# A Psychotherapeutic Exploration of the Experience of Sibling Loss as Presenting in the Therapeutic Encounter

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# TABLE OF CONTENTS

# Abstract

The loss of a sibling is a traumatic event.  In the natural order of things one would expect that we bury our parents first and later into our adult life one buries a sibling.  The current study revealed that loosing a sibling is a very lonely experience while also unveiling irrespective of when we loose someone their presence remains with us forever.

The main contribution of this study was to understand the *meaning* of the experience of loosing a sibling the objective being that through increased awareness and insight a deeper understanding  of that loss will both inform and support the work of Psychotherapists in clinical practice.

The study disclosed that sibling loss comprises multiple losses:  the loss of a brother or sister, the loss of the family unit and the loss of the parents as the siblings had known them.

The study showed that everybody grieves in different ways and this can be influenced by attachment styles and personality types.  As such grief is a relational experience.

Sibling loss goes unacknowledged but that does not mean it does not exist.  The study revealed the power of silence in both concealing and protecting ones sorrow and the importance of finding a space to *express* one grief which facilitates the healing process.

**Key Words:**   Sibling Bonds, Sibling Loss, Parental Grief, Relational Styles, Silence

**Chapter One:  Introduction**

This study encompasses the view of 'loss' stemming from death and comprises five Sections. Chapter I introduces the topic of loss and gives a brief overview. Chapter  II comprises the Literature Review covering sibling bonds and sibling loss as presented in the literature.  Chapter III deals with the Methodolgy showing how the data was obtained , Chapter IV includes the analysed results and Chapter V includes a discussion of the results in relation to the literature review concluding with possible future recommendations with regard to the findings obtained.

**1.1   Overview**

Death is something that comes to us all and the subsequent grief that follows it is a unique experience for everyone.  With respect to sibling loss the research is lacking. (Bowlby 1980) makes brief reference to sibling loss and (Davies 1999) talks about the reactions to sibling loss, the circumstances around loss but not necessarily the experience of sibling loss. The sibling relationship is a strong, intimate bond but also *unique* because 'children of the same family, the same blood, with the same first associations and habits, have some means of enjoyment in their power, which no subsequent connections can supply' (Jane Austen 1974/1814, p223).  Under normal circumstances this bond lasts a life time.  When a sibling dies there are multiple losses:  the 'loss' of the brother or sister, the 'loss' of the family unit as one experienced it and the 'loss' of the parents as all siblings had known them.

Theories on grief began with Freud (1917) who believed for people to move on with their lives they must detach from the lost object and reinvest their energy into new relationships.  He further believed that melancholia, complicated grief, was as a consequence of conflicting feelings in relation to the lost object or avoidance of the grief work itself.   Klein (1940) extends Freud's view

that loss triggers in the mourner an impulse to restore the lost love in the self. She said that the mourner not only needs to reinstate the person who he/she has lost but also reinstate their internalised good objects (ultimately their parents) who was part of their inner world from the earliest stages of development. John Bowlby's (1980) theory of attachment includes the survival benefits of attachment bonds and he viewed loss as a distinct form of separation anxiety. Object relations and attachment Theorists amended Freud by placing more emphasis on the 'pre-Oedipal' early mother-child relationship and in doing perhaps assigned the 'sibling' relationship as being less significant to the 'parent-child' relationship.

Davie's (1999) model of sibling loss identifies four *responses,* more specifically to the loss of a brother or sister during childhood: 'I hurt inside, 'I do not understand', 'I do not belong' and 'I am not good enough'. Davies also spoke about siblings' *reactions* to the death of a brother or sister naming these factors as individual, situational and environmental which interact with each other and also influence sibling responses following a sibling bearevement.

## 1.2 Rationale for the Research

The researcher is both interested and sensitive to 'loss' having lost two siblings. Surviving brothers and sisters are often referred to as the 'forgotten mourners' because parents usually receive the majority of the attention and support. Psychotherapists in the therapeutic space witness the hurt and the sufferings that sibling grief has left behind in their clients. Davies (1999) talks about the lack of personal resources by parents to support the remaining siblings in the family while Krell & Rabkin (1979) posits how parents' way of relating to their children changes after the loss with conflict often arising in the family because of this.

Later in therapy for these individuals, it is very seldom that the previous sibling loss is the

presenting issue as siblings themselves have often 'delayed' and 'repressed' their grieving protecting their parents from their intense grief and in doing so bury their own intense feelings of pain. The family unit continues to live life as 'normal' encircled most likely by silence all contributing to long term undesirable outcomes.

In the therapeutic space clients may speak about it in a detached way while also minimising the impact that such a loss has had on their lives. To loose someone that has been with you since childhood, speaks your language, loves you in so many ways can leave crippling wounds. It would be good to further explore these deep rooted wounds which remain with the sibling as these unexpressed, unacknoweldged emotions and feelings could stop a sibling reaching their full potential.

## 1.3 Aims and Objectives

While all of the Theorists reviewed in this study provide valuable insight into how the loss of a significant individual is experienced, none really take into account the full experience of what is meant by sibling loss. What does it *mean* to loose a sister or a brother? what is that *experience* like the aim of this study is to understand the meanings of the experience of losing a sibling? This research is unique in that it will explore therapists experience of sibling loss both in their clinical work and for two of the therapists interviewed, their own personal experience of sibling loss.

The specific objective of the research is that through increased awareness and insight into this loss will both inform and support the work of Psychotherapists in clinical practice. The next chapter explores the literature in the field.

**Chapter 2: Literature Review**

**2.1 Introduction**

The literature review is divided into four sections. The first section introduces the topic of loss. Second section is a brief description on the *sibling bond* as presented in the literature. Third section explores the experiences of *sibling loss* in childhood and adolescence while also exploring parental impact on sibling loss. The literature review ends with a brief conclusion in Section four.

**2.2 Loss – Section one**

Freud (1917) describes the difference between mourning which is a normal reaction to the loss of a love-object which is consciously known and melancholia, complicated grief, whereby the sadness is inappropriate and becomes internalised. The person identifies the lost object within himself, which is unconscious. Self-reproaches are reproaches against a love object which have been shifted away from the object onto the person's own ego leading to ego loss. The person might be filled with self-hatred and low self-esteem when the anger gets displaced. Freud (1917) said it is important to let go of the lost object so that we are free to make other relationships, as such the person must detach from the lost object and through the letting go, move on and re-attach to another external object.

Lacan writings (1959-1960) posit a person can go beyond the prohibition on enjoyment, imposed by the pleasure principle[1], by going beyond this principle. By going beyond this limit, pleasure thus becomes pain, and this 'painful' pleasure is what Lacan (1959) calls 'jouissance' is suffering. Thus the 'jouissance' is the satisfaction a subject derives from his symptom.

Klein (1940) posits that all losses at any stage in life are linked to the depressive position whereby the infant fears that his/her combined feelings of love/hate will destroy the mother (guilt/loss).

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[1] the idea that humanity possesses an instinctual drive toward experiencing pleasure and shielding itself from pain.

Klein believed that any loss in life will reactivate the depressive position (mourning phase) and the individual must reinstall not just the lost object within themselves but also their lost good objects (namely their parents). Mourning triggers our relationship to our inner objects suggesting that our relationships to our primary attachment figures, namely our parents, may be revisited.

Attachment Theory is about the relationships we form with primary caregivers in childhood that come to represent the internal working models for adult relationships. Bowlby (1982) posits that a child has an innate need to attach to one main attachment figure which is much more important than any other - usually it is the mother.

Bowlby (1980) describes separation from mother in childhood as loss, and reactions to that separation result in *protest:* searching for the loss object; *despair:* the child loses hope that object will return and may withdraw into apathy and grief and *detachment:* the child represses or disinvests in her relationship with the lost person and begins to attach to an alternative figure.

The intensity of feeling depends on whether the child is supported during the separation by a consistent and responsive substitute attachment figure, especially one who is known to the child or whether the child is left with inadequate or impersonal care. These early relationships develop the child's initial understanding of how relationships work and what an individual may come to expect from relationships including the child's working model of itself. Furthermore, Bowlby (1980) states that these attachment styles will be the model through which one will experience all life events including loss and grieving thereafter. Gaps in the internal model show up as emotional detachment revealing an incoherent sense of self.

Ainsworth's (1972) 'Strange Situation Protocol' study suggested that attachment type was determined by the primary carer's mother's behaviour. She described four phases in the development of attachment in early childhood. In *a secure attachment*, the child is positive and loved. As children, they have the ability to separate from parents, seek comfort from parents when afraid and when the parent returns he/she is met with positive emotions. As adults, they have trusting relationships, good self-esteem, are comfortable sharing feelings and seek out social support. Mothers of *insecure-avoidant* style infants feel rejected and unloved. As children, they avoid parents and will not seek comfort or contact from parents. When they are adults they may encounter problems with intimacy, invest little emotion in interpersonal and romantic relationships and do not have the capacity or are unwilling to share feelings and thoughts with others. *Anxious-ambivalent* attachment is when the child feels angry and confused. As children, they become very distressed when parents leave and do not appear to be comforted when the parent returns and may be distrusting of strangers. As adults, they are hesitant to get close to others and become extremely upset when a relationship finishes. For the *insecure-disorganised*[2] child, the mother is neglectful abusive or both. The child becomes vigilant regarding the parents needs and for meeting them. Adults exhibiting disorganised attachment styles will often recreate the terror and chaos in their adult relationships. Parkes (2006) states that these patterns of attachment can influence subsequent attachments and the reactions when these attachments are interrupted by death.

> *Object Relations Theories rest on the belief that the human being is essentially social, our need for contact with others is primary and cannot be explained in terms of other needs or reduced to something more basic* (Gomez, 1997, p.2)

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[2] In 1986 Mary Main, together with Judith Solomon, introduced a new infant attachment classification, 'disorganized/disoriented', for the Ainsworth Strange Situation procedure based on a review of discrepant infant behaviours in the Strange Situation.

Winnicott (1953) puts great emphasis on the child's interactional, immediate environment with parental figures, namely the mother (and significant others) and it is this which creates a healthy or pathological relationship between the true or false self.  Winnicott (1953) says a healthy self (our identity) is facilitated through, for example, appropriate mirroring where a sense of oneself is built up through the mother's gaze and attunement. Prolonged failure at this early stage can leave the child without a secure sense of 'being'. It can lead to primitive defences and dissociations of a psychotic nature in the personality as the infant copes with extreme distress states. The trick of the good enough mother is to give the child a sense of loosening rather than the shock of being dropped.  The use of a transitional object which can be any object allows the child to let go of the mother and facilitates the infant's transition from complete dependence to independence (separation to individuation) allowing one to sally forth into the world and make other attachments.

## 2.3 Sibling Bonds – Section two

Siblings are likely to spend 80-100% of their lifespans with each other, more than any other family member (Bank & Kahn, 1982).  Even if parents were to divorce, while the marriage relationship ends, it does not end the relationship between siblings (Davies, 1999).  The connections that siblings forge are 'deeply entrenched and embedded (Pape, 1999).  In early childhood they may share a bedroom, bath together, go to the same school and play with the same friends.  Even when siblings move abroad or there has been a disruption in the family unit there is nearly always a desire to return to the family unit with the majority of siblings wishing in some way to be reunited.  This is summed up very nicely by Cicirelli (1982) when he states the following:

> *The nature of the sib relationship is such that intimacy is immediately restored even after long absences. Siblings often go to great lengths to locate a brother or sister who has been separated by adoption or other circumstances, and when reunited, a uniquely close relationship develops almost immediately, even when none existed before.* (p. 268)

Not all siblings become or remain friends and relationships can be physical/emotionally abusive and even violent.  Winnicott (1953) regarded sibling rivalry as 'normal'.  We may see this when a parent dies early sibling rivalries can be triggered such as the need to be declared as the best and the most loved to the parents.

Minuchin (1984, p. 59) described how the sibling sub-unit in the family could be considered like a 'social laboratory' whereby siblings learn from each other, to respect each other and become role models and find healthy ways of resolving disagreements.  This sharing of intimate history within the family can lead to strong friendships which can last into adulthood and beyond, for example, later in life siblings may unite in looking after elderly parents or be a source of comfort to each other following the death of spouse or partner.  The death of a sibling means loss of a playmate, a role model, and a friend.  Nothing can prepare the survivor for these devastating losses.  The next section will focus on this experience for the individual.

**2.4 Sibling Loss and Impact of Parental Grief on Siblings – Section three**

**2.4.1 Sibling Loss**

Bowlby (1980) states that as soon as children are old enough to have developed a specific attachment their reactions to separation correspond to the mourning process: *numbness:* emotional shutdown, *yearning and searching*: others could be blamed for the death, anger at the person for dying, at oneself for not preventing the death, guilt and anger can be intense particularly if the relationship was conflictual, and where the bereaved person's relational style is one of anxious, ambivalent or insecure attachment, *disorganisation and despair*: increased sense of meaninglessness and fragmentation and *reorganisation*:  acceptance of loss and seeking of new attachments. Bowlby (1980) states that any of these phases can become prolonged or distorted if

13

they are not worked through. For example, depression and anxiety may indicate yearning and searching or detachment may indicate numbness or a failure in reorganisation and one may become stuck. The loss of a child has an immeasurable impact on the whole family but for each member, it takes on a different meaning.

Davies (1999) identified four *responses* of bereaved siblings:

- *I hurt inside*: Children may not be able to articulate or identify their feelings such as sadness, anger, loneliness or fear and unlike adults show their feelings in different ways such as fighting or arguing. Children need comfort and consoling.

- *I do not understand:* How children make sense of death depends a lot on their cognitive development. If they are not helped to understand and make sense of what has happened, this can lead to more anxiety.

- *I do not belong:* The changes in the family unit can make children feel they do not belong if their efforts are not acknowledged they may feel they are not part of what is happening generating a sense of insecurity.

- *I am not enough:* Children sometimes feel that the child who died was their parents' favourite and that they, the surviving sibling, are 'not enough' to make their parents happy ever again. Helping children to feel valued and loved by the adults in their lives is a good way to avoid feeling that they are not enough.

Davies (1999) concluded having regard to the role that the family environment plays in affecting sibling outcomes following sibling loss children do better in families where there are freely able to express their feelings thoughts and ideas or where a sense of cohesion or closeness exists and if this is so children will exhibit fewer behavioural problems.

Smith (1999) describes children as the forgotten mourners saying that children after the loss may have more internalising problems and perhaps be in need of specialist help particularly if the death was traumatic.

Corr (2008) posits that at different ages children differ in their understanding and the causality of death. As a result of the child's developmental stage, there is an increased possibility of an abnormal grieving process which could be intensified further by the emotional absence of parents who are caught up in their own grief. In another study conducted by Mening-Peterson and McCabe (1978) narratives about death from 96 children, aged three and a half years and nine and a half years old were analysed.  The nine-year-old children were the only ones to talk about their reactions to death and emotional attachment to the deceased. Children under five years of age were reluctant to speak about death and those between five and nine spoke as if they were telling a television story. This is consistent with Piaget's development stage of concrete operations which is typical between the ages of seven and eleven (Edwards, Hopgood, Rosenberg & Rush, 2000).  Piaget (1954) believed the concrete stage  was when a child's thought processes become more mature and 'adult like' with the ability to start solving problems in a more logical fashion but they can only apply logic to physical objects. Children who have concrete operations understand the cause and effect relationship and how certain events can lead to death.  They have a difficult time understanding and coping with death. Almost all the children between three and a half years old to nine and a half years old showed the absence of emotions as they spoke about death perhaps due to their lack of experience or their difficulty in emotionally coping with death. The findings of the study were that parents in expressing their own feelings about grief would most likely facilitate their children to open up and voice their feelings, fears and thoughts around the loss also.

Other researchers report that between eight and fifteen years of age, children learn the meaning of mortality (Hindmarch, 1995).  Adolescents' grief can be more personal, intense and overwhelming

than grief adults' experience. Their bereavement reactions may include: bravado, denial, anger and rage, numbness, loneliness, survivor guilt, substance abuse, great sadness and school problems. They may also delay or repress their grieving to deny showing strong emotions (Malone, 2007). For some adolescents loss of a sibling may facilitate growth with some being more mature than their peers. This is supported by the views of Hogan and DeSantis (1996) who reported adolescents having more compassion, being more tolerant and becoming more mature.

Adolescents often make efforts to appear normal despite their loss so that they will not appear different from their peers. However, Davies (1999) said that their altered view of the world left a small amount of them feeling different to their peers with some siblings withdrawing from them and in choosing isolation removed themselves from the experiences of growing up with peers while also not sharing their thoughts and feelings about their sibling loss with others. Horsley and Patterson (2006) said bereaved adolescents are sometimes given messages, for example, 'the death must have been very hard for your parents'. They believed this message ignores, postpones and minimise their grief leaving them feeling invalidated and ignored.

### 2.4.2 Impact of Parental Grief on Siblings

The family environment has significant impacts upon surviving siblings. Children require different ways of parenting depending on their developmental stage. Infants primarily need nurture and holding; older children need control and direction, and adolescents need independence and appropriate responsibility. The family adjusts its structures to adapt to new additions to the child's growth and development. Bowlby (1980) states that children in response to an environment that is

not secure will develop their own internal working models of behaviours that involve defensive exclusion[3] to make themselves feel secure. In this pattern of behaviour a child will disown their anger, need and anxiety and as long as they remain deactivated that cannot be integrated and lead to a distorted internal working model (Bowlby, 1980).

Parkes (2006) said following grief those with anxious-ambivalent attachment styles can become clingy with lasting grief into adult life, and their relationships may become conflictual. Avoidant attachment styles are inhibited in their expression of love and grief, become self-reliant and find it difficult to trust others. While those with a disorganised attachment style may become very anxious, turn to substance misuse and may self-harm. Davies (1999) also talked about siblings' *reactions* to the death of a brother or sister as not occurring in isolation namely (i) individual characteristics: gender, age and coping style i.e. specific attachment styles may lead to particular grief reactions. For example, those exhibiting an anxious-ambivalent attachment style may be more likely to experience chronic grief; (ii) situational characteristics such as the cause of death, how long did the illness last and (iii) environmental variables such as family environment and parent's ability to deal with surviving siblings.

Parents own stress and childhood issues may get activated leaving them unavailable to children and their reactions and ways of dealing with the death can have a marked effect on the surviving siblings (Davies, 1999).

Children take on great symbolic significance in terms of parents' generativity and hope for the future. Klass (1988) describes three central themes in parents' experience when a child dies, (1) loss of sense of personal competence and power, (2) the loss of part of the self and (3) the loss of a valued person whose unique characteristics were part of the family unit.

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[3] Defensive Exclusion is where a child disowns his/her anger, need and anxiety and awareness of the caregiver's rejection

Open communication in the family is important following a sibling death. Horsley and Patterson (2006) talk about when children are not allowed to express their feelings, they feel overlooked and alone in their grief. They also said if parents are suffering extreme anxiety, surviving children may keep silent about the deceased for fear it may upset their parents more. Krell and Rabkin (1979) described how a family's treatment of surviving siblings can help or harm a young person's grief process. They identified three types of surviving siblings

(i) *The Haunted Child*, where guilt and blame are the predominate feelings after the loss. Krell and Rabkin called this 'a conspiracy of silence'. The survivor sibling is haunted by the unknown, possibly even a secret, and cannot speak up to ask about it (ii) *The Bound Child*, parents treat survivor siblings as if they are incredibly precious, over protecting them. Being treated in this way may compromise their growth in autonomy or becoming a separate individual (iii) *The Resurrected Child*, survivor sibling is treated as if he/she were the re-incarnation of the deceased. Sometimes this child is even given the same name. Vincent Van Gogh is an example of this phenomenon. Their identities become blurred with that of the dead sibling they replaced. Tooley (1975) also writes about the **'scapegoat'** child describing the phenomenon where one of the survivor siblings is chosen to be the target for one parent's hostility, a product of that parent's own guilt about death.

Lowen (1997) describes in the narcissistic personality the expression of sadness leads to an awareness of loss and evokes longing leaving the person open to possible rejection. Not feeling is a defence against possible hurt. Lowen further says that denial of sadness and fear enables a person to project an image of independence, courage and strength thus hiding feelings of vulnerability from self and others.

Kubler-Ross's (1969/1985) work discusses the stages that dying patients go through rather than mourning survivors. Pertinent to her work is the third stage of bargaining where individuals in the family protect each other by remaining silent. The model has been extended beyond the terminally ill and adapted to explain, for example, the experience of losing a loved one to suicide which could be any family member (Lukas, Seiden 1987, 1990).

- *Denial and Isolation:* reduces the shock on hearing the news of one's imminent death.
- *Anger:* the individual realises denial cannot continue and the person can be angry with himself, others and those who are close to them.
- *Bargaining:* one may attempt to make a deal with a higher power to postpone the inevitable.
- *Depression:* the grieving person begins to understand the certainty of death and disconnect from things of love.

Minuchin (1974) says an important task of the parental subsystem is to develop healthy limits or boundaries that keep the whole system safe from inappropriate intrusion such as putting in place a boundary that separates it from children and other outsiders. A clear boundary enables children to interact with their parents but excludes them from the spouse subsystem. Fanos (1996) posits that because so much attention is placed on surviving siblings, in case something bad happens to them also, this can make it difficult for adolescents to separate from their parents thereby comprising their growth for autonomy and authenticity. For older siblings, there may be a role reversal where adolescents become overly concerned for their parents thereby growing up faster than some of their peers or in the absence of parents siblings taking up a parental role. Minuchin (1974) introduced the idea of enmeshment whereby there was no difference between the sub-systems in the family, personal boundaries are intermingled and over concern for others leads to a loss of individuation. Minuchin (1974) concluded in disengaged families' boundaries are inflexible, and the family is unable to provide support when it is required. The emotionally detached father may not respond

even when a response is necessary. Enmeshed parents create difficulties by hindering the development of mature behaviour styles and the capacity for children to be their own boss. He found the enmeshed mother responds to the child's needs with excessive concern. If children become enmeshed in the parents needs children themselves become needless, wantless and unsure of feelings and who they are. Children may become trapped in this incongruent role whereby a child may lose the capacity for self-direction, and when pressures increase in the family, a child may find themselves holding the anxiety for the family by becoming, for example, sick or being scapegoated.

Identity Development has also been discussed by the theorists with McHale et al. (2001), stating that for emerging adults, sibling relationships have a significant part in the individuality that is created with younger siblings reporting that their older siblings were more influential than parents. Younger siblings view older siblings as role models, more so, if older siblings do well in school and showed maturity in dealing with hard situations. Unlike any other development period, emerging adulthood provides older siblings with the ability to give strong support through warmth, closeness and communication. First-born siblings have the benefit of choosing preferred activities and interests before other children in the family (Whiteman and Christiansen, 2008). To differentiate from younger siblings they must change their interests and activities to obtain a separate identity as an adult. The ultimate goal of identity development is to differentiate from the family and maintain healthy levels of acceptance. If this can be done well, they may become lifelong friends but if they are unable to do so a cycle of conflict will continue into adulthood. The theory of *'Continuing Bonds'* was introduced by Silverman et al. (1995) to describe how children maintain links with the deceased through memories, keep sakes, etc. Children also think about what their dead parent or sibling would advise them to do or behave in a way that deceased would have agreed to.

## 2.5 Conclusion – Section four

Moss and Moss (1986) said the loss of a sibling could shake one's sense of self-leading to feelings of helplessness and hopelessness. A deceased may have played a very central role in shaping a sibling sense of identity. The search for meaning in the sibling death may lead to understanding but it could also bring up feelings of guilt and regret. Winnicott (1953) also posits without being held, we fall which is experienced as being inauthentic, afraid of going to pieces, fragmenting. To some extent siblings also provide a sense of security, particularly in the absence of a good enough environment and in doing so support their siblings to transition from mother and into the outside world.  Bowlby (1982) states that where there have been early deficits namely 'mother-infant bond', siblings (or significant others) may function as surrogate attachment figures. The research reviewed here indicates that when sibling bereavement is inadequately addressed, sibling loss may manifest in numerous negative symptoms. Sibling survivors can withdraw and become isolated impacting their growth at this development stage. One factor that has a marked effect on the response of the surviving sibling is the grief of the parent which may be projected onto the surviving sibling.

With a greater understanding of the lived experience of sibling loss, it is hoped this would facilitate psychotherapists in supporting surviving siblings to *live* to their fullest potential.

The next Chapter deals with the methodology and how the data was obtained.

# Chapter 3 Methodology

## 3.1 Introduction

The aim of this research is to explore the meaning of sibling loss as presented in the therapeutic setting with particular focus on the lived experience of that loss.

The aim of qualitative research is *'to develop an understanding of how the social world is contructed'* (McLeod. 2011 p.3) As a disciplined inquiry examining the personal meanings of individuals' experiences and actions in the context of their social and cultural environment, qualitative research is deemed the most appropriate method for this research.

In this chapter, the description of the research approach, procedures used to gather and analyse the data and ethical considerations of the study are provided.

## 3.2 Research Design – Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) is the qualitative approach adopted for this research which is concerned with exploring and understanding the lived experience of a specified phenomenon (Smith, 2004). Participants are invited to explore how they make sense of their personal experiences (Reid, Flowers, and Larkin, 2005). IPA also recognises that access to experience is dependent on what participants tell us about that experience and that the researcher then needs to interpret that account from the participant in order to understand the experience. Thus, there is an active role for the researcher who is engaging with the participant in relation to the perception of their experiences. The researcher is thus effectively engaged in a double hermeneutic, a dual interpretation process, because the researcher is trying to make sense of the participant trying to making sense of what is happening to them. (Smith and Osborn, 2003).

IPA has been informed from three key areas of philosophy; phenomenology, hermeneutics and idiography. Phenonemology, is the philosophical experience concerned with *"what the experience of being human is like"* (Smith, Flowers, and Larkin, 2009, p.11). Husserl (1982), a key phenomenolgical thinker, encourages individuals to step outside of their everyday experience in order to be able to examine that everyday experience, their meanings and perceptions (Smith, Flowers, and Larkin, 2009). Hermeneutics provides the basis for interpretation and highlights the active role of the researcher who in assuming an insider perspective effectively standing in the shoes of the participant. Ideography is concerned with the particular, what it means to understand a particular participant's experiences, based on in-depth analysis (Bryman, 1988).

## 3.3 The Sample

IPA's primary concern is with a detailed account of individual experience, which benefits from a concentrated focus on a small number of cases (Smith et al, 2009) as such they recommend between three and six participants. With this mind three psychotherapists were recruited through making contact with a professional psychotherapy centre. The following criteria applied:

- Humanistic and Integrative Psychotherapists
    - Therapists within this perspective move away from the goal of understanding events towards the active exploration of experience, as such, the researcher excluded Behavioural and Psychoanalytic Therapists
- A minimum of three years' experience required; to include experience of sibling loss pre-teenage years, [up to and including nineteen years of age]

The sample selected was purposefully homogenous to facilitate receiving a rich and detailed knowledge of the experience of sibling loss. As it turned out, one therapist had personal experience

and no clinical experience and two therapists had clinical experience with one of them also having personal experience. Those with personal experience had profound emotional connection to the loss contributing a deeper richness to the data.

All participants were female and the average age was fifty years old.

1. Participant 1 Bridie:      Therapist in clinical practice. Age: 54

                                  Client lost her 18 year old sister when she was 15 years old

                                  Sibling Status: Client is the second born in a family of 3 children

                                  Other Losses: Therapist lost her 3 year 8 month old twin brother while her older sister lost her 4 year 2 month old twin sister

2. Participant 2 Mary:      Therapist in clinical practice. Age 48

                                  Client lost her 32 year old brother when she was 14 years old

                                  Sibling Status: Client is the youngest born in a family of 5 children

                                  Other Losses: Later, when client was in her 40's she lost her 45 year old brother.

3. Participant 3 Winnie:      Therapist in clinical practice. Age 53

                                  Therapist lost her 14 year old sister when she was 8 years old

                                  Sibling Status: Therapist is the 4th in a family of 8 children

                                  Other Losses: Therapist lost her 8 year old brother when she was 13 years of age.

**3.4 Data Collection – Semi Structured Interviews**

This research study explores the experience of sibling loss in the therapeutic setting, as such a flexible and open approach is required to incorporate how participants perceive and make sense of things.   A semi-structured interview was selected as being the most appropriate as it provides the researcher with a set of guiding questions allowing the researcher and participant to engage in a conversation whereby initial questions can be tweaked depending on the response received (Smith, & Osborn, 2003).

An interview guide was prepared with ten open-ended questions allowing participants to reflect on their experience of sibling loss (see Appendix 1).  The questions were informed by the literature review and the researcher's own personal experience. The questions were reviewed by the researcher's supervisor and friends to ensure themes were covered and feedback was given to the researcher and small changes were made.

The researcher arranged a room in her college to interview one of the participants while the remaining participants were interviewed at the psychotherapy centre.  All participants received an Information Form by e-mail (see Appendix 2)  prior to the interview outlining the purpose of the research. This was explained again the day of the interview will all participants reading and signing the Consent From (see Appendix 3) before the interview commenced.

The researcher guided the interview process however the client led the interview and depending on what transpired questions were added or tweaked during the interview.  To establish and maintain

rapport the interviews were recorded and transcribed later. Notes were taken after each interview to capture the subjectivity of the researcher and to capture the experience of how the participants' engaged and responded to the questions.

## 3.5 The Researcher

Woofitt & Widdicombe posit that IPA has been criticised for not paying enough attention to the influence of the researcher's response to participants' comments. The researcher has had multiple losses and experienced her own countertransference issues while seeing clients; namely *desire* to provide answers to alleviate the suffering of others. While being through a similar experience provides understanding and insight and can be helpful the researcher had to be aware of transference and countertransference issues arising.

Morse, Barret, Mayan, Olsen and Spiers (2002) argue that reliability and validity are central to the qualitative inquiry, stating that the researcher's centrality to the analysis and research and integral to the establishment of trustworthiness throughout the process.

Periodic checks and close supervision were engaged with to ensure that emerging themes were compatible with the data and not shaped by personal bias or literature. With the use of therapy, supervision and journaling the researcher made explicit the impact of personal beliefs, experience or biases. The use of the empty chair (Smith et al., 2009) in personal therapy facilitated an internal dialogue with each participant bringing greater awareness to her own subjectivity, transferences and countertransference issues.

## 3.6 Data Analysis

IPA involves a detailed case by case analysis of each of the participant's scripts (Chapman & Smith, 2002). The researcher actively engaged with the data through listening to it, transcribing the data, reading and re-reading. This resulted in notes being taken around key phrases and words with attention also to non-verbal communication such as crying, voice dropping, breaking eye contact and pauses to help capture the participants personal experience while also including the researcher's thoughts (Larkin, Watts & Cliffton, 2006).

These notes were typed up on computer (Appendix 4) for each individual participant and each sentence given a line number which was analysed to help identify connections, similarities across the emerging themes such as silence and identity. From this analysis a superordinate list of themes was created.


## 3.7 Ethical Considerations

Prior to conducting the research, approval by the DBS research ethics board was received.

Silverman posits three main ethical considerations, informed consent, confidentiality and voluntary participation. All of these principles were adhered to.

Before the interview began all participants signed the Consent Form adhering to the principles of respect and dignity. Participants were assured of confidentiality and anonymity. Participants were aware that participation in the research study was voluntary and were assured that they could stop at any time during the interview and if they wished to withdraw they could do so at any time without prejudice. Limitations to confidentiality were expressed in the information sheet and consent form.

Anonymity was crucial, pseudonym names have been used and all identifiers have been removed from the thesis. All confidential information was kept secure after the interviews.

Ethical issues in regard to the research were addressed in supervision.

## 3.8 Conclusion

IPA has been successfully used to offer a theoretically-informed analysis of participants' accounts in the past, however, it is through the explication of the data analysis that the implicit meaning of sibling loss is made explicit. The next chapter gives a voice to the experience of that  loss.

**Chapter Four:  Results**

**4.1 Introduction**

The aim of this chapter is to analyse the data that illuminates the experience of sibling loss in the therapeutic encounter, that is, therapists who have worked with clients who have experienced sibling loss pre-teenage years and a therapist with personal experience of sibling loss. Three humanistic and integrative psychotherapists were interviewed in order to make sense of their experience and to answer the research question:  *A Psychotherapeutic exploration of 'sibling loss' presenting in the therapeutic encounter*. Their responses revealed a rich diversity in respect of the experience of loss and the impact that loss has had on both the lives of their clients and on their own lives. Three main themes were generated and are as follows:

Role of Mother, Relational Styles and Silence.

These themes to the researcher were taken to indicate shared experience and understanding between the participants. In the following IPA analysis, extracts from interviews conducted are presented as examples of those themes.
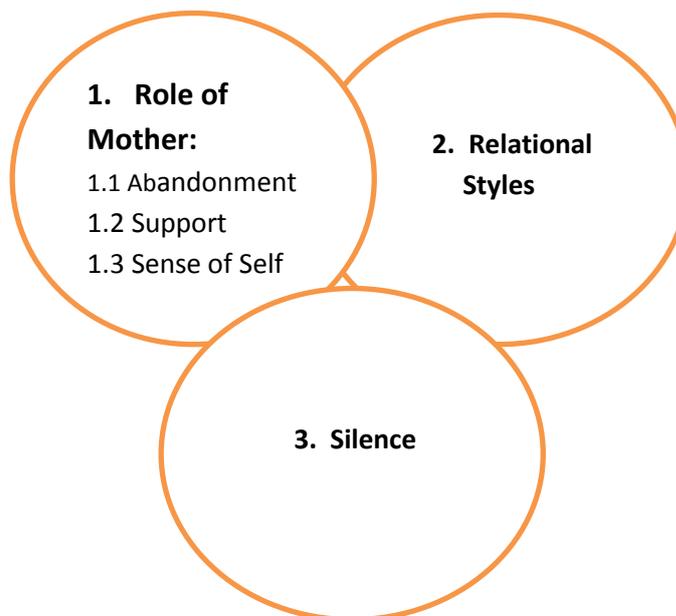


Figure 1: Themes

**4.2 Theme One: Role of Mother**

The Mother holds, contains and loves her children, taking care of their emotional needs and helping them to develop. She models to the children that they are valuable, by being present and attuned. At a time of grief, if the mother is absent or distracted, the siblings have no role model to help them navigate through their pain and hurt which can leave unhealed wounds. All three participants experienced the role of mother at different levels: abandonment, support and the sense of self. These three aspects will be now discussed separately within this theme.

**4.2.1 Abandonment**

Winnie described her shock at being left to sit with her dying sister. She recalled her disbelief in not being prepared for her sister's death yet in that moment the responsibility for being there was left to her;

> "She had been ill and they brought a bed down to the living room but we didn't know she was dying. I was sitting with her minding her as my mother was upstairs ……. my poor mother she probably guessed…even though I was eight I was very conscious of what had happened I remember it [cries] so well as well"

Winnie recalled how after she told her mother her sister had died she did not receive any comfort and how the impact for her was minimised;

> ."... Mammy Audrey's eyes have gone up in her head [voice drops] she said OK go into the kitchen and finish your homework.....they came in then, about ten minutes later and said that Audrey had died [voice drops]... then we all said the rosary around her bed..."

There is a sense that her anger at being deserted and left with an enormous responsibility for an eight year old child is masked behind her emotions which are still evident today;

> "... I still get very emotional over it (pause..... cries.....)... puts hand to chest... (voice trembling.. we still ... talk about it (breaks eye contact)"

Bridie recalled a similar feeling of absence when she described how many years later she realised how the loss of her twin brother when she three years and eight months impacted on her personality

> ….. "it had huge on my personality...... I was always led to believe that it wasn't a loss for me it was a loss for everyone else ….I always thought she would have preferred Michael to live...it just changes who you are and who you think you are .....the biggest impact for me was losing my twin but I didn't know that until I was in my 40s.

The researcher felt a sense of ambiguity when Bridie expressed her anger at her mother's neglect expressed as "*she had no time for me really (said slowly)*" while shortly after this she said that "*she was very well looked after*".

As can be seen from the transcripts above the two participants felt abandoned. It could be inferred in both their cases that they felt betrayed and let down leading them to become stuck in their loss and stuck in their growth.

### 4.2.2 Support

Support is provided by the mother in containing the family by being there as a scaffold in good times and bad. Both Winnie and Mary's client describe the absence of support in their lives which they experienced as being let down and rejected.

Winnie said "no one gave us support and at the time I don't think we expected it" whilst Mary speaking about her client said "…. She felt she wasn't parented by her parents." Winnie recalls how containing and holding the family unit came from outside "*the neighbours were fabulous [emphasised]*". There is a sense of disappointment at the lack of availability from inside the family as Winnie recalls....*'I remember the people who have lost people'*. Winnie illustrated her surprise and anger at being let down by using words like "*be there*" and *"sorry"*

> "Winnie said ... you know these things today ...Oh I don't know what to say, some people (pulls a face) I don't know what to say.... you just knock on the bloody door (there is a sense of irritation) and you say I am sorry (said strongly) it doesn't matter what you say... ...be there (emphasised)..... you know I don't think I will go because... Em.. you know they had a loss recently... I just think you be there for the person"

while Mary's client is adamant that it is her intention to give the support to her children that she never got and described her feelings of vulnerability by using the words "*fragile*" and "*fall apart*". Mary in speaking about her client says;

> "...loneliness is a big theme.. nobody understands, she felt really fragile.... she didn't want to fall apart.....in all the lack of emotional support she got she wants the opposite for her three children...she really talks and processes their emotions with them"

There is a sense that Mary's client's fear of being isolated may cause her to fall apart. It is in inferred that the two participants felt rejected and that this lack of support has taught them the importance of being there, as not being there, could lead to feelings of isolation and loneliness. For both participants, in learning to be present and attuned to their own thoughts, feelings and emotions they have learned to support themselves and can then model this for others so they too can learn to support themselves.

### 4.2.3  Sense of Self

Your individuality is constructed by differentiating yourself from your family and obtaining a separate identity which provides you with the confidence to pursue your own goals in life and facilitate you reaching your full potential. When this is compromised it can lead to a poor sense of self interrupting or stalling your ability to reach your full potential. Winnie and Bridie's client speak of their desire to reach their full potential in life through further education.

For Winnie her interpretation of being "late developers" and not knowing what direction to take in life was a consequence of being left dangling;

> "Winnie said...we were all a bit late developers ... we just didn't know what we wanted to do ...   It was just that we hadn't achieved, fulfilled ourselves were sort of just stuck.. ..We didn't really know what steps we wanted ... where we wanted to be...we had to do well in school..(Father) never said this is because you can to go to college we were just left hanging ....so now what do we do.....no one gave us support and at the same time I don't think we expected it...  we all just had each other

Bridie described how her client is about to finish a four year degree. Bridie's interpretation for finishing the degree is as a consequence of the absence of self-respect and the client's inability to set appropriate boundaries and stand up for herself,

> "Bridie speaking about her client ….doesn't know why she picked it…couldn't tell parents she is dropping another degree….. her self-esteem, her sense of self......to stand up and say I don't want to do this, she, wasn't there"

Bridie suggests when her client expresses her needs and vulnerability she becomes overwhelmed and has to take time out from therapy; 'she came and she went and she is back again now.' These transcripts show that going to college and furthering one's education to get along in life is important to both participants even if they struggled or took a long time to make that decision.

In contrast to the two participants above, Mary described her client's wish to preserve her sense of self through disengaging from her parents

> "Mary's client "...once he (deceased) disappeared out of her life she became quite a vulnerable person, an isolating person for the rest of her life.....she had to turn away from the parents....my client moved into the shadows and became...the wallpaper in the family"

Winnie's lack of a strong sense of self has stunted her ability to know what she wants to get out of life. In Bridie's client's case her lack of clarity around what she wants out of live has led her to be indecisive causing her to make poor decisions. In the case of Mary her lack of a sense of self has led her to not know who she really is and what she wants out of life.

## 4.3 Theme Two: Relational Styles

The relationship style that we form with primary caregivers will be the model that is used to navigate through all of life's events. If there is a deficit in the relational model loss may fracture this

model even further leading to dysfunctional ways of coping and engaging. Mary described how her client's mother was self-absorbed and inconsistent in her availability. Her father was also unavailable;

> Mary client's " ..Mother would sit down, get dolled up, lipstick on, hair done.. out every single night ...she was a very distant, cold kind of mother ...she (client) never had her own bed and she would sleep in the bed with them often lie with her arms around them, minding them..... trying to not let them go....it seems like the mother paid no heed to any of this at all... it seemed like he (father) was submissive to the wife..he didn't pay her (client) a lot of attention.

Mary is suggesting in the absence of her client receiving love and attention from her parents, this makes her client more needy and crave even more attention. As Mary suggests, her client in seeking to have her needs met and to be loved and cherished seeks out relationships that provide that, Mary in speaking about her client said, "it was the one who died he was the one who looked after her she used to go an stay in his house with his wife.. He had become like a father figure to her."

In contrast, Mary recalls how frightening it can be to trust close relationships for fear of the pain her client would feel if they step out of her life,

> "... her friends there was a row ... and they parted company it was like another death... she would never try to create more relationships....... I suppose knowing the pain of what happens when these people disappear that mainly is the risk... She feels she is with a good friend ...in her marriage.... she likes him, he likes her...... but there is no intimacy, there hasn't been for years (said strongly)"

As we can see from the transcripts above Mary's client's fear of abandonment leads her to cling or to withdraw when internal distress is high and avoid seeking emotional support. Winnie describes how her mother does not get needs met and how her dad appears to get his own way;

> "Mother was always very gentle...she was afraid of upsetting my Dad…. my mother always wanted a headstone but my Father couldn't face going through all of that .... he (father) was a very different man to the other men on the road...... My father was very strict, he had very strong opinions...it was very controlled..."

Winnie is suggesting that her own behaviour and her inability to stand up for herself and look to have her needs met is as a result of this; "if I have issues with a sibling I would say nothing and just let it pass ...." When asked " Is that hard for you to do that", Winnie said, "Yes it is hard to do .... there are a couple of things that I need to deal with but I haven't it's very hard for me ...."

Winnie describes how she has adapted her behaviour in response to her parents' inability to see her,

> "I suppose being good is something I tried to be .. I didn't want to cause them any trouble, I didn't want to upset them..that was a big factor.. I found like saying No....we are all quite (pause)..... perfectionists in different ways... Yeah...its like whatever you choose you had to be the best"

The researcher infers that because of her father's self-absorption in satisfying his own needs and her mother's ambivalence Winnie's needs do not matter and are minimised. She described the experience in her family and how the eldest child was given the role of surrogate parent moving her relationship from that of a sibling to a parental one;

> "...she (deceased) was still very much the boss, the eldest and we all looked up to her .....when Audrey died Kate (sister) was told you are the eldest now...he (Father) might have thought he was doing her a favour, who knows....but it wasn't the right thing to say to her....Kate really suffered ...she wanted to go to Art college but they wouldn't let her go...when she lost her brother she was 14 when she lost her sister she was 18 ...she was robbed of those teenage years....years later when she (Kate) went into therapy she used to refer to him (deceased) as her son"

There is a sense of annoyance that Kate had to grow up very quickly because her parents were absent. From the transcripts above we can see that Winnie in mirroring her mother's ambivalence avoids nor expects to have her needs met.

Bridie described how the loss of her sibling has impacted on the family home causing chaos,

> Bridie's client: " ....Her Dad is now drinking every night of the week, Mother is drinking but not as much...Mother is looking after the Dad... Keeping the peace, Brother.... has anxiety.....(Dad)...nasty, he hurts her, she really (said with strength) she is really sensitive, he really hurts her (sticks jaw out)

It would appear that Bridie is angry '[*sticks jaw out*]' at the pacifying role her mother is taking in not standing up for her client. Bridie describes how her client's parents are not focussed on loving her and in her desire to be loved and to matter she has taken on a parenting role,

> "....grief has taken them over so she is not getting the same attention... It's very hard to compete with a dead sibling – emotionally.... she is taking a parenting role"

Bridie describes how her client feels that she will never be enough for her parents and to protect herself from the hurt of not been seen or loved feels there is no option but to leave home,

> Bridie's client: "..seven years dead...Daddy goes to the grave yard every ...week......(Mother) is pacifying the Dad..... she (client) is going to have to leave that home... pause.."

The transcripts above show her desire to be loved but because of her lack of trust in the relationship her client will move away.

In adapting to the new world without the deceased loss intensifies relational styles by making them more evident and the anxiety and grief that accompanies that loss magnifies existing deficits. In Mary's case the absence of her parents intensified her isolation and loneliness. For Bridie's client her experience was to move from a position of being partially seen to being totally unseen highlighting her lack of importance to her parents. In Winnie's case, the roles become more blurred and as a family they become more enmeshed. When the needs of the parents are the priority not alone are the individual needs minimised but the individual neither knows what they are or who they are which may result in putting their own grief on hold.

## 4.4 Theme Three: Silence

The shock of death causes huge pain and grief to those affected and for many they are unable to share their feelings with anyone.  Unexpressed and unacknowledged grief leaves a person stuck in the grieving process which can have lifelong crippling affects. All three participants described how the inability to speak about the loss was experienced in different ways.  Winnie describes how neither parent could express their grief and how this impacted her understanding of the loss and the ability for her to articulate how she felt.  This she interpreted as them detaching from her;

> "I think once my Father said we were allowed talk about her but he never did .... he couldn't ….. it was never talked about.  My Mother… like …. (pause) she obviously didn't speak about it because she was afraid of upsetting my Dad and all of that so ….. I don't ever remember them asking us how do we feel about it... nothing..... it was like it was over and done with it and then .. cut off.... "

Mary described a similar experience when speaking about her client: "...she went into a huge state of shock at that time and then there was no conversation about him in the family....I have nobody..loneliness was quite significant"

Bridie described how the sadness and pain for children *"lives in you"* and the impact that silence has on you,

> Bridie speaking about her twin loss "my feeling is that there is a lot of sadness and pain that the children don't put words on but they never get an opportunity to speak, to speak out, so it lives in you and it can cause problems, sickness, illness, it can cause lack of self-esteem and self-worth because, Eh, if a child has died in a family especially when you are younger that child, the dead child, can be glorified"

It could be interpreted that none of the participants were facilitated in finding a voice for their grief.

All three participants suggest that they were also hurting and sad inside and emotions around this were expressed in various ways. Winnie illustrated her sadness by using the word *"shell shocked"*, Bridie speaking about her twin loss used the word *"overwhelmed",* while Mary's client used the word *"distant",*

> Winnie said "……they (parents) never dealt with it they were just traumatised...I think we were all sort of .....shell shocked, ..... definitely it has affected all of us"

Bridie speaking about her twin loss;

> "....your emotions aren't met because everyone is focusing on Mammy and Daddy because they don't realise that children have feelings too and then you are feeling all this sadness and loss but you can't get comfort from your parents because you're parents are overwhelmed with grief.... they are desperately depressed ... angry"

And Mary speaking about her client says; " ... she watched some of the others fall apart... that made her feel very distant from them"

It could be interpreted that loss is relational and that losing a child and losing a sibling cannot be separated and being caught up in a web of silence may not give a voice to sibling loss.

Winnie describes how not talking about loss was further compounded by the lack of acknowledging the loss suggesting that the sibling has been forgotten,

> "......there was never a headstone.....I don't have any memories of like anniversary masses……. I don't remember like a ceremony like its Audrey's anniversary today and we are all going to go to mass",

Mary's client spoke of a similar experience,

> Mary said " I think that she saw them become more fragile, more Me..... they were never able to talk about the death, its like it happened but lets not talk about it".

Winnie suggests that a guilt bearer maybe selected in the family to avoid parents looking at their own ambivalent experience at not perhaps being perfect parents,

> ".. I know how my Father used to operate ....instead of expressing his grief and how he was feeling it would come out as annoyance he just wouldn't be able to say it in the right tone, ..to support Kate.... ..Kate has really suffered ...."

Winnie voiced how aware she is of the impact silence has had and how it compromises the ability to move on with one's own life "....*that silence nearly its the silence.... pause.... that, that has it has affected us in lots of ways actually*"

> Winnie said "... I am just so much aware of death, every day actually ....we were all very stuck..... cries...... (long pause).... years later (said very emotionally) ..... its very very  text each other on anniversary's this is like 40 years later ….."

It could be interpreted that the use of denial and silence stopped the mourning process and the grief was internalised.

Bridie spoke of the impact of silence on her sister's twin loss *"it was a big non spoke about subject"* and never *"acknowledged"*.  Bridie described that the loss was a double loss as not only did she loose her sibling but she felt she lost a part of herself,

> Bridie speaking about his sister's twin loss "….Nearly not being a whole person…... it was never talked about at home ....... I see the impact on her with anxiety, ..... she doesn't look after herself. ....She doesn't buy herself clothes, she doesn't look after her health, she kinda treats herself as a second class citizen.

The researcher infers that the task of defining her individuality is harder again because her other half is not there.

Bridie describes how expressing your emotion around loss can bring comfort and talked about a support group she has set up giving a voice to sibling loss,

> Bridie speaking about her sister's twin loss said, "....I have just got her into this organisation and she has started to talk now**.....** She is delighted to start to talk, it was never talked about at home ... I think it is a relief for them and sometimes when you talk about it with people the penny is dropping this did affect me .. they are able to start putting words on it"

This theme illustrates the difficulty participants had in finding their voice for grief and the negative affects that silence can have on the expression of their grief. As a result of silence, participants are at various stages of the grieving process. In the case of Winnie, the internalisation of her grief has resulted in the grief lingering and delayed her moving forward in life. Mary's feelings of isolation because she has nobody to talk to has also delayed her grief process. In contrast, Bridie has externalised her grief by giving it a voice allowing her to process her pain and move forward. Bridie in seeing the importance of expressing grief is now enabling others through her support group to find their voice and do the same.

The next Chapter includes a discussion of the results in relation to the literature review concluding with possible future recommendations with regard to the findings obtained.

**Chapter Five – Discussion**

## 5.1  Introduction

The purpose of this research is to explore what it *means* to lose a sister or a brother, what was that *experience* really like, the aim being to understand the meanings of that experience. Smith (1999) refers to surviving siblings as the forgotten mourners.  To give a voice to the experience of sibling loss, Interpretative Phenomenological Analysis (IPA) was the approach adopted to the stories of the three participants and three superordinate themes emerged from the analysis of the data.  In making explicit what is implicit these themes provided a structure regarding the way each participant constructs meaning from their experience of that loss.

The research found that to lose a sibling is a very painful experience. It shakes your world to the very core of your being leaving you empty and hollow inside.   It comprises many losses, the loss of the sibling you knew and shared your life with, the loss of your parents as you had known them and the loss of the familiar family unit you had grown up in which is never the same again, thus, the study found that loss is relational and to understand the experience of loss we must look also to the 'whole' not just the sum of its parts.

Notable in the finding for all participants was the power of silence which conceals the *'gap'* left by the deceased while also containing ones sorrow.  In not being able or willing to share the experience of loss there is no space created to talk and process the grief which enables those remaining to move on with their lives.  Winnie described it as, '*that silence it has affected us in lots of way'*.

In this chapter, research on sibling loss will be compared with the findings of the study concluding with a summary of its limitation and recommendations for future research.

## 5.2 Role of the Mother

What was prominent for all three participants was the marked absence and lack of support of a primary caregiver, namely the mother, in their grieving process and throughout their lives and how this can lead to a poor sense of self compromising the ability to reach ones full potential.

### 5.2.1 Abandonment

The results were consistent with a number of studies on sibling loss. Bowlby states (1980) that individuals are biologically pre-programmed to form a secure bond (attachment) with others, namely the mother, because it helps us to survive.  Bowlby  states that these attachment styles will be the model through which we will experience all life events including loss and grieving thereafter. Ainsworth's (1972) strange situation protocol study posits secure attachments allow children to feel loved and supported and  seek out comfort from parents when frightened or in distress.  Bowlby (1980) further described separation from the mother as loss and that our attachment behaviours become triggered if there is a perceived danger or threat such as separation or fear.

Winnie described sitting with her sister just before she died while her mother was upstairs.  She did not receive any comfort from her mother and the impact of the loss for her was minimised.  She recalled never receiving support nor expecting it.  Parents' unavailability and inability following loss is supported in the literature.  Klass (1988) in describing parent's experience when a child dies refers to the '*amputation metaphor'*: the vivid sense of a permanent loss of a part of oneself that may be adapted to, but will not grow back. All parents have dreams about their children's future, when a child dies the dreams may die too. Bowlby (1980) refers to the 'hyper-activating' strategy which in the fear of threat will be activated until the attachment figure is available. Winnie in knowing the attachment figure is not available and will not achieve safety 'deactivates' the attachment system

and seeks to handle the problem alone. This is further supported in the literature, Ainsworth's (1972) posits children with insecure attachment styles feel rejected and unloved, as children they will avoid parents and will not seek comfort or contact. Likewise parents with secure attachments react and respond appropriately to the needs of a child.

There is a  sense with the mother  being upstairs at such a critical time  that denial was in operation. Denial is consistent with  Kubler-Ross's (1969) 5 Stage Grief Model whereby the magnitude of the situation is denied and shut out for a more preferable reality.  What was also prominent throughout the interview was the absence of the father who was rarely spoken about.    Pertinent to Ross's work is the third stage of bargaining where individuals in the family protect each other by remaining silent.

Bridie's acknowledgement of her twin loss some forty years later is consistent with Bowlby's (1980) mourning stages of grief, *numbness:*  the emotional shut down, *yearning and searching:* searching for the lost person coupled with *'I had the guilt for being alive', disorganisation and despair:* with her mother having no time for her she realised that searching was futile,  *detachment and reorganisation:* externalising her grief through setting up the support group and giving a voice to sibling loss she has detached from her loss facilitating her to move on with her life.

This is in contrast to Winnie who gave a raw account of sibling loss some forty years later as though it has just happened, she said *'we were sort of just stuck'.*  This is consistent with Klein (1940) who describes the role of idolising our loved objects - as the idolised mother is important for our security.    If anger is turned against the loved object this idolisation is shaken which may in turn shake ones  belief in one's own inner good objects which  may be experienced as a threat of annihilation. To keep depression and anxiety at bay, if the anger was to be turned inwards against

the self, it is important to idolise our loved objects for the time being.  On the other hand Freud (1917) wrote that mourning is a normal reaction to the loss of a love object,  namely our first object – Mother, which is consciously know and in time the person detaches from the lost object and replaces anger or sadness with other emotions.  Melancholia on the other hand develops when the libidinal tie to the object, Mother, is not displaced on to another object and the person suffering from melancholia identifies the lost object within himself/herself, internalising the loss on an unconscious level, leading to ego loss. Melancholic sufferers may seek revenge against the lost loved one by tormenting themselves is marked by sadistic tendencies.  This corresponds to Lacan writings (1959-1960) where he described 'jouissance' a moving beyond the pleasure principle whereby pleasure becomes pain.

## 5.2.2 Support

The study found that the holding environment, the family unit, fragmented following the loss which was experienced as distant and close. The parent provides the holding environment.  This concurs with the literature.  Winnicott (1953) describes how the mother's physical and emotional attunement forestalls pain or distress and when this is not provided there is a fear of falling to pieces which creates anxiety.   Also mother's responsive care and sensitive touch provide the experience of physical and emotional support building a stable unity of mind and body whereby we learn to support ourselves. When this is not present we may become distant.  If we are not held we fall. Following her sister's death  Winnie was sent to the kitchen and later the family said the rosary around her bed.   For Winnie support and containing came from outside the family with neighbours being a source of comfort.  In the absence of a holding environment this has led Winnie's siblings to depend and trust on each other and in avoiding new rejections and disappointments have created a symbiotic relationship experienced as a special state of oneness.  Minuchin (1974) describes this oneness whereby family members are overly reactive and involved with each other hindering the development of mature developmental styles.

Bridie in speaking about her client's experience feels she is not noticed or acknowledged, as though she is excluded from the parent dyadic with the sibling being remembered in idealised terms which she described as being '*very hard to compete with a dead sibling'*.   Mary said her client did seek out help for fear of falling apart.

This is in contrast to the experience of Bridie's twin sister's loss whereby the holding became much more intense, (close) with her Mother becoming over-protective following her twin sister's death. Krell and Rabkin (1979) described the 'bound child' where parents treat surviving siblings as if they are incredibly precious, over protecting them.  Such treatment may interfere with the child's growth in autonomy or becoming a separate individual.  This is further supported by Minuchin (1974) who believed where there was no difference between the sub-systems in the family, where personal boundaries are intermingled and there is over concern for other this leads to a loss of individuation.

Bowlby's  (1960) theory of attachment provides a secure base whereby one begins to explore the world always returning to the primary caregiver who will provide us with comfort and reassurance building confidence to explore our world.   It could be interpreted that the death of a sibling pushes us towards our separateness (they are dead and we remain). Bowlby's attachment theory (1960) tells us we regress back following loss as such feelings of isolation and loneliness are awakened because we give up hope of recovering the lost object. This was evident in Mary's client who felt very isolated in life and said she was married to a good friend.  Her heartfelt anguish was heard when she said, '*I have nobody, I have no support system, nobody understands'*.  She came to therapy because she feared '*falling apart'*.   Fairbairn (1940) described when ones experience with significant others have been so neglectful and in causing great fear with life they withdrew from all relationships into isolation (Gomaz, 1997).

### 5.2.3  Sense of Self

In the case of Winnie and Mary's client neither knew what they wanted out of life with Winnie describing that in her family they were late developers with the majority going back to college much later in life.  Mary in speaking of her client is very indecisive and lacks the ability to stand up for herself.  Following a loss if the mother is distant, distracted and unavailable we may be left with an insecure sense of who we are, what are needs are and what we want out of life leading us to making poor decisions or none at all.  This is supported in the literature.  Winnicott (1953) believed through the mirroring phase when the baby gazes deeply into the eyes of the 'good enough' mother the baby sees himself reflected back and it is through this process that the baby experiences a sense of who he is.  This is further supported by Winincott (1963) who suggests with the care of the good enough mother,

> *The baby gathers a sense of continuity and coherence which coalesces into personal identity, with an emotional core of togetherness which he terms 'ego relatedness'.  This sense of inner relatedness is the foundation on which autonomy and independence rest* (Gomaz, 1997, p87)

Minuchin (1974) describes if children become enmeshed in the parents needs they become wantless and unsure of who they are.  As adolescents it is difficult to separate from their parents which compromises their growth for autonomy and authenticity and they may lose the capacity for self-direction.

**5.3 Relational Styles**

**5.3.1 Sibling Reactions to Loss**

Bowlby believed (1980) that the way a person responds to loss stems partly from the organisation of the attachment style developed in childhood. Each of the attachment styles developed have distinct strategies aimed at reducing distress and sustaining supportive relationships.

He further believed following loss that these styles can become activated as we protest at the loss and seek reunion with an attachment figure for love and safety. Bowlby (1980) said that parents often experience physical symptoms; Winnie's father got a bout of shingles while Bridie spoke of her client's father becoming depressed.

Mary's client in protest to the loss reached out and sought reunion, love and comfort from her mother by sharing the same bed and becoming needy and clingy. When this was not available from her mother or father who was also unavailable she reached out to her brother to fulfil her needs and make herself feel loved and cherished.

Not getting her needs met has resulted in a distrust of relationships whereby she pendulates from avoidant to an ambivalent attachment and to ward of new rejections and loss will pull away from relationships and reject first leaving her isolated and lonely. This is evident when Mary's client recalls the lack of intimacy in her marriage and her unwillingness to reach out and make new friends. This concurs with the literature (Parkes 2006) describes the reaction to loss and their search to be united with the loss affects the attachment styles in different ways: *insecure avoidant* may have problems with intimacy, invest little emotion in interpersonal and romantic relationships while *anxious-ambivalent*: are predisposed to cling with lasting grief into adulthood.

Bridie described how her client's school friends found it difficult to support her following the death saying, *'her friends didn't know how to approach her, she found that very hard'*. Ainsworth (1972) posits insecure avoidant styles invest little emotion in interpersonal relationships and are unwilling to share feelings and thoughts. Parkes (2006) said following a loss the insecure avoidant's reaction may consider attachments that are too close can be dangerous. Mary's client's distrust of close relationships prevents her from letting her friends in which is a protection from further loss/rejection. Davies (1999) says following loss adolescents often make efforts to appear normal despite their loss so that they will not appear different from their peers. Davies further says, their altered view of the world may lead them to withdrawing from them their friends while also not sharing thoughts and feelings about their loss with others.

Bridie in speaking of her client described how she maintains a link with the deceased through keeping a diary and in her choice of clothes. This is supported in the literature, Silverman (1995) describes how children/adolescents maintain links with the deceased through thinking about what the deceased might advise them to do or may behave in a way that the deceased would have agreed to.

### 5.3.2 Impact of Parental Relational Styles

The loss leaves a gap that must be filled as it signifies the emptiness left by the deceased while also attempting to alleviate the pain and distress the gap has brought. This may take the form of denial or role re-adjustment. The reaction to loss is possibly further compounded by one's personality style for example narcissism. The power of denial was very evident in the case of Winnie's family. She described her father as being controlling and like no man on the road. She recalled how they never celebrated anniversaries, never talked about the deceased nor did they ever get a headstone

despite her mother wanting one and how '*after my parents died my brother organised to get a headstone with all the names on it because... Em... my mother always wanted a headstone'*.  This is supported in the literature.  Lowen (1997) describes how the narcissistic personality denies sadness and fear as this expression makes them feel vulnerable and deficient.  To express sadness leads to an awareness of loss and evokes longing and longing or needing someone leaves the person open to possible rejection and humiliation.  Not wanting or feeling is a defence against possible hurt.  The narcissist seeks power to make up the deficiency and control serves the same function as power.  Firstly, they control themselves by denying those feelings which may make them vulnerable and secondly they control situations.  The father's denial of the impending death of his daughter left Winnie to take that role and in assigning Kate as the 'eldest' following the death      was an attempt to fill the 'gap' which is a further attempt at protecting himself from feeling powerless and preventing possible humiliation and narcissistic injury.  This is further supported in the literature Davies (1999) talked about parents' ability to deal with surviving siblings due to their own stress or unresolved childhood issues being triggered and parents' reactions to the death of a child and their way of grieving can have significant impact on surviving siblings.

Winnie described how unfairly her sister was treated following the death of her sister the tone used by her father, how she was not allowed to go to college and how she really suffered following the loss.  This concurs with the literature, Tooley (1975) writes about the 'scapegoat' child describing where one of the surviving siblings is chosen to be the target for one parent's hostility, a product of that parent's own guilt about death.  This is further supported,  Bowlby (1980) describes grieving parents' evidence of anger as part of the normal reaction to the loss of their child being expressed as intense rage, chronic irritation directed at other family members.

Bowlby (1980) suggests that attachment reorganisation after a significant loss depends on how a person's attachment system has been organised over the course of their life. Bridie speaks about the chaos in her client's home following the death of her sister. How her father is drinking every night, how nasty he is to her client, refuses to talk to anyone about how he is feeling and how he still visits the grave every week. Ainsworth (1972) posits insecure disorganised attachment styles can be neglectful abusive or both. Parkes (2006) describes how this style reacts to loss by lacking trust in themselves and others, may turn in on themselves and resort to substance abuse. Bridie described how her mother pacifies the father and goes drinking with him every night too. Her mother's ambivalence concurs with Parkes (2006) who posits when loss occurs this style reacts by lacking confidence in their ability to cope. As Ainsworth (1972) says this style can become extremely upset when a relationship finishes. Her client in seeking to be loved and to matter has reached out to her parents and taken on a parental role but their inability to see her leaves her distrustful of the relationship and she will reject first. This is consistent with the literature, Parkes (2006) says attachments that are too close can be dangerous and individuals distrust others.

## 5.4 Silence

Following the loss all participants said there was never any talk about it, it was as though it had never happened. As already stated the literature shows the inability of parents to be present to their remaining siblings, Klass (1988).


Bridie in speaking of her twin loss described how it '*lives in you'* and how young children cannot put words on it and cannot articulate how they feel. Winnie described how the silence impacted her understanding of the loss and the ability for her to articulate how she felt leaving her *'cut off'* from her parents. This concurs with the literature. A study conducted by Mening-Peterson and

McCabe (1998) of 96 children, aged three and half years to nine and half years old were analysed and concluded that children who were nine years of age were the only one to talk about their reactions to death and emotional attachment to the deceased. Children under five years of age had difficulty talking about it and those between five and nine years of age spoke as if they were telling a television story.

This is also consistent with Piaget's (1954) developmental stages of cognitive development who considered the concrete stage a major turning point in a child's cognitive development. This occurs between the age of seven-eleven where they are mature enough to use logical thought and reasoning processes. Children understand how certain events can lead to death but have a difficult time understanding and coping with the intensity of loss. All children between three and half years to nine years showed absence of emotions as they spoke perhaps due to their lack of experience or their ability in emotionally coping with death. The study concluded saying that if parents express their feelings this will most likely prompt children to open up and do the same.

Bowlby states that problems occur given than children have less understanding and knowledge of the concept around death as opposed to adults and because of their developmental stage, children must be given facts regarding death. Mary in speaking of her client described the impact of silence which was experienced as '*significant loneliness*' throughout her life. Bridie described in how not speaking about her twin loss impacted on her personality, who you are, and her self-esteem and it was only in later life when she spoke of her loss she said the '*yearning feeling*' she carried all her life disappeared.

All participants described feelings of sadness and hurt which was illustrated in different ways using works such as '*shell shocked*', '*overwhelmed*' and '*distant*'. This is supported in the literature,

Davies (1999) describes four responses of bereaved siblings, I hurt inside, I do not understand, I do not belong and I am not enough. Bridie in speaking of her twin loss described enormous self-esteem issues with never feeling she was enough. Winnie described how she and all her family became perfectionists and no matter what they did in life they had to be the best. Bridie in speaking of her client described how her deceased sister is idolised leaving her client to feel hurt, not enough for her parents' and feeling the only way to cope is to move out of home.

Loss leaves a 'gap' and silence contains the intense feelings associated with that. For one participant witnessing the pain of their parents' grief was experienced as a demand. Winnie described how she adapted her behaviour in response to her parents and became a really good girl not wanting to upset them in any way. It could be further interpreted that fear of fragmentation of the parents, which could be seen as another loss, could lead to personal fragmentation and in protecting parents one is also protected. Winnicott (1953) describes without being held there is a fear of going to pieces.

Minuchin (1974) described the importance of the parental subsystem which develops healthy boundaries enabling children to interact with their parents but excluding them from the parental dyad. Loss creates a gap left by the deceased and changes the family unit as we knew it forever more. Filling the gap left by the deceased becomes a priority as it prevents the exposure of painful feelings (hence the importance of silence), this coupled with adolescents' becoming overly concerned for their parents may result in a role reversal. It is notable in the study that all three participants took up a parental role. Minuchin introduced the idea of enmeshment where personal boundaries are diffused and over concern for others leads to a loss of autonomous development.

Winnie's sister was not allowed go to Art school and referred to her brother as her son. McHale et al (2001) posits how younger siblings view older siblings as role models with the ability to give influential support. To have your own identity you must differentiate from other siblings and this becomes increasingly important in adolescence. The current study showed in the absence of appropriate role modelling from parents this further compromised the siblings' ability to do so for themselves. Mary's push for autonomy (identity) culminated in her inability to make a decision on what course to pursue for herself.

Minuchin (1974) describes the framework of adolescent separation-individuation which involves the adolescent reworking of family ties namely the parent-child relationship moving in to a more mutual adult relationship facilitating a move from dependence to independence and autonomy.

Parents own unresolved issues, which loss has triggered, may result in the parents' inability in facilitating differentiation in the family. Klauss (1988) describes three central themes in parents' experience when a child dies, loss of part of the self, loss of personal competence and power and the loss of a valued person whose unique characteristics were part of the family unit. Klein (1940) is of the view that loss triggers in the mourner an impulse to restore the lost love in the self. For Klein reparation is an important step in the depressive position involving love and respect for the separateness of the other. Through forgiveness and an understanding that the lost object was not perfect we can regain security in our inner world again, let go, and move on with our lives.

Identity development was further complicated in Winnie's family by the enmeshed boundaries already in place. Winnie described her family as being very 'tight' and her father as controlling. Minuchin further concluded in families who are not engaged the boundaries are too tight which does not allow for support or separation when it is required.

**5.5 Conclusions**

In summary the findings concurred with the literature reviewed. The aim of this study is to understand the meanings of the experience of losing a sibling.

The study revealed that while all participants are at varying stages of their grief some resolution has been made. In Winnie's case it would appear that since the barrier to silence has been lifted somewhat she is only now expressing her grief and in Freud's language is learning to detach so that we might re-bond, in other words, to let go and re-attach to an external object. Both Mary and Bridie's clients' having experienced the benefits of opening up and expressing their many losses and although painful are aware that sacrifices may have to be made to maintain a sense of self and their own autonomy such as distancing from family. Bridie in externalising her grief has brought a certain amount of closure to her own loss and through her support group is now extending that to others.

The study revealed the power of silence in both concealing and protecting ones sorrow and the importance of finding a space to express ones grief to facilitate the healing process

The study showed that sibling loss goes unacknowledged with parents' grief being given priority.

The study disclosed that sibling loss comprises multiple losses: the loss of a brother or sister, the loss of the family unit and the loss of the parents as the siblings had known them. As such sibling loss is a relational loss.

The study also revealed that the parents' grief has a significant influence on the loss for siblings with siblings putting their own grief on hold to protect both parents' and the family unit from further collapse. The age of the surviving sibling is also significant whereby very young children do not have capacity to understand and articulate their loss which remains with them.

The study showed that grief is not universal it is unique to each individual and the reaction to loss is influenced by the relationship we have had and the relationship each family member has had with the deceased.  It also revealed this reaction can be intensified further by individual relational styles coupled with the family belief system as a whole.

What the study unveiled is while one might replace the gap left by the deceased the presence of the loss of a sibling stays with us forever.

The researcher is of the view that the findings which emerged from the study will contribute additional insight and awareness to support the work of Psychotherapists in clinical practice.

## 5.6 Limitations:

The use of three participants is a small sample to facilitate making a thorough analysis of the topic. The subject matter for some was personal and a one hour interview did not provide enough time to really dig into the material.

All participants were under 19 years of age and living at home at the time of the death immersed in the parental loss and the heaviness in the home perhaps delaying their own mourning process.

The researcher having experienced significant losses found the subject matter extremely difficult and at times almost impossible to engage with.  It was also a challenge to remain objective but with the use of supervision and personal therapy this was addressed.

## 5.7 Recommendations and Possible Future Research

A number of recommendations and possible future research arose from the literature and the findings of this research.

### 5.7.1 Recommendations:

- Therapists to be aware that the search for the lost object may become triggered at times of crises in one's life and while sibling loss may not be the presenting issue the experience of loss may be hidden from conscious awareness and perhaps overlooked

- It would appear from the study that it is not time that resolves grief but the expression of sorrow that lends itself to healing. It is in the presence of a trusted other with particular regard to the three core conditions of empathy, congruence and unconditional positive regard, the surviving sibling can open up and give a voice to the expression of their grief and sadness and through telling their story new meaning can be found

- The importance of the Therapist's awareness of their own counter-transference issues in this area so as to avoid the need to be, for example, a saviour and provide answers to ease the suffering of a client

- A good awareness of the transference issues to enable working through the separation anxiety enabling the client to deepen their mourning process and facilitate letting go and moving on with their life

- Education for parents and teachers such as explaining how developmental factors affect the grieving process, common responses to grief and the difference between normal and complicated grief

- development of coping resources to promote resilience to facilitate parents to support themselves, parents to then support the bereaved sibling and older siblings the ability to support themselves

**5.7.2  Possible Future Research:**

- All participants lived at home at the time of the loss.  Future research into the experience of losing a sibling in middle life and not living at home at the time of the loss. The study to include a broader mix, both male and female and cultural diversity.   The researcher is of the view that this would further inform and support the work of Psychotherapists in clinical practice.

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**Semi-Structure Interview Questions:**

1. Can you tell me why you chose to practice as a Psychotherapist

2. Can you tell me a little bit about how you work.

3. Can you describe the differences in experiences of sibling loss amongst the clients you have worked with

4. Can you describe how the loss of the sibling affected the clients relationship with other family members

5. Could you describe the support that client experienced following the death of their sibling. Was the support adequate?   Elaborate

   Were there any 'Themes' emerging in the Therapeutic space in relation to how a client/family  remembered the sibling who died - Describe

6. For this particular client group do you notice any difference in how they relate to people in their adult (later) life

7. Have there been other difficulties that client(s) may have experienced later in their adult life following  the death of their sibling (e.g. psychological, behavioural, social, medical) Elaborate

   a. How does this play out in everyday life

8. In your opinion what has been the impact in later life of losing a sibling as a child

9. How do you feel when you are working with client(s) who have experienced sibling loss

10. Is there anything else you would like to add, or any question you wish I had asked

# INFORMATION FORM

My name is Linda Smith and I am currently undertaking an MA in Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with A Psychotherapeutic exploration of 'childhood sibling loss' presenting in the therapeutic encounter and I will be exploring the views of people like yourself who work as a Psychotherapist.

## What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, being a Humanistic and Integrative Psychotherapist with experience of the above subject. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than an hour to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

## Confidentiality

All information obtained from you during the research will be kept confidential. Notes about the research and any form you may fill in will be coded and stored in a locked file. Pseudonyms will be used on all submitted documents to protect the privacy of both you and any particular clients you may discuss. The recordings will be stored on my personal computer in a password protected file.

All data that has been collected will be kept in this confidential manner and in the event that it is used for future research, will be handled in the same way. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

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**DECLARATION**

**I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.**

**I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.**

**Name of Participant (in block letters)** _____

**Signature**_____

**Date** / /

---

# CONSENT FORM

## Protocol Title:

*An exploration of childhood sibling loss presenting in the therapeutic encounter*

### Please tick the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

☐**Yes** ☐**No**

I understand that my participation in this study is entirely **voluntary** and that I may withdraw at any time, without giving reason.

☐**Yes** ☐**No**

I understand that my identity will remain confidential at all times. ☐**Yes** ☐**No**

I am aware of the potential risks of this research study. ☐**Yes** ☐**No**

I am aware that audio recordings will be made of sessions ☐**Yes** ☐**No**

I have been given a copy of the Information Leaflet and this Consent form for my records.

☐**Yes** ☐**No**

Participant _____            _____
                 Signature and dated                           Name in block capitals

### To be completed by the Principal Investigator or his nominee.

I the undersigned, have taken the time to fully explained to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/her to ask questions on any aspect of the study that concerned them.

_____            _____            _____
**Signature**                          **Name in Block Capitals**                          **Date**

| Original Transcript | My Thoughts | Subordinate Theme |
|---|---|---|
| Winnie: **L18:** My sister died when she was 14, she was the eldest and I was 8 at the time and I was with her when she died and I didn't know she had died. **L19:** She had been ill (pronounced strongly) they brought a bed down to the living room for her, but we didn't know she was dying (said almost with disbelief) do you know what I mean they never said that to us, you know, I was sitting with her minding her and my younger brother as my Mother was upstairs putting another brother to bed and... Em....she shouted down for me to bring the Connor up to bed you know and then when I went up to her I said Oh Mammy Audrey's eyes have gone up in her head (voice drops) you know and she said OK go into the kitchen and finish your homework, we used to all sit around the kitchen table and do our homework and ... Em... my poor Mother she probably guessed ... so anyway they came in then, about 10 minutes later and said that Breege had died (voice drops) ... then we all said the rosary around her bed and even though I was 8 I was very conscious of what had happened. I remember it... (cries)... I still get very emotional over it..... ..(pause) and Em..... and I remember it so well as well. **L20:** The neighbours back then came in and laid her out, people would not be able to do that now....... so anways she was the eldest in the family (said matter of factly) and then.... Em | Trauma, Denial, Abandoned, No support, where was Father. Shock, disbelief at being left | Role of Mother |
| Mary: **L58:** Yeah.... She went to school every day and as she sat in the class she would be wondering, Oh my God, are they OK at home could I not go home and leave the classroom, would they be out again tonight... always anticpating, always a dread, a sense of dread... that something would happen to them or if they didn't come back and she would be left on her own | Fear of annihilation (death anxiety) | Role of Mother: Abandonment |
| Mary **L59:** My client was the youngest so whether it was always like that all the time or whether it started with her I don't know they were out having a few drinks every night, going to the pub got them out so Em... but the mother used to sit down and get herself all dolled up, loved (said strongly) to go out, get the lipstick on, the hair done it was a big ceremony going out and seemed to .. Em... there was something about the Mother coming from a really poverty stricken home, had nothing and now she was able to have enough money to be able to go out to the pub and drink, dress up and she was going to make the most of it and sort of.... | Abandonment, No support. Mother self absorbed with own needs | Role of Mother: Abandonment |
| Bridie: **L61:** She still lives at home... and we actually talked about that and she is going to have to leave that home... pause... because he is drinking at night, every night, every single night until the early hours of the morning and the Mother is drinking but not as much and when he drinks he gets, Eh..... angry and she is afraid of him | Mother also drinking pacifying father putting his/her needs before daughters. No support | Role of Mother: Abandonment |
| Bridie: **L62:** Yeah, she is afraid of his anger. **L63:** He is hurtful to her and nasty and hurtful to her. **L64:** She is not sleeping because she is worried about him getting to bed, really worried about him, his health…., worried that he will fall down drunk getting to bed so she is awake. **L65:** She is parenting, she is taking a parenting role, she is listening; listening in case her parents start fighting and then she is listening until 2 to 3 in the morning to make sure her Dad gets to bed. **L66:** She really loves her parents, really cares about them | Parental Role - desire to be loved. Mother not standing up for daughter. Sense of self and what she wants?? | Role of Mother: Abandonment, no support |