; Rando, 1986) and bereaved adolescents (Balk, 1983), these teens also described numbness in the ***avoiding reality*** stage and some had difficulty concentrating during the ***facing reality*** stage, which was found in a previous study (Balk, 1983). While two adolescents in this present study expressed they wanted to die, this was to escape the pain of the loss, not to reunite with their dead sibling, as Hogan and DeSantis reported. One of the teens engaged in high risk behaviour such as consuming drugs and alcohol, but

others turned to other measures to escape the pain such as keeping busy with friends, throwing themselves into their school work and talking about their pain with peers.

The second construct Hogan and DeSantis (1996) identified was personal growth, a finding supported by other research (Balk, 1983, 1990; Balk & Hogan, 1995; Bank & Cahn, 1982; Hogan & DeSantis, 1994; Martinson et al., 1987). The characteristics of personal growth were reflected in five categories: a permanently changed reality; increased sense of others; increased resiliency; increased faith; and, an ability to give and receive help. In the current study, many of these same characteristics surfaced. The teens talked of how fragile life is, that nothing is permanent and they would not take things for granted anymore. They described wanting to be closer to other family members, a finding supported in other studies of bereaved siblings (Balk, 1983, 1990; Hogan & Greenfield, 1991). Some felt they were stronger because of the loss they had experienced, had grown more mature and had an increased ability to cope with life, findings similar to that of Davies (1991) and Guerriero (1983). The importance of a belief system was evident in this current study and many teens drew on their beliefs and re-examined them in the face of the loss, concurring with reports in previous studies (Balk & Hogan, 1995; Hogan & DeSantis, 1994). Some of the teens felt that they were able to help others as a result of their experience and that their friends and family were there for them during their loss, reaffirming the finding of Hogan and DeSantis (1994).

Hogan and DeSantis (1996) view the constructs of grief and personal growth as independent in nature. They describe the trajectory of grief for the bereaved adolescent as the loss of all that is normal and their life being encompassed by feelings of hopelessness,

despair and profound loneliness. The adolescents are powerless to change their irrevocably altered reality. They propose that at the most intense point of grief, bereaved adolescents who become resilient survivors come to two simultaneous realizations: (a) their deceased sibling will never return; and, (b) they must regain control of their lives despite the permanent lack of proximity to their dead sibling. This simultaneous dual realization signals a turning point in the trajectory of grief, and the regaining of a sense of hope for the future and grief starts to lessen. The bereaved adolescents begin to reconstruct their lives based on a new reality and normality.

In the current investigation, the feelings of intense loneliness and pain and the realization they are different were evident in the first three stages of the process (***finding out, avoiding reality and facing reality***) and ***the ending the search*** stage. The teens in this study also reached a turning point called ***turning the corner***, where two paths emerged. One was described as knowing things would be or were better, and while their pain and loneliness had not gone away, it had lessened in intensity. The other path led to the teens giving up their '***search for new meaning***'. This finding, while not described in the Hogan and DeSantis's research, is reported by Martinson et al. (1987). They describe two paths emerging from the acute grieving process, one for the resilient survivors and another for the vulnerable survivors who fail to find meaning in life. Two teens in this study turned this different corner and gave up on their '***search for new meaning***', thereby ***ending their search***. These teens were at risk for suicide, however with help, they returned to the earlier stage of ***facing reality*** to begin their search again. While ***turning the corner***, in either direction, did not necessarily occur at the most intense moment of

grief nor did the teens express the occurrence of the two simultaneous realizations, as found by Hogan and DeSantis, a turning point was described.

Hogan and DeSantis (1996) describe the trajectory of personal growth as the bereaved teen having to redefine roles and relationships and seek new answers to their identity questions. The search for new answers leads to a reprioritization of their lives and personal growth. In the current study, some of the teens described examples of personal growth in the ***facing reality*** stage and a similar process, called redefining self, in the ***finding new meaning*** stage. Again, in this study, unlike in the Hogan and DeSantis study, for one of the teens, the loss was not an impetus for maturation but rather an obstacle for growth, a finding supported by Bank and Kahn (1982) and Hogan and Greenfield (1991). One teen, seven years after his brother's death, still described himself as 'lost'.

The final construct of the Hogan and DeSantis (1996) theory is ongoing attachment, a concept identified in other research on childhood and adult bereavement (Hogan & DeSantis, 1992; Klass, 1993; Silverman & Worden, 1992). Ongoing attachment is described as "the motivational energy that assists in transforming bereaved adolescent siblings into resilient survivors" (Hogan & DeSantis, 1996, p. 191). It manifests itself when grief is most intense and the adolescent must replace their profound sense of hopelessness and meaninglessness with hope and meaning. They do so with the concept of ongoing attachment and the belief of the possible reunion with their dead sibling. They propose that ongoing attachment assists the bereaved sibling to understand that their dead sibling is gone forever and frees this energy to allow them to form a reality

that includes the spiritual presence of their deceased sibling. Ongoing attachment also helps the process of personal growth to occur, leading to a greater sense of self and responsibility for others. Hogan and DeSantis (1996) consider ongoing attachment as the silent variable that mediates the construct of grief and the construct of personal growth.

In the current inquiry, maintaining the bond with the deceased sibling was also identified as a key concept. Four of the teens re-affirmed their belief system and took comfort in the fact that they would see their sibling in heaven, similar to the Hogan and DeSantis (1996) findings. One teen re-evaluated his belief system, accepting the new ideology that his brother was now an energy source and was always with him. Maintaining the bond went past the spiritual belief, as all of the teens spoke of wanting to maintain closeness with their sibling from the moment their sibling died. Some carried a possession of their siblings, kept in touch by telling them of key events in their lives, dreamt and wrote about them, said they would never forget them, and kept their memories alive. The importance of maintaining the bond became stronger during the ***facing reality*** stage when the teen had to accept the fact that their sibling was not returning. Before this, they had not really accepted the fact that their sibling was gone.

Hogan and DeSantis (1996) refer to ongoing attachment as the key to transforming adolescents into resilient survivors. In this current study, all six adolescents described the importance of maintaining the bond with their deceased sibling, and this is one of the key concepts in the ***facing reality*** and ***finding new meaning*** stages and ultimately their ***'search for new meaning'***. One of the teens, of the Muslim faith, while maintaining other connections to his brother, did not talk of believing he will see his brother in the

afterlife. This teen had thoughts of suicide and had not ***found new meaning*** seven years after his brother's death. This finding may support the theory that anticipating a possible reunion with the deceased sibling is an important aspect of continuing the bond that may influence the outcome of bereavement. Further exploration of this concept is needed.

Hogan and DeSantis (1996) propose that "the interaction between ongoing attachment and the construct of grief, and the interaction between ongoing attachment and the construct of personal growth are bi-directional" (p.192). However, grief and personal growth are independent of each other. The current theory did not see a separation in grief and personal growth as there was a fluid movement between the concepts in the ***facing reality*** stage (working through the pain, loneliness and being different) and well as the ***finding new meaning*** stage (accepting the pain, continuing the bond and redefining self).

The bereavement model formulated by Fleming and Adolph (1986) integrates theories of adjustment to loss (Bowlby, 1980) with theories of adolescent ego development. In this conceptual framework, adolescence is chronologically defined as the years from 11 to 21, and for each of the three maturational periods spanning these years, there are specific tasks and conflicts identified. In Phase One, ages 11 to 14, the basic task is emotional separation from parents, with a conflict between separation and reunion. In Phase Two, ages 14 to 17, the basic task is competency/mastery/control, with a conflict between independence and dependence. In Phase Three, ages 17 to 21, the basic task is intimacy or commitment, with a conflict between closeness and distance.

Adolph and Fleming (1986) propose that a loss of a profound relationship, whether

an internalized object or a person in the external world, may interfere in the natural progression of the adolescents intellectual, emotional, and psychological development. Age typical thoughts, feelings and behaviours are suggested for developing adolescents. This model encourages the matching of age appropriate conflicts and tasks with emerging grief responses as a reflection of how the adolescent survivor's developing personality may be shaped and colored by the loss. The core cognitive responses in each of the three phases are Phase I: I am different; Phase II: I cannot do everything; and, Phase III: Lack of trust in others. The core behavioural responses are Phase I: Seeking and protesting separation; Phase II: independence verses dependency; and, Phase III: Investment in others or withdrawing. Affective response in the three phases are Phase I: anxiety of separation; Phase II: responses are fragmented, with anger and fear pervading; and, Phase III: acceptance or rejection by others. The model proposes that the adjustment to the death of a significant object or person will, in part, be determined by such variables as the adolescent's developmental phase and the major interpersonal tasks with which he or she is struggling when the death occurs. It is difficult to compare Adolph and Fleming's theory with the present theory of adolescent sibling bereavement as the chronological age for the adolescent in this study differed, age 13-19 years, and the grounded theory framework utilized did not allow for examination of individual responses. However, with these two limitations in mind, the present study did not identify any significant differences in the responses of the six subjects based on age at the time of their siblings death. Further inquiry is needed in this area.

The Hogan et al. (1996) experiential adult theory of bereavement also has many similarities with the current study. Using grounded theory, they interviewed thirty-four adults who had experienced the death of a loved one, either child, parent, or sibling. They found that regardless of the cause of death, the timeliness of the person's death, or the relationship of the survivor to the deceased, the process of bereavement followed a consistent overall pattern. They proposed a six phase process: Finding Out; Facing Realities; Becoming Engulfed with Suffering; Emerging from the Suffering; Getting on with Life; and, Experiencing Personal Growth.

The Finding Out phase involved the initial response to the news. The Facing Realities phase was characterized by the survivors experiencing numbness and confusion as they went on with living and faced constant reminders that their dead family member was missing from their lives. The Becoming Engulfed with Suffering phase was the essence of grief and was manifested by despair, hopelessness, and profound misery. The bereaved expressed sadness and longing for their loved one, reliving the past, making sense of the death, not being the person they used to be, aching with physical pain and getting through the day as the components of this phase. These adults reached a turning point in their despair when they Emerged From the Suffering. In this phase they were learned to gradually let go of living in the past and started to create a future that had hope and meaning. The participants described having a sense of their loved ones presence and anticipated a reunion with their loved one in heaven/afterlife. The fifth phase, Getting on with Life, featured the adult letting go of the past and getting on with living. They found themselves beginning to enjoy laugher and recognized that happiness was possible, even

though they still missed and longed for their loved one. The final phase of Experiencing Personal Growth occurred to some degree across all phases of the bereavement process but was most evident as the survivor emerged from the acute pain of grief. These adults became more connected and caring toward others, helped others through loss and expressed that the loss changed them forever.

The current study proposes a similar process consisting of five stages: ***finding out***; ***avoiding reality***; ***facing reality***; ***turning the corner***; and, ***finding new meaning***. The ***finding out*** stage had similar characteristics to the model described above. The ***avoiding reality*** stage was also filled with numbness and in this study the teens also reported keeping busy. This was done in an effort to avoid the reality that their sibling was dead verses coming to terms with it, a finding different from Hogan and her colleagues. The third stage in the current study, ***facing reality***, also was the essence of the teen's grief experience, similar to the Engulfed in Suffering phase. These teens described many of the same thoughts and feelings of pain, loneliness and hopelessness. For the teens however, the perception of being different, that this experience changed them forever, seemed to have a different connotation and stronger impact. This may be due to the fact that these teens were in the process of determining who they were when this loss occurred. They spoke of losing their role model and a sibling relationship that would never be replaced, supporting Bank and Kahn's (1982) argument, that siblings develop their identity in the presence of each other and are bound to each other by a "sibling bond".

The teens also focused on the importance of their spiritual beliefs during this stage, which in the adult experiential model, adults did not do until the fourth phase. ***Turning the corner*** was a transient stage in the current study, and led the teens in two different directions. Some teens discussed the realization that the good days were more frequent than the bad and reported an increased hope that they would be okay. Some even could remember a specific point in time when they decided to move on. As previously discussed, two of the adolescents turned in a different direction and gave up their search, a concept not described in the adult model. The ***finding new meaning*** stage was similar to the last three phases of the adult model combined. The teens described a sense of hope and lessening of the frequency of the pain associated with the loss. They knew they would never 'get over' the loss of their sibling, similar to the adults never getting over their loss, but they learned to find new meaning for themselves within the loss. The teens in this study placed greater emphasis than the adults, in the study described above, on redefining who they were in the context of their missing sibling, as well as the importance of maintaining the bond with their sibling. As with the adult model, the evidence of personal growth was seen to some degree across all stages but was more evident in the final stage. As discussed previously, the current study also proposed that the loss of a sibling can also be an obstacle for growth, a concept not discussed in the adult theory.

Hogan and her colleagues (1996) also proposed that these behaviours do not occur alone, and often several may overlap or occur simultaneously. While in a broad sense the bereaved person may move sequentially through the process, in actual fact, the

participants move back and forth between phases until they are ready to progress on. The current study also proposed a fluid movement between components of the various stages and the ability of the teens to move back and forth between stages (Figure 1). While there were similar overall patterns in these two models, differences were identified which could point to the uniqueness of the loss experienced and the age at the time of the loss.

Miles (1984) proposed a model of parental grief involving three phases. First there is a period of numbness and shock, where the parent expresses denial, helplessness, frustration, guilt, and feelings of anger. The second phase encompasses a period of intense grief, including yearning, helplessness, and the search for new meaning. During the final phase, a period of reorganization and recovery, the parents speak enthusiastically about other aspects of their lives. These phases also hold similarities with the current theory, with the ***finding out*** and ***avoiding reality*** stages having similar characteristics as the first phase, the ***facing reality*** stage being similar to the second phase, and the ***turning the corner*** and ***finding new meaning*** stages, the third phase. As was found in the reorganization phase of Miles's model, ***finding new meaning*** in the current investigation did not mean recovery from the loss. The teen just had to face life as a different person. Again there was no discussion in Miles's model of parents who did not the reach reorganization and recovery phase.

The similarities to the Hogan et al. (1996) adult bereavement model and the Miles (1984) model of parental bereavement, lends support to the belief that the grief reactions in adolescence are more similar to that of an adult than that of a child (Haig, 1990) and the death of a sibling is more intense and enduring than many have proposed (Balk,

1991). The teens in this investigation spoke of the intensity of their pain and how the loss of their sibling was the greatest loss they could ever experience. Some stated that their grief, while different from their parents, was just as intense as their parent's but this was not recognized by others.

The longevity of the grieving process for adolescents has varied, from five years (Hogan & Balk, 1990, Hogan & Greenfield, 1992) to 28 years (Davies, 1991). The current study concurs with the findings of Hogan and DeSantis (1992), that the adolescent sibling bereavement process is not time bound. The ability for the teens to move back and forth between the final three stages, the teens descriptions of the intense pain that still occurred years following the loss and the need to continue the bond supports the theory that the bereavement process may continue indefinitely.

Despite the almost daily contact teachers and counsellors have with bereaved adolescents, the adolescents in this investigation rarely described their teachers and counsellors as supportive in their bereavement process. This finding concurs with Hogan and DeSantis (1994) who found that adolescents rarely cited school personnel as being helpful. Teens in this study reported that at times teachers did not acknowledge the loss or even say they were sorry, which was not considered helpful by the teen. There was also an instance when a university professor accused the teen of lying about her sibling's death, without taking the time talk to her. At times, school counsellors singled the teen out from his or her peers, thereby intensifying their feelings of being different. Counsellors were most helpful when they subtly let the teen know they were available if they needed to talk, yet did not push them into talking about the loss if they were not

ready. Being able to talk on their own terms, in their own time was helpful to these adolescents.

The underlying basis psychological process identified in this current study, that of ***'the search for new meaning'*** bears resemblance to Frankl's (1991) logotherapy theory, which he developed as a result of his time in a German concentration camp. Logotherapy focuses on the meaning of human existence as well as on man's search for such a meaning. According to Frankl, this striving to find new meaning in one's life is man's main motivational force, is unique and specific, and can be fulfilled by him alone. Logotherapy teaches that there are three main avenues on which one arrives at meaning in life. The first is by creating a work or by doing a deed. The second is by experiencing something or encountering someone. Most important is the third avenue, which is applicable to bereavement: "even the helpless victim of a hopeless situation, facing a fate he cannot change, may rise above himself, may grow beyond himself, and by doing so change himself" (Frankl, 1991, p.147). In this investigation, the teens described their ***'search for new meaning'*** amidst the suffering of their loss. They were unable to change the death of their sibling, unable to bring him back to life. Instead they described a process whereby they learned to incorporate that loss into their lives, rise above their pain and find new meaning for their life. Frankl proposes that when we are unable to change a situation, we are challenged to change ourselves, and turn a tragedy into an achievement. For most of these adolescents, their achievement could be the personal growth they experienced, as well as the new meaning in life they found.

Much of what has been found in the present study does reflect what is previously reported in the literature, especially in regard to personal growth, continuing the bond, feelings of being different, the intensity and longevity of their grief and the lack of support of teachers and counsellors. There are, however, several unexplored areas that emerged from the data. These include the ambivalence teens feel surrounding the knowledge that they are different from others, the manner in which adolescents protect their parents from their pain in an effort to lessen their own pain, and turning to peers who had experienced a loss for support. The next chapter discusses the limitations of this study and well as the implications for practice, education and research for helping professionals.

# CHAPTER 6

## Limitations and Implications

The final chapter of this thesis begins by outlining the limitations of the study. Implications for practice, education and research are also presented. This chapter concludes with the presentation of a comprehensive summary of this study on adolescent sibling bereavement.

### Limitations

One limitation of the present study is that theoretical sampling was confined to one group, adolescents who had experienced the sudden death of a sibling and who resided within the city of St. John's and surrounding area. Therefore, only a beginning substantive theory on adolescent sibling bereavement could be derived. Although word of mouth, advertisement of the study at educational facilities and contacts with helping professionals recruited participants, the sample size was small. The criteria of sudden death within the past seven years also placed limitations on subject availability. Further, it is difficult to know the impact that previous events in their lives may have had on the bereavement process. Therefore, the substantive theory produced is applicable to this one group. With a larger sample variability, a greater diversity of conceptual categories may have evolved, thus increasing the applicability of the theoretical findings.

## Implications of the Study

This study has several applications for helping professionals, including teachers, counsellors, clergy and health professionals. In this section, implications for practice, education and research are discussed.

### Implications for Practice

The current inquiry has identified that the death of a sibling during adolescence is a significant event for the surviving brother or sister. It is important for those that come in contact with the surviving sibling to understand the significance of the loss and have an understanding of the adolescent bereavement process.

The ***'search for new meaning'*** begins the moment the adolescent discovers their sibling's death. Many times the adolescent has contact with physicians, nurses and clergy at the hospital and this first contact with a helping professional is important. These professionals must understand the importance of the death to the sibling and not only focus on supporting the parents during this time. Having knowledge of the intense feelings of shock, pain and loneliness the adolescent is experiencing, even at this early stage, will help the professionals support the sibling through the ***finding out*** stage.

In some cases clergy, teachers and/or the school counsellor may be the only helping professionals the teens come in contact with following the ***finding out*** stage. This study identified a perceived lack of support from this group by some of the teens. Knowledge

of the bereavement process will help these individuals gain a greater understanding of what the teen is experiencing as well as better prepare them to help.

Of particular note and importance is the teen's sense of being different and how the teachers and counsellors actions seemed to aggravate this feeling by singling them out amongst their peers. The teens stated that it was important for the teachers and counsellors to acknowledge the loss, as not doing so was interpreted as not caring or minimizing the importance of the loss. However, this acknowledgement needed to be done in a private way rather than drawing attention to the teen. Teachers and counsellors need to be available if the teen wants to talk but putting pressure on them to talk was not seen as helpful. It is important to determine how school personnel can develop skills that are essential to providing a nurturing environment to bereaved adolescents within these parameters.

It is also important for clergy, teachers and counsellors to understand the importance of the peer relationship. These teens clearly expressed that a peer who had experienced a loss, was most helpful and supportive. The teens also stated that they avoided sharing their pain with their parents, in an effort to protect their parents and themselves. Without this knowledge, the helping professional may point the teens in this direction verses encouraging them to seek out a peer for support. It would be more helpful to support the teen in finding a peer that has experienced a loss.

Educating parents on the importance of the peer relationship is also crucial. During the course of this study contact was made with many parents who expressed feelings of inadequacy because they could not get their son/daughter to talk. This caused them great

concern and stress. Knowledge that protecting their parents and turning to a peer for support is part of the bereavement process for adolescents would help parents understand their son or daughter's behaviour.

With a greater understanding of the bereavement process, the teacher and/or counsellor may be in a unique position to identify teens that have not found new meaning and may be ***giving up on their search***. Being aware of the importance of the adolescent working through the components of the ***facing reality*** stage and the ***finding new meaning*** stage, will allow these helpers to identify when teens are not moving on with their lives. They then can help them return to the ***facing reality*** stage to allow them to continue their search. These research based findings can be used to help those working with bereaved adolescents screen those that may benefit from more intense intervention, construct age appropriate interventions and evaluate and validate the effectiveness of those interventions.

Finally, all helping professionals need to sensitize and educate their colleagues to the unique needs and concerns of adolescents who have experienced the sudden death of a sibling. There needs to be a greater appreciation of the importance of this loss to the sibling left behind.

## Implications for Education

The findings of this study also have implications for the education of helping professionals, including physicians, nurses, teachers, counsellors and clergy. Many times

education in the area of bereavement focuses on adult bereavement or on children's reaction to the loss of a parent. The loss of a sibling has received little attention yet this study demonstrates the significance of the loss to the sibling left behind. It is important to provide education on the adolescent bereavement process to those who will best help the surviving adolescent.

Educators will need to be aware of and teach their students the best forms of support for this group. The adolescents in this study pointed to a peer as their most important support system, not their teachers, counsellors or parents. Educators also need to teach students to be sensitive to the unique needs and concerns of adolescents who have experienced the sudden death of a sibling. Student sensitivity can be increased through contact with teens who have experienced this type of loss as well as through discussion of research findings related to this topic. It is incumbent on educators to assist students to determine how they can more adequately identify and respond to the needs of bereaved adolescents. The findings of this study should add insights into what the bereavement process is like for adolescents who have experienced the sudden death of a sibling.

## Implications for Research

Based on the present study, future research is warranted in several areas. While a substantive theory on adolescent sibling bereavement has been developed, future studies need to further address this topic, as limited research has been completed to date. With

the unique developmental tasks of the adolescent period, further study is warranted on the impact of the death of a sibling on the successful completion of these tasks to determine if differences arise in bereavement based on age at the time of the loss.

Findings of this study point to the need for more comprehensive research on cause of death and the bereavement process. This study focused on sudden death and it would be interesting to compare these findings with the loss of a sibling by non-sudden means to determine if a similar theory emerges. In this investigation, the two teens whose bothers committed suicide both gave up their ***'search for new meaning'*** and had thoughts of suicide themselves. Death by suicide may bring specific problems or significantly modify adolescent's perceptions of themselves and their ability to cope with their sibling's death. If it is determined that the death of a sibling by suicide places the surviving sibling at greater risk for suicide, this would focus interventions and resources for the helping professional.

The same two teens also spoke of poor family relationships and/or the absence of close relationships with friends prior to the death of their brother. Subsequent research should be conducted to examine the impact of previous family and personal relationships on the bereavement process. Determining the impact of previous relationships or identification of other factors that may influence a teen finding new meaning or giving up on the search would be significant.

With the purposeful sampling used for this study, all siblings who died were male, meaning the adolescents all lost a brother. Hence, future studies are recommended to explore the bereavement process for adolescents who lost a sister.

All of the teens in this study expressed strong feelings of loneliness when their brother died, regardless of the number of remaining siblings. What was not clear was whether the loneliness was enhanced when the surviving adolescent was the only child left behind. The teens that lost an older brother spoke of the loss of a role model. How great an impact did this have on the redefining of self and personal growth? The impact of being an only child left behind verses having other brothers and sisters and whether the sibling who died was older or younger requires further exploration.

Five of the teens in this study spoke of the importance of their spiritual beliefs. The four with strong Roman Catholic backgrounds stated that they believed they would be reunited with their sibling one day. One teen, also Roman Catholic, thought his brother was already with him as an energy source, a belief system he developed after his brother's death. The adolescent of Hindu faith did not talk of reuniting with his sibling, believed to be a significant component of continuing the bond, and the search for new meaning. Future research should further explore the impact of spirituality in the bereavement process, examining other belief systems and cultures as well as adolescents who have had limited religious teachings.

This study supported the belief that bereavement can be an impetus as well as an obstacle for personal growth. Further exploration of the concept of personal growth is needed as well as a determination of the factors that may support or hinder the process.

The ambivalence the teens feel about being different than their peers and their confusion over how they want others to treat them after their sibling's death is worthy of further study. This area has particular implications for helping professionals, especially

teachers and counsellors who are in contact with the teens on a regular basis. To support the adolescents through this loss, more knowledge in this area is critical. For successful interventions to be implemented, a greater understanding is needed on what would help the bereavement process versus hinder it.

Several teens in this study had experienced another loss prior to the death of their brother. Sometimes this was perceived as a positive experience and other times they described it as negative. How previous experiences with loss impact on teenage bereavement would be worthy of future exploration. In addition, adolescents do not grieve alone but grieve within the context of a family. Future studies should focus on the relationship of adolescents' grief responses to families' grief responses.

## Conclusion

The primary question addressed in this study was: How are adolescents affected by the sudden death of a sibling? A grounded theory approach was utilized to investigate this question. Interviews conducted with six adolescents provided the major sources of data. The basic psychological process of ***'the search for new meaning'*** was identified and analysis of the data revealed five interrelated stages of this process: (a) ***finding out***; (b) ***avoiding reality***; (c) ***facing reality***; (d) ***turning the corner***; and, (e) ***finding new meaning*** versus ***ending the search.***

Following this, a discussion of findings was presented in relation to the literature reviewed, as well as areas not identified in previous research. Limitations of the study

were addressed and implications for practice, education and research were presented.

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# Appendix A

**FACULTY OF EDUCATION**

**Memorial University of Newfoundland**

**Faculty Committee for Ethical Review of Research Involving Human Subjects**

**CERTIFICATE OF APPROVAL**

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**Investigator:** Ms. Debbie Forward

**Investigator's Workplace:** Faculty of Education, MUN

**Supervisor:** Dr. Norm Garlie

**Title of Research:** "When a sibling dies: a qualitative study of the adolescent left behind"

**Approval Date:** December 4, 1995

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The Ethics Review Committee has reviewed the protocol and procedures as described in this research proposal and we conclude that they conform to the University's guidelines for research involving human subjects.

Walter C. Okshevsky

Walter Okshevsky, Ph.D.
Chairperson
Ethics Review Committee

Members:
Dr. Ed Drodge
Dr. David Reid
Dr. Henry Schulz
Dr. Glenn Sheppard
Dr. Amarjit Singh
Dr. Stephen Norris (ex-officio)
Dr. Walter Okshevsky

# Appendix B

**Introductory Letter to Participant**

Dear Sir/Madame:

I am a graduate student in the Faculty of Education at Memorial University and I am interviewing individuals who, during adolescence, experienced the sudden death of a sibling. I understand that you experienced the tragic death of your sister/brother recently and you have my deepest sympathy. I have found that very little is known about how adolescents respond to the death of their sibling, especially when the death is sudden. I sincerely hope the results of this research will help adolescents and young adults like yourself understand how their siblings death has impacted upon them. I also hope that the sharing of your experiences will help other adolescents who may suffer this tragic loss in the future. I am requesting your participation in this study.

Your involvement will consist of participating in a maximum of three informal interviews where you will be asked to talk about your personal experiences related to your siblings death. General themes will be raised, however you will be allowed the freedom to express your own ideas. You can refuse to answer any question and can stop the interviews at any time. The interviews will be conducted privately by myself in your home or at the University. I request permission to audiotape the interviews and make a transcribed copy .

All information gathered in this study is strictly confidential and at no time will individuals be identified. I am interested in adolescents reactions to sibling death not one particular adolescents' response. Participation is voluntary and you may withdraw at any

time. This study has received approval of the Faculty of Education Ethic's Review Committee.

I would like to meet with you and explain the study in more detail. I will make telephone contact with you in a few weeks time. If you have questions or concerns before that time, I can be reached at home, at 745-6261, or at work, at 753-9961. My thesis advisor is Dr. N. Garlie and he can be reached at 737-6711. I look forward to meeting with you.

Debbie Forward
26 Newman Street
St. John's, Nfld.

**Introductory Letter to Parent or Guardian**

Dear Parent or Guardian:

I am a graduate student in the Faculty of Education at Memorial University and I am interviewing adolescents who experienced the sudden death of their sibling. I understand that you experienced the tragic death of your son/daughter recently and you have my deepest sympathy. I have found that very little is known about how adolescents respond to the death of their sibling, especially when that death is sudden. I sincerely hope the results of this research will help adolescents, like your son/daughter, understand how their siblings death has impacted upon them. I also hope that by your son/daughter sharing their experiences, this will help other adolescents who may suffer this tragic loss in the future. I am requesting your permission for your son/daughter to participate in this study.

Your teenager's involvement will consist of participating in a maximum of three informal interviews where they will be asked to talk about their personal experiences related to their siblings death. General themes will be raised, however the teenager will be allowed the freedom to express his/her own ideas. Your son/daughter will be asked to participate and it will be made clear that he/she can refuse to answer any question and can stop the interviews at any time. The interviews will be conducted privately by myself in your home or at the University. I request permission to audiotape the interviews and make a transcribed copy.

All information gathered in this study is strictly confidential and at no time will individuals be identified. I am interested in adolescents reactions to sibling death not one

particular adolescents' response. Participation is voluntary and you may withdraw your son/daughter at any time. This study has received approval of the Faculty of Education Ethic's Review Committee.

I would like to meet with you and explain the study in more detail. I will make telephone contact with you in a few weeks time. If you have questions or concerns before that time, I can be reached at home, at 745-6261, or at work, at 753-9961. My thesis advisor is Dr. N. Garlie and he can be reached at 737-6711. I look forward to meeting with you.

Debbie Forward
26 Newman Street
St. John's, Nfld.

**Script for Telephone Contact With Parent/Guardian**

Hello, Mr/Mrs. _____ my name is Debbie Forward and I am a graduate student in the Faculty of Education at Memorial University. I obtained your name from ___ and I am presently doing research on bereavement, particularly on adolescents reactions to the sudden death of a sibling. I understand that your family experienced a tragic loss in the death of your son/daughter ---------- years ago. This still must be very painful for you and your family and you have my deepest sympathy.

I am hoping that the results of this research will help adolescents, like your son/daughter, understand how their brothers/sisters death has impacted upon them. Your sons/daughters participation in this study will be voluntary and he/she can withdraw at any time. All information gathered will be strictly confidential. I would like to meet with you and your son/daughter in person and explain the study in more detail. Would you be willing to meet with me to discuss the study?

**Script for Telephone Contact With Adult Subject**

Hello, Mr/Ms. _____ my name is Debbie Forward and I am a graduate student in the Faculty of Education at Memorial University. I obtained your name from _____. I am presently doing research on bereavement, particularly on adolescents reactions to the sudden death of a sibling. I understand that you experienced a tragic loss in the death of your brother/sister-------- years ago. This still must be very painful for you and you have my deepest sympathy.

I am hoping that the results of this research will help adolescents and young adults like yourself understand how their brothers/sisters death has impacted upon them. Your participation in this study will be voluntary and you can withdraw at any time. All information gathered will be strictly confidential. I would like to meet with you in person and explain the study in more detail. Would you be willing to meet with me to discuss the study?

# Appendix C

**Consent Form For Participant**

Dear Sir/Madame:

I am a graduate student in the Faculty of Education at Memorial University. I will be interviewing individuals who, during adolescence, experienced the sudden death of a sibling in order to better understand their reactions to the loss. I am requesting your participation in this study.

Your involvement will consist of participating in a maximum of three informal interviews where you will be asked to talk about your personal experiences related to your siblings death. General themes will be raised, however you will be allow the freedom to express your own ideas. The themes include your behaviours, thoughts and feelings, relationships with others, and support systems, both at the time of the death and since the death. You can refuse to answer any question and can stop the interviews at any time. Each interview will be approximately 1 1/2 hour in length and will be conducted privately by myself in your home or at the University. I request permission to audiotape the interviews and make a written copy of the audiotape. The audiotapes will be transcribed by myself or a qualified secretary and will be erased following transcription. The transcriptions will be kept in a secure place, such as a locked file cabinet, and no names or personal identifying information will appear on the transcriptions. The transcriptions will be kept until the research is complete and will be used for research purposes only.

All information gathered in this study is strictly confidential and at no time will individuals be identified. I am interested in adolescents reactions to sibling death not one

particular adolescents' response. I hope the results of this research will help adolescents and young adults like yourself understand how their siblings death has impacted upon them. Participation is voluntary and you may withdraw at any time. This study has received approval of the Faculty of Education Ethic's Review Committee. The results of my research will be made available to you upon request.

If you are in agreement with participating in this study, please sign below. I will be available to you throughout the study and if you have any questions or concerns please do not hesitate to contact me at home, at 745-6261. My thesis advisor, Dr. Norm Garlie, is also available and can be contacted at 737-7611. If at any time you wish to speak with a resource person not associated with the study, please contact Dr. Glenn Sheppard, Professor, Faculty of Education, at 737-8622.

Thank you for your consideration of this request.

Yours sincerely,
Debbie Forward

I _____ hereby give permission to take part in a study on adolescent sibling bereavement, as explained above, undertaken by Debbie Forward. I understand that participation is entirely voluntary and that I can withdraw permission at any time. I am aware that interviews will be audiotaped and all information is strictly confidential and no individual will be identified.

_____ _____

**Date** **Signature**

# Appendix D

## Consent Form For Parent/Guardian

Dear Parent or Guardian:

I am a graduate student in the Faculty of Education at Memorial University. I will be interviewing adolescents in order to better understand their reactions to the sudden death of their sibling. I am requesting your permission for your son/daughter to participate in this study.

Your teenager's involvement will consist of participating in a maximum of three informal interviews where they will be asked to talk about their personal experiences related to their siblings death. General themes will be raised, however the teenager will be allowed the freedom to express his/her own ideas. The themes include their behaviours, thoughts and feelings, relationships with others, and support systems, both at the time of the death and since the death. Your son/daughter will be asked to participate and it will be made clear that he/she can refuse to answer any question and can stop the interviews at any time. Each interview will be approximately 1 1/2 hour in length and will be conducted privately by myself in your home or at the University. I request permission to tape record the interviews and make a written copy of the tape recordings. The audiotapes will be transcribed by myself or a qualified secretary and will be erased following transcription.

All information gathered in this study is strictly confidential and at no time will individuals be identified. I am interested in adolescents reactions to sibling death not one particular adolescents' response. I hope the results of this research will help adolescents, like your son/daughter, understand how their siblings death has impacted upon them.

Participation is voluntary and you may withdraw your son/daughter at any time. This study has received approval of the Faculty of Education Ethic's Review Committee. The results of my research will be made available to you upon request.

If you are in agreement with having your son/daughter participate in this study, please sign below. I will be available to you throughout the study and if you have any questions or concerns please do not hesitate to contact me at home, at 745-6261. My thesis advisor, Dr. Norm Garlie, is also available and can be contacted at 737-7611. If at any time you wish to speak with a resource person not associated with the study, please contact Dr. Glenn Sheppard, Professor, Faculty of Education, at 737-8622.

Thank you for your consideration of this request.

Yours sincerely,

Debbie Forward

I _____ ( parent/guardian) hereby give permission for my son/daughter to take part in a study on adolescent sibling bereavement, as described above, undertaken by Debbie Forward. I understand that participation is entirely voluntary and that my son/daughter and /or I can withdraw permission at any time. I am aware that interviews will be audiotaped and that all information is strictly confidential and no individual will be identified.

_____ _____

Date Parent's/Guardian's Signature

# Appendix E

## Demographic Information

1. Age: _____
2. Gender: _____
3. Education: _____
4. Occupation: _____
5. Religion: _____
6. Number of siblings: _____
7. Your age at time of siblings death: _____
8. The age of your sibling at time of death: _____
9. Did you lose a brother or sister? _____
10. How did your sibling die? _____
11. The date of your siblings death: _____
12. How did you find out about the death? _____
13. Have you received any counselling since your siblings death? _____

    If yes, from whom? _____

# Appendix F

## Suggested Topices to Guide the Interview

1. Tell me about your brothers/sisters death.

2. How did you react?

- What were you thinking?

- How did you behave?

- Describe for me how you felt at the time.

3. What about since the death? How has the death impacted on you?

- Describe your thoughts about the death since your brother/sister died.

- Describe any behaviour differences since the death.

- Describe how you have felt since he/she died.

4. Describe for me you relationships with others after the loss.

- family

- peers

5. How would you describe your relationships with others now?

- family

- peers

6. Do you feel that the loss of your sibling changed your relationships with others? If so, how?

7. What do you believe supported you the most at the time of the death? Since the death? In what ways?

8. What do you believe supported you the least at the time of the death? Since the death? In what ways?