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The Experience of Sibling Death in Childhood: A Qualitative Analysis of Memoirs

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Running Head: SIBLING DEATH IN CHILDHOOD

The Experience of Sibling Death in Childhood:
A Qualitative Analysis of Memoirs

by

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DISSERTATION

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**THE EXPERIENCE OF SIBLING DEATH IN CHILDHOOD: A
QUALITATIVE ANALYSIS OF MEMOIRS**

presented on June 11, 2015

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In liebevoller Erinnerung an Stefan.

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Abstract

This qualitative study explored the experience of the death of a sibling in childhood. Seven memoirs written by individuals who lost a sibling in childhood were analyzed using Interpretive Phenomenological Analysis. Themes focused on the child's lived experience of sibling loss, parental and familial function, and factors identified as supporting the child's grieving and functioning. Where relevant, an in-depth review of the existing literature of relevant psychological research and theories supported and expanded on the themes identified in the narratives. As the purpose of this research was to inform a model for understanding the life and grief of a bereaved sibling, the study informed ways in which to facilitate the child's grieving process in the therapeutic setting and concrete implications for mental health treatment were identified.

Keywords: grief, death, childhood, sibling, recovery

The Experience of Sibling Death in Childhood: A Qualitative Analysis of Memoirs

Chapter 1: Review of Relevant Literature

When I started to write the book, I thought that I would write the story of my parents' lives, of everything they lost when Roy died. (...) It took me quite some time to realize that the sister's story was a very important story as well. (Smith, 2004, epilogue)

Memoirs written by individuals whose sibling has died highlight the gravity of pain and loss that is caused by the death. However, the death of a sibling in childhood has received little attention when compared to the effects of the death of a parent and the parent's response following the death of a child (Dickens, 2014; Horsley & Patterson, 2006; Worden, Davies, & McCown, 1999). Research suggests that approximately one quarter of children who have had a sibling die are at risk for developing significant, long-term psychiatric difficulties due to unresolved grief, and require clinical interventions (Worden et al., 1999). The suffering and stressors in a child's life following the death of a brother or sister bring with it not only grief over the loss of a playmate, friend, and life companion, but also the loss of the caregiver's usual attention, nurturance, and presence (Barrera, Alam, D'Agostino, Nicholas, & Schneiderman, 2013; Crehan, 2004). As the death of a child is associated with the highest levels of grief in parents compared to other losses, the bereaved parents' ability to meet the emotional and physical needs of the surviving child is compromised (Worden, 1996). In some cases, the parents' distress can cause a rupture in the parent-child relationship and, if unattended, may result in significant mental health difficulties for the child in the future (Goldsmith, 2007). A careful review of the existing literature reveals a marked lack of understanding of the child's experience of the losses and changes that ensue in the family and caregiving system after a brother or sister has died. This research study's aim was to remedy the gap in the literature by exploring, highlighting, and analyzing first-person accounts of sibling death in childhood,

attending particularly to sibling loss and the impact of the parent's grief on parental functioning. In this chapter, the psychological research and literature on childhood grief, sibling loss, and the grieving process will be reviewed to begin to identify salient aspects of sibling bereavement.

The Child's Grief

Grief affects many aspects of the child's daily life and necessitates the assistance of others to progress in a healthy fashion (Schwab, 1997; Worden, 1996). Grieving children require support from adults in understanding the circumstances of the death, in expressing their thoughts and feelings, and making sense of their loss and the implications of the death of a loved one (Horsley & Patterson, 2006). In order to support a child's grief, the lived experience of the death of a sibling in childhood must first be understood. Society paints a vivid picture of acute adult grief. The image is of an individual in dark clothing speaking in a somber voice amidst bouts of tearfulness. A child's observed grief, however, does not necessarily align with this image. Adult death rituals have developed over time to assist the bereaved in their grieving processes. Yet as childhood grieving behavior differs from that of adults, these rituals may not necessarily support childhood grieving processes (Dickens, 2014; Himebauch, Arnold, & May, 2008; McCown & Davies, 1995). A child's internal pain and suffering is much like that of adults, yet the expression of their grief differs (Schwab, 1997).

Children often do not communicate their distress verbally and expression of grief can occur in the form of regressive behavior, fear of death and being alone, withdrawal, aggressive behaviors, and delinquency (Schwab, 1997). Their grief may occur sporadically (Himebauch et al., 2008) and manifest in affect (sorrow, fear, guilt, anxiety, anger, helplessness, loneliness), cognitions (confusion, difficulty with concentration and memory, auditory and visual hallucinations), physical reactions (headaches, nausea, insomnia, fatigue, sleep disturbance, loss

of appetite), and behaviors (crying, social isolation, anhedonia) [Davies & Limbo, 2010; Schupp, 2003; Worden, 1991]. These manifestations of grief do not occur in a predictable fashion (i.e., variations in expression of grief, and time of acute grief responses), and there is a dearth of information in the research and literature giving caregivers and mental health professionals a clear image of what a child's grief looks like. What is known, is that grieving children's singular behavioral patterns may more closely resemble that of children who present with symptoms of psychiatric illnesses than those of children who do not carry a diagnosis of a mental disorder, such as Major Depressive Disorder (Birenbaum, 1999). The available research and literature on behavioral and emotional manifestations of grief in children is insufficient for an informed understanding of the experience of sibling loss in childhood. This dearth of knowledge can indicate that caregivers and mental health professionals may not appreciate the meaning of a particular behavior and may thus not recognize effective ways of responding to the child's needs (Dickens, 2014). In service of aiding mental health professionals in working with this population, this study aimed to paint a picture of a child's experience of grief, including the depiction of the child's emotional world, perceptions of parental grief and available support, as well as factors that contribute to healing.

Though research on childhood grief over the past decades has shed light onto expected behavior patterns, such as externalizing and internalizing behavior problems in children, there is still much to be learned. The understanding that children grieve was first ushered into the world of mental health professionals through John Bowlby's research on the child's separation from the mother in 1961 (Silverman, 2000). Since that time, gains have been made in terms of acknowledging and understanding childhood grief. An illustration of the growing and developing body of knowledge is the understanding the function of aggressive behaviors in bereaved

siblings. In the past, aggression was assumed to be the overt manifestation of anger following the loss. It is now generally understood that this behavior is also activated to elicit nurturance from an unavailable caregiver, rather than simply being the expression of anger. Elevated levels of aggression are observed in approximately 50% of bereaved children (McCown & Davies, 1995; Worden et al., 1999); McCown and Davies suggest that this aggression generally reflects a desire and need for attention from an emotionally unavailable caregiver.

This explanation differs greatly from the supposed source of aggression in adults, which is seen as a means of communicating and expressing anger (McCown & Davies, 1995).

Therefore, the literature alludes to a strong relationship between externalizing behavior patterns and caregiver availability. This finding further necessitates a shift toward a more accurate understanding, in particular, of a child's externalizing behaviors. The caregiver and mental health professional will be better able to respond to a child in a manner that will facilitate a healthy grieving process by understanding the aggressive child's attempt to elicit the needed attention.

Sibling Loss

The death of a sibling is a traumatic event (Worden et al., 1999), particularly when this occurs during childhood (Horsley & Patterson, 2006). Yet, parental loss has received disproportionately more attention in the literature than childhood sibling bereavement (Dickens, 2014; Horsley & Patterson, 2006; Worden et al., 1999), in part as the sibling relationship is often seen as less important than the parent-child relationship (Bank & Kahn, 1982). When a sibling dies, the surviving child will grieve not only the loss of the sibling but also the world in which the sibling existed, referred to as a double loss (Packman, Horsley, Davies, & Kramer, 2006). The sibling relationship is arguably one of the most influential relationships affecting personality

development (Crehan, 2004; Horsley & Patterson, 2006), social adjustment, and family dynamics (Horsley & Patterson, 2006). This loss will dramatically change most aspects of a child's life (Silverman, 2000), which impacts identity development, including the loss of the roles of a caretaker, a playmate, and life companion. A deeper examination of the impact of stressors and strengths in the child's environment necessarily encompasses also the various roles of the caregiver's grief, and consequent parenting abilities.

Research on the effects of sibling loss indicates that, in the immediate aftermath, many children experience disruptions in everyday functioning and in healthy social and emotional development, such as academic struggles and low self-esteem (Worden, 1996). Higher rates of illness (Davies & Limbo, 2010) and increased risk for involvement in accidents (Worden, 1996) are also common among children who have lost a sibling. Research indicates further that a significant number of surviving siblings struggle with intense feelings of guilt that may exacerbate or elicit behavior problems and emotional distress, such as symptoms of depression or anxiety (Webb, 2010). In a landmark study conducted by Rosen (as cited in Crehan, 2004), 50% of siblings reported elevated levels of guilt regarding their own survival, past altercations with the deceased, and resentment regarding the attention the deceased received from caregivers. Rosen's study highlights the importance of exploring the perspectives and experiences of the child directly, as the method of observation and caregiver reports will likely not shed light onto the underlying emotional experience of child guilt. Further, the attention and attunement of the caregiver must be considered in extrapolating a more nuanced and accurate systemic understanding of the needs of a grieving sibling (Crehan, 2004).

The Grieving Process

The following section focuses on identifying research on the elements of healthy grieving as related to childhood grief. These include the tasks of mourning as described by J. William Worden (1996), the importance of continued attachment to the deceased, and the impact of the child's understanding of death on his or her grief.

Tasks of mourning. The role of parenting practices and parental nurturance is critical in assisting a child's path through grief (Schwab, 1997; Worden, 1996). Following the death of a loved one, grief work must occur in service of allowing a child to return to healthy functioning and engagement in normal activity and development (Worden, 1991). Worden (1996) proposes that children must progress through tasks of mourning to be able to adapt to the loss of a loved one: (a) accept the reality and finality of the loss, (b) experience the pain or emotional aspects of the loss, (c) adjust to an environment in which the deceased is missing, and (d) relocate the deceased within his or her life, and find ways to memorialize the individual. Children progress through these tasks of mourning in different ways, as influenced by the child's stage of development, strengths, resources, and supports in the environment, as well as by other internal and external vulnerabilities (Worden, 1996).

The level of parental functioning, parenting capacities, communication, cohesion, and support in the family system are some of the most salient mediators of the grieving process (Davies, 1983; Tremblay, 1996; Worden, 1996). Worden (2009) further states that children must have the opportunity to communicate about the death, and the deceased, in service of healthy grief. Thus, for a child, the environment must also achieve the first task of mourning: it must communicate that the loss is, in fact, real. This finding further highlights the essential role that parents and caregivers play in a child's grief. Affect identification, the second task, further

reinforces the assumption that caregiver functioning is highly associated with recovery for the involved siblings. In a study conducted by Silverman and Worden (1993), the majority of children had considerable trouble independently accessing the appropriate language to describe their emotional experiences of the death of the parent without the assistance of others. Therefore, the parent's own grief and difficulty expressing emotion may influence the child's perception that speaking about the deceased can be dangerous, possibly evoking increasing levels of distress within the family system (Crehan, 2004), and thereby impeding the child's ability to grieve in a healthy manner.

Research further suggests that the best predictor for healthy bereavement outcomes is the parent's modeling of active coping; conversely, a parent's passive coping style proves to be a significant risk factor for poor adjustment in a child (Worden, 1996). The creation of a warm home environment, which includes factors such as tolerance and understanding, was found to contribute to a grieving child's positive development and adaptive behavioral pattern (Tremblay, 1996). Despite the growing body of knowledge of factors that highlight the role of the caregiver in a child's grief, much is left to be explored when considering the impact of parental behavior and parental grief on a child's grieving process. There has similarly been a shortage of research exploring how characteristics of the surviving children, in turn, affect the parents' ability to progress through their own tasks of mourning. In a cyclic fashion, the child's adjustment has a reciprocal impact on their parents' grieving, too.

Continued attachment. Continued attachment to the deceased was previously considered to be pathological, or a form of unresolved grief. Recent research has noted, by contrast, that healthy bereavement and the resolution of grief are based on one's ability to maintain an enduring, healthy bond with the deceased. Individuals change in response to

experiencing the death of a loved one, which further brings about a transformation—not cessation—of the relationship with the deceased (Silverman & Klass, 1996). Consequently, the grieving process is indeed an ongoing process which requires considerable time, effort, and external support for the child to be able to accomplish the tasks of grieving (Worden, 1996). Both the parent and the surviving sibling must find ways to reorganize the relationship with the deceased. As this task is a lifelong process, and as the child may re-grieve the loss at new developmental stages (Himebauch et al., 2008), the child's bond with the deceased sibling, too, will evolve as the child develops. This ongoing transformation coincides with Worden's final task: relocating the deceased in a child's life.

Understanding death. Cognitive ability, age, and experience with loss play significant roles in a child's understanding of death (Mahon, Goldberg, & Washington, 1999). The four factors comprising a mature understanding of death include (a) universality, understanding that all living things must die; (b) irreversibility, understanding that what is dead cannot return to life; (c) nonfunctionality, all life functions end at death; and (d) causality, understanding why people die (Worden, 1996). There are disagreements in the literature about what age a child must be to comprehend it. Some of the research maintains that a mature understanding of death is acquired around age 9 or 10 (Barrera et al., 2013; Himebauch et al., 2008; Worden, 1996); in early adolescence, children develop greater capacity for abstract thought and the ability to grasp concepts such as the permanence of death emerges (Singer & Revenson, 1996). However, a study conducted by Mahon and colleagues (1999) found that Israeli children as young as age 6 living in a kibbutz grasped the four components which are thought to reflect a mature understanding of death. The researchers conclude that previous experience with death and efforts of adults to educate these children on the history and current affairs of Israeli military promotes

an accelerated acquisition of this knowledge (Mahon et al., 1999). Thus, experience and education about death serve as mediators of potential disrupted grieving stemming from a distorted understanding of the nature and circumstances of death (Barrera et al., 2013). Age of such awareness is salient: a mature understanding of death is a vital ingredient to the first task of mourning. In order to accept the reality of the loss, a child must understand the implications of death (Worden, 1996).

Memoir as Inquiry

The task of learning about the world of a child who has lost a brother or sister can be approached by various methodologies, including examining memoirs of sibling loss in childhood. A memoir is more than the recounting of events in an individual's life; it is not concerned with truth-telling, but rather with meaning-making and self-reflection relative to a particular life experience. Historically, memoirs have been used as a form of preserving the collective memory of a particular event, such as represented in memoirs of Holocaust survivors and of women struggling to attain equality in the early feminist movement (Hasian, 2005; Taylor, 2009). For Holocaust survivors, remembrance attained through creating a memoir is a means of honoring the deceased and staying connected to one's history, as well as capturing and preserving one's lived-experience before this is lost in time (Thompson, 2010). Motivation to create a memoir may be founded in the search for community, with the goal of combating feelings of loneliness and isolation in one's experience (Zinsser, 1998, as cited in Murdock, 2010). Memoirs may also provide the opportunity to attain emotional healing (Murdock, 2010), and it is through the retelling of one's story that it becomes manageable (DeSalvo, 1999 as cited in Murdock, 2010). A memoir may also foster an individual's sense of identity in a particular time and place by combining the remembered past, the present, and anticipated future (Bluck &

Habermas, 2001; Cohler, 2008; Habermas & Bluck, 2000).

Memoirs have been central in documenting experiences of adversity and resilience, as witnessed extensively in the literature concerning Holocaust survivors. Cohler (2008) suggests that traumatic events and loss cause a rupture in an individual's life story, and thus memoir can be used to bring restoration to one's disrupted storyline. Similarly, individuals who have lost a sibling in childhood also experience traumatic events and loss (Worden et al., 2009). Latency-aged children have the capacity to create a narrative of their experiences, but it is not until adolescence that they begin to develop the capacity to imagine their future, providing the framework for organizing their experiences and making meaning out of events (Habermas & Bluck, 2000). In adulthood, and through memoir, these experiences become further consolidated, with the added perspective of time and reflection.

Conclusion

A child's grieving process requires external support to proceed in a healthy fashion (Worden, 1996). It is, therefore, necessary to have a greater understanding of the most important and influential factors that affect the child's ability to progress through the tasks of mourning following the death of a sibling. Research has indicated several ways in which a child's grief is observed; however, little is known about the child's experience of the death of a sibling, and the subjective changes that ensue following the loss. Exploring how individuals describe their experience with sibling loss in childhood will help in the search for a clearer picture of how a child experiences grief. Emergent themes from memoirs will guide recommendations about what can be done to help a child and his or her family through the difficult time of mourning.

The aim of this study was to acquire knowledge about (a) an individual's lived experience of sibling death in childhood (b) the roles parents play in the grieving process, and (c)

conditions and processes that facilitate healthy grieving for the child. These areas of knowledge provided the foundation for identifying ways to promote healthy grieving. Research questions aligning with the previously stated goals for this research study included:

1. How do children experience the death of a sibling?
2. What are their stated motivations and reasons for behavioral change following the death of a sibling?
3. What do they experience to be the role of the caregiver in the child's grieving process?
4. How do bereaved children experience their bereaved parents?
5. What factors promote healthy grieving?

These questions guided the process of data analysis for this research study.

Chapter 2: Methods

This study used an amalgamation of theoretical research and a qualitative research analysis analyzing first person accounts of the death of a sibling in childhood. Memoirs, written by individuals who had a sibling die during their childhood, were used as the primary data source; Interpretive Phenomenological Analysis (IPA) was used to analyze the data. In this chapter, the description of the research approach and data collection, data analytic procedures, and data synthesis are provided.

Research Design: Interpretive Phenomenological Analysis

Phenomenological research is concerned with the subjective experience of the participant where a phenomenon is examined without using a theoretical framework to guide the investigation (Robson, 2002; VandenBos, 2007). Rather than focusing on the way in which people describe their experiences, IPA is concerned with the individual's understanding of an experience and the meaning making surrounding a particular life event (Smith, Flowers, & Larkin, 2009). In relationship to the current study, IPA has been used to explore bereaved mothers' continuing bonds with their deceased child and their understanding and use of coping skills (Harper, O'Connor, Dickson, & O'Carroll, 2011). IPA methodology (a) looks at how participants conceptualize and make meaning out of a phenomenon, (b) focuses on context, and (c) attends to lived experience of the participants (Smith et al., 2009). The goal of this form of research is to identify phenomena identified in a set of subjects that may be generalized to a similar population (Henwood & Pidgeon, 1992), in this case, the death of a sibling in childhood. Thus, IPA will lend itself well to addressing the research questions, aiding in the search for a deeper understanding of the lived experience a child whose brother or sister has died.

Data Collection

Data was gathered from memoirs of individuals who had lost a sibling in childhood to explore how a child experiences life after the death of sibling (Goal 1), understand the role parents play in the grieving process (Goal 2), and identify the factors that contribute to healing (Goal 3). This form of data gathering was chosen specifically in accordance with the American Psychological Association's ethical guidelines for research, the Belmont Report, which state:

Risks should be reduced to those necessary to achieve the research objective. It should be determined whether it is in fact necessary to use human subjects at all. Risk can perhaps never be entirely eliminated, but it can often be reduced by careful attention to alternative procedures. (United States, 1978, p. 9)

The opportunity to utilize memoirs that contain public and voluntary first person accounts of sibling grief offered an APA-preferred method of gathering the information necessary to explore each research question, and addressed the gap in the literature concerning the exploration of an individual's remembering of childhood sibling death. In addition, this form of data gathering was selected to offer preliminary psychological research attention and credence to voices and narratives of those intentionally seeking to share their experience of the death of a sibling with a larger population. Notably, memoirs of sibling loss have been more widely accepted as a literary form than as psychological inquiry. In this research study, I used the voices from these stories to inform interventions with grieving children and families.

For the purposes of this research study, seven memoirs have been selected. These memoirs were chosen due to the central theme of sibling loss in childhood; these memoirs were the only English non-fictionalized accounts of sibling death that were readily available: *After Normal: One Teen's Journey Following her Brother's Death* by Diane Aggen (2008), *Bereft: A*

Sister's Story by Jane Bernstein (2000), *The Road from Coorain* by Jill Ker Conway (1989), *The Empty Room: Surviving the Loss of a Brother or Sister at Any Age* by Elizabeth DeVita-Raeburn (2004), *The Boy on the Green Bicycle* by Margaret Diehl (1999), *Healing my Wounded Inner Child: A Journey Toward Wholeness* by Jan E. Frazier (2014), and *Name all the Animals* by Alison Smith (2004).

Data Analysis

The data was interpreted according to the process described by Smith et al. (2009), a step-by-step procedure for analyzing qualitative data using IPA. Data analysis began with immersion into the texts, where I read the narratives several times and noted aspects of the text related to the research questions, and continued with the identification of emergent themes of each case, repeated for all memoirs. Further, I searched for patterns across cases. The steps that were taken are as follows: (a) reading and rereading, (b) initial noting, (c) developing emergent themes, (d) searching for connection across emergent themes, (e) moving to next case, and (f) looking for patterns across cases. See below for a detailed description of the method of data analysis. The goal was to capture the author's meaning of the death of a sibling; this process involved my interpretive engagement with the material (Smith et al., 2009). In IPA, it is further important to acknowledge and consider the motivation of the participants to share their experiences (Baumeister & Newman, 1994), as well as take into account my own role in the analytic procedure (Smith et al., 2009).

Step 1: Reading and rereading. The first step for data analysis involved multiple readings of the original data. The goal was to become fully immersed in the text and experiences of the authors so that a fuller understanding of sibling grief may be achieved (Smith et al., 2009). Smith et al. recommend ongoing note taking of thoughts and reactions to the narrative. By doing

so, I maintained focus on the memoirs and actively engaged in the story without becoming distracted by particular aspects of the narrative (Smith et al., 2009).

Step 2: Initial noting. This phase of the analysis involved exploring and examining the content and verbiage of the narrative. Here, I attempted to maintain an openness to the story and noted anything of interest within the text. The goal was to produce comprehensive notes on the data, as well as to continue to be actively engaged in the narrative (Smith et al., 2009). For the purposes of this study, I attended to the author's description of their grief, the changes that ensue in the wake of the loss, their experiences with their bereaved parents, and their meaning making around factors that contribute to healing. Types of comments were descriptive (i.e., content), linguistic (i.e., specific use of language), and conceptual (i.e., interrogative exploration). Conceptual comments represent a move away from the explicit statements found in the narratives toward the overarching understanding and experience of the death of a sibling. This phase involved reflection and refinement of my thoughts on the authors' descriptions (Smith et al., 2009). An example of this could be Author A's retelling of her choice to forgo an opportunity to attend a social gathering, leading me to consider the possibility of Author A's avoidance and isolation. By employing this strategy, I more fully engaged in the memoirs and mobilized the analysis of the text (Smith et al., 2009).

Step 3: Developing emergent themes. In this phase, my goal was to reduce the amount of data collected in the preceding phases, while simultaneously preserving the complexity of the narratives (Robson, 2002). This analysis involved focus on the data at hand, while remaining cognizant of that which was learned from the memoir during Step 1 and Step 2. I shifted attention to discrete portions of the narrative and drew heavily on the initial notes. My interaction with the text and attempt to engage in the participant's world led the interpretation process. The

analysis then involved distilling the content of the piece of narrative into a brief phrase (i.e., “Self-blame”), constituting the emergent theme. The themes were meant to capture the essence of the author’s experience as well as my interpretation (Appendix A; Smith et al., 2009).

Step 4: Searching for connection across emergent themes. This phase involved the mapping of identified emergent themes. Of note is that not all emergent themes needed to be incorporated into this step of analysis. The choice of themes to be preserved was guided by the research questions. The goal was to synthesize the themes into a structure that allowed me to describe the most salient aspects of the authors’ experiences (Smith et al., 2009). To do so, I printed the list of emergent themes, notated phrases/phrasings, and formed clusters of related themes. Next, I employed analytic strategies to identify the superordinate themes. The first strategy was the use of abstraction. Here, similar themes were grouped together and a new name for the cluster that was identified, revealing a superordinate theme (Smith et al., 2009). A second method of identifying a superordinate theme was subsumption, the process by which an emergent theme assumes the status of a superordinate theme, bringing together several related themes (Smith et al., 2009). A third employed strategy was polarization. Here, I identified the differences within the emergent themes. An example of this may be “Author A creates distance to her parents” and “Author B seeks out the company of her parents.” A final strategy that was employed was contextualization, where the contextual elements of the emergent themes were identified (Smith et al., 2009).

Step 5: Moving to next narrative. For this phase, I repeated Steps 1 through 4 for each successive memoir. In doing so, I took measures to treat each narrative as distinctive, and focused on allowing new themes to emerge from the narratives, working intentionally to avoid being influenced by themes identified in previous memoirs (Smith et al., 2009).

Step 6: Looking for patterns across narratives. This phase of data analysis involved searching for patterns across memoirs. Here, I reviewed the completed matrix of emergent themes of each text and sought to identify the connections between narratives, the interactive nature of the emergent and superordinate themes, and which themes appeared to be the most salient (Smith et al., 2009). Questions that I considered included: Which themes are present in all or most memoirs? How does one theme in memoir 1 clarify another theme in memoirs 2 and 3? Which themes appear to be the most compelling (as related to the stated goals of this research study, and as highlighted by the authors themselves)? Recurring emergent themes were then examined and summarized under broad categories, in order to reflect a shared understanding and shared experience of the authors (Appendix B). To ensure the data was analyzed appropriately and researcher bias was avoided, I asked two different raters to code the transcripts for themes (Mertens, 2009) and I received supervision (Smith et al., 2009) from a faculty person (i.e., my dissertation chair).

Data Synthesis

Following the analysis of the memoirs, I drew from both existing theory and research to further expatiate on the themes that emerged from the memoirs (Robson, 2002). Examples of the salient literature included readings in attachment theory, developmental theory, and traumatology. Finally, I elucidated clinical implications for mental health professionals working with bereaved children and their families. Here, relevant findings from the data analysis were applied to clinical practice, and specific examples were provided addressing how clinicians might better understand the child's complex experiences. The information gathered was consolidated in an effort to provide a vivid, and clinically useful depiction of the world of a child who has lost a brother or sister.

Chapter 3: Results

The first section of this chapter describes the analysis process in greater detail, attending to ways in which the data analytic procedure as described in Chapter 2 was followed as well as the ways in which it diverged. Next, a brief overview of the sample demographics is provided and the final section includes the results of the data analysis.

Data Analytic Procedure

The initial immersion into the data followed the guidelines of IPA, namely reading and rereading the memoirs a total of four times. In this process, a practice of note-taking was developed, where a separate document for each memoir was created, containing reflections on possible themes and emerging questions regarding the described experiences of the memoirists. In identifying relevant passages for data analysis, attention was given to the three main research questions as identified in Chapter 2, which included: (a) an individual's lived experience of sibling death in childhood, (b) the roles parents play in the grieving process, and (c) the conditions and processes that facilitate healthy grieving for the child. Using these themes as a guideline for which portions of the text would be included in the analysis, the process of initial noting was documented in a table, which included relevant excerpts from the text. Next, emergent themes were identified within the document containing the initial noting. The process of creating the emergent themes involved careful consideration of the content of the text, as well as providing (where necessary) clarifying context for the theme. Due to the high volume of material, the initial noting included information on the context for the quotes and excerpts, as the inclusion of all relevant material was not useful or feasible for the process of analysis. See Appendix C for an example of the identification of the emergent themes. To ensure the accuracy of the coding system, an independent auditor reviewed the content of the table, and, when

discrepancy in interpretation of the text existed, a discussion of the differing views followed. Next, the emergent themes were extrapolated from the table and a new document was created, where emergent themes were grouped into thematically similar categories, creating a collection of superordinate themes that form the foundation of this analysis (see Appendix D for an example of superordinate themes). Once this process was completed, it was checked for accuracy by the independent auditor. Once these steps were completed for all seven memoirs, printed versions of the superordinate themes were used to identify recurring themes throughout the memoirs. The choice of selecting superordinate themes was influenced by the frequency of occurrence (2 or more) and relevance as related to the research questions. Once this process was completed, supporting documents were given to the dissertation chair, Theodore Ellenhorn, PhD, for review, and feedback was used to inform the creation of the latter portion of this chapter.

Sample Demographics

The following table provides an overview of some of the pertinent contextual information gleaned from the memoirs. In addition to the information provided, all memoirists were female and all had obtained a college degree.

Table 1

Sample Demographics

Memoirist	Age at death	Sibling demographics	Circumstances of death	Surviving family members	Place of residence
Aggen	14	Brother, age 12	Drowning	Mother and 2 sisters	Rural, MI
Bernstein	17	Sister, age 19	Murder (stabbed by stranger)	Mother and father	Suburban, NJ
Conway	15	Brother, age 19	Car accident	Mother and brother	Rural, Australia
DeVita-Raeburn	14	Brother, age 16	Chronic illness	Mother and father	Urban, NY
Diehl	9	Brother, age 12	Hit by car	Mother and 2 siblings	Urban, NY
Frazier	2	Brother, age 4	Cancer	Mother and father	Rural, IL
Smith	15	Brother, age 18	Car accident	Mother and father	Suburban, NY

The reason behind the authors' decisions to write the memoirs were largely centered on their desire to assist others who have lost a sibling. It was their hope that providing access to their stories would in turn offer others both a sense of not being alone and validation of their grief. Thus, the motivating factor was borne out of their own struggles, loneliness, and pain. In addition to this, two of the memoirists used the process of writing their story to gain some understanding of their loss and suffering, aiding in their grieving process.

Themes

Through the analysis process, attention was given to the lived experience of sibling death in childhood, yielding three prominent themes: (a) societal response to the sibling's grief, (b) changes in identity, and (c) affect restriction and fear. While the remainder of themes discovered in the memoirs occurred in lesser frequency, they describe the complexity and uniqueness of sibling loss. These themes, including suffering, silence, and solitary grieving, create a fuller

picture of life without the sibling and illustrate of the lived experience of sibling loss in childhood; these additional themes are also included in this chapter.

Societal response to sibling grief.

Dismissal. One of the strongest themes discovered throughout all narratives was that of perceived societal dismissal of the child's grief. This dismissal took the form of the active avoidance of the child's pain, lack of acknowledgement of the child's loss, and minimization of her suffering through comparison to the suffering of the parent. The following excerpts highlight the experience of the rejection of the child's grief in a range of contexts, spanning from interactions with individuals who were close to the child, such as other family members, to those with more peripheral involvement in the child's life.

Smith, for example, depicts the disregard of the child's grief immediately following the death in her description of an encounter with one of the adults who came over to the family's home after hearing the news of the sibling's death:

“Coffee.” Her voice was an octave lower than usual. “I must have coffee.” I poured her a cup of Father's leftover morning brew. She took one sip, pursed her lips, and again she touched the back of her hand to her cheek. “It's stale.” Her voice quavered when she spoke. She leaned forward, the mug cradled in her upturned palm, and said, “We need a fresh pot.” (Smith, 2004, p. 12)

The woman makes the bereaved sister take care of the people who have come to show support to the parents and does not appear to give credence the young sister's grief. Similarly, Conway describes an encounter with her uncle that evidences a lack of appreciation for the suffering of the child compared to the loss of the parent. The first words Conway hears from her uncle who shared the news of her brother's death with her mother was, “Treat her gently”

(Conway, 1989, p. 119), referring to the grieving mother. The varying degrees of dismissal is further illustrated in two memoirists' descriptions of their experiences interacting with non relative adults:

“This is a terrible time,” as if without his words I might never have known it. “You’re at the beginning of your life, but your parents are at the end. You can have a child someday, but they never can. They only have you.” (...) “You have to be everything to them.” (Bernstein, 2000, p. 62)

A woman, mercifully faceless now, separates herself from the lingering crows, takes me by the arm, and leans in close enough so that I can smell her perfume, see the lipstick on her teeth. “You’ll have to be very good now,” she whispers intently, sadly. “Your parents are going through a lot.” (DeVita-Raeburn, 2004, p. 22)

And now, like an infant who learns to smile by watching others, I learned, starting at that moment by my brother’s grave, to reflect the response that was expected of me. And what was expected of me, in my new life, it seemed, was normalcy. Good behavior. An appropriate somberness. Respect, but not too much grief. Not, at least, more than my parents had. I came to associate grief with self-indulgence and shame. (DeVita-Raeburn, 2004, p. 23)

One of the memoirists describes her horror when her older sister who had taken on the role of a liaison between the younger siblings and the outside world, explains the difference in intensity and pain of sibling death compared to parental mourning:

It seemed natural, we are all so sad Jimmy has died, we are all the same now, though I couldn’t have predated it. But when she said, speaking intently, “It’s worse for Mom, you know, because Jimmy was her son,” when she said that to us with her open sisterly face

looking at me, beaming it toward me, I recoiled, as if from an electric shock. She elaborated—what mothers feel, how they feel more than we do, how we can't imagine it. I couldn't stand it. (Diehl, 1999, p. 124)

Diehl goes on to describe her experience of being invisible: "They could easily see us, but they didn't see us because they weren't paying attention" (Diehl, 1999, p. 138). Later, the author indicates her perception of this lack of attention is purposeful and reflective of active dismissal on the part of others, "Nobody seemed to think that I had any rights to my own brother. I was put aside, out of the way, they didn't get it, this was happening to me" (Diehl, 1999, p. 161).

Some of the memoirists additionally describe experiences in which others simply fail to comprehend the extent of their pain and grief. Smith's encounter with the school nurse suggests a lack of understanding of the longevity of grief and sadness over the death of her brother:

"What's wrong with her?" "She is sick with sadness again." "I thought we were past that. It's been over a year since—" "Relapse," Sister Rose said, and she waved the nurse away. (Smith, 2004, p. 194)

Even well-intentioned adults who may care for and about the child are described as having difficulty understanding the painful and lasting effects of the death of a sibling.

Discomfort. Several of the memoirists highlight their experiences with individuals who, despite good intent, are perceived as not being able to tolerate or respond to the child's grief. This form of dismissal and discomfort with the sibling's grief is illustrated in Bernstein's description of her interactions with her peers immediately following the death of her sister:

In the evenings, my friends stopped by, not one or two, but six at a time, the bravest holding a bakery box filled with bland, pale, crumbly cookies. How startled they were, all

in a cluster, too timid to talk until I talked; too scared to laugh until I laughed. Like a conductor, I knew how to keep things moving. I could work the conversation, lead them away from their awkwardness to a place where we all felt fine and so it was all right.

(Bernstein, 2000, pp. 64-65)

The discomfort and lack of knowledge of what people around them can or should do is further illustrated in Aggen's memoir:

How could they be so happy? Don't they care that this small town lost a member less than two weeks ago? Do they even remember? Perhaps they don't. Since we returned to school, not one person has spoken David's name to me. My friends have avoided the subject. Even the teachers haven't said anything. Sure, the history teacher sort of acknowledged it, but never came out and said David's name. My science teacher said that it was good to see me back in school. Nobody mentioned David. Are they afraid of reminding me that my heart had just been ripped from my body? Are they afraid I'd suddenly remember that a huge part of me had died and was buried in a little country cemetery? Maybe they are afraid I'll start to cry and then what would they do? They should not fear that one. I have no tears left. Perhaps they can't look me in the eye and say his name because they know what I'm in for. My future only looks painful now.

(Aggen, 2008, pp. 18-19)

Aggen's explanation and meaning making surrounding the environment's avoidance of the topic of her brother leads her to believe, benevolently, that others do not want to increase her pain and suffering. Although Aggen sees the possibility that her peers and teachers do not mention her brother as a courtesy, she describes the emotional impact that this has on her grief:

I wonder why nobody talks to us about David. The whole town knows about him. The whole town knew him. Yet, it's as though he never existed. Is everyone afraid they'd remind me of him? Don't they know I think of him constantly? I'll have to remain vigilant, otherwise, he'll be forgotten. (Aggen, 2008, p. 28)

These examples of the experiences of the grieving sibling highlight the perceived societal response to childhood loss: their pain remains unseen or overlooked. The grief of the sibling is too often considered lesser than the pain of the parent and, when it is acknowledged, the discomfort of those around the children leads to avoidance of the topic of the death. In some cases, the child herself is avoided.

Identity. Four of the seven memoirists explicitly describe a drastic change in their identity in the wake of their loss. The majority of these authors describe their change in identity as intricately linked to the loss of the sibling. "I remember how naked and infantile I felt, full of blind, thrashing rage turned inward: my name, my self" (Bernstein, 2000, p. 60). Immediately following the murder of her sister, Bernstein's rage and anger is directed toward herself. The following excerpt further illustrates the author's association of herself with the death of her sister:

I remember seeing my reflection after so many days, looking at the face of the girl whose sister had been murdered, and it was the same ordinary face, the same blue eyes and round cheeks, but I hated it nonetheless. (Bernstein, 2000, p. 65)

As described in the following, Bernstein's self-hatred culminates and she is unable to disconnect the negative, the painful, from herself:

And when the hatred curdled within me, filling me with something sour and unfamiliar, it was for Martha. I hated her, hated myself. There was no one else I hated, no matter how much I tried, no person, not even the murderer. (Bernstein, 2000, p. 70)

Laura's things had this power. She was dead and we would never speak her name. We stood over cartons of her clothing instead, shouting... When I stormed into my room, locking the door behind me, I was left with a single wish—to rip off my skin and live in some other body. (Bernstein, 2000, p. 72)

Bernstein's growing self-hatred breeds a strong desire to separate herself from that which invites painful memories.

In a related vein, DeVita-Raeburn's description of her first experience meeting with a therapist illustrates the all-consuming nature of the loss.

When the therapist called me back to set up the appointment and ask me what kind of issues I wanted to discuss, I said, "The usual, I guess." meaning career, relationship, and parent issues. I had no idea why I was falling apart. That was what I wanted her to tell me. By the time I got to the appointment, I was visibly shaking. When I sat down on the couch, the first words that came to me were an utter surprise: "I am my brother's death." And then I started to cry. (DeVita-Raeburn, 2004, p. 27)

Though unnoticed until well into adulthood, DeVita-Raeburn's first words that emerge in the context of a therapeutic setting illustrate the powerful and formative role that the death of her brother has played in her life. Here, she describes not just the profound impact that the loss has on her, but goes further to state that she cannot separate herself from the death of her brother:

For my entire life, I'd been a sister. For more than half of it, I'd been the sister of Washington's bubble boy. My life, my personality had been molded in one way or

another, around those two facts. Without Ted, I didn't know who I was anymore, in my family or as an individual. (DeVita-Raeburn, 2004, p. 98)

When DeVita-Raeburn attempts to attain healing, she makes efforts to identify the pain in her: "I couldn't point to the injury because the injury was me" (DeVita-Raeburn, 2004, p. 99).

Diehl similarly describes the impact of the death of both her brother and her father on her identity:

Extreme experience is hypnotic, creating its own texture in the brain. Posttraumatic stress, or something more like religion: This was where the veil of illusion was rent. Jimmy's death, Daddy's death, the two together, one two-part event, was the biggest thing that had happened, or has happened to me. Like a meteorite pinning my life under it—not me, exactly, I've always been free to go, but my life, the story. Turning back to look and look again. That which has created me. (Diehl, 1999, p. 306)

The majority of memoirists discussed identity changes due to the death of the sibling. However, identity change was also presented as more complexly tied to adult functioning in the aftermath, as illustrated in Frazier's memoir; it was not the death of her brother that led to this marked change in how she viewed herself, but rather her mother's grief: "For me at age four, my mother was the epitome of good and so her abandonment must have meant that something was horribly wrong with me" (Frazier, 2014, para. 27). Frazier goes on to describe the evolution of this thinking process as supported by her complaisant father:

My dad throughout all of this was always supportive in anything that I did, but still he never reprimanded my mother when I was given the "silent treatment" for not doing exactly what she wanted. I decided that perhaps even my dad thought that I was bad because he seemed to support my mom's behavior. (Frazier, 2014, para. 33)

These experiences coalesce into Frazier's conclusion about herself:

For me, though, life had stood still since the age of four when I sat on the floor of the living room, trying to understand why I had been so bad. I was still the little girl that was ignored and unwanted, but now I was striving perfection. (Frazier, 2014, para. 36)

Though other memoirists describe the profound impact of the death of a sibling, these examples offer a compelling example of those siblings whose past and present identities were shaped by their loss and the ensuing change in family life.

Affect restriction and fear. The theme of affect restriction and emotional blunting was identified in five of the memoirists' descriptions of their emotional world following the death of their sibling. This predominant affective state—dissociation—contrasts sharply with the remaining two memoirists' prominent emotional experience, fear. Regarding the former, the authors describe differing ways in which this psychic numbness is experienced. Conway, for example, directly links it to the death of her brother:

After my brother Bob's death, it seemed as though I had lost the capacity for emotional responses. Daily life was in black and white, like a badly made film. My trancelike state excluded music, feeling, color, desire. (Conway, 1989, p. 121)

Similar to Conway's description of her lack of ability to *feel*, DeVita-Raeburn writes that she and her parents were in a similar state of numbness:

We didn't know what we needed. We were lost, even to ourselves. My parents didn't talk about Ted, or his death, alone or together. They were numb, engulfed in their own separate miseries. I didn't talk to them, either. I was numb, too. (DeVita-Raeburn, 2004, p. 24)

Smith further illustrates the confusion and dissociation from her affective experiences:

You could sue. Bald tires. He lost his wife. These phrases rattled around inside me. I had no name for the feelings they conjured up. Like captions for a set of lost photographs, I knew what the individual words meant, but I didn't know what to attach them to. And my parents didn't know how to tell me. We had lost the thread of our own story. Grief takes that from you. It makes the familiar, the quotidian, turn strange. (Smith, 2004, p. 61)

Smith's marked disconnect of affect and cognition contributed to a state of hazy numbness in which the dampening of senses disconnects her from the world and from herself:

Grief can blind you; it pulls loose the seam of memory. It weakens your senses. The only time my heart woke up and noticed the world around me that year was at night, inside the metal box of Mother's car, driving through the outskirts of Rochester, the light from the oncoming headlights smearing across my windshield. (Smith, 2004, p. 299)

She describes the global detachment and numbness since the death of her brother, and goes on to state that following the loss, the only time when she was able to feel was when she retraced her brother's final moments before his death, even anticipating her own imminent death.

In contrast to Smith's seeming awareness of this state of numbness, Bernstein's memoir is more suggestive of her overall lack of connection to her emotional world:

For years I was convinced that I did not miss my sister after she was murdered or feel what all the condolences cards so delicately referred to as our "loss." When I remembered this time, it seemed that after Laura died, I moved on with little fuss, just as I had been advised. I got "right back into the swing of things," and behaved in what my mother called a "normal way." (Bernstein, 2000, p. 11)

In the course of her memoir and in her narration of her experience of telling her story, Bernstein describes her slowly growing acknowledgement of her grief decades after the death of

her sister. This growth is evident also in Aggen's memoir, where the author describes her journey through grief in terms of seeing color. In the preface of her memoir, Aggen states:

Also, please consider my not being able to see color as a metaphor of how I felt inside. It is one thing to see the colors that surround us and quite another to recognize and appreciate them. After losing David, I had to slowly awaken to them and learn to appreciate them anew. (Aggen, 2008, Preface)

DeVita-Raeburn's way of coping with the pain inherent in the loss of a loved sibling illustrates the initial utility of emotional blunting:

But this numbness, my awareness that I could manipulate it, was a new and handy trick. No threat of unwanted feelings. I could do it at any time. Sometimes it happened involuntarily. Instant numbness. Detachment. It was like watching my life, the very life unfurling in front of me, from a front-row seat in a movie theater. I did this very well, this self-taught autism. And in the process, I blocked out almost everything that had happened in my life before I turned eighteen. Even my memories of my brother were vague, the details gone. I was miserable, but only dimly aware of it. It felt so normal, after all those years, to be depressed, to be unhappy, to be angry. (DeVita-Raeburn, 2004, p. 26)

Here, the author is able to identify the negative effects of affect avoidance and numbing on her daily functioning. She describes the progression of her intolerance of emotion as eventually negatively affecting her relationships with peers, family members, and romantic partners.

Bernstein further describes an exchange with a peer, in which she explains her road toward assuaging feelings of loss, pain, and guilt:

I did not want to speak. I certainly did not want to tell her of my sister's affection for me and how undeserving I was of it. What good was it to recall that Laura's life had been hard, while I had been nothing but an obnoxious little goodnik, Mama's darling, dying to please? Why bother drumming up memories about the room we shared, or the fact that we had spent nearly all our time together the last summer of her life? What difference did it make that as soon as she arrived at school, she sent me a gift and a letter and that I hadn't responded right away. I had meant to, but I was lazy and self-centered and let it slide. It was meaningless to wonder if Laura had gotten my letter signed "love," to imagine that she had been stabbed to death without knowing how much I adored her. I did not remember Laura, would not talk of her, but some wrenching awful sob came out of my mouth. I did not want to cry, could not risk it, pushed it back in, pushed and pushed so I would not die from it, too. (Bernstein, 2000, p. 128)

Bernstein realizes that remembering and feeling are vital components of being able to process grief and to comprehend her loss:

These dreams were so vivid that when I woke, the world was still upside down and the taste of paper and sugar filled my mouth. For a moment, I welcomed the ache; I was glad for it, needed it, the way I needed to feel my teeth pulled out so I would know what was real. But then I knew that Laura wasn't real— not anymore. She was dead. And I was so heavy with despair I could barely move from bed. (Bernstein, 2000, p. 134)

"Drinking was not about numbing myself or forgetting. I drank to feel alive. At every other waking moment I was restrained, vigilant, wildly, frantically uncomfortable" (Bernstein, 2000, p. 73). Bernstein states that substance abuse was not meant to further support her avoidance, but rather offer her one manageable way to experience emotion. She describes her

initial recognition of the importance of acknowledging and experiencing her emotions: “I had felt what was happening to me. I needed to know what I felt, to be able to name it, to own it” (Bernstein, 2000, p. 36).

In contrast to the five memoirists’ descriptions of emotional blunting and numbness, the two remaining authors describe their dominant affective state of fear. Diehl, for example, expands on the impact of fear on her functioning and her life:

I am always afraid. It’s so much a part of my life I can’t imagine living without it. I see through it, I move through it, all my social encounters take place in its chambers. It’s a shadow that goes ahead of me; it’s almost a separate being. I come to think it is a separate being—what must be appeased. All my rituals, my avoidances, gifts for the fear. I know it can’t be spoken of. What other people mean by fear is a mood or a feeling, a temporary reaction to danger, a mistake: what I know is the god. Protean and demanding, it rules my behavior utterly and I become accustomed to its control. I adapt. (Diehl, 1999, p. 294)

When describing a moment of fear, Diehl references her mother. In the following excerpt, the author describes her mother’s previous experiences with death, concluding with a statement that suggests a correlation, at least for her, between parental functioning and fear:

Her own father’s death when she was just fourteen. Her solitude. Standing upright at the kitchen counter, having already dealt with police, paramedics, and three traumatized children—her children spun and flung, like cats in a clothes dryer. But at the time I had no understanding. I felt only terror. There was no soft place for me to go. She gave us the facts. (Diehl, 1999, p. 184)

The terror experienced by Diehl is similar to the way in which Frazier describes her emotional state and later realization of the root of her fear: “... because they may leave me as my

brother did. It was many years later that I realized my fear was connected to my mother (Frazier, 2014, para. 21).” Mirroring Diehl’s experience of constant and enveloping fear, Frazier further illustrates this theme:

To me, the world was a scary place, and all I knew was that I was terrified of life and what it had to offer. Not once at that time did I think that I was frightened of my mom. I loved her too much and longed for her unconditional love in return. I didn't know the source of my fear, but it was real and all-consuming. (Frazier, 2014, para. 25)

In both memoirs in which fear played a prominent role, the authors link this emotional state with unreliable access to the mother figure. Interestingly, the authors who describe this emotional response to the death of a sibling are the youngest (age 2 and age 7) in the sample.

Connecting with the deceased sibling. Several memoirists describe ways in which they can continue to connect with their deceased sibling. The manner in which each author does so differed significantly. Some of the surviving siblings experience connection in a passive manner, while others engage in purposeful activity that brings them closer to the deceased.

DeVita-Raeburn describes how hearing her mother speak of her brother gives her the experience of his presence: “Her retelling evoked the physical sense of him standing by my side again” (DeVita-Raeburn, 2004, p. 187). Another author identifies physical objects as connecting her to the sibling:

Things began to take on life; things had feelings. My sister’s empty, neatly made bed, her wedding dress and engagement gifts, the clothes she had not taken to Arizona. My sister’s things carried her scent and our sadness, and my mother and I fought bitterly and repeatedly over them. (Bernstein, 2000, p. 71)

Diehl similarly experiences physical objects as a way to connect with her brother in the hours and days after his death:

The hum and energy of it getting louder and louder, my own family swallowed up—What could this be but pollution? They were erasing Jimmy’s imprint on this air, stealing from us the time to collect his last traces. (Diehl, 1999, p. 137)

This portrayal of how Diehl felt the connection with her brother, however, depicts the source of connection as fragile and at risk for being broken by strangers. Yet her desire and experience of her surroundings illustrate her strong desire to hold on to aspects of her brother.

In contrast to the examples that highlight the inadvertent reminders and sources of connection to the deceased, Aggen describes a ritual of maintaining a connection with her brother: “On my way home, I drive right by the cemetery, so I stop for a little visit with my brother” (Aggen, 2008, p. 72). Here, Aggen’s choice of words suggests that she engages in an ongoing relationship with her brother; she is visiting with him. As Aggen describes her journey through grief, she concludes the following about the family dog in regard to what connects her to her brother:

I believed TJ had been the last living thing connected to my brother. Now, however, I realized that even though David was physically gone, a part of him would always be with me. For so long, I had thought that a part of me had died with David and was buried with him in that cemetery. That still felt true, but it also felt true that he still lived in me.

Instead of TJ, I was the living thing that connected to David. (Aggen, 2008, p. 90)

Though she initially describes the dog as her connection to her brother, she comes to appreciate and recognize that which is in her that allows for the memory of her brother to live on.

In contrast, Smith's recounting of the development of an eating disorder illustrates one example of purposeful, albeit self-destructive, action that serves to maintain a bond with the deceased sibling:

I thought that Roy had not left me; he'd only left my parents. Roy was all around me, in every shape, every sound. I could almost hear his feet on the driveway. Several times I thought I saw the shadow of his hand, the back of his head in the rustling movements of the lilac trees. Buried among these thoughts, the seed of a dangerous idea had planted itself in my mind. It had to do with the paper bag, the one Shadow could not leave alone. Every night I would arrive at the dinner table with the bag folded in a square and nestled in the bottom of my jeans pocket. During the meal, I would pull it out and hide it on my lap while I slipped food off my plate and into the bag. (Smith, 2004, p. 40)

During the day, I was just a normal schoolgirl. I did my homework. I went to work at the convent. I seemed to move on from this terrible tragedy. But at night, the distance between the living and the dead changes. At night, we persuade ourselves that the most impossible things are possible. At night, we believe. As I ate less and less and carried more and more food out to the fort, I was finding my way to the fourth dimension, to the secret door in time that would lead me back to Roy. And the ritual of it, the deep satisfaction I felt from taking my own nourishment and serving it up to memory, to my dead brother, sustained me. (Smith, 2004, p. 120)

Yet as Smith states, this ritual becomes more removed from active grief; it transforms into a self-destructive habit:

Saving food for Roy had become more than a gesture of grief. By now, self-starvation had become a habit. It was perhaps the hunger, the malnutrition, that superseded all my other troubles. Without food, I could no longer think clearly. (Smith, 2004, p. 237)

DeVita-Raeburn describes her own desperate strategy to search for a connection to her brother, which involves visiting a psychic:

The reason, I think, is obvious- it was the first time I'd found a way to connect with Ted, to find a way to bring him into my world, whether it was real or not. That was what I needed, at that point, to dispel the horrible loss I lived with. (DeVita-Raeburn, 2004, p. 152)

As illustrated above, the way in which each memoirist maintains the bond with the deceased sibling differs significantly. Some authors purposefully seek out points of connection. In contrast, others experience the presence of the deceased in physical objects, describing neither intent to feel the connection, nor the purposeful search to find a way to sustain the attachment. The common theme here lies in the presence of a continued relationship with the deceased sibling.

Grieving through suffering. Two of the memoirists describe the role of suffering in their grief:

After I placed the ball on the rack, guilt washed over me. I hadn't thought about David the entire game. How could that be? For the last two months, thoughts of David occupied every waking moment. Well, almost every moment because I often dreamed of him, too. How I had just spent forty-five minutes running up and down a basketball court and I hadn't thought of him once. How could I run and play when David is dead? I had probably even laughed at one point, too. I am so sorry, David. (Aggen, 2008, p. 23)

The following excerpt further illustrates the memoirist's experience of the death of her brother and the internal conflict she experiences in the wake of the expectations of others and her perceived duty to her brother: "If I don't laugh at a joke, my friends question me. If I do force a laugh, I feel so guilty. How could I possibly find anything funny? My brother is dead. That is not funny" (Aggen, 2008, p. 25). DeVita-Raeburn similarly describes her guilt over her ability to function: "We all go to our rooms. I am ashamed I can sleep without a sedative" (DeVita Raeburn, 2004, p. 20). The author then describes her reaction to efforts of others to comfort her and give her hope regarding her state of agony:

When I was told that time would heal my pain, and that I was supposed to "get over" my brother's death, in the way Freud decreed, it caused me more panic than comfort. No one wants to be in pain forever, but if the end of pain means the end of the person in our lives, the pain becomes something of which we can grow possessive. If it's pain or nothing, many of us will take the pain. (DeVita-Raeburn, 2004, p. 144)

Silence. The theme of silence emerged in three of the memoirs. The silence surrounding the deceased sibling is described as frightening: "If angry words and pieces of sentences had been the source of fear before, now silence brought me terror, what was not said, what could never be spoken" (Bernstein, 2000, p. 10). Smith further describes her experience of silence as disorienting: "All this silence troubled me. It made the world seem strange again. Simple tasks like finding my way from the science lab to the library, or locating a chapter in my textbook, stumped me" (Smith, 2004, p. 82). Here, silence breeds confusion, and creates distance from her surroundings. Similarly, the following two excerpts highlight isolation and loneliness of the silence surrounding of a memoirist's brother's death:

It was they who had set the shroud of silence on the subject of my brother. They never talked about what had happened. And they would talk about Ted only on rare occasions, when I was alone with one of them. None of us brought up my brother when the three of us were together. I didn't even know if they would talk to me for the book. (DeVita-Raeburn, 2004, p. 185)

Following DeVita-Raeburn's conversation with her parents about the death of her brother, the author identifies both the sadness and her sense of solidarity and shared loss: "It was sad. But I walked off that night feeling, for the first time, that this had happened not just to me and not just to them, but to us" (DeVita-Raeburn, 2004, p. 185).

The role of silence surrounding the death of the sibling within the family system is presented as painful, lonely, and confusing. This silence and lack of communication does not appear to be resolved, for many, even decades following the death of the sibling.

Solitary grief. Particularly in the immediate aftermath of the death, several memoirists describe their desire to grieve alone. The following excerpts describe different reasons for doing so. Conway's experience sheds light on the moments in which she could grieve for her loss:

After he left, I was overcome by the need to do my grieving privately for a while. I wanted to sit alone and take it in. I also knew it would be a long time before my mother slept peacefully again, and thought she would need her rest for what was awaiting her tomorrow... I was literally glad to have time to take in his death alone. It meant that in my incestuous way I could hold on a little longer to something about him which for the moment was mine alone. (Conway, 1989, p. 118)

The author describes the specialness of being able to be silent and alone in her grief. Aggen also experiences the need to grieve alone and finds relief in her peers' lack of efforts to contact her:

Only one of them worked up the courage to call. As soon as I heard her voice, all I could do was cry. I kept telling her how sorry I was to be crying, but she kept saying that it was okay. I finally pulled myself together, thanked her for calling and hung up. I was relieved nobody else called for me. (Aggen, 2008, p. 11)

Similarly, Diehl's experience of being surrounded by mourning strangers further supports the theme of desired isolation. In this excerpt, Diehl portrays her younger brother's desire to be alone, as well as her conflicted state of desiring the solitude—while also wishing to continue to act as the silent observer of the commotion in her home:

Johnny grew tired of waiting for the people to go away and decided to run upstairs. This made sense, I should go, too, but I found myself unable to leave the spectacle. I was ashamed of this—didn't I want to be alone—but I was held by the crowd as if by gravity. (Diehl, 1999, p. 140)

The need to grieve privately in the hours following the death of the sibling is reflected in several memoirs; the descriptions suggest that the time spent alone may also shield the child from external stressors, including the grief of the caregiver, and the necessity to respond to concerned friends. The intensity of the grief did not leave room for these additional demands.

Parental misattunement to child's grief. The theme of parents' misunderstanding the child's grief and misattuning to the child's needs was present in two memoirs. Smith describes an interaction in which her father shares his concern with Smith's decision to spend hours at the local library:

“He’s not coming back.” I picked up a stone and tossed it from one hand to the other.

“Baby, it doesn’t matter how much you study or how good you do at school, he’s gone.

He’s waiting for us in heaven.”(...) “So, baby. Don’t work so hard. You’re going to get sick. All these trips to the library, all this late night studying. (Smith, 2004, pp. 131-132)

As Smith explains, this behavior was unrelated to grief, but rather her attempt to explore and learn about her sexual identity. Despite this misattunement, the father’s desire to understand his daughter marks one of the few instances in all memoirs in which the memoirist reports on a caregiver seeking to understand the child’s grief.

The good intentions of Bernstein’s parents are also evidenced in a letter she later found that her mother had written her father:

Keeping busy is the best thing for her- then she can behave normally and not think at all.

Right now I feel very glad that you, Daddy, and I are quiet people- our pain and loss is just as great, but somehow I think we made it easier all around... (Bernstein, 2000, pp. 82-83)

The return to normalcy, however, is described by Bernstein as inhibiting her ability to grieve and accept the reality of the loss. Similarly, DeVita-Raeburn’s interaction with her mother, years after the death of her brother, further highlights this well-intended misattunement to the child’s needs: “We just didn’t tell you a lot. We wanted you to be happy and encouraged that he was going to get better” (DeVita-Raeburn, 2004, p. 199).

More often, however, the memoirists describe their experience of the caregiver as unresponsive to the child’s grieving needs. Several of the memoirists depict their mothers as being both physically and emotionally unavailable immediately following the loss. Aggen’s

description of the moments after she found out about her brother's accident demonstrates the child's need for the mother in understanding the loss, while the mother remains unavailable:

Finally, a woman's voice said, "Your mother is in her bedroom." I was confused. Why wasn't Mom at the hospital? I entered her room and quickly asked, "Are we going to the hospital?" She stared blankly at me. Before she could answer, a neighbor led me from the room. "Your mother wants you girls to speak to Pastor B. He's in your room." (Aggen, 2008, p. 4)

The inaccessibility of the mother is further illustrated in Diehl's account of the time immediately following the death of her brother:

Where was my mother? As if the air had closed around her, taken her-not dead but hidden-sewn into a pocket of the sky. If Jimmy's absence was unbelievable this morning, far away, (maybe I never had an older brother; maybe he was a dream) my mother's absence was all around me, a high-pitched wail. (Diehl, 1999, p. 131)

She said Mommy was sleeping. Still sleeping? It was past noon. Then Charlotte said she wasn't actually sleeping but resting. I'll go up and see her, I said, but my sister said no, I wasn't allowed. Not allowed? No. She's resting. (Diehl, 1999, p. 142)

The silence and limited availability of the mother was further depicted in Diehl's recounting of the hours following her brother's death:

Our mother is silent. "He's dead," our sister sobbed again, level with us now, legs pumping, cheeks plastered with her snarled hair. "Mom!" we shouted. "Mom! It's not true, is it? Is it?" She was taking one step at a time. Her red dress burning. For a moment her jewel-cold eyes rested on us. "Yes. Jimmy is dead." We didn't believe her; we were angry. (Diehl, 1999, pp. 112-113)

Though the mother did respond to the children's questions, the author portrays the mother as cold, and lacking nurturance and warmth. Similarly, Aggen reports several attempts to receive comfort, yet she describes maternal rejection:

I took a step towards her, desperately wanting her to put her arms around me like a life vest. I wanted to be told that everything would be okay. To be told that, together, we'd get through this tragedy. I wanted her to hold my head up so I would not drown in this miserable pool of sorrow. But she had just watched her youngest child's lifeless body be pulled from a cold, dark pond. Rescuing me was more than she could bear. She gently pushed me away and left the room. (Aggen, 2008, p. 6)

This paragraph demonstrates the child's immediate response to seek comfort from the mother, seeing the mother as the primary source of solace and strength. Yet the mother is not able to comfort the child, rejecting overwhelming bids for her attention and nurturance.

Aggen further describes her mother's non-responsiveness to her sadness immediately following the death:

Earlier in the day, we had been sitting in the kitchen with some visitors. I was in the corner chair, just listening to their conversation. When they stopped talking for a minute, I burst into tears. I couldn't control myself. Mom just looked at me from across the table. I hung my head and sobbed into my chest. (Aggen, 2008, pp. 8-9)

These experiences illustrate some of the ways in which the memoirists experience maternal unavailability to their grief. These accounts also highlight memoirists' distress and shame stemming from the manner in which the parent responded to the child's sadness and pain.

The unbearable grief of the other. All but one of the memoirists describe the pain of seeing the grief of other family members. Though this theme was prevalent within each memoir, meaning making about it varied. For example, DeVita-Raeburn's account suggests that avoidance of seeing the other is the direct result of the increasing pain of bearing witness to the suffering of other surviving family members: "When Ted died, none of us could look one another in the eye, either. To do so was to risk seeing our own pain, reflected back. Or worse, to risk falling apart" (DeVita-Raeburn, 2004, p. 25). Further, Diehl's account of witnessing the acute grief of her father is suggestive of a traumatic response:

Daddy was crying. And suddenly I was having a vision. What I saw was me. Not my *me*, but his *me*. How did that happen? It was as clear as anything, as a view through a window...Me. A ridiculous figure, cartoonish, rushing up and down, trying to be everywhere at once, yet thrillingly energetic, racing, sliding down poles like a fireman, fixing things. (Diehl, 1999, pp. 149-150)

This excerpt is one of several moments that Diehl describes her response to her father's overt grief. The wording of this indicates that Diehl experienced a form of depersonalization. The unspoken rule of avoiding the other is further illustrated in the memoirs of Smith and DeVita-Raeburn:

To uphold the façade that we were getting a good night's sleep, we had to avoid each other in our nocturnal wanderings. So we took turns. We lay in our beds and listened to every squeaking floorboard—a creak in the hall, the refrigerator door opening, a light snapping on in the living room. And we waited until the silence fell back around the house. Then another of us pushed back the covers and took our turn traveling from room to room, peering out the front door into the neighborhood. (Smith, 2004, pp. 31-32)

We hid in separate rooms of the house, my family, meeting only for dinner, at which point we strained to make conversation. I left the table as soon as possible and my parents often ended the meal by fighting. (DeVita-Raeburn, 2004, p. 25)

Similarly, Bernstein describes her difficulty managing to think of her grieving parents: “I cannot bear to think of my parents; their voices, their faces, are like a knife in my chest. But I think with tenderness and ease of my grandfather, whom I never knew” (Bernstein, 2000, p. 105).

In an encounter with her mother, Smith illustrates the response to her mother’s efforts to understand her daughter’s grief: “‘I wish I died with him..’ (...) After that conversation, Mother stopped showing up at my door at night. She stopped asking about my feelings” (Smith, 2004, p. 241). Conway’s description of her mother’s response to seeing the pain of her surviving children echoes this theme: “If we were sad, she was distraught” (Conway, 1989, p. 122).

The theme of increased distress related to witnessing or acknowledging the pain of the other was prevalent, and, overall, the authors describe subsequent avoidance of the pain of the other. Not only did none of the memoirists mention instances in which they were able to share their grief with family members, but, rather, they describe the pain associated with merely seeing the grief of the other.

Familial disconnect through grief. Perhaps associated with difficulty facing another’s grief, the theme of the family members’ attendant sense of disconnection through grief was evident in the majority of memoirs. Of note was the conflicting ways in which family members expressed grief, as well as the individual needs that members had during their time of mourning. Aggen’s account of an incident in which she expresses her grief much differently than her family

members serves to highlight the experience of disconnect through different grieving styles:

Remembering the noise from the previous year, I was struck with the quietness of this one. Don't do it, I told myself. Please don't cry. Just open your gift and let all the eyes move over to Donna. Don't cry, don't cry, don't cry. I started crying. I couldn't help it. We were all pretending that everything was normal. Even the tree was in on it. Why were we doing this? Who were we kidding? Ourselves? Surely not. We weren't joking with each other, or laughing, or smiling. Mom and Aunt weren't making any effort to entertain the rest of us with some controversial topic. In fact, they were actually being cordial with each other. Everything was wrong. I wanted the noise, the teasing, and the arguments. Mostly, though I wanted David. I wanted David. The dam had broken and I started to sob. Not just the eyes watering, whimpering softly kind of crying, but the real kind of sobbing. The blurry eyes, the runny nose, gasping for breaths sobbing. Nobody moved. It was as if we were all actors in a play and I had uttered the wrong line. (Aggen, 2008, p. 42)

Aggen is painfully aware of the impact that her overt sadness and pain will have on her family members, yet she cannot contain her grief. And her heartbreaking display of sadness is met with silence; no one in her family is able or willing to connect with Aggen in her pain.

This sort of rupture due to different ways of grieving is further evident in Smith's memoir. Smith describes her experience of betrayal and disconnect from her parents after learning the details of her brother's death:

For a small sliver of time, as I sat in Mother's wicker rocker hugging my knees, they became my children—scared, hungry, bereft, and young, too young for all that had happened to them. I remembered Mother's face when they came for us a year and a half

before, when the officers showed up at the door and she knew right away, before they even said a word. How she had begged them not to say it; she clutched her chest that late July morning and said, "Please, please, no." How can they sleep? I wondered. When he burned to death a half mile from here? But of course they had known all along, and they kept it from me. How can they forgive God, when he died so terribly? I gazed at them, the secret-keepers, the whisperers, the bearers of dangerous memory. I wondered why they had excluded me from so much, from his last minutes and the story of Raymond Cino and the fire, from grief itself. (Smith, 2004, p. 186)

This excerpt highlights one of the ways in which children find themselves disconnected from their caregivers, through an unstoried and unshared experience of the death. Similarly, DeVita-Raeburn describes her family's disparate grieving styles and the impact this has on her ability to grieve:

In my mother's view, her toughness, her silence, her strength in holding back the tidal wave of sadness, is the way she pays homage to my brother and his life. That was what I had grown up believing, too. But it hadn't worked for me, and I'd never realized there was any other way to be. I needed the opposite solution. Where my mother was compelled to silence, I was compelled to articulate. (DeVita-Raeburn, 2004, p. 193)

Sometimes, I look at Mom and wonder, Is this the same person from all those years ago? I wonder if she is the same woman who would come to my bedside when I wasn't feeling well as a young girl. Were those her hands that always felt so cool and gently on my forehead? Was she the one I would sit with in the bathroom and have interesting conversations? (Aggen, 2008, p. 84)

Later, Aggen asks herself, “Why did we stop talking? I miss those days and that feeling of us being a family. I miss feeling connected to something bigger than myself” (Aggen, 2008, p. 84). In contrast to this, Smith describes grief as clouding the family’s ability to understand the other, yet there being willingness to attempt to do so:

My parents still stared at me through the fogged glass of their minds, trying to clear it, trying to see me. And I stared back. Blinded by my own confusion, I had little compassion for how they struggled. We clashed often, over useless things. (Smith, 2004, p. 273)

These excerpts highlight not only the lack of shared grief, but also the disruptive nature of the family’s loss. Ranging from how each member expresses sadness, to overall, unspoken avoidance, this theme illustrates the gravity of pain of grief, a pain that has the potential to tear a family apart.

The goal of survival. Several memoirists discussed the theme of family survival. While these memoirs primarily depict the disruption of family relationships, they also address core issues of survival in the face of traumatic loss. For example, Aggen rarely used the words “we” or “us,” referring the family. Yet when she chose these words, they were in reference to her family’s goal of simply surviving the death of her brother: “Our collective resolution is survival. We’re not interested in bettering ourselves or saving the world. We’ll settle for survival. We don’t even care if it makes us stronger or not” (Aggen, 2008, p. 43).

I try not to be at home as much as possible. Ever since David died, we’ve all just lived together. I think our family died on that day in May. We have survived, but that’s all we’ve done. We haven’t grown any closer; in fact, we are all distant from one another. (Aggen, 2008, p. 83)

These excerpts suggest that Aggen perceived that one of the few areas of cohesion within family was limited to effortful living and surviving. Aggen's description of the family's efforts to continue to function is another example of this phenomenon: "This year we went to the tree lot because we were all trying so hard not to let David's death kill us, too (Aggen, 2008, p. 39)."

Not only is the theme connected to the family as whole, but it is also evident in some memoirists' descriptions of the behavior and functioning of the parental unit. Bernstein's later realization that her parents' seeming indifference to her marked change in behavior following the death of her sister further illustrates the theme of parental focus on survival:

I could not have said what I understand now, that my parents would not catch me because, since the murder, they fell into a deep sleep as soon as I came home at night. They had not noticed that I had dyed my hair black the week before, or that, when I paused at their door to say good night, I was sometimes so drunk that I could barely stand. That I was alive was enough. (Bernstein, 2000, p. 12)

Similarly, several authors described their increasing understanding that their caregivers focus was on surviving: "Now I might say: My mother got herself out of bed, she survived, what more could I expect? But I was too young for that understanding. Too lost in the dissolving world" (Diehl, 1999, p. 171). Aggen's mother also goes through the motions of living, but Aggen recognizes that her mother is only alive because of her surviving children:

She still goes to work every day, pays the bills, grocery shops and performs all of the other mundane tasks of living. But, I know she's just her because we are still here. Just like I wouldn't take my own life for fear of hurting her, she isn't going to take hers for fear of hurting us. Life has kicked her down a few times already. (Aggen, 2008, p. 37)

These excerpts highlight the family's focus on surviving their loss. The collective goal is to continue to live for the surviving family members. Remaining alive is what matters; everything else—growth, connection, happiness—is no longer important to the grieving family.

Response to parental grief. Some of the memoirists directly describe their change in behavior as a result of parental grieving. Conway provides an example of a significant behavioral change in response to her mother's grieving needs: "I gave up athletic competition because during the practice hours after school I was haunted by the knowledge of my mother, alone at home. I often came in to find her just sitting gazing into space" (Conway, 1989, p. 121). This description illustrates the point that Conway's anhedonia was not driven by her own emotional distress, but was rather a reaction to her mother's need for company in the time of acute grief. Similarly, DeVita-Raeburn describes her experience of behavioral response, not as a result of her own grief, but as a reaction to her mother's grief:

Her solace for having lost one child was that she had another one in whom to lose herself. It was bad timing, I was just at the age when I was trying to find and assert my independence. And the years on the sidelines of my brother's illness had long since made me decide I didn't, couldn't need my parents. I resolved the dilemma by appearing on the surface, the perpetual child my mother wanted me to be, while quietly turning to the adolescent's novocaine—alcohol and drugs—establishing a pattern of demure self destruction that would persist for more than a decade. (DeVita-Raeburn, 2004, pp. 25-26)

Careful attention and concern for increasing her mother's distress is described as being at the root of the author's perfectionistic behavior. Though the correlation between substance abuse and the mother's grieving needs may be compounded by other factors, DeVita-Raeburn directly

links the need for performing for her mother, and her subsequent manner of resolving the inner tension and turmoil by self-medicating.

An extreme example of the response to parental grief is found in Frazier's memoir. "Psychologists were not socially acceptable in those days, so as she withdrew more and more into herself, so did I. With two more years in the house with her, by the time I reached first grade, I wouldn't talk" (Frazier, 2014, para. 18). Here, the grief of the mother dictates the behavioral change in Frazier. The following excerpt further illustrates the child's need for parental nurturance, and the ramifications that the chosen behavioral response had on Frazier's functioning and well-being:

Eating had been something that I really didn't enjoy even at an early age, and now it was even more of a problem. "Come on; let's take a walk around the block, and I'll make you a milk shake to drink," my mother would suggest, a sure sign that she really did love and care for me (Frazier, 2014, para. 40).

Of course, my mother was in a constant state of worry about my health, and I remember (in my immature way of thinking) that I was glad that she was fretting. If I couldn't get positive attention, at least I knew how to get negative attention. I was thrown headlong into the teenage disease that claimed hundreds of girls' lives (Frazier, 2014, para. 48).

All of these examples illustrate behavior changes as a result of parental grief. In attending to the areas of intervention and looking for the root cause of these behaviors, others may perceive the child's grief to be the driving force. Yet these memoirists shed light onto the profound impact of parental grief and parental functioning on the child's wellbeing and behavioral patterns.

Compensating for parental loss. The theme of compensating for the parent's loss was present in five of the seven memoirs. The following excerpts demonstrate the authors' experiences: "'Baby,'" my father said. I walked into his embrace. "You're all I have left," he said" (Smith, 2004, p. 16).

For years, I had been told it was my parents' loss that mattered. I had to be strong for them, make it up to them. They had already lost so much. Silently, on autopilot, I bent myself to the task of the impossible, making my parents unsad. The simple truth was that, after Ted's death, they had needed me to be fine, to have been miraculously unmarked by the strange life that had ended with Ted's death. And so, I was fine. (DeVita-Raeburn, 2004, p. 28)

I could not think of my parents' despair or the way their lives had been shattered, but I could hear a disembodied voice in the house saying, *You are everything to us. You keep us going.* In this dreadful silent house, where no mention of my sister was made and no one cried, I tried my hardest to be good, because I was all that was left. But at every making moment I knew that no matter what I did, I could never be good enough. (Bernstein, 2000, p. 66)

These experiences highlight the ways in which the bereaved siblings are expected to compensate for the parents' loss. It is not only the wider community that ascribes the role of compensation to these children; these memoirists additionally describe interactions with the caregivers, and their own desire to ease the pain of the parent, as further contributing to the belief that they are to make up for the loss.

In two of the memoirs, this perceived need to compensate led to parentification of the child, who lived, in part, to care for the bereaved parent. These memoirists described their mothers as having significant difficulty functioning and as exhibiting varying degrees of psychopathology. The following are a few excerpts depicting this phenomenon: “Today we call that “conditional love,” but I only knew that I needed to make her happy because Harry was gone, and I was all that was left” (Frazier, 2014, para. 29).

Did helping the less fortunate mean that I was really meant to live my entire life caring for my mother, filling the emotional void left by my father and Bob? I took myself to task for the uncharitable way I asked this question. She was such a good mother. “Yes,” the thought popped into my mind, recalling Hamlet’s unhinged comments about the Queen, “Good mother is bad mother unto me.” My mother’s devotion to me, the self-denial which had sent her to work to educate me properly, her frequent references to the fact that I was her consolation for her past tragedies, weighed on me like the Ancient Mariner’s albatross. I knew how well she meant but that same devotion was also a curse, a burden of guilt for ever wanting to do other things and be like other young people. (Conway, 1989, pp. 149-150)

These two authors also describe their role as caretakers for the parent. Conway’s experience highlights her perception that it was she who was responsible for her mother’s wellbeing:

Yet there was no getting away from the fact that my mother’s emotional need for me went far beyond normal limits. Whenever my mind went down this path, I braced myself, gritted my teeth, and told myself not to complain. She had suffered a great deal and her care was my responsibility. (Conway, 1989, p. 175)

Similarly, Frazier's role as the caretaker in the relationship with her mother is described as continuing into adulthood. Her mother even refers to her as her mother in front of others: "Oh I guess she's my daughter. She takes care of me each day so I thought she was my mom" (Frazier, 2014, para. 113).

The reactions of these memoirists to the grieving needs of the parent bring to light the role of parental mental health, and ability to grieve in a healthy fashion. Though some authors describe the environment as pushing them into roles of caretaking and compensating, the behavior of the parent itself may also lead to an unspoken expectation that the child is responsible for the parent's wellbeing.

Knowing details of the circumstances of the death. Several authors described their desire to know details of the sibling's death, as well as the impact of not knowing, on their emotional state and their ability to grieve. To illustrate, Diehl's memories of learning about the death of her brother demonstrate the young child's need to be informed, repeatedly, of the reality of the death. Moreover, Diehl recalls being hungry for details of her brother's accident from a reluctant, grief-stricken mother:

"Mom!" we shouted. "Mom! It's not true, is it? Is it?" She was taking one step at a time. Her red dress burning. For a moment her jewel-cold eyes rested on us. "Yes. Jimmy is dead." We didn't believe her; we were angry. We followed, we asked more questions (accident, a car hit the two bikes, Jimmy and his friend Grant, from behind, head wound, killed instantly), the words breaking against our minds, no reality, only the repetition convincing us, nobody would make this up—then Warm tears, the shaking of our bodies, the shift and give of the mattress. Charlotte and Johnny and me. (Diehl, 1999, p. 113)

Smith's process of comprehending the reality of the death of her brother occurs one year after the accident. In her case, it was through reading a newspaper article that facilitated her understanding of the reality of her brother's death: "The night I read the newspaper article, I finally understood. I remember the newspaper crinkling under the weight of my shocked hand. He's gone, I thought. He's really gone" (Smith, 2004, p. 184). Smith further struggles to reconcile her parents' decision to keep the details of her brother's death from her: "I gazed at them, the secret-keepers, the whisperers, the bearers of dangerous memory. I wondered why they had excluded me from so much, from his last minutes and the story of Raymond Cino and the fire, from grief itself" (Smith, 2004, p. 186). DeVita-Raeburn similarly describes her perception of the relationship between knowledge and grief:

I learned that in order to move on with my life, to allow myself to feel again, I had to excavate the grief I'd buried. But this was a problem. I couldn't grieve without knowing what had happened, and my information, in many ways, hadn't been updated since I was six years old. I still explained my brother's illness in the same words my parents had used to explain it to me thirty years ago, the day they'd told me that my brother would have to live in the hospital for a while. (DeVita-Raeburn, 2004, p. 82)

Bernstein's entire memoir centers on her search for understanding the reasons behind the murder of her sister. Her journey to do so began shortly following the death of her sister and lasted for decades. Here, she describes the role that the envelope containing clippings from newspaper articles and police reports played throughout her life:

Such a fuss was made when I took scissors or tape from this drawer, yet no one ever mentioned the envelope. No one seemed to need it, as I did. A long time would pass before I looked at those clippings again. But they followed me, as if of their own volition,

from New Jersey to dorm rooms and walk-up apartments in New York, to flats in London, and back again to the States, always with me, whenever I moved. I don't remember unpacking them or putting them in a special place. But they were with me. I know this, because years after the murder, when I needed to learn what had happened, I know exactly where to find them. (Bernstein, 2000, p. 14)

These narratives highlight the importance of knowing details of the circumstances of the death, both in the immediate aftermath of the death, as well as years—even decades—following the loss of the sibling, and the emotional cost to children of being kept in the dark about the details of what happened.

Sibling support. Three of the memoirists had surviving siblings. Of these, two described deriving significant support and comfort from their siblings. Aggen, the third memoirist who did not experience her relationships with her siblings as healing, repeatedly showcased the stark difference in grieving styles between the surviving siblings. In contrast, Conway and Diehl consistently refer to the company of their siblings as being a place of reprieve and comfort:

In it we made many companionable journeys exploring the countryside around Sydney, gradually comforting one another simply by being together. We never spoke about Bob, or about our mother's worrisome state. We enjoyed the quiet, unspoken communication of two inarticulate but devoted people. (Conway, 1989, p. 125)

Conway, the first in the family to find out about her brother's accident, further describes her task of informing her mother about the death as unbearable, and intuitively seeks her surviving brother's support and company in this endeavor: "I hadn't heard him come in, and I dreaded the thought of giving this news to my mother alone" (Conway, 1989, p. 118). The experience of solidarity and comfort is further illustrated in Diehl's descriptions of her

experiences with her surviving siblings, Charlotte and Johnny: “Rolling in the pain that cleaved us in two, made us forever three. Charlotte crying as if she, too, had just found out, she is one of us now, down with us, the little kids, our sister” (Diehl, 1999, p. 14). For weeks after the death of their brother, Diehl and her younger brother Johnny would spend time together in Jimmy’s room: “We’d lie on his bed, we’d walk back and forth on the narrow footboard, remembering. Going over and over what we knew, sifting, arranging. Our brother—his character, temperament, likes and dislikes” (Diehl, 1999, p. 169). Diehl describes not only her reliance on her siblings, but also her experience of her younger brother’s need for her companionship: “In the past Johnny would often refuse to play with me, holding out for Jimmy or his own friends, but now he seemed to need my company” (Diehl, 1999, p. 182).

Diehl’s strong desire for and need of support from her sister further illustrates the need for sibling support in navigating life following the death of a sibling:

I needed my sister. She could be a liaison, she could tell me what I was supposed to be doing without having the power to make me do it. And her pink eyes and the story she told last night, how she couldn’t cry at the hospital but twisted up Kleenex so the nurses would think she did. Then she did cry on the bed with us. (Diehl, 1999, p. 140)

What both of these experiences have in common is that the memoirists describe being able to find comfort and companionship in the company of the sibling who grieves in a similar fashion.

Social support. Though the nature of social support was found to be diverse, all memoirists identified receiving support and comfort from friends, teachers, or neighbors. Frazier, for example, identifies as peer as being the only connection to her environment:

Krista was my sole link to the outside world. Krista was the “middle-man” who told the teacher my thoughts, which I didn’t have the courage to share myself. What would have happened to me that first year of school without my friend Krista? (Frazier, 2014, para. 23)

Similarly, Aggen describes the role that a peer played in bringing relief from the silence in the home:

Even though I had pushed her away the day David had died, she didn’t stay away.

Following David’s death, we had spent a lot of time together. When it was so quiet at home, I could always count on Tammy to liven things up. (Aggen, 2008, p. 74)

Bernstein describes her ongoing connection to her sister’s fiancé as being a source of support and as a way to continue her connection to her sister:

My mother stood over me. I had never known her to be so silent. “We’re writing to each other,” I said. Now the look on her face filled me with intense shame. “Don’t,” she said. “It isn’t healthy to hold on to him. He needs to make a new life for himself. I suppose I nodded. I know that when she walked from my room I felt as if I had done something unforgiveable. . . . I never wrote to him again. (Bernstein, 2000, p. 69)

This excerpt illustrates both Bernstein’s need for this form of connection and support, as well as her mother’s impingement on that which has brought Bernstein a sense of coherence and connection.

Aggen further describes connection and support by non-relatives as healing and supportive of her grieving process in the immediate aftermath of the death of her brother:

One of the visitors, Karen, approached me and took me by the hand, pulling me to my feet. I blindly followed her outside to the front steps of the porch. . . . Since learning of

David's death, she was the first adult who held me and told me that we would get through this. I leaned into her and sobbed. For that short time, I didn't feel so alone. (Aggen, 2008, p. 9)

This interaction illustrates the importance of external support in being able to express grief and decrease the sense of isolation felt immediately following the death of her brother. Similarly, Smith's description of an encounter with a nun at her school illustrates the importance of external validation and intervention:

"How are you?" She paused, her one good eye gazing up at me, rheumy and wet. "I heard about the boy," she said. She turned away from me and stared out the narrow window. "Your brother." She sat down on the wooden stool by the desk. "It's a hell of a world." (Smith, 2004, p. 84)

Smith goes on to describe the nun's efforts to help her express her emotions by taking her to a laundry chute and encouraging her to scream: "I opened my mouth and I screamed. I screamed until red spots floated behind my eyes and my knees grew watery. By the time I pulled my head out, I was laughing" (Smith, 2004, p. 85).

In addition to implicit support of the grieving process, Diehl describes the importance of communicating about her brother with a friend:

She listened earnestly as I talked about Jimmy and showed her his pictures. I can still see that photograph in her hand, Jimmy's little smiling face, Denise's big solemn one, the care with which she picks her words. I like it best when she says, "He's really cute." (...) My sense of this is very deep and tremulous; I want to cry; I'm nervous that my emotion is wrong, yet I also know that this is an exquisite moment. This is what it means to be friends. (Diehl, 1999, p. 232)

In addition to this, Smith's interaction with her best friend illustrates the comforting role that peers can play:

I closed the door and whispered to her, "I yelled at him. That's the last thing I did. The last time we talked, I yelled." "I knew you were going to say that," Mary Elizabeth said, She told me that it didn't matter. That Roy would understand. I let her comfort me.

(Smith, 2004, p. 20)

Though not all experiences described by Smith indicate positive intentions from peers or adults when initiating discussions of the deceased, Smith describes her relief when her brother is mentioned by a peer:

I sat up and looked at her. The gutsy Susanna Spindale, the one who asked the forbidden questions. The scratchy fabric of the old couch dug into my elbows as I pushed myself up and sat as tall as I could. A small part of me was glad for the question. I felt relieved that somebody was finally asking. They had held back, keeping their mouths shut because they knew better or their parents told them to. But once they started with the questions, they could not stop. (Smith, 2004, p. 114)

Despite the possibility of malicious intent on the part of the peer, Smith does not experience this potentially intrusive interaction as negative, but rather welcomes the conversation about her brother, and the validation of her brother's existence. Diehl similarly describes this kind of comforting validation of the child's loss:

In this classroom it was me to whom the tragedy had happened. Even those who didn't speak glanced at me with friendly glances. I recognized that they felt sorry, that they knew who my brother was, that they were putting themselves in my place and felt subdued and awed. From that moment on it was different at school. They knew who I

was, Margaret. It was a most surprising and wonderful result. (Diehl, 1999, p. 169)

Therapy as healing. Three of the memoirists specifically identified the need for therapy in supporting healthy grieving and in improving communication with the surviving family members. Frazier's account of her struggle to navigate the altered relationship with her mother, for example, includes her conclusion that therapy would have improved her relationships and overall wellbeing:

...if my mother felt bad, then somehow I was burdened with the blame. She couldn't have to say that, but I felt it. Words that my mom used to say during my childhood would pour into my thoughts at night: "You'll be the death of me; you're a disgrace to me; someday you'll get yours; I hope that I live long enough to see this happen to you; shame on you— how could you do this to me? You certainly know how to cut my heart out, don't you?" The list went on and on, and they were all phrases that would automatically put the blame on me for her feelings. Again, if only counseling had been available when I was a child, life could have been different. (Frazier, 2014, para. 56)

In past years, I often have wished that my dad and I had gone alone. We could have learned so much and been better able to cope with our home life. Perhaps, we could have helped her. But we didn't pursue that course, and the topic of counseling was never again broached. (Frazier, 2014, para. 114)

The latter excerpt underscores the importance of understanding the mother's grief. Frazier implies that the ability to have insight into her mother's behavior and grief itself would have eased her suffering. Similarly, Aggen further identifies counseling as helpful in terms of it promoting healing and communication about her loss:

While in college, I decided to extend my hand and ask for help. I sought therapy through the campus counseling offices. I was fortunate to be paired with a wise counselor who gently guided me through many painful discussions about the loss of David and what it did to my family. I will never be able to express the deep gratitude I have for the time spent with this counselor and the profound change it made in my life. (Aggen, 2008, p. 101)

DeVita-Raeburn also describes her path of grief toward healing through therapy:

But my brother's story, that struggle, had stopped in 1980. Mine had continued. And then again, it hadn't. I had been stuck. Frozen. It was only by digging through the details of Ted's medical files and years of therapy in which I'd pieced together shards of memory as elusive as shattered glass that I'd been able to start piecing the bits together in the form of a story—my story. That was how I began, finally, to move on. (DeVita-Raeburn, 2004, p. 97)

This description of her long struggle highlights the role of long-term therapy in supporting DeVita-Raeburn's journey toward processing *her* story as embedded in the death of her brother. The memoirists approach therapy in different ways, ranging from the belief that therapy around the time of the death could have improved family functioning, to the ongoing source of support that therapy has played for others in the long journey through grief.

Expression and words as healing. The theme of communication with others, including peers, non-relative family members, and siblings, as being healing was illustrated in the previous pages. In addition to the sources of support in the expression and validation of grief, several memoirists directly describe their healing through written words. The path toward recognizing the healing power of the written word is illustrated in Bernstein's description of her experience

of writing her memoir:

When I decided to write about Laura, I had nothing more than a vague notion of bringing something of her back to life so she would be more than a murdered girl. If asked, I might have explained that I was trying to sketch something for Charlotte, a modest piece of writing that said: This is my sister. That I remembered so little of Laura did not trouble me at first. I believed that once I evoked a single detail of our life together, other memories would return. (Bernstein, 2000, p. 19)

Bernstein then goes on to describe the experience of writing as creating the setting for memories to resurface:

Though I did not speak of Laura still, I began to have visions of looking for her. I might be in the swimming pool with Rachel when the airport scene would replay in my head, Laura and I stumbling across suitcases and fits to find each other- a scene in which she was always faceless, for although I recognized her, I could never see what she looked like. I might be at dinner with friends when I would picture myself, as if in a dream, walking down the streets of Tempe, looking for someone who knew her. (Bernstein, 2000, p. 20)

Similarly, in the epilogues of Smith's memoir, the author responds to a question related to remembering so many details of the time right before and after her brother's death:

At first what I discovered was how much I had forgotten. But as I looked closer I realized that I had not so much forgotten as locked away certain memories. Much of writing this book was about the act of remembering. When the memories started to come back, they were so vivid and visceral that I could not manage them easily. I cried quite often. I spent a lot of time just slogging through the intense images that were coming to me. Creating a

narrative structure out of all these disparate and powerful images was my biggest challenge. (Smith, 2004, Epilogue)

As so eloquently described, the act of writing the memoir allowed for cohesion of Smith's memories. DeVita-Raeburn further describes the result of the process of writing: "I found this process of narration, of telling with a point of view, healing beyond all expectation. It wasn't simply the catharsis of releasing long-suppressed emotion, although that did happen. It was the act of storytelling itself" (DeVita-Raeburn, 2004, p. 71). The task of writing, too, is described as offering insight into her own experience of the loss and the effect of the death on her life:

Whenever I tried to write about Ted's illness and death from my point of view, I ended up writing his or my parents' story. Words flew out of me, until I typed the word "I," at which point I grew confused and uncertain. I was unable to tell my story. I felt as if I didn't have a story. Ultimately, this writing block proved to be revelatory. Though I had, with the help of years of therapy, been confidently saying *this happened to me, too*, on some level, I didn't believe it. At some level, I was still the fourteen-year-old standing by the side of my brother's grave, shamed into silence. (DeVita-Raeburn, 2004, p. 70)

DeVita-Raeburn goes further to highlight the power of narration in breaking the silence she experienced in her grief: "In telling my story, I am no longer the girl I once was, standing silently to the side, watching" (DeVita-Raeburn, 2004, p. 154).

These memoirists vividly describe the importance of telling their story in their ability to connect themselves to the loss and to their own grief—a finding that is not surprising considering the fact that these individuals shared their experiences in the form of a memoir.

Religion. The role of religion and faith in the healing process of the bereaved was described by three memoirists, all of whom came from families with a strong affiliation with a church. The experiences of religion, however, differed significantly. Two of the memoirists described their faith as being a source of significant comfort and peace, while a third author's experience was reflective of her battle with religion, and the lack of comfort she received.

Aggen, for example, identifies her relationship with God as being a source of comfort, as she was able to hold on to the knowledge that her brother was being taken care of:

“Dear Lord,” I began, “Please take care of David.” ... “Just send me a sign that you are okay.” (*Marble falls*) I chose to believe that it was David and God. Even though I desperately missed him and wanted him back more than ever, I was relieved to know that he was okay. (Aggen, 2008, pp. 62-63)

Aggen further describes her belief that a stronger relationship with God would ease her pain: “Now David was gone and I wished I had a stronger faith in God to guide me through this” (Aggen, 2008, p. 57). Similarly, Frazier experiences her faith as being the source of comfort in her time of pain: “I knew that He would stay with me throughout the turmoil—that He actually loved me unconditionally” (Frazier, 2014, para. 104). Frazier goes on to highlight the role that religion play in her suffering:

My experience has been that whatever my problem, it seems less serious if I can discuss it with the Lord. He has a way of minimizing what I feel to be huge, and, in addition, He gives me the insight and strength that I need. Indeed, He was in my life when I was a child sitting alone in the living room, and He is still by my side today as I plunder through life with its many problems. (Frazier, 2014, para. 168)

In searching for answers, Aggen turns to religion and faith to aid in her efforts to make meaning out of the death of her brother:

I am tired of people saying, “God has a plan.” How could any plan involve the death of an innocent boy? Maybe God looked away for a minute and David slipped through the cracks. How can we be sure that God doesn’t need a break every now and then, too? But the God that I want to believe in doesn’t kill children as part of his plan. (Aggen, 2008, p. 47)

In contrast to this, Smith’s experience with religion and faith is described as conflicted: I called to Him, and Christ came to me there in the small, white-tiled bathroom. He sat on the edge of the tub, His white robe bunched up in His lap, His bare feet pressed into the worn tile floor. “Yes?” He said, and He leaned in toward me, listening. “Where is Roy? When are you going to let him come back?” Christ stood up. He wavered for a moment on the tile floor. He touched the ends of His sleeves, stared at His feet, and left. God was gone. It felt like somebody had suddenly taken the needle off the record, and for the first time, the music I had heard my whole life, the music that was all around us, just stopped. I had never heard such silence. (Smith, 2004, p. 19)

Smith describes an interaction with her mother, in which the stark difference between the role that God played in their lives came to light: ““You don’t what?” she asked. “Believe in your God. He left me. Right after Roy died, He left” (Smith, 2004, p. 274). Throughout Smith’s memoir, she describes the importance of religion for her parents, both the support and comfort that her mother and father received through faith. Her reaction, however, differs significantly as illustrated in an interaction with her mother. For religious families, faith can help them survive together, or it can become another element within the theme of disconnection.

Conclusion

These results offer a glimpse into the internal world of someone who has lost a sibling in childhood. The narratives contain vivid accounts of how social interactions are experienced, what it is like to live in a household of grieving family members, and how the child's emotions, thinking, and self-image are altered by the death of a brother or sister. In the following chapter, the results of this study are explored and contextualized to further enhance our understanding of sibling loss in childhood.

Chapter 4: Discussion

The memoirs paint a multifaceted picture of a child's grief after the death of a sibling, paying tribute to the unique and complex nature of the loss and grief experience of children. The memoirists describe their lives with grief as dynamic and intricately intertwined. The loss permeates every aspect of the bereaved sibling's life and, as a result, she has become dramatically touched and transformed by both her relationship with the deceased and the permanent absence of the sibling from her life.

This chapter explores and expands on some of the themes that were identified through attention to the three research questions listed in Chapter 2: (a) an individual's lived experience of sibling death in childhood, (b) the roles parents play in the grieving process, and (c) the conditions and processes that facilitate healthy grieving for the child. These research questions determined the selection of the relevant data set and, consistent with IPA methodology, the data guided the organization and development of the discussion, rather than the research questions. Reflected in one of the memoirists' statements, "I am my brother's death" (DeVita-Raeburn, 2004, p. 27), the results of this study show that there is no clear separation of the child's life and her grief. To disentangle grief from the child's behavior, emotions, and identity is not possible, as everything the child experiences after the death of a sibling is in some way affected by the loss. It was my hope to create an image of the child's grief as an indeterminate process involving experiences of both suffering and reconnection, allowing for a deeper understanding of sibling loss in childhood.

In order to most accurately describe the experiences of the memoirists, I offer a way of thinking about grief and operationalize the meaning of grief as consistent with the findings of the study. "Grieving," as described by the memoirists, encompasses an entire way of living in this

world that does not have an expiration date. It is not to be understood as a singular event that requires healing, in the way that a wound requires healing. To illustrate, a memoirist described hearing others refer to her overt expression of grief as a “relapse” one year following the death of her brother. This way of referring to her experience of the death of her brother did not resonate with her experience, or with the experiences of the other memoirists. This definition and meaning of loss and grief as an indefinite part of their lives, is significant, underpinning my thematic analysis of the results.

To begin to understand the grief of the memoirists, the very nature of loss was examined: death creates separation and with this separation comes suffering and loneliness. The way in which the memoirists describe their unfolding lives speaks of a dance between rupture and reconnection, as processes that are neither finite, nor mutually exclusive. This dynamic is highlighted by both moments of pain and acute grieving that are precipitated by seemingly benign events, and moments in which interactions with another human being alleviate pain and elicit joy. Here, pain and suffering co-occur with connection and resilience, lending relevance to the experiences of rupture and reconnection as part of the grief experience.

In the following pages, the areas in which rupture and reconnection were experienced after the death of a sibling are explored, guided by the memoirists’ portrayal of their lives. The memoirists’ complex experiences of their social environment, their families, and of their own internal world will be explored and the concepts of rupture and reconnection are integrated throughout. Recommendations consistent with the results of the study, that guide the process of thinking about the surviving sibling in the therapeutic context to identify treatment goals are offered. In addition, a few suggested treatment techniques will be offered for mental health

professionals working with bereaved siblings. Lastly, the limitations of this study and future directions of research sibling grief in childhood are discussed.

The Experience of Society and Culture

The memoirists' portrayals of social interactions reflected the dynamic and complex interplay of the negative aspects of grief experiences with the comfort of connection with people in their environments, including peers, family friends, and teachers. This section captures some of these experiences of combined pain and comfort in light of the overarching themes of rupture and reconnection.

Devaluation of sibling grief. One of the most prevalent themes encountered in the analysis was that each of the memoirists experienced marked devaluation of their grief from their social environment. The portrayal of how these children were treated by adults in the wake of the death of the sibling was for me, astonishing, disheartening, and, at times, horrifying. Every memoirist described some interactions with others as negative, where their loss and pain was overlooked, ignored, and rejected—a finding that may well be related to the authors' motivation to share their suffering and isolation in their grief with others who have lost a brother or sister. In these descriptions, the memoirists paint a picture of others as considering their experience of loss as less painful than the suffering of the parent, and therefore less worthy of sympathy. Siblings are told to be supportive of their parents, urged to consider the impact of their actions on the grieving mother, and encouraged to willingly and whole-heartedly care for the parent in mourning. There was a marked disparity of attention and care given to the parents as opposed to that given to the children. Instantaneous role reversal was often implicit; in an instant, children became responsible not only for their own grief, but also for that of their parents.

This disavowal of the intensity of childhood grief was also supported by the literature. For example, results of a study conducted by Robson and Walter (2013) suggest that parents are perceived to be the chief mourners; that the sibling's grief is considered to be of lesser importance than the pain and suffering experienced by their grieving parents. Both research and the experiences of the memoirists highlight the concept of the societal disenfranchisement of the sibling's grief. This general belief translates into the memoirist rejecting herself as a valid mourner, as compared to her parents (Robson & Walter, 2013). Indeed, several of the memoirists described how they, too, came to believe that the pain and suffering of their parents was more valid and their loss more intense than their own. In a few instances, the memoirists describe interactions with society that contribute to their belief that their grief is unwarranted. They received and internalized messages that it is the parent who is deserving of attention and sympathy in wake of the death of the child. This finding is illustrated in Diehl's experiences following the death of her brother: "My grief was wrongness while in her it was holy and protected" (Diehl, 1999, p. 145), drawing a comparison to her mother's grief. This statement further serves to underline the experiences of the other authors. It is notable that the societal responses to parental and sibling grief communicate a message that minimizes and even takes a relatively punitive stance toward the grief of the sibling.

It is important to underscore that these culturally-held beliefs are not intentionally malevolent, nor did the memoirists deem them as such. Indeed, the prevalence of these interactions and experiences suggests that the dismissal and rejection of the child's grief speaks more to mores from a particular time and place in history. Each society and culture creates a set of rules for grieving: it dictates what is expected of individuals who have lost a loved one, as well as which relationships may be mourned (Robson & Walter, 2013). While acknowledging

the diversity within subcultures (i.e., the culture of a nation, of a specific region within a country, of a community, and of the family), mainstream American culture tends to understand grief as an individual practice, where the concept of continuing bonds with the deceased is often overlooked (Crenshaw & Lee, 2010; Paletti, 2008). Culture shapes grief. It dictates the language of grief and monitors the behavioral expression of mourning. Yet the apparent conflict with Western society's view that bereavement is a solitary and individualistic process leads to a marked conflict in how the bereaved are treated, and what expectations are placed on them during the time of mourning (Crenshaw & Lee, 2010). It may also lend to the invisibility and devaluation of children's grief, especially in relation to the grief of others.

The concepts of recovery from grief and closure are similarly shaped by culture (Berns, 2011; Lalande & Bonanno, 2006; Rosenblatt, 2008; Silverman, 2000) and at times pathologized by mainstream American society (i.e., White protestant middle class America). The narratives of the bereaved siblings indicate that the movement toward considering both their continuing bonds and their grief as lifelong had not yet been adopted by their environments. As a result this is how it was experienced by some of the memoirists whose grief was referred to as a "sickness" or something that could be cured, relapsed into, or overcome. Collectively, the memoirs indicate that the cultural shift surrounding grief does not yet reflect a more compassionate and educated understanding of the severity and longevity of sibling grief.

Social support. In addition to the experiences of rejection, all memoirists reported engaging in interactions with the social environment in positive and supportive ways. Being validated and comforted by a family friend, talking with a teacher about the deceased sibling, or having a peer willing to put aside his or her discomfort and sit with the child in the immediate aftermath of the death, served to decrease the sense of loneliness and isolation that significantly

contributed to their suffering. The comfort received from others created an opportunity for a different type of interaction—a positive connection in the midst of isolation—that remained in the memory of the bereaved sibling for decades to come. As one memoirist noted about a special peer: “I’m nervous that my emotion is wrong, yet I also know that this is an exquisite moment. This is what it means to be friends.” (Diehl, 1999, p. 232) Despite ongoing fear that her emotions are wrong, the memoirist describes the moments of sharing the memory of her brother with her friend as something precious, and a testament to their closeness.. Even when that individual did not play an otherwise significant role in her life, these tender, nurturing interactions stayed with the memoirists for decades, speaking volumes to the impact that this form of social support can have on a grieving child.

The implicit support offered by peers and other individuals in the child’s environment was experienced merely through the presence of the other (Taylor, Welch, Kim, & Sherman, 2007), increasing positive affect, decreasing loneliness, and helping the child re-engage with the environment. Both research (e.g., Dopp & Cain, 2012; Saldinger, Porterfield, & Cain, 2004) and the findings of this study underscore the importance of social support from outside the family when confronted with death. Particularly with the death of a sibling, when parental functioning is inevitably compromised, social factors and social support have been identified as mediating the occurrence of complicated grief and affecting the presence of depressive symptoms (Dopp & Cain, 2012; Worden, 2009). As discussed in greater detail later, the intensity of suffering within the family system may not allow for processing of a child’s grief. In addition, the fact that the peers or other members of the social support network are not as directly affected by the loss may allow the child freedom to express her grief without fear that the other will be adversely affected by witnessing her sadness and pain.

Experience of Grief in the Family System

The memoirists' portrayal of their experiences with the parents and family system tells the story of the traumatic impact of the death of a sibling. The prevalent theme of disconnection from parents was particularly acute for authors who became only children after they lost their sibling. A couple narratives suggested that surviving siblings provided a buffer for this loss of nurturance; additionally, it wasn't just up to the one remaining child to make up for the loss. In the following section, I attend to the child's perception of parental grief, the experience of the family environment as related to the loss, and the role that the connection and access to siblings played in the memoirists' grieving process.

The absent parent and avoidance of grief. When looking at the role of the parent in the child's grieving process, the memoirs bring to light the marked absence of parental nurturing and support in their grieving process and in their lives. The memoirists describe interactions in which they are actively seeking the attention of the caregiver, or are displaying behavior that could easily be understood as grief, yet no evidence of parental recognition of the child's needs was felt. It is quite likely that these memoirs were written in some part to break the lifelong sense of isolation created by this enduring attachment trauma. Particularly in the immediate aftermath of the death, the parent is described as being both physically and emotionally unavailable to the child—an experience that would be confusing and disorienting for any child. I want to underscore that I am not blaming parents for being unavailable for a time. Indeed, the substantial literature on parental grief suggests that it is inevitable and that it will diminish parenting capabilities, and this invariably has an impact on the development and wellbeing of the surviving sibling(s).

On losing a child. The death of a child is considered to be the most devastating loss a parent can experience (Schupp, 2003; Schwab, 1997). As this type of grief permeates all aspects of the parent's life, it leaves little time and energy for living life in the usual fashion (Rubin, 1995). Consistent with the state of the literature, the parent's thoughts, energy, and feelings are consumed with the loss and pain in the initial period of loss (Crehan, 2004). The memoirists described having little or no physical access to the caregiving figure: The mother is shut away in her room, the door guarded by concerned relatives and neighbors. With the exception of two memoirs, in which the authors describe their mothers as having significant mental health issues, most parents were able to physically return to the surviving children within a few days. Yet the emotional availability and nurturance did not accompany the physical return. The memoirists described their caregiver as being emotionally absent and forever changed and distant because of the loss.

The memoirists describe their parents as emotionally distant and misattuned to their emotional needs; the resulting sense of isolation and aloneness continued to be a source of distress and pain, which, for some, lasted into adulthood. The emotional development of a child and the child's ability to tolerate distress is reliant on a repetitive cycle of attunement, rupture, and repair (Fosha, 2009). Having connections with others on the emotional level and experiencing attunement allows for a sense of connectedness with others as well as continued internal coherence. Yet when the state of rupture and misattunement continues for a lengthy period of time, as is possible in the case of parental grief, the result can be a state of aloneness in the face of overwhelming sadness and fear (Fosha, 2009). In the absence of a parent who reattunes, children may internalize a sense of shame, and negative working models of self, others, and the world (Siegel, 1999). Research on the soothing effect of parental affect mirroring

and attachment indicates that the child naturally seeks out the caregiver when distressed in order to receive comfort and reassurance. The absence of this form of soothing not only leaves the child in a state of distress, but can further exacerbate the child's suffering (Fonagy, Gergely, Jurist, & Target, 2002).

Beverly James (1996) explores caregiving abilities in situations in which a traumatic experience has affected both the caregiver and the child. Caregivers who parented a child during a traumatic time and parents who themselves were traumatized by the same event may experience a restimulation of the traumatic event when relating to the child, or when witnessing their child's pain and suffering (James, 1996). When this occurs, a parent may need to believe that the child's behavior and distress is not related to the traumatic event in service of preserving the parent's own emotional functioning. Active avoidance of feelings of helplessness and fear is one of the ways a parent attempts to contend with the traumatic event (James, 1996). Though James' discussion does not specifically address the trauma of losing a child, it is important to consider the findings in reference to a grieving parent's ability to care for a bereaved child. The manner in which the memoirists describe their experiences of their mothers in particular, appears to align with this phenomenon: the pain and suffering of the parent is so intense, that witnessing or responding to the grief of the child may be too much for her to bear.

In several of the memoirs, the authors describe their mothers as absent, sleeping for days, and unable to engage with the child in any manner. Research suggests that the initial phase after the death of child significantly obstructs the parents' functioning in most areas of everyday life. Over time, the dramatic impact of the loss on a parent's functioning is reduced, yet the parent continues to struggle with the relationship to the deceased child (Rubin, 1995). Rubin suggests that many parents are unable to return to their previous level of functioning, including their

former ability to parent the surviving siblings. The untimely death of a child goes against the natural order of life and may invoke a sense of failure in a parent who is tasked with the care and protection of their children (Crehan, 2004; Schwab, 1997). This grief leads to the need for the parent to process and reassess his or her perception of the self in relation to the deceased child, the self in general, and also the world (Rubin, 1995). Bereaved parents have the formidable task ahead of learning to live with the pain in order to find meaning and pleasure in life (Schwab, 1997), including the meaning and pleasure in parenting the surviving child(ren).

On losing the parent. The memoirists describe their loss not only of the sibling, but also of the parent. The findings of this study do not offer much information on how the father is experienced, in part due to the complete absence of a father figure in several of the memoirists' lives. Yet even for those who did have access to their fathers following the sibling's death, the memoirists mostly focused on their mother's lack of availability, the absence of her nurturance, and the lasting effects of such neglect on the child's emotional wellbeing. The majority of the literature does not differentiate between mothers and fathers when exploring the impact of parental functioning on a child's grief. Despite this, some research findings have been identified that may shed light onto understanding the imbalance in the memoirist's focus on the maternal relationship. To begin, the duration of the mother's unavailability and functional impairment was both assessed as initially higher in intensity and of longer duration compared to fathers (Littlewood, Cramer, Hoekstra, & Humphrey, 1991; Silverman, 2000). Further, research has evidenced that fathers are more likely to see value in moving forward, attempting to avoid "dwelling" on the loss (Silverman, 2000). Thus, these findings, combined with the mother's role as the primary caregiver for the memoirists, may be the prominent factors that contributed to the focused attention on the mother. For the purposes of this section, the terms *parent* and *caregiver*

are used, keeping in mind that the vast majority of the data refers to the memoirists' experiences with the mother.

Though the caregiver physically returns to the child, she is described as emotionally absent, as going through the motions, but nonetheless as having changed and as distant. All memoirists describe what is referred to in the literature as a double loss: A child loses his or her sibling, and suffers the loss of the support of the caregiver (Packman et al., 2006). Using a lens of attachment theory provides a context to understand the extent of a child's loss when a parent is emotionally or physically unavailable.

Attachment theory maintains that it is necessary for a child to develop a secure bond with at least one primary caregiver in order to be able to develop in an emotionally and socially healthy manner (Bowlby, 1988). This theory further states that all humans are born with an innate drive to attach to a caregiver, and that every parent, in turn, is biologically predisposed to provide safety and nurturance to his or her child (Dozier & Rutter, 2008). Parental responses to the child are the driving force behind the development of a child's attachment behavior, defined as seeking proximity to an adult who is perceived to be capable of handling the stressors in life.

A secure attachment is particularly helpful when the environment is considered dangerous or threatening, or when the individual is in distress (Bowlby, 1988). Children with attachment security weather traumatic and stressful experiences more successfully than their less secure peers. And while attachment classifications tend to remain relatively stable over time, they can change, for better and for worse, particularly when circumstances alter dramatically and enduringly (Shaver & Fraley, 2008). It is a plausible conclusion that the attachment trauma attendant to simultaneously losing both a sibling and the felt security of parental support dramatically diminished these children's sense of the caregiver as a safe haven and secure base,

the core ingredients in attachment security

Indeed, the memoirists clearly describe the devastating effect that the death of their sibling had on their lives. Particularly in the immediate aftermath of the loss, many of the authors poignantly describe their desire for proximity to their parent. Consistent with the memoirists' experiences, stressful life events, including the death of a sibling, activates the child's attachment behavior where the child naturally seeks out the attachment figure to regulate emotion and behavior (Kaplow, Layne, Pynoos, Cohen, & Lieberman, 2012). Yet the memoirists' attempts to be with the parent remained unsuccessful, reminiscent of Bowlby's protest phase (Kobak & Madsen, 2008). Mothers, in particular, are described as being locked away in their rooms, unresponsive to their grieving child's needs. These ruptures within the attachment relationship can change the emotional world of the child, disrupting the affective and relational patterns (Amini et al., 1996).

Though a causal relationship between the caregiver's absence and the child's level of emotional distress and attachment style cannot be proven, several of the memoirists reported that they experienced distress due to the caregiver's absence, stating that it was their mother's presence that they wanted and needed. Particularly Frazier (2014), who was two years old at the time of her brother's death, vividly describes her significant distress due to her mother's absence. As noted by the theory, the attachment behavior is triggered at the time of the sibling's death, yet due to the overwhelming grief, the parent does not—or cannot—respond to the child. If the parents' unavailability persists, and in the absence of significant external support, it is likely that the child's sense of attachment security will be compromised. These accounts provide ample qualitative support for both dissociative deactivating responses, and fearful hyperactivating responses in the grieving children.

The silence in the family. There was a marked absence of processing grief within the family system (defined as the parental and sibling units) in every one of the memoirs. The memoirists never mentioned being able or willing to share their experience of grief with their families (though individually, some were able to connect with another surviving sibling, as discussed later in this chapter). In fact, there were several descriptions of the exact opposite: active avoidance of the grief of the other. From these memoirs, it appears that the unspoken goal of the family and its members is simply to survive the death of the child. And that to talk about the death, process the loss, and acknowledge the intense and complex feelings associated with grief is dangerous. Even the memoirists who described ultimately having positive and nurturing relationships with their caregivers note that their families avoided grieving together. Such universality of experience leads to the question of whether the joint processing of sibling/child loss is even possible.

Several memoirists describe their fear that the death of the sibling, too, will cause the death of the surviving family members. They describe not being able to look the other in the eye, and not being able to tolerate their presence, even when grief is palpable. Smith, for example, describes her mother's efforts to talk to her about her grieving process, as this is something that the mother has read about in a book on grief. The result of the mother's efforts are in vain, as hearing about the intensity of her daughter's pain is too much for her to handle; the family members return to avoiding the grief of the other. Yet processing and sharing memories of their brother or sister is tolerated in the context of other relationships. This perhaps indicates that the difficulty lies within the attachment systems. Many of the memoirists discuss some level of family communication about their grief and about the deceased sibling years following the loss. Particularly when gathering information for the memoirs, these conversations seemed more

possible, suggesting that the internal organization and integration of the loss over time may allow the affective states of each member to become more regulated. Family members appeared to have grieved separately sufficiently to come together for conversation much later. Greater regulation and the passage of time may have helped sharing of some of the experiences related to the loss more possible.

When looking at the processes contributing to the difficulty and absence of processing grief within the parent–child dyad, research on the mirroring of affective states is illuminating. Mirror neurons fire in response to the emotional state of the other, and as such, the pain of the other becomes painful for the self (Bretherton & Munholland, 2008). When empathically feeling the intensity of the grief of the child, the parent is likely to feel pain because of the pain of the child. This pain is then added on to the parent’s own suffering, increasing the already nearly unbearable level of agony. Next, considering the child’s search for cues from the caregiver regarding the appraisal of their emotional state, witnessing the caregiver’s suffering and grief itself causes distress in the child. This, combined with the confusion, sadness, and suffering of the grieving child, too, increases the level of distress and dyadic emotional dysregulation. There is no mediator, no person to assist the other in regulating or organizing affect, for the emotional state, and this added level of disorganization and suffering may further exacerbate the experience of grief. This inflammation of grief, then, may be one reason for the consistent tendency within these families to focus on individual survival, not shared healing, not family growth.

Sibling support. In contrast to the dynamics between the grieving child and the grieving parent, the presence of the surviving sibling was described as being a source of comfort and support in two of the three narratives that involved more than one surviving sibling. In the course of the analysis, of note was the absence of feeling that the child had to compensate for parents’

loss. The theme of compensation occurred in all memoirs of individuals who did not have other surviving siblings, as well as in Conway's (1989) memoir, whose surviving brother no longer lived in the home. This suggests that the presence of other surviving siblings in some way buffers the child from the needs of the grieving parent, or perhaps diffuses the responsibility for the caregiver's wellbeing. Though research on the effects of having access to another surviving sibling is rare, a few studies that involved direct questioning of the factors that helped the child after the death of a sibling did indicate that, at a minimum, the siblings perceived the company of a brother or sister as relatively helpful in their time of grief (White, 2006).

This companionship and decrease in isolation was further enhanced when the sibling evidenced a similar way of experiencing grief. Diehl, for example, bonded with her younger brother in the immediate aftermath of the loss, as both children had a desire to re-create memories of their deceased brother, talking frequently about his likes and dislikes, and his way of interacting with them. "Charlotte and Johnny and me- the three of us. Today, tomorrow, next year. Jimmy is dead" (Diehl, 1999, p. 13). In this excerpt, Diehl highlights the experience of shared grief. The siblings are now bonded together in their loss. In the memoirs of those who do not have surviving siblings, the loss is described as being disconnected from the loss of an other. For some siblings, their loss is uniquely shared—no one else on earth has lost their particular sibling.

Simply being in the presence of the surviving sibling is perceived as soothing. The timeless comfort that being with the sibling—whether talking about the loss or talking about nothing in particular—served to give the memoirists who had surviving siblings a sense of companionship in their grief. Results of this study further highlight the importance of having access to siblings who have a similar style of grief. To illustrate, one of the authors describes the

knowing silence between her and her brother, while another narrative contains scenes in which the siblings directly communicate about their loss.

Connecting with the deceased sibling. Navigating the effects of the death of the sibling brought with it the task of navigating the profound loss itself. The memoirists grappled with their relationship with the deceased in the context of loss and absence, termed *continuing bonds* in the literature (Normand, Silverman, & Nickman, 1996). Particularly in the immediate aftermath of the death, the authors described clinging to physical objects that in some way appeared to connect them with the sibling. Bernstein, for example, described the power held in her sister's clothing in connecting her with her sister, and the clothing's power to elicit emotion. This form of expression of continuing bonds is said to reflect the bereaved individual's desire to attain physical proximity with the deceased (Field, Gao, & Paderna, 2005). Throughout Bernstein's (2000) memoir, the theme of avoidance and lack of the emotional response to grief are at the forefront. Yet it is in the presence of her sister's belongings that she is able to experience both a part of her sister and her own sadness over her loss that otherwise remains hidden.

To further explore how these memoirists clung to various object, attending to what D. W. Winnicott referred to as a *transitional object* serves to highlight the function of these meaningful possessions. The transitional object, according to Winnicott (1986), refers to an object that stands in place of something or someone held dear. Smith's way of connecting to her brother offers another way that memoirists describe the way in which they engage in an ongoing relationship with the deceased sibling: Smith created a ritual that she engaged in every evening, spending time in a fort that she and her brother had played in as children. Throughout the years of spending evenings in this place, Smith describes moments in which this ritual contributed to her ability to truly comprehend her loss. This ritual is comparable to other experiences described by

the memoirists, demonstrating the complexity and the power that the expression of continuing bonds has on a child's grief.

As time passes, the way in which the continuing bonds are experienced and expressed changes (Normand et al., 1996). For example, one sibling describes transformation of the manner in which her bond with her deceased brother is upheld: initially, she uses external objects to connect with her brother, and over time, the reliance on the transitional object shifts inward, and she sees herself as the source of connection to her brother.

The urgency in finding a way to connect with the sibling early on gradually remitted as the adult memoirist developed object constancy, and lost the fear of forgetting. Continuing bonds proved to be something that the memoirists initially struggled with, and over the years, most came to realize that their attachment relationship could not be severed. The comfort of the internalized ongoing relationship is further reflected in the literature, as research suggests that it is this sense of secure attachment even in the face of loss that helps motivate the child to fully engage in her life (Hogan & DeSantis, 1996).

Experiences of the Self

The disorientation and damage of the self. The death of a sibling has a profound impact on the child's experience of herself. The emotions of intense psychic pain and grief are disorienting and create a distance not only from the environment (i.e., derealization), but also from the self (i.e., depersonalization). Pain becomes intricately linked to the very being of the child. The love for the deceased, and the agony of living in the aftermath of the sibling's death may lead to a state of disorganization and confusion, where the child's emotional world is saturated by overwhelming affect. The following section describes the impact of grief on the self: the connectedness to the self, change in identity, and the role of suffering for the self of the

child.

The shattered self. When memoirists described their experience of learning the news of the death of their sibling, the manner in which the surrounding environment and their emotional world is depicted is reflective of a peri-traumatic experience, which involves responses such as agitation, anxiety, numbing, and confusion (Shalev, 2007). The state of confusion, derealization, and disconnect from self, her emotions, and her cognitions, lasts from hours to months or years after the loss. The memoirists vividly describe the haziness of life and disconnection from the self; this feeling does eventually dissipate, but can return periodically in full force, demonstrating the ongoing, indeterminate nature of grief. The emergence of a traumatized state can emerge, particularly when faced with reminders of loss, new information about the death of the sibling, lack of external support, and witnessing the intense grief of a family member. Koehler (2010) maintains that this is likely due to children's slower pace of coming to the realization that the sibling is gone, referring the child's monumental task of accepting the reality of the loss (Worden, 1996). In Smith's (2004) account of the death of her brother, for example, she describes the moment when she learns about the details of her brother's painful death; though years have passed, she is thrown back into a state of intense grief evidencing acute emotional dysregulation and disorientation.

The majority of memoirists similarly describe a significant dissociative disconnect from their emotions; the act of affect avoidance was described as both conscious and unconscious efforts to protect the self and to continue to survive. Several authors indicate that they had only come to appreciate the marked dissociation from affect decades following the loss of the sibling. The result of the isolation and disconnection from affect was at times subtle or unconscious, and at other times overt.

Impact on identity. DeVita-Raeburn (2004) stated, “I am my brother’s death” (p. 27). This statement is a vivid example of how some of the memoirists experienced the death of the sibling: they are defined by it and the loss becomes who they are. Though their experience is often negated by the social environment, the child’s world and being is so intricately linked with the sibling and the sibling’s death, that the shattered remains of her identity are invariably transformed by the loss. This transformation ranges from change in identity as ascribed by society (e.g., being the girl whose brother or sister has died), to the child’s changed internal experience of her world, and of herself, as overwhelmed by grief. Research points to identity “confusion” as resulting from the loss of the identity as a sister (Koehler, 2010), yet the impact on the memoirists’ identities far exceeded mere confusion. One memoirist, for example, identified the internalization of pain breeding self-hatred so profound that she ultimately changed her name, her identity, trying to shed the self whose sister has died. Others identify with the pain, and see their grief as shaping who they are, even decades after the death of the sibling. The concept of *healing* from the tragic loss of a sibling is inaccurate; expecting healing from a grieving child trivializes the impact and importance the deceased sibling’s life has on the child.

The memoirists further explore how they lose their identity as a sibling, and how they themselves function as painful reminder of the sibling’s death. As such, the pain and ugliness of the death become intertwined with how the child sees herself. The theme of “badness” and self-hatred, for example, was present in some of the memoirs. The change in identity to the “bad object” is present in Bernstein’s recounting of her developing self-hatred. This struggle with the pain of the loss eventually leads to Bernstein changing her name: “It was the first time I had used my middle name instead of my first, and it made official my silent, inchoate struggle to shed the whole little-sister self called Martha” (Bernstein, 2000, p. 76). The source and reasoning behind

the change in identity and self-perception varied, yet what is evident and consistent across memoirs is the fact that all bereaved siblings experienced the death of the sibling not only as life changing, but also self-changing. The memoirists lost a sibling who had been instrumental in their identity development. It is therefore not unthinkable that the death of a brother or sister would also dramatically alter the course of their identity development in the years to come.

Grieving through suffering. Several of the memoirists indicated that their commitment to and love for the sibling became synonymous with suffering and pain. They feel like traitors when they caught themselves enjoying a small aspect of their lives. Aggen's (2008) description of her experience of engaging in an enjoyable, distracting activity highlights her feelings of guilt for the momentary relief from suffering. Another memoirist describes her shame over the absence of difficulty sleeping. A third author feels guilt for laughing. These experiences suggest that the bereaved siblings perceive suffering and pain as a way to honor the deceased, where the implicit theme states that to hurt is to love; it is pain that connects the sibling to the deceased and to experience relief and joy is to betray the beloved sibling.

In regard to the child's relationship to suffering, the developmental literature lends understanding to children's effort to maintain a tangible connection to their deceased sibling through pain. According to Piagetian thinking on child development, children require concrete objects to perform mental operations such as perceiving, believing, remembering, and reasoning, prior to achieving a stage of abstract or higher-order thinking observed during adolescence (Singer & Revenson, 1996). For children of this developmental stage, the intense feeling of pain and suffering experienced during bereavement is described as palpable, visceral, and very much a tangible experience. Pain, as a concrete object, comes to represent their deceased sibling and forms a basis of their functioning. Similarly, attachment theory also indicates that younger

children are reliant on the presence of the individual in their life to feel connected and attached to an other—a dynamic that becomes increasingly abstract as the child grows and develops (Kerns, 2008). As such, the child's age and developmental level may have significant implications for their ability to internalize their relationship with the deceased sibling, necessitating the reliance on their pain and physical objects to help them feel connected.

The value of suffering as honoring the deceased is a phenomenon that has received little attention by the research community, particularly as an element of childhood grief. Bessel van der Kolk (2014) mentions the role of suffering and pain in the lives of Veterans whose fellow service members died at war: The veterans clung to the pain, as letting go—to them—meant betraying the fallen soldier. The veterans were thus reluctant to engage in treatment that would ease their suffering. Similarly, the memoirists associate the connection to suffering as a direct reflection of how meaningful their relationship with the sibling was, and still is. The more they fear that the brother or sister will be forgotten, the more they attach meaning and love to suffering. Particularly in the immediate aftermath of the loss, the memoirists hold fast to pain, making it a part of who they believe they should be as grieving sister.

Integration and reconnection of the self. As indicated in the introduction to this chapter, the themes identified in these memoirs do not explicitly address some tidy notions of healing. Instead, integration of the loss decreased suffering more through enduring adaptation to it. In contrast to healing, which connotes a return to the previous level of functioning, such integration of the loss involves bringing together different experiences into a cohesive narrative, allowing the child to experience joy in life while also experiencing the pain of mourning (Silverman, 2000). Results of this analysis suggest that knowing the details of the sibling's death, having the ability to access their emotional world, and connecting to the deceased, together

served to assist in the process of integrating their loss and, ultimately, integrating the fragmented aspects of the self.

Knowing the circumstances of the death. The ability to understand and metabolize the reality of the death of the sibling appeared to be intricately linked with knowing details of the circumstance of the sibling's death. Evidence for this within the memoirs ranged from the child's repeated request for this information, to demonstrations of the impact that not knowing had on the memoirist's emotional functioning, and ability to accept the loss. Smith's (2004) experience of the lack of knowledge regarding her brother's death is one such example. Her sense of exclusion from information about her brother's death is equated with the exclusion from grief itself. Interestingly, Smith's reaction to learning about the painful way her brother died triggers a phase of acute grief, and significant emotional dysregulation. The absence of knowing interfered with her ability to more completely grieve her brother's death, as she had not yet had the opportunity to grieve for his pain, too. Thus, when learning the new information, Smith was tasked with mourning not only that her brother was gone, but also the horrible manner in which he died. Similarly, Bernstein's inquiry into her sister's murder lasted decades; it was this journey on which her memoir was built.

Before a child can develop the ability to process the emotions associated with a loss, she must first accept the reality of it: this is the primary task of mourning as identified by Worden (1996). To be able to do so, the child must be informed about the death and salient details about what happened, often repeatedly (Moore & Moore, 2010; Worden, 1996). At times, the child may be the one who is pursuing this knowledge, as it was in Diehl's case, where she repeatedly asked her mother about the details of her brother's death. Not all memoirists described a desire for additional information, or minute details about their brother or sister's death. However the

majority of these accounts implicitly describe the negative impact of not knowing what really happened, and the positive, though, at times painful effect of knowing.

The search for details surrounding the death of a sibling suggests that grieving entails not only mourning the absence of the sibling, but also mourning the pain and circumstances of the brother or sister's death. Detailed knowledge also allows for the development of a coherent narrative, a narrative that has to be integrated into the child's own story going forward. And missing pieces and missing information could prove to be a significant barrier to this process. It is likely that, at least in some instances, adults are acting with benevolent intent to keep children from hearing upsetting information that will be disturbing. This is particularly relevant as a bereaved caregiver is more likely to overprotect the surviving child (Silverman, 2000). At the same time, this lack of information stemming from the parents' attempts to shield the child from additional pain, may create a barrier within the family that keeps children from grieving fully with their parents. One of the memoirists, for example, stated that she felt excluded from the grief of the parent in response to being denied access to the information on her brother's death. Thus, the question regarding sharing information with children presents as a complex issue, where it is necessary to consider the parent's capacity to explain aspects of their child's death to the surviving children, as well as the surviving child's capacity to tolerate potentially gruesome details. Further, the temporal aspect of learning additional information about the sibling's death is important to consider, as the memoirists' search for the details occurred both immediately after the death, as well as decades following the loss.

Experiencing emotion. In a few instances, the memoirists describe an implicit awareness of the importance of feeling their emotions immediately after the death has occurred. Yet the vast majority of this sample spent years, or even decades, evading their emotional world. There exists

an ambivalence between wanting to *feel*, and the fear of feeling. The overwhelming nature of sorrow impeded their ability and willingness to work through, or even acknowledge the existence of the dark emotional world. The authors' intentionality surrounding numbness and disconnection from affect differed, as did their awareness that they were living and functioning in a way that shielded them from the pain of their emotions. This range of responses to stress is consistent with the literature on Posttraumatic Stress Disorder; following traumatic loss it is common for both extremes of deactivation and hyperactivation to occur (Brett, 2007).

The memoirists' journeys eventually lead to a place in which they are able to connect with their emotional world. The manner in which they come to feel, and the timing of these accomplishments varied, yet emotional connection, and need for affect processing were indeed the explicit or implicit goals of all the memoirists. Some described an underlying state of numbness, anger, anxiety, or sadness whose origin could not be located without explicit processing of their loss. It was only through accessing their emotions that they were able to regain balance in their lives. The means to reconnecting with their feelings varied. In some instances, it was only through writing the memoir that they were able to truly connect with their emotions. Some also sought the assistance of therapy. Yet the common factor was the active process of remembering; inserting themselves fully and affectively in their story of loss opened up the possibility of emotional integration and increased coherence of their narrative of the loss.

Experiences of God

Each memoirist explored attachment or detachment to primary relationships in detail: parents/siblings/acquaintances or teachers who came alongside, and provided an emotional tie or tool for coping or increased the child's sense of isolation and sorrow. The attachment or rupture of the memoirists' experience with God were also described, demonstrating the complexity of

the concepts of rupture and reconnection. Acknowledging the importance and relevance of the structure that organized religion provides for grief, I focused on the memoirists' experiences of their relationship with God, as it was this, not the institution of religion, that was prominent in the memoirs.

Two of the memoirists described relationship with God and personal faith as being a source of strength and comfort throughout the grieving process. They recall struggling to understand a God who would allow the death of the beloved sibling; however, these authors nonetheless came to find solace in their relationship with God. God was an attachment figure, a source of strength in their time of need, and offered a place to which they could turn to find comfort, meaning, and love. In contrast, another memoirist vividly describes her experience of alienation from her faith: She describes the absence of God's comfort, a lack answers to questions about the death of her brother, and a further disconnect from her parents in light of differing views and experiences of their relationship with God.

The concept of religion as a model of attachment further sheds light on the differing experiences of the subjects in this study (Granqvist, 2014). God is experienced by some as a symbolic attachment figure; it is within this relationship that safety in the context of stress is sought (Bowlby, 1988; Granqvist, 2014). Indeed, all memoirists who described their experience with religion demonstrated the proximity-seeking in stressful times that characterizes attachment behavior. Two authors described their relationship with God as fulfilling their attachment needs, whereas Smith (2004) described her experience of abandonment. She vividly portrays her experience of being forsaken by God when reaching out to him in the immediate aftermath of her brother's death. The damage of the abandonment proved to be an additional loss, compounding her suffering. Smith's experience is reflected in the research on negative religious coping: the

belief that the death of a loved one is a form of God's punishment for sins; indeed, the experience of abandonment is associated with negative bereavement outcomes (Lee, Roberts, & Gibbons, 2013). Experiencing this abandonment has significant negative effects comparable to loss of any attachment relationship, including, for example, increased rates of depression, anxiety, and lower self-esteem (Exline, Yali, & Sanderson, 2000; Phillips, Pargament, Lynn, & Crossley, 2004).

The varied experiences of the relationship with God identified by the memoirists is further reflected in the research literature. Despite the interest in the topic of religion and faith as related to grief, current research findings are inconclusive, particularly with regard to childhood grief (Becker et al., 2007; Lord & Gramling, 2014). However, both research and the experiences of the memoirists highlight the complexity of a bereaved sibling's relationship with God following the death of a sibling. Neither the "strength" of the child's faith in God prior to the death, nor the family's belief system appeared to play a predictive role in how the memoirists' relationship with God proceeded.

Concluding Comments

The results of this study highlight the all-consuming and life-transforming impact of the death of a sibling in childhood. The child grieves not only the death of the brother or sister, but also the loss of a part of the parent, and what was once her "normal" life. Further, the primary attachment system's inability to provide nurture and a space to process the pain and change compounds the overwhelming impact of the sibling's death. All of this causes rupture and upheaval in the child's life, and in her identity. In as many ways as the death of a sibling brings about devastation and disconnection, the results of the study also shed light on the many ways the child is able to re-engage with her surroundings and with herself. Connecting with other

surviving siblings, peers, teachers, and neighbors offers relief, and promotes the child's ability to once again find her footing in life. The effect of the death of a sibling lasts a lifetime, as does the child's ongoing relationship with the deceased brother or sister. As the child connects with others and integrates her emotional experiences into a coherent narrative of her life, the intensity of pain becomes more bearable.

Treatment Recommendations

1. Make no assumptions about the etiology of the mental health symptom.

When working with children and adolescents who have lost a sibling, the occurrence of problematic behaviors and other mental health symptoms are almost inevitable. Therefore, it is important to further explore the reason for the emerging symptom in service of best addressing the driving motivation for the behavioral change. To illustrate, following the death of her brother, Smith (2004) developed an eating disorder that grew in severity to the point of significant weight loss, amenorrhea, and fine hair growth covering her body. Yet this disordered eating was not due to her need for control, as one might assume in the context of the expected helplessness that can occur after the death of a loved one. Instead, her desire to connect with her brother was the driving force underneath this mental health difficulty. The anorexic behavior was initially adaptive—a soothing ritual that served to connect her with her deceased brother—before gradually transforming into an increasingly dangerous pattern of behavior. To offer another example, other memoirists describe substance use and risk-taking behavior as a tool to gain attention from the grieving parent. Still another memoirist used substances to increase her ability to feel. For her, the motivation behind this behavior was not to distance herself from her world and her emotions, but rather the only way she could find relief from her state of numbness and disconnection. Thus, therapists would do well to explore the origins of each concerning behavior,

refraining from assumptions about its manifestation of a grief reaction. By remaining curious, therapists can help uncover the underlying need and desire of the child; a conversation about a given symptom can result in the child giving the therapist greater access to their internal world.

2. Carefully consider if, how, and when, to include the family system in treatment.

The processing of grief within the family system is demonstrably complex. Though the memoirists described their communication with other surviving siblings as positive, evidence suggests that sharing their grief with the caregiver was not possible and even detrimental, leading to increasingly painful and dysregulated affective states in all. As each person's experience of grief and grieving is different, it is recommended that the clinician carefully weigh the pros and cons of including other family members, at least initially, in the child's treatment. One way to address issues within the family system would be to meet with family members separately, so as to minimize the risk of creating an atmosphere that exacerbates the suffering of each family member, and compromises even further regulation of the overwhelming affect.

I recommend, however, that therapists provide psychoeducation on diverse expressions of grief. Particularly when working with children, offering information about the normalcy of grief of the parent may alleviate some distress a child has for the parent or her feelings of abandonment. As the results of this study indicate, children may have a strong desire to know more about the parent's grief. This recommendation is especially relevant for younger children, as they are more likely to be affected by the marked change of the attachment relationship. Feelings of guilt and shame in the context of parental grieving behavior are described as leading to low self-worth and even self-hatred. Thus, it is essential to acknowledge and validate the pain associated with having an absent and unresponsive caregiver and the ensuing denial of the much needed parental nurturance. While attending to this injustice, gently exploring the concept of

differing grief reactions and the impact of the death of a child on the caregiver may help decrease the chance of additional suffering due to confusion and lack of communication regarding grief.

3. Consider the child's age and developmental level.

As noted in the analysis, the ages of the children at the time of loss had a significant impact on how they grieved and made sense of their losses. Research similarly indicates that the individual's developmental process both shapes and is shaped by grief (Corr, 2010; Nader & Layne, 2009; White, 2006; Worden, 1996). The age of the child can shed light on the developmental tasks that may be disrupted by grief (Nader & Layne, 2009), and on the nature of the mourned attachment. For example, Frazier's memoir on the death of her brother at age two is not a story of a child whose brother died, but rather that of a toddler whose mother's grief damaged their relationship. It was her lost attachment relationship with her mother that caused her pain and grief, with enduring effects on emotional and identity development. In contrast, the memoirists who lost a sibling in later childhood or adolescence held this loss as the central sorrow of their lives. Child grief is informed by development and attachment security; therapists do well to attend to both.

4. Support the child's ongoing relationship with the deceased sibling.

The memoirists vividly describe the ways in which they are able to continue to connect with the deceased sibling. How the child remained connected to the sibling varied and transformed throughout their lives. Initially, it was often physical items or places that served as a transitional object, such as an article of clothing, a newspaper article, or the home in which the children grew up. In time, though, the memoirists described more abstract reminders of the deceased. One, for example, ultimately came to the realization that it was her very existence that connected her to her deceased brother. Supporting the continuing bond to the deceased brother or

sister is a powerful way to facilitate grief; research further suggests that the ongoing attachment relationship breeds growth, provides emotional energy to manage the pain and suffering of the loss, and increases resilience (Hogan & DeSantis, 1996).

As a strategy for supporting the relationship that the child has with the deceased sibling, it is important to first inquire about what they are already doing to connect with their sibling. This is relevant not only because this discussion may prove to be valuable for the child, normalizing behaviors that have been kept secret, but also because learning more may bring to light any potentially dangerous enactments. Smith (2004), for example, created a ritual of connecting with her brother that involved her saving food for him. This ritual was meaningful for her and was an effective way of her feeling connected to her brother, yet it morphed into an eating disorder that proved to be detrimental to her emotional and physical wellbeing.

5. Consider an attachment-based approach.

When working with bereaved siblings, using an attachment lens will provide the therapist with a deeper understanding of the child's emotional world, loss, and subsequent areas for intervention. The memoirists' experiences point to the importance of attachment: the death of a sibling and the absence of the caregiver are both, in some ways, losses of attachment relationships. Indeed, much of their behavior in the stressful time following the loss is motivated by a desire to connect to the caregiver, and to the deceased sibling.

The memoirists describe a marked rupture in their relationship with the caregiving figure that takes form of the physical absence and emotional distance; the latter of which is described as lasting for an extended period of time. In the early relationship between a caregiver and a child, there are times when there are disruptions of the attuned relationship. However, for the development of the child to proceed in a healthy manner, a timely repair of the misattunement is

required. If the caregiver is not able to function as a secure base and a safe haven, the child is stripped of the sense of security and dependable comfort (Roberts, 2005), also proving to be a significant risk factor for the future development of mental health difficulties (Main, 1996).

This loss of security and lack of comfort is particularly important during the time of confusion and pain when the child is grieving the loss of a sibling without sufficient emotional scaffolding; it may impede a child's ability to progress through the tasks of mourning (Worden, 1996). Therefore, it is necessary to focus on the caregiver-child relationship in the therapeutic setting, making efforts to repair the child's attachment relationship with the caregiver in service of promoting the child's healthy development and wellbeing (Goldsmith, 2007), ensuring the child has sufficient supports from other attachment figures until the primary parent is capable of resuming a greater degree of emotional proximity.

The memoirists describe their process of numbing, yearning for their sibling, despair, and disorganization; here, the memoirists recall their efforts to re-establish a relationship with the deceased by, at times, self-destructive means (e.g., risk taking behavior, substance abuse, disordered eating). To address the attachment relationship between the child and the deceased sibling, the therapist should attend to the continuing bonds, and support what Bowlby referred to "reorganizing," a process that entails assisting the child in aligning her representational world with the changed reality of the loss (Oppenheim et al., 2007).

The therapist can serve, through the tough transition, as an attachment figure, too, further supporting the child's emotional wellbeing, and adaptation to their loss in less isolation. Within the relationship with the therapist, the child can be provided with a secure base that allows for them to feel the pain of all the losses they've endured—the death of the sibling, the preoccupation and abandonment from parents, the life they had before. This relationship can

serve to support the child's affect regulation skills, as well as support and develop existing attachment relationships (Wallin, 2007).

Fundamental clinical skills for working with bereaved children based on results of the analysis:

- **Validate:** The stories and experiences of the bereaved siblings demonstrated a marked lack of validation of their loss from the environment, causing significant distress and complications in the grieving process. Emphasizing the validity of the child's grief can serve to support the child's ability to grieve, and combat the effects of both internal and external invalidation of their loss.
- **Normalize:** Several memoirists described being in a daze and state of confusion that significantly increased their level of emotional distress. By providing the child with appropriate psychoeducation, as well as continuing to normalize their emotional experiences (and the grief of their parents), the child may find relief in knowing that how they are thinking and feeling is expected given what they have experienced. An additional option to consider would be to offer the child access to a grieving peer support group, as social support and connection with peers may offer a helpful way for the child's experiences to be normalized, and to decrease the child's sense of isolation.
- **Directly address the loss:** Several memoirists describe their strong desire to communicate about the deceased sibling. Even in instances when a peer or adult is clumsy in asking about the sibling, the memoirists described feeling relieved that their brother or sister was the topic of conversation. Though they did describe sadness or discomfort, the positive effect of the sibling being remembered far outweighed

these uncomfortable feelings. In addition, the pain and sorrow of the child's loss is often a constant companion, and thus, therapists should not shy away from gently delving more deeply into a conversation about the sibling merely because they do not wish to increase the child's emotional pain. The memoirists describe years of suffering, mixed with episodes of avoidance and numbness, as well as relief when being able to talk about the sibling in the context of a therapeutic relationship. Maintaining a stance of sensitivity, and presenting as comfortable and able to tolerate the pain of the child, will further serve to create an atmosphere in which the child is able to process her grief. This will offer the child the safety necessary to create a coherent and affectively consistent narrative about their lives that includes not only the child's experience of sibling loss, but also the relationship with the brother or sister prior to the death, the dynamics within the family before and after the loss, and their experience of themselves as the same or changed by grief.

- **Flexibility:** The majority of memoirists described the process of writing the memoirs as healing, as this way of telling the story of the death of their sibling allowed for integration of affect, consolidation of memories, and the insertion of themselves into the story of loss. However, because of the nature of the source of data, it is likely that other children may be more prone to express themselves using a variety of channels, such as art, verbal expression, creating life books, movement, sand tray and other expressive therapies. Thus, the therapist should take time to observe and learn about the child's preferred way of communicating and processing his or her loss.

Conclusion

It's been many years since I lost my brother. I still think of him on a regular basis and even, occasionally, dream about him. He still lives within me. While in college, I decided to extend my hand and ask for help. (...) I was fortunate to be paired with a wise counselor who gently guided me through many painful discussions about the loss of David and what it did to my family. I will never be able to express the deep gratitude I have for the time spent with this counselor and the profound change it made in my life. (Aggen, 2008, p. 101)

Exploring a child's experience of the death of a sibling sheds light onto how the rupture of grief, and the subsequent reconnection with the world, the deceased sibling, and the self is experienced. Each of these memoirs vividly demonstrated the profound effect that the loss of a brother or sister has on a child, an effect that lasts for a lifetime. In these recountings of loss, the memoirists further show how healing relationships can ease suffering and provide a new desire to engage with their surroundings. By seeking to gain insight into a child's world, a therapist, too, can also have a dramatic impact on integrating profound loss into a child's life.

Limitations and Future Directions

The first limitation of this study is the homogeneity of the sample. All memoirists were female, identified as part of the dominant culture, achieved higher education, and sought to share their experiences in the form of memoirs. Though the experiences of these women may also apply to individuals of differing backgrounds, the generalizability of the results of this study should be considered when applying the findings to clinical work with diverse children who have lost a brother or sister. In addition, this study is built on the experiences of individuals who chose

to share their story; children who are less ready or able to share their grief may have differing experiences that are not reflected in the results of this study.

The finding that only women chose to share their experiences in memoir format is not reflective of gender differences in the gravity of pain and intensity of grief of the individual who has lost a sibling. Though research does not specifically address this discrepancy related to sibling loss in childhood, studies have shown that women are generally more apt to confront and express their grief and their emotions related to loss when compared to men (e.g., Stroebe, Stroebe, & Schut, 2001).

A second limitation involves the manner in which data was gathered. As this study relied on what authors chose to share in their memoirs, this study was not able to capture all aspects of grief, particularly those experiences of which they themselves were unaware, or deemed unsuitable for their narratives. There are certain elements and themes evident in some memoirs but not others, and I had no way of learning more about those discrepancies. By relying on previously written text, there was no opportunity to further explore the reasons behind certain experiences, or to develop themes that seemed more salient in some memoirs than in others.

Thus, future research should use the findings of this study to explore if these experiences are generalizable to a broader population, using IPA in interview format. Worden and colleagues (1999), for example, found gender differences in clinically significant distress associated with sibling and parent loss, where girls were more likely to experience emotional and functional difficulties after the death of a sibling than boys. Interactive interviewing will help researchers examine and expound upon the aspects of grief captured in this study. Further, such interviews would shed more light on developmental differences in grieving across the lifespan.

Despite these limitations, the results of this study offer a glimpse into the world of bereaved siblings. The memoirists' stories contain rich and vivid accounts of what it is like to live in the aftermath of the death of a sibling. Some findings are consistent with the existing body of literature. These narratives enrich the existing research on how it feels to lose a sibling in childhood, what it is like to live with grieving parents, and how the arduous task of living can lead a child toward connecting with others, including the deceased sibling, in new and meaningful ways.

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Appendix A

Emergent Themes

Exploratory comments	Narrative	Emergent themes
<p>(initial notes)</p> <p>Margaret does not have access to her mother and can't understand why she is forbidden from being with her. Is it her mother who wants distance or the other adults?</p> <p>Jane goes back to acting normally very quickly. Is this intentional? What is the purpose of this? Is it self-preservation? Does she want to do this for herself or for others?</p>	<p>(narrative)</p> <p>She said Mommy was sleeping. Still sleeping? It was past noon. Then Charlotte said she wasn't actually sleeping but resting. I'll go up and see her, I said, but my sister said no, I wasn't allowed. Not allowed? No. "She's resting."</p> <p>I got "right back into the swing of things," and behaved in what my mother called a "normal way."</p>	<p>(emergent theme)</p> <p>Mother not accessible</p> <p>Need of child overlooked</p> <p>Faking good</p>

Appendix B

Superordinate Themes

Themes	Page/Line
<p><i>Physical distance to parents</i></p> <ul style="list-style-type: none"> Safety in distance Distance in service of affect restriction Repulsion of proximity Mirroring of affect is too much Distance as self-preservation Proximity as emotionally painful <p><i>Avoidance of self</i></p> <ul style="list-style-type: none"> Avoidance of own affect Denial of self Denial of needs 	<p>P 38, L 17</p> <p>P 42, L 2</p> <p>P 43, L7</p> <p>P 59, L 22</p> <p>P 102, L12</p> <p>P 110, L 4</p> <p>P 23, L1</p> <p>P 79, L14</p> <p>P 81, L 8</p>

Appendix C

Example of Emergent Themes: Diane Aggen

Exploratory comments	Narrative	Emergent themes
<p>Diane does not yet know that her brother died and is looking to her mother. Mother is stricken with grief and other are present to support Diane. Society is protecting mother, not attending to child's needs</p>	<p>P4 Finally, a woman's voice said, "Your mother is in her bedroom." I was confused. Why wasn't Mom at the hospital? I entered her room and quickly asked, "Are we going to the hospital?" She stared blankly at me. Before she could answer, a neighbor led me from the room. "Your mother wants you girls to speak to Past B. He's in your room."</p>	<p>Mother is unavailable due to grief</p>
<p>Mother can interact and process grief with neighbors, but cannot do so with her children. Is this difficulty because it's too hard for her or is it because she cannot bear to see her child's grief?</p>	<p>P5 I heard her say, "He was in the water for forty-five minutes before they found him." What? I stood up. On shaky knees, I approached her and tried to interrupt their conversation. "Mom?" No reply. I know it's rude to interrupt unless it's an emergency. But this was an emergency.</p>	<p>Mother doesn't meet child's need due to grief</p>
<p>This paragraph demonstrates the child's immediate response to seek comfort from the mother, seeing the mother as the primary source of comfort and strength. Yet the mother is not able to comfort the child and removes herself from the presence of someone who is in need of her attention and nurturance.</p>	<p>P6 "I took a step towards her, desperately wanting her to put her arms around me like a life-vest. I wanted to be told that everything would be okay. To be told that, together, we'd get through this tragedy. I wanted her to hold my head up so I would not drown in this miserable pool of sorrow. But she had just watched her youngest child's lifeless body be pulled from a cold, dark pond. Rescuing me was more than she could bear. The gently pushed me away and left the room."</p>	<p>Mother's grief makes her unavailable to comfort and support child's grief</p>
<p>Diane expresses her sadness through tears, and she is the only one in her family who does this. No one else cries, and Diane cannot stop.</p>	<p>P8 Still, I wondered, how could she not be crying? I, on the other hand, couldn't seem to stop crying.</p>	<p>Confused by different grieving patterns</p>

<p>Diane is overcome with grief and sadness. Her mother does not respond to her, she ignores her. And then Diane makes a shameful gesture.</p>	<p>P9 Earlier in the day, we had been sitting in the kitchen with some visitors. I was in the corner chair, just listening to their conversation. When they stopped talking for a minute, I burst into tears. I couldn't control myself. Mom just looked at me from across the table. I hung my head and sobbed into my chest.</p>	<p>Mother does not respond to child's grief</p>
<p>Her grief is supported and recognized by someone more distant. She needs the connection, but does not get it from family members. Maybe grief is so overwhelming that holding or seeing the grief of a loved one is too much?</p>	<p>One of the visitors, Karen, approached me and took me by the hand, pulling me to my feet. I blindly followed her outside to the front steps of the porch. ... Since learning of David's death, she was the first adult who held me and told me that we would get through this. I leaned into her and sobbed. For that short time, I didn't feel so alone."</p>	<p>Support in grief through neighbor/ non-family member leads to decrease in sense of isolation</p>
<p>Doesn't want to talk or process immediately after the death- her grief is overwhelming and she can't interact normally at the time.</p>	<p>P11 Only one of them worked up the courage to call. As soon as I heard her voice, all I could do was cry. I kept telling her how sorry I was to be crying, but she kept saying that it was okay. I finally pulled myself together, thanked her for calling and hung up. I was relieved nobody else called for me.</p>	<p>Needing isolation to grieve/ grieving behavior</p>
<p>Grieving siblings are displaced by mourners. No or little attention is given to nurturing the remaining siblings.</p>	<p>P 12 All of our relatives from Chicago had arrived in time. All ten of them were staying with us, so my sisters and I were sleeping on the living room floor and quietly fighting for a few minutes to shower in our one bathroom.</p>	<p>Grieving sibling is overlooked</p>
<p>The mother's needs and wishes blind her to the possibility that being at the burial may provide some closure, comfort, or assistance in the grieving process to her remaining children.</p>	<p>P16 We wouldn't be going to the cemetery after the church service. Mom wouldn't allow that part of the funeral to take place. She said that no mother should ever have to watch one of her children being put into the ground.</p>	<p>Mother's grief gets in the way of attending to child's grieving needs</p>

<p>Change in behavior and academic performance and Diane does not care.</p> <p>Teacher wants to support D and not add to her difficulties, feels sorry for her. And does not know how to interact with her. Looking for her cues.</p> <p>Society seems uncomfortable with her grief and pain. It seems that they don't have bad intentions, but that them not knowing how to be supportive leads them to ignore her grief. In this case, she is aware of what is happening and seems to have some insight. She indicates that people mentioning her brother would not increase her pain, but that it adds a layer of confusion in regard to how she should feel and act.</p>	<p>P17 I flunked both of them. Well, okay, I got a D- on one but only because the teacher felt sorry for me. He didn't say that, of course, but I could tell. He told me he tried to have me pass both, but he just couldn't do it. He looked relieved when I shrugged my shoulders and said, "It's okay. I didn't study for either test." That was the first time I'd ever failed an exam.</p> <p>P17 I flunked both of them. Well, okay, I got a D- on one but only because the teacher felt sorry for me. He didn't say that, of course, but I could tell. He told me he tried to have me pass both, but he just couldn't do it. He looked relieved when I shrugged my shoulders and said, "It's okay. I didn't study for either test." That was the first time I'd ever failed an exam.</p> <p>P 19 How could they be so happy? Don't they care that this small town lost a member less than two weeks ago? Do they even remember? Perhaps they don't. Since we returned to school, not one person has spoken David's name to me. My friends have avoided the subject. Even the teachers haven't said anything. Sure, the history teacher sort of acknowledged it, but never came out and said David's name. My science teacher said that it was good to see me back in school. Nobody mentioned David. Are they afraid of reminding me that my heart had just been ripped from my body? Are they afraid I'd suddenly remember that a huge part of me had died and was buried in a little country cemetery? Maybe they are afraid I'll start to cry and then what would they do? They should not fear that one. I have no tears left. Perhaps they can't look me in the eye and say his name because they know what I'm in for. My future only looks painful now.</p>	<p>Behavior changes/ decline in school perf met with apathy</p> <p>Non-family member discomfort with child's grief</p> <p>Non-family member effort to not add to pain of child</p> <p>Grief of child is overlooked by environment</p>
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<p>She interprets the silence of others as indicative of more pain to come. Here, she describes the physical feeling of losing her brother, a pain that is pretty constant and that it is not affected by reminders, but is more constant.</p>	<p>P 19 Are they afraid of reminding me that my heart had just been ripped from my body? Are they afraid I'd suddenly remember that a huge part of me had died and was buried in a little country cemetery? Maybe they are afraid I'll start to cry and then what would they do? They should not fear that one. I have no tears left. Perhaps they can't look me in the eye and say his name because they know what I'm in for.</p>	<p>Pain of losing brother</p>
<p>The pain and grief is all consuming and leads to hopelessness, affecting her perception of her future</p>	<p>P 19 My future only looks painful now. I don't know that it ever looked bright but there was hope. There had always been hope. Now, there's just this pain. It's my new constant companion. I can't see the day when this will go away or when it will all be okay again.</p>	<p>Feels hopeless, anticipates pain</p>
<p>She describes how she must have felt before her brother died. She suggests that based on the heaviness she feels now, that she had felt lighter before</p>	<p>P 19 It hasn't been that long, but I've already forgotten what I felt like before David died. I must have felt lighter, somehow</p>	<p>Grief feels heavy</p>
<p>She forgets what life was like before David died, she can imagine, but her memory seems to be clouded by the all consuming nature of grief.</p>	<p>P 19 It hasn't been that long, but I've already forgotten what I felt like before David died. I must have felt lighter, somehow</p>	<p>Grief takes over her life and memory</p>
<p>Diane wants her pain to be acknowledged. She does not want people to say they are sorry, instead she would like to hear. Social ritual is not what she needs from her environment. She wants truth telling.</p>	<p>P 20 At least teacher aren't telling me how sorry they are for my loss. If I had heard that one more time at the funeral, I was prepared to scream loud and long. Why do people say that? "I'm sorry." I wanted to start asking "Why? Did you kill him? Did you watch him frown and do nothing to help? Why are you sorry?" Besides, what was I supposed to say in response? "Thank you,"</p>	<p>Perceived appropriate support is not received from environment</p>

<p>Mother tries to protect her children from more tragic news. Thus, there is an understanding that her children are suffering. However, she doesn't know that she can handle it.</p> <p>Diane feels guilty for not thinking of David for a few moments and guilty for enjoying herself.</p> <p>Diane considers killing herself. She decides the best option would be to starve herself. But she thinks it would take too long and her mother would notice. Goes from missing him to wanting connection to planning a reunion</p>	<p>or "Oh, no problem," or, "It's okay?" I think the more appropriate thing to say would be, "I think it stinks that you have to go through this heart wrenching experience, especially at such a young age. I know how much you loved your brother. I often saw the two of you playing in your front yard. Sometimes, life just isn't fair."</p> <p>P21 "Mom told me today that my seventeen year old step-sister has died. Although she actually died around the same time that David had, Mom postponed telling us. She didn't think we could handle more tragic news"</p> <p>P23 After I placed the ball on the rack, guilt washed over me. I hadn't thought about David the entire game. How could that be? For the last two months, thoughts of David occupied every waking moment. Well, almost every moment because I often dreamed of him, too. How I had just spent forty-five minutes running up and down a basketball court and I hadn't thought of him once. How could I run and play when David is dead? I had probably even laughed at one point, too. I am so sorry, David.</p> <p>P24 "If I joined him now, we could play catch and I could tuck him in again. We'd skip the homework. How would I do it?"</p>	<p>Maternal misattunement to child's needs</p> <p>Connection to brother through pain,</p> <p>Suicidal statement result of wanting connection w bro/ grieving behavior</p>
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<p>Diane also considers the impact of her own death on her mother. She doesn't feel seen by mother, (see comments on misattunement and ignoring) but it is her mother's pain or actions? that dictates what she does.</p>	<p>P 25 Mom. Oh ya. I don't think she could handle losing another child. When she's not at work, she's asleep on the couch. She closes the curtains and gets angry if we try to open them to let in some light. She has become a mole person. She sleeps all day and works all night. I doubt she'd want to come out of the safety of her dark hole to plan another funeral."</p>	<p>Mother's grief dictates child's behavior</p>
<p>Diane wants to retreat from the world and she wishes for the old customs around bereavement to return:</p>	<p>P25 Whatever happened to dressing in black for a year and being banned from social gatherings? I think it would be easier to go back to those rituals. I'm expected to act as if nothing has happened."</p>	<p>Society discomfort with sibling's grief</p>
<p>There is a drastic shift from wanting to share her pain with her mother, to seeing her pain as isolated.</p>	<p>P 25 My mother acts like a mole and none of us even mention David's name anymore. Misery doesn't love company. Misery wants to be left alone to pretend it doesn't exist.</p>	<p>Isolation as means to decrease suffering/ grieving behavior</p>
<p>The loss affects her interactions with others and infiltrates every aspect of her life.</p>	<p>P 25 If I don't laugh at a joke, my friends question me. If I do force a laugh, I feel so guilty. How could I possibly find anything funny? My brother is dead. That is not funny</p>	<p>Grief takes over life</p>
<p>Again, she is associating joy with dishonoring her brother.</p>	<p>P25 If I don't laugh at a joke, my friends question me. If I do force a laugh, I feel so guilty. How could I possibly find anything funny? My brother is dead. That is not funny</p>	<p>Suffering as honoring deceased</p>
<p>Basketball helps her engage in life and eases her pain and the confusion about what she should be doing</p>	<p>P 25 The only time I am not worried about talking or not talking, smiling or not smiling, and laughing or not laughing is when I have a basketball in my hands... The pain, the anger, the deep sorrow, all of it must be set aside.</p>	<p>Purposeful activity as decreasing momentary suffering</p>

<p>People ignore the topic of her brother. This makes her feel the need to make up for the lack of attention he is getting.</p> <p>She wants to hear about her brother, wishes the silence would be broken. But no one will talk about him- and that is what she needs at the moment.</p> <p>Her reality is a bit distorted here. She reverts to fantasy, thinking that he could come back. She needs to keep thinking about him and expecting or hoping for him to come back to remain “true” to him.</p> <p>Mother puts David’s belongings away. Diane wants to know where they are, yet she is afraid to ask her mother. So much is done in silence and there is such a lack of communication.</p> <p>Mother also gives away David’s dog without letting Diane know. Diane believes that he was put down, a fact that, years later, she learns is not true. Yet for years, she believes that her mother killed her brother’s dog, making her increasingly angry toward her mother.</p>	<p>P28 I wonder why nobody talk to us about David. The whole town knows about him. The whole town knew him. Yet, it’s as though he never existed. Is everyone afraid they’d remind me of him? Don’t they know I think of him constantly? I’ll have to remain vigilant, otherwise, he’ll be forgotten.”</p> <p>P28 I wish someone would just say his name to me. I want to hear a funny story about him. Well, maybe not funny yet. A nice story would be, well, nice. Maybe someone could tell me a story about him doing something for someone else. I want some proof that he was here. I want proof that he existed.</p> <p>P 29 I figured he would be very angry when he finally escaped from those kidnappers and made it home to us. How would my mother explain that she had believed he was dead? Only I would be able to say that I never gave up hope for his eventual return.</p> <p>P29 “I no longer see David’s clothes or other belongings. I don’t know what Mom did with them. I’m afraid to ask.”</p> <p>P30 In that moment, my heart filled with rage towards my mother. How could she kill the last living thing connected to David? Could she have at least consulted the rest of us? It was heartbreaking to listen to him cry at night, but I didn’t want him dead. She’s as bad as everyone else in this town, wanting to act as if David never existed. Well, he did exist. I know he did. Didn’t he?</p>	<p>Society ignores death</p> <p>Perceived appropriate support is not received from environment/ discomfort with silence</p> <p>Perceived necessity of hope</p> <p>Fears mother’s grief, perceives no support for own grieving process</p> <p>Distress due to mother’s lack of attention to her grieving needs</p>
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<p>The point here is that Diane feels like she is the only one in her family that cares that her brother has died. But talking to her sister makes her realize that she doesn't express grief in the same way.</p> <p>Diane's mother goes through the motions of living, but Diane recognizes that her mother is only alive because of her surviving children:</p> <p>Diane recognizes that mother is attempting to protect her children from experiencing more pain. So, does this mean that mothers only have enough energy to make sure that the surviving children don't suffer more than they already do, and then do not have enough energy to help them suffer less?</p> <p>The family tries to go on living. It's all about survival</p> <p>At Christmas, Diane tries not to cry in front of her family. Diane is then told not to cry, and this abruptly ends the family's Christmas celebration. No one responds to Diane and no one can tolerate seeing her pain.</p>	<p>P 32 Her sister tells her "I've tried to cry. I wish I could cry. But I can't."</p> <p>P37 She still goes to work every day, pays the bills, grocery shops and performs all of the other mundane tasks of living. But, I know she's just her because we are still here. Just like I wouldn't take my own life for fear of hurting her, she isn't going to take hers for fear of hurting us. Life has kicked her down a few times already."</p> <p>P39 "This year we went to the tree lot because we were all trying so hard not to let David's death kill us, too."</p> <p>P42 Remembering the noise from the previous year, I was struck with the quietness of this one. Don't do it, I told myself. Please don't cry. Just open your gift and let all the eyes move over to Donna. Don't cry, don't cry, don't cry. I started crying. I couldn't help it. We were all pretending that everything was normal. Even the tree was in on it. Why were we doing this? Who were we kidding? Ourselves? Surely not. We</p>	<p>Needing affirmation of brother's existence to continue connection?</p> <p>Isolation feeling in grief due to dif grieving expression</p> <p>Living for family members/ no increase in their grief</p> <p>Effortful living/ survival</p> <p>Fear to express grief in context of diff grieving styles</p>
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<p>Diane begins to use to word us more often. She uses this when talking about the family’s goal of simply surviving. Maybe this is just like with the mother not wanting more pain, maybe the only thing that the family can do is keep living, and trying to survive together, but that growing and healing together is too much.</p> <p>Here, religion or the way she sees others using religion, is seen as not helpful. She questions her brother’s death and the existence of God.</p> <p>She likes her brother’s life and existence being validated. Others do connect with brother, which comforts her.</p>	<p>were’n’t joking with each other, or laughing, or smiling. Mom and Aunt weren’t making any effort to entertain the rest of use with some controversial topic. In fact, they were actually being cordial with each other. Everything was wrong. I wanted the noise, the teasing, and the arguments. Mostly, though I wanted David. I wanted David. The dam had broken and I started to sob. Not just the eyes watering, whimpering softly kind of crying, but the real kind of sobbing. The blurry eyes, the runny nose, gasping for breaths sobbing. Nobody moved. It was if we were all actors in a play and I had uttered the wrong line.”</p> <p>P43 “Our collective resolution is survival. We’re not interested in bettering ourselves or saving the world. We’ll settle for survival. We don’t even care if it makes us stronger or not.”</p> <p>P47 I am tired of people saying, “God has a plan.” How could any plan involve the death of an innocent boy? Maybe God looked away for a minute and David slipped through the cracks. How can we be sure that God doesn’t need a break every now and then, too?.. But the God that I want to believe in doesn’t kill children as part of his plan</p> <p>P 49 In reference to visiting his grave: Often there is a lone flower already next to his name. We don’t know who is leaving these flowers and everyone we’ve asked denies it. It comforts me, though, because it’s proof that not everyone has forgotten about my brother.</p>	<p>Survival as family goal, not healing</p> <p>Religion/faith and meaning making</p> <p>Public remembrance through continuing bonds</p>
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<p>Sees religion and faith as being helpful for her healing and finding answers</p>	<p>P57 Now David was gone and I wished I had a stronger faith in God to guide me through this.</p>	<p>Search for meaning in religion</p>
<p>She is able to connect with him in her dreams, which is comforting to her. She needs to connect and to know that he is ok.</p>	<p>I would search for answers in my sleep. In dreams, I would see him, alive and well, playing with his friends. I would watch him and talk to him, yet somehow feel that it was wrong. I knew he shouldn't be there. But, I didn't care. I was relieved to know that, at least in my dreams, he was okay.</p>	<p>Continuing bonds in dreams</p>
<p>She is able to use her faith as a means of assuring herself that her brother is ok.</p>	<p>P 62 "Dear Lord," I began, "Please take care of David." ... "Just send me a sign that you are okay." (Marble falls) I chose to believe that it was David and God. Even though I desperately missed him and wanted him back more than ever, I was relieved to know that he was okay.</p>	<p>Comfort in faith</p>
<p>Diane looks for her feelings to be validated and must console herself with finding this in fiction.</p>	<p>P71 "Strangely, I find solace in the lonely struggles of many of the characters. The angst envelops me and assures me I'm not the only one to feel so disconnected and alone."</p>	<p>Validation of affect/ perceived need in grief</p> <p>Experience of grief: isolation</p>
<p>She mentions a ritual that keeps her bond stronger. She also mentions God in this- as being aware- no judgment statement on religion is made.</p>	<p>P72 On my way home, I drive right by the cemetery, so I stop for a little visit with my brother. God must have a sense of humor because as I pull into the gravel path that leads to David's plot, Billy Joel's "Only the Good Die Young" often begins to play on the radio.</p>	<p>Continued connection</p> <p>Religion</p>
<p>Her friend is supportive and counteracts the disconcerting quiet at home.</p>	<p>P74 Even though I had pushed her away the day David had died, she didn't stay away. Following David's death, we had spent a lot of time together. When it was so quiet at home, I could always count on Tammy to liven things up.</p>	<p>Need for social support in healing process</p>
<p>Diane avoids home, no connections or growth with her family</p>	<p>P83 "I try not to be at home as much as possible. Ever since David died, we've all just lived together. I think our family died</p>	<p>Survival</p> <p>Distance to family through grief</p>

<p>The family never talks about the past. People are changed and so are their relationships. She talks about missing her family.</p> <p>David returns to Diane’s dreams. Dreams are a connection to her brother, when she can experience his presence.</p> <p>Over the months and years, she is able to recognize a way to connect with her brother- that she is the connection. She no longer needs a „transitional object“- she has internalized him.</p>	<p>on that day in May. We have survived, but that’s all we’ve done. We haven’t grown any closer; in fact, we are all distant from one another.</p> <p>P84 “Sometimes, I look at Mom and wonder, Is this the same person from all those years ago? I wonder if she is the same woman who would come to my bedside when I wasn’t feeling well as a young girl. Were those her hands that always felt so cool and gently on my forehead? Was she the one I would sit with in the bathroom and have interesting conversations?” Later, Diane asks herself, “Why did we stop talking?” “I miss those days and that feeling of us being a family. I miss feeling connected to something bigger than myself.”</p> <p>P86 “Even though I never heard anyone talk about him, even at home, he was always in my thoughts. Thankfully, he had returned to my dreams. He was happy in my dreams. It still hurt to think about losing him, but I had grown accustomed to the pain. I knew it hadn’t gone away; I had just gotten used to it. Now I could remember some of the fun times we shared and not feel so sad. But the emptiness was always there.”</p> <p>P90 I believed TJ had been the last living thing connected to my brother. Now, however, I realized that even though David was physically gone, a part of him would always be with me. For so long, I had thought that a part of me had died with David and was buried with him in that cemetery. That still felt true, but it also felt true that he still lived in me. Instead of TJ, I was the living thing that connected to David.</p>	<p>Loss of family/ double loss</p> <p>Continuing bonds through dreams</p> <p>Continuing bonds in self</p>
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<p>Is loss greater at older age? Pain becomes worth the bond and experience of having him as a brother. Maybe this is about the attachment re: age.. does this apply to those who have lost siblings at a younger age?</p>	<p>P91 “In my heart, I knew that if we had lost him then, I wouldn’t have grieved so deeply. I would’ve only been six years old. I would’ve missed him, sure, but not like I do now. So, I wondered. If I had to lose him anyway, would I have rather had him die when he was two, instead of nine? I wouldn’t have been so close to him so I wouldn’t have suffered nearly as much. The thought was easily entertained but horrifying, too. If I could rip those years from my mind, would I? Most of the pain of losing him would be gone. In its place would be a vague memory of a baby brother. Would I choose that? I knew I wouldn’t. if I could erase the pain, the cost would be too high. I loved having him in my life.”</p>	<p>Pain and connection</p>
<p>Blames herself for not reaching out, could have had access to comfort. But why did she not realize she could have it in the moment?</p>	<p>P91 “I suddenly recognized that I could have extended my hand and reached for comfort. These classmates, my teachers, and my own family would’ve helped. When I was drowning in my grief, they would’ve thrown me the life preserver. If I had signaled for help, I wouldn’t have had to struggle to shore by myself” She sees herself to blame for not getting help.</p>	<p>Blind to resources</p>
<p>Affect expression and telling the story is cathartic?</p>	<p>P101 Diane finds counseling helpful Years later, Diane and her mother are able to talk about David- and they are able to find joy in talking about him.</p>	<p>Connection with therapist as healing</p>
<p>She find more healing through her relationships with her children.</p>	<p>P103 “Their presence in my life has healed many pains and has given me numerous reasons to smile.”</p>	<p>connection and communication with mother as healing</p> <p>Healing through relationship</p>

Appendix D

Example of Superordinate Themes: Diane Aggen

Superordinate themes:

Maternal grief inhibits support of child's grief

Mother is unavailable due to grief
 Mother struggles to meet child's need due to grief
 Mother's grief makes her unavailable to comfort and support child's grief
 Mother is unable to respond to child's grief
 Mother's grief gets in the way of attending to child's grieving needs
 Distress due to mother's lack of attention to her grieving needs
 Fears mother's grief, perceives no support for own grieving process
 Mother's grief dictates child's behavior

Relationships and connecting as healing

Support in grief through neighbor/ non-family member leads to decrease in sense of isolation
 Need for social support in healing process
 Connection with therapist as healing
 Connection and communication with mother as healing
 Healing through relationship

Societal and environment disregard of child's grief/child as invisible, to not be seen

Grieving sibling is overlooked by social environment
 Grief of child is overlooked by environment
 Society ignores death

Societal discomfort with child's grief

Non-family member discomfort with child's grief
 Non-family member effort to not add to pain of child
 Society discomfort with sibling's grief

Society misattuned to child's grieving needs

Perceived appropriate support is not received from environment/ discomfort with silence
 Perceived appropriate support is not received from environment
 Maternal misattunement to child's needs

Isolation and grief

Needing isolation to grieve/ grieving behavior
 Isolation as means to decrease suffering/ grieving behavior
 Experience of grief: isolation
 Isolation feeling in grief due to dif grieving expression

Familial disconnect through grief

Confused by different grieving patterns
 Fear to express grief in context of diff grieving styles
 Distance to family through grief
 Loss of family/ double loss/severe disconnection

Family focus on survival

Living for family members/ no increase in their grief
 Survival as family goal, not healing
 Effortful living
 Survival

Grieving through suffering

Connection to brother through pain, incompatible with
 Suffering as honoring deceased
 Pain and connection
 Pain of losing brother

Connecting with deceased/continuing bonds

Continuing bonds through dreams
 Continuing bonds in self
 Continuing bonds in dreams
 Suicidal statement result of wanting connection w bro/ grieving behavior
 Continued connection

Grief as all-consuming

Grief takes over her life and memory
 Grief takes over life

Grief as blinding

Blind to resources

Search for meaning in God

Religion/faith and meaning making
 Search for meaning in religion
 Comfort in faith
 Religion

Physical manifestation of grief

Grief feels heavy

Relief from suffering of grief

Purposeful activity as decreasing momentary suffering

Hope and hopelessness in grief

Feels hopeless, anticipates pain
 Perceived necessity of hope

Validation of grief

Validation of affect/ perceived need in grief

External validation of deceased's life

Public remembrance through continuing bonds
 Needing affirmation of brother's existence to continue bonds?

Other

Behavior changes/ decline in school perf met with apathy

