The lived experience of adults coping with the loss of a sibling

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The Lived Experience of Adults Who Have Coped with the Loss of a Sibling Within the Past 2-5 Years

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DEDICATION

This scholarly project is dedicated with love to my best friend, confidante and soul mate, Sal, who has endlessly provided his love, support and encouragement throughout my educational pursuit. In addition, I am dedicating this project to my wonderful daughter, Maddison Olivia, whose never-ending kisses, hugs and smiles kept me going when I thought I no longer could. They are the rock I lean upon, the reason for my greatest joy, and the catalyst for my success.
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# TABLE OF CONTENTS

DEDICATION........................................................................................................................................ii  
ACKNOWLEDGEMENTS.....................................................................................................................iii  
TABLE OF CONTENTS........................................................................................................................iv  
CHAPTER I. INTRODUCTION..............................................................................................................1  
CHAPTER II. LITERATURE..................................................................................................................11  
CHAPTER III. METHOD.......................................................................................................................29  
CHAPTER IV. RESULTS.......................................................................................................................38  
CHAPTER V. DISCUSSION.....................................................................................................................51  
REFERENCES.......................................................................................................................................67  
ABSTRACT...........................................................................................................................................71
CHAPTER I

Introduction

The death of a child, spouse, or parent is commonly acknowledged as an event that is very traumatic for individuals. However, adults who have experienced the loss of a sibling are affected as well. In fact, the death of a sibling is considered to be an incredibly traumatic and significant experience in the lives of many individuals (Worden, Davies & McCown, 1999; Davies, 1993).

This chapter will introduce the focus of this study, which is the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years. Specifically, this chapter will discuss a statement of the problem as well as a statement of the purpose for this study. It will identify a nursing conceptual/theoretical framework and a research question. Finally, conceptual and operational definitions will be provided. This chapter discusses the significance of this research study to nursing practice and concludes by listing potential assumptions and limitations that may arise within this research study.

Statement of the Problem

Brothers and sisters share unique relationships that vary from serving as defendants for each other, to acting as role models, to sometimes having responsibilities as care givers. To lose one’s sibling is to lose all of these unique features: an ally, a teacher, and a friend. A study conducted by Worden, Davies and McCown (1999) involving two groups of children compared parental grief and sibling grief. Results were surprising: many children who lost a sibling reported feeling more anxious, depressed, and had more thought problems than children who lost a parent. Sibling grief poses a
unique and significant cause for assessment when considering individual, family, and societal factors that surround the grieving process for these individuals (Davies, 1993).

Little empirical data have been reported on the grief experiences of adults who have a deceased brother or sister. Most of the grief research is on parental and spousal loss. Furthermore, the majority of grief literature about siblings is focused on young children and adolescents (Davies, 1993; Batten & Oltjenbruns, 1999; Birenbaum, 2000; Dowden, 1995; Gibbons, 1992; Hogan & DeSantis, 1994; Mahon, 1994; Mahon & Page, 1995; VanRiper, 1997).

Little is known empirically about adult sibling grief, specifically, those individuals who had a sibling die within the past 2 to 5 years. The literature reveals that data from previous studies has been collected at various times following a sibling’s death. For example, a longitudinal study conducted by Martinson and Campos (1991) studied the long-term effects of adolescent bereavement and collected data 7 to 9 years after a sibling’s death. In the Davies study (1988), data was collected from 2 months up to 36 months after a sibling’s death. Only Birenbaum (2000) took repeated measures at pre-death and at 2 weeks, 4 months, and 12 months post death. Clearly, there may be significant differences in findings that are obtained at various times. Due to the lack of empirical studies among adults coping with the loss of a sibling after 2 to 5 years, the researcher has chosen this time period to collect data for this study.

Individuals may question the need to study the bereavement process of adults who have lost siblings. But, like those who have experienced the loss of a parent, son or daughter, adults who have lost a sibling may express a variety of emotions, with no two people experiencing the same emotions at the same time (Cutcliffe, 1998). In general, a
nurse who increases his or her knowledge about grief and the bereavement process will achieve greater awareness, understanding, and further develop the empathetic skills needed to care for individuals who have been impacted by the death of a sibling. Therefore, directing the focus of this study on adults coping with the loss of a sibling will provide richer insight on the human adaptation response from the perspective of this unique population.

Statement of the Purpose

The purpose of this study was to qualitatively describe the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years. The Roy adaptation model was used as a guide for this research study. Data collected was obtained through open-ended interviews with willing adult participants who wished to share their unique experience of grief.

Conceptual/Theoretical Framework

According to Frederickson (1993), the use of a nursing model is used as a perspective for developing and relating concepts from research content to areas specific to his or her nursing specialty. The researcher chose to use the Roy adaptation model as a guide for the development of a conceptual/theoretical framework since its approach utilizes the nursing process (Roy & Andrews, 1999). Furthermore, the Roy adaptation model describes an individual as “an adaptive system” whose behaviors are classified as either adaptive or ineffective responses. Therefore, the goal of nursing practice is to promote adaptation in clients, facilitating wellness and improving the overall quality of life (Roy & Andrews, 1999; Frederickson, 1993).
The person adapts to internal and/or external stimuli. The sibling’s death is considered the focal stimulus; it is the reality of the sibling’s death (and a continuous reminder of that loss) that makes it the focal stimulus. However, other stimuli affect the grief response, such as contextual and residual stimuli. These also contribute to the focal stimulus, and thus, affect a person’s ability to adapt. An example of contextual stimuli is social support (i.e., family and friends), which is an interpersonal resource for an individual (Robinson, 1995). Residual stimuli include unclear influences within one’s conscious that potentially affect the grief response (Roy & Andrews, 1999). Residual stimuli were not revealed in this study.

Adaptation also occurs through two subsystems – regulator and cognator – that function as coping mechanisms and are either innate or acquired in response to one’s environment. The adaptation response, conceptualized as the grief response, is the effective or ineffective reaction of a person. Effective responses contribute to the goals of the human adaptive response; this includes promoting an integral person capable of growing and surviving within the environment. In contrast, ineffective coping mechanisms produce an opposite response, and thus, fail to contribute to the goals of the human adaptive system. The adaptation response is known as the “output” of the person, manifested in the four modes of adaptation – physiological, self-concept, role function, and interdependence – which involves a feedback loop from the output back to the input (i.e. focal/contextual stimuli) affecting the individual (Roy & Andrews, 1999; Frederickson, 1993; Robinson, 1995).

Phenomenology was used to enhance the development of a theoretical framework for this study. Munhall and Oiler (1986) described phenomenology as an interpretation
of an event from an individual’s unique perspective. Furthermore, Dubose (1997) describes “loss” as a “process of bereavement, grief, and mourning” which affects our “bodily experience” within our world, known in the phenomenological sense as “our lived world.” With the use of phenomenology, the researcher was able to describe the lived experiences of a group of adults coping with the loss of a sibling. It was important to learn how each participant perceived the traumatic experience, not just how it (i.e. the death) happened. This was achieved by carefully listening to the participant’s lived experience, capturing core themes, analyzing data, and coming to an understanding of the phenomena studied.

Research Question

What is the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years?

Definition of Terms

Lived Experience

Conceptual definition: The lived experience is an individual’s interpretation of the experience from his or her own unique perspective (Munhall & Oiler, 1986). It gives meaning to an individual’s perception of a particular phenomenon. According to Roy and Andrews (1999), the lived experience involves the person’s unique system of adaptation. Specifically, it involves the person’s ability, or inability, to cope with the changing environment, known as focal, contextual, and residual stimuli.

Operational definition: The lived experience in this study was the verbal description of the participants’ perception of coping with the sibling death event, including any thoughts, feelings, and behaviors.
Sibling Grief

Conceptual definition: According to Dubose (1997), sibling grief is conceptually defined as the response that occurs following the death of one’s sibling. Furthermore, Dubose (1997) defines grief as “the emotional response to bereavement, to the event of loss.” The initial response of grief is characterized by a variety of emotions such as denial, anger, sadness, and relief. There is no logical pattern in the steps of the grieving process, nor does everyone experience the same emotions following the event of loss (Dubose, 1997).

Operational definition: Sibling grief has been operationally defined as the outcome experience, or the grief response, as verbally expressed from adult participants who lost a sibling. Open-ended interviews conducted by the researcher included adults who had a sibling die within the past 2 to 5 years, resulting in descriptions of their grief reactions.

Sibling Death

Conceptual definition: According to Taber’s Cyclopedic Medical Dictionary (1989), death is conceptually defined as the “permanent cessation of all vital functions.” Dowden (1995) stated that most children have conceptualized a sibling’s death as a permanent and irreversible event whereby they are no longer able to see their sibling. After death, there is a period of grief, which is different for every individual – regardless of age – and may be strong or weak, prolonged or brief, immediate or delayed (Cutliffe, 1998).

Operational definition: Sibling death has been operationally defined as a traumatic event in which a brother or sister’s physical body ceases living. The concept of
death was uniquely perceived among each participant – they were a witness to the death and/or acknowledged the after-effects – and verbally expressed their experience of the death.

Two to Five Years Post Sibling Death

Conceptual definition: For the purpose of this study, two to five years post sibling death is conceptually defined as the bereavement period; a time whereby grief had occurred in response to a sibling’s death and some type of adaptation had followed. This bereavement period was a unique experience for each adult participant.

Operational definition: Two to five years post sibling death has been operationally defined as 24 to 60 months since the time the individual’s brother or sister ceased living.

Significance to Nursing

How adults cope with the loss of a sibling within the past 2 to 5 years is the focus of this research study. Allowing surviving adult siblings a forum to tell their story has provided descriptive information on personal grief experiences following the death of a sibling. The number of individuals grieving over the loss of a sibling may be profound. Unfortunately, many of these individuals are overlooked among healthcare providers. The researcher believes that the significant findings derived from this study will encourage greater awareness among nurses and other healthcare providers about the needs adults have when coping with the loss of a sibling.

Clearly, more work needs to be done to help adult clients effectively cope with the loss of a sibling. Nurses must be aware of those individuals who require supportive assistance; some may require more assistance than others. The intensity of grief varies
among individuals. The researcher assumes there is a possibility that individuals who experience the loss of a sibling may cope differently than those who cope with the loss of a parent or a child. It is a profound event and should be more recognized by the nursing profession.

Nurses hold a responsibility to facilitate communication among family members and foster a sense of extended support to those individuals. Nurses may discover difficulties or alterations in family dynamics, especially when the cause of death has come from suicide, cancer, or AIDS (Fielden, 2003; Robinson, 2001; Birenbaum, 1999). This may present a challenge for nurses wishing to help siblings cope better; a different level of emotions may be presented, and thus, requires a new approach. However, keeping the lines of communication open is still a valuable way to help clients adapt to their loss in this type of situation.

Nurses can help siblings by understanding their perception of death and the impact it has made on their lives. By acquiring a sufficient knowledge base surrounding issues of sibling bereavement, nurses are able to strengthen and support the individual within the family unit. Respecting a client’s lifestyle, cultural and spiritual beliefs, as well as personal coping mechanisms, further allows the client to feel accepted and supported, and thus, may greatly facilitate a positive coping response.

Assumptions

Assumptions are statements that are believed to be true and influence the logic of research (Burns & Grove, 2001). This research study was based upon the assumption that adults who lost a sibling had experienced grief as a key emotional factor associated with that particular death. Furthermore, it was assumed that each participant expressed
accurate and honest information to the researcher during the client interview. The grief response is as unique as a fingerprint, and it was assumed that every participant would report a variety of emotions and coping mechanisms associated with the loss of their sibling.

The last assumption is concurrent with the Roy adaptation model, the theoretical framework that was used as a guide for this study. Roy (1999) conceptualizes the person “as a holistic adaptive human system” and that each human has a distinct (adapting) system that is part and parcel of other, yet more inclusive systems. Furthermore, humans adapt to internal and external stimuli that is unique to every individual. The human adaptive theory – the human’s ability to adapt in response to changes in the environment – is one of Roy’s scientific assumptions (Roy & Andrews, 1999). The death of a sibling was assumed to be the focal stimuli for this population sample.

Qualitative research is based upon the assumption that reality is perceived differently for each individual and actually changes over time. Phenomenology, a type of qualitative research, assumes that the individual is the only source for expressing an accurate perception of their lived experience (Burns & Grove, 2001).

Bracketing is described by Burns & Grove (2001) as laying aside any preconceived ideas so that one can investigate a phenomenon with total objectivity. The researcher had to bracket her assumptions in order to think objectively and concluded that her own lived experience with the loss of her father was different from the lived experiences of those participating in the study.
Limitations

This qualitative study investigated a sample of adults who are coping with the loss of a sibling. It was limited by involving only those individuals who were willing to share their experiences through open-ended interviews conducted by the researcher. One potential limitation noted by the researcher was the fact that data collected from those client interviews may not have been a concise, consistent, and/or accurate representation of the general population. Additionally, data obtained could have been potentially limited by a participant’s emotional health at the time of the interview; the individual could have been experiencing “a good week” or “a bad week.” Furthermore, this study was limited to participants whose loss was that of a “blood” relative; none of the participants stated that their relationship to the deceased was that of a “step” sibling or an adopted sibling.

Summary

This chapter introduced the need for research on the lived experiences of adults coping with the loss of a sibling within the past 2 to 5 years. The ultimate goal of researching adult sibling grief is to understand the concepts surrounding the grieving process for this unique population. Nurses and other healthcare professionals play a pivotal role in providing appropriate interventions that could potentially facilitate the healing process for these individuals. The optimal goal is to motivate the surviving adult sibling to grow beyond the experience of his or her traumatic loss and move toward a sense of stability, renewed hope and greater well-being.
CHAPTER II

This chapter begins with a discussion of the Roy adaptation model and how it guided the development of a conceptual framework for this research study. Following this discussion, a review of the current literature on sibling grief will be presented. The purpose of this literature review is to provide insight and analysis of current literature on the grief experiences of adult siblings. Most of the actual synthesis of the literature revolves around what is known about sibling grief from the perspective of young children and adolescents. Since there is a lack of empirical findings about adult sibling grief, the researcher chose this topic as the focus of her study.

Conceptual/Theoretical Framework

The conceptual framework that guided this research study is the Roy adaptation model (Roy & Andrews, 1999). Roy conceptualizes the person as a holistic adaptive system. The basic components of the model are the person, environment, health and nursing. According to Roy, adaptation outcomes occur in four modes: physiological, self-concept, role function and interdependence. These four modes represent the holistic nature of a person, occurring as an interwoven system, yet acting as separate systems that are unique to each person. Changes in any one of these modes may serve as a stimulus for one or all of the modes (Roy & Andrews, 1999; Frederickson, 1993).

The person adapts to internal and external stimuli. Roy’s model describes three classes of stimuli that form the environment: focal, contextual and residual stimuli. A focal stimulus represents something that is of immediate concern to an individual, whether internal or external in nature. Contextual (known stimuli) and residual (unknown stimuli) are factors that contribute to the focal stimulus, and can be both
internal and external. In this qualitative study, the focal stimulus is the death of a sibling. However, since this study is being conducted 2 to 5 years post sibling death, caution needs to be taken when making such an assumption; other factors may have served as focal stimuli in the participants’ adaptation responses before, during, or after this specific time period. For example, yearly holidays and birthdays of the deceased may currently serve as focal stimuli for some adult siblings. Therefore, stimuli could be labeled as either focal or contextual, based upon the unique experience of each individual.

Contextual stimuli are anything “on the outside” that is contributing to the focal stimulus (Roy & Andrews, 1999; Frederickson, 1993). Contextual stimuli are not at the center of attention; however, this type of stimuli may influence how the person deals with the focal stimulus. Social support received by family and friends for the coping participants is an example of contextual stimuli in this study (Robinson, 1995). Residual stimuli come from the unconscious mind and its effects remain unclear (Roy & Andrews, 1999; Frederickson, 1993). This type of stimuli is hard to validate and was not investigated in this study. Collectively, an individual interprets the stimuli and makes a conscious appreciation of it. This is known as perception. Roy and Andrews (1999) describe perception as having the ability to give meaning to what is being sensed. In this study, each participant had to transform her unique experience of losing a sibling and give meaning to that experience.

According to Roy’s adaptation model, adaptation occurs through a coping process utilizing regulator and cognitive factors, considered as “subsystems” of the external stimuli. Regulator coping includes physiological factors such as changes in one’s current physical health as a response to the stimuli. Cognitive coping includes changes in
emotions, perceptions, or decision-making abilities as a response to the stimuli (Roy & Andrews, 1999; Frederickson, 1993). Both regulator and cognitive stimuli have an effect on an individual’s perception of an event, influencing his or her response to the event.

Just as there are variations in how one perceives an incredible life experience, it can be assumed that there are variances in how one copes after having been through a traumatic life experience such as the death of a sibling (Cutcliffe, 1998). Specifically, an individual’s cognitive and regulator coping factors may be perceived as positive or negative. For example, one individual may be capable of advancing through the grieving stages, learning to accept the finality of the outcome, and thus, is able to move away from the experience in a positive, healthy manner. In contrast, another individual may find himself stuck in an agonizing state of grievance longer than might be considered “normal” by most people. This could eventually lead to a decreased immune system, possible substance abuse, and/or mental illness (Dubose, 1997).

Roy and Andrews (1999) describe coping processes as ways of responding to the changing environment; the response is a function of the person’s ability, or lack of ability, to adapt to the changes within the environment. Roy describes three levels of adaptation: 1.) The integrated level refers to the life process working as a whole; 2.) The compensatory level is when regulator and cognator subsystems are activated; and finally, 3.) The compromised level occurs when both integrated and compensatory levels are ineffective to the point at which adaptation is compromised. Therefore, care provided by nurses for individuals experiencing sibling grief will change according to these three levels of adaptation. Care should be related to the significant level that is appropriate to the surviving sibling. In other words, the emphasis should be adapted to the individual’s
stage of adaptation (Frederickson, 1993). For example, during an assessment phase, care for a client might concern attending to any acute and apparent physiological behaviors associated with the grief response, such as an inability to eat because the person suffers from depression. As care for the client proceeds over time, the emphasis of intervention may involve helping the individual with role function or improving his or her concept of self.

The researcher used the Roy adaptation model as a guide to conceptualize her study, and this is shown in Figure 1. It describes a “feedback loop” starting with the focal stimulus, which is the event of the sibling’s death. The contextual stimuli include social/family influences, religious/spiritual beliefs, and other personal resources that participants’ described as their most common influences affecting their grief responses. Moving through the coping process, cognitive factors influencing the grief response include the participant’s unique emotions, perceptions and judgments of the event. Regulator factors include anything physiologically noticeable to the participant. The grief response or adaptation outcome is determined by the participant’s self-concept, role function, interdependence and physiological function. This response may be an adaptive or ineffective response to the sibling’s death. This “output” or adaptive response, in turn, has an effect on the “input,” or the initial stimulus, thus creating the feedback loop. Figure 1 displays how these concepts are separate entities, and yet at the same time, displays how they are intertwined, showing that an adult individual who is experiencing the loss of a sibling is affected by numerous factors simultaneously.
Figure 1. Grief Model Using Roy’s Adaptation Modes

SURVIVING ADULT SIBLING
Unique perception of the lived experience:
Infective response may affect (perception of) input
Adaptive response leads to positive feelings of health/wellness

Input (Stimuli)
Focal: sibling’s death
Contextual: social/family influences; religious/spiritual beliefs; personal resources
Residual: unknown at this time

Coping Process
Cognitive factors: emotions, perceptions, judgments
Regulator factors: physiological elements

Grief Response/Adaptation Outcome
Self-concept
Role function
Interdependence
Physiological function

Adapted from Roy, C. & Andrews, H., 1999
Phenomenology

Phenomenology was used to discover the effects of a sibling’s death on the surviving adult sibling. Phenomenology is defined as a “science whose purpose is to describe particular phenomena, or the appearance of things, as lived experience” (Speziale & Carpenter, 2003). In more specific language, Dubose (1997) describes the concept of a “lived-body,” explaining that it is not a fixated “thing” but it is that which experiences and inhabits the life-world; it has to do with the processes of an “embodied experience.” Therefore, it was important to the researcher to help facilitate a desire within each participant, allowing them to feel comfortable in verbally expressing their unique perception and meaning of the embodied experience, and not just about the sibling’s death itself (i.e., how it occurred).

Since nursing is intertwined with the lives of individuals and their personal experiences, this method is well suited to nursing research. It is this lived experience that gives meaning to what is true or real in the person’s life (Speziale & Carpenter, 2003). Munhall and Oiler (1986) further define phenomenology as providing “a particular way of focusing, thinking, and acting.” It provides a general framework for qualitative research that concentrates, not on participants or objects themselves, but on the participant’s experience as a whole. Nursing practice involves a holistic way of thinking, requiring that the nurse care for every aspect of the client. Therefore, a phenomenological approach requires that the integrated (whole) person be explored and cared for (Speziale & Carpenter, 2003).

The researcher’s role was to transform the individual’s experience into a language, further transforming the central themes, or the essences of each unique
experience, into a written document. Colaizzi (1978) believes it is important to ask the participant to review the clusters, or descriptions, for accuracy and clarity. Was their perception of the bereavement event accurately captured? According to Munhall & Oiler (1986), perception is defined as the access to truth – not as it is thought, but as it is lived. The researcher sought to find the individual’s perception of truth and understanding concerning the bereavement event and then translated it into the written word.

In summary, the Roy adaptation model was used as a guide to conceptualize this study on adults’ perception of their experience with the loss of a sibling, noting that the sibling’s death was the initial focal stimulus. Perception is also fundamental to the phenomenological method and the researcher had to accurately portray each participant’s perception of the lived experience surrounding the sibling’s death, listening carefully, identifying clusters, and accurately documenting their insights.

Review of Literature

The following literature review contains an analysis of sibling grief relevant to this study. Research studies from nursing and other disciplines, involving both qualitative and quantitative research methods, were reviewed for the purpose of this study. Studies about grief reactions utilizing Roy’s model of adaptation as a theoretical guide are also included in this section.

Three significant concepts emerged from the literature on the topic of sibling grief and are the following: 1.) Perceptions and responses surrounding a sibling’s death; 2.) Things that helped coping; and finally, 3.) Things that hindered coping. These concepts will be discussed in this section. Additionally, the following areas were discussed in relation to the abovementioned concepts: current findings; similarities and differences in
research studies; and finally, gaps in current research. Sibling bereavement as it relates to adults was chosen as the focus of this study because there is a paucity of empirical data regarding this unique population; much of the data relates to young children and adolescents who have lost a sibling. Therefore, literature related to young children and adolescents coping with the loss of a sibling was analyzed in this review.

**Perceptions and responses surrounding a sibling’s death**

Perceptions of a sibling’s death vary among individuals. Several studies provided significant reasons that account for this variance. Davies (1997) and Leder (1992) both point out that situational factors play a major role in how one perceives the death; not only the cause of the death, but also any event prior to, during, and after the death. Furthermore, the literature revealed that perceptions of a sibling’s death vary according to factors such as age, gender, family support, environment, and personal coping style (Davies, 1997; Davies, 1988; Leder, 1992; Martinson & Campos, 1991; Birenbaum, 1999).

Davies (1997) reviewed four research studies concerned with the responses of siblings to the death of a brother or sister. Three out of the four studies involved children (male and female) as participants; the fourth study involved adults ranging in age from 25 to 75. All of the participants had a sibling who died of cancer. Davies (1997) concluded that siblings tend to revise their perceptions of the sick sibling’s state of health in a positive direction unless they continue to be exposed to negative influences and reminders. Furthermore, when the child’s death is imminent, siblings may perceive the event as “unexpected” (Davies, 1997). In this respect, the death is still a very traumatic experience for surviving siblings, possibly complicating the course of bereavement. The
study with the adult participants revealed that many of the adult siblings continued to think about their deceased sibling as a means of maintaining a “connection” with the deceased. A thought that was distressingly common to adults was the thought of cancer occurring in themselves, other family members, or future offspring (Davies, 1997).

Davies (1997) found out that the responses of children to the death of a sibling included a range of behaviors attributed to the death. Three specific behaviors that occurred with the greatest frequency were noted in at least 50% of the children studied and these included the following: nervousness; the desire to be alone; and unhappiness, sadness, or depression. One third of the bereaved children exhibited these and other behaviors up to 3 years after the death of their sibling, and several participants admitted to similar feelings even at 7 to 9 years following the death (Davies, 1997).

A previous study conducted by Davies (1988) examined the relationship between environment and sibling behavior in 34 bereaved families. Results indicated that families with higher cohesion, active/recreational lifestyles, and moral/religious emphasis had children with fewer behavioral problems up to 3 years after a sibling’s death.

Leder (1992) used a descriptive correlational design to relate stressful life events, parental support, and support by others to bereaved children’s current cognitive, social, physical, and behavioral competence. The bereaved children consisted of 20 females and 17 males who were 6 through 11 years old at the time of the family member’s death and 7 through 15 years old at the time of the study. The deceased included other family members besides siblings. Findings associated with the death of a sibling revealed that parents’ perception of the death often had a profound impact on the grief responses of their children. In one-fourth of the sample, prolonged grief responses of parents
prevented them from providing their surviving children with much-needed love and attention, and thus, it had affected their children’s perception of the sibling’s death, further delaying the ability to cope effectively (Leder, 1992).

Batten and Oltjenbruns (1999) considered sibling bereavement as a catalyst for spiritual development among adolescents. During adolescence, the ability to think abstractly begins to develop. This shift in thinking allows one to ponder such issues as spirituality and refine a concept of death. In this qualitative study, the authors interviewed four adolescents following the death of a sibling, illustrating a shifting perspective of self, others, the sibling relationship, a higher power, death, and life (Batten & Oltjenbruns, 1999).

A vast range of grief responses may be observed among children and adults. The most common response reported was sadness; other common responses included anger, fear, guilt, loneliness, rejection, and isolation (Robinson, 2001; Mahon, 1994; Mahon & Page, 1995; Dowden, 1995; Rodger & Tooth, 2004; Moss & Moss, 1989).

One common response noted, which was anger, seemed to arise mostly in relation to the actual cause of a sibling’s death. For example, in the Robinson (2001) study based upon how adults grieved in relation to their sibling who had died from AIDS, many expressed anger and hostility. Additionally, the 102 participating adults in this quantitative study felt frustration and had difficulty expressing their emotions. They feared that if they had expressed emotional grief, it would have been minimized anyway. This was due to the feeling of shame that many participants felt, admitting that since the cause of death was due to AIDS and not something more “respectable,” others might disrespect them as well (Robinson, 2001).
Mahon (1994) interviewed two groups of 5-12 year old children who had experienced the loss of a sibling from trauma 13-17 months earlier. Results showed no difference between the two groups’ concept of death, noting that developmental level and age are significant predictors when formulating a concept of death, more so than any other factor. Furthermore, the death of a sibling from a traumatic death often takes years to regain some semblance of feelings of “normalcy” (Mahon, 1994).

In the Mahon and Page qualitative study (1995), reports from children who were 4 to 23 at the time of the interviews concluded that children were often aware that their responses were judged as right or wrong, appropriate or inappropriate. This in turn, affected the children’s perceptions of their own bereavement; some perceived that it might not be acceptable to feel or respond in certain ways (Mahon & Page, 1995).  

A qualitative study conducted by Dowden (1995) involving a convenience sample of children aged 3-7 years old who had a sibling die suddenly at least six months prior to the study expressed that they could distinguish between physical pain and grief. Interestingly, a gender difference was noted in how they grieved: all the boys would admit to still feeling sad during the six months following a sibling’s death, but said they didn’t cry, whereas most girls did cry whenever they felt sad about the loss.

At the opposite end of the spectrum, a “sense of relief” is sometimes more recognizable, as was the case for the five adult siblings (four sisters and one brother) participating in the Rodger and Tooth (2004) qualitative study. The siblings ranged in age from 20 to 27 years. Whether it was due to the terminal illness or another painful consequence surrounding their sibling’s death, the participants reported feeling “generally relieved” once death had passed because they knew their sibling was no longer
in pain (Rodger and Tooth, 2004). However, participants from this study, as well those interviewed in the Moss and Moss study (1989) involving 20 active and healthy adults aged 65 and older, expressed they had moments when they questioned their own sense of identity or mortality.

To summarize, perceptions and responses surrounding a sibling’s death vary according to an individual’s age, gender, family and social support, environment, and personal coping style. Hogan and DeSantis (1994) drew conclusions from the qualitative data portion of an earlier extensive study and concluded in their discussion that people grieve, not alone, but in the context of a grieving family and its social network.

Things that helped coping

The literature indicated several factors that helped a surviving sibling’s ability to cope with the loss of his or her brother or sister and included family, friends, and spiritual/religious beliefs. Again, the ability to cope effectively (regardless of positive influences) varies among individuals and according to an individual’s developmental stage. For instance, Robinson (2001) reported that the experience of survivor guilt is more prevalent among children than adults and concluded that this is more of a reflection of the bereaved’s developmental stage.

In the study conducted by Leder (1992), some children still had a very difficult time adjusting to the loss, even with the greatest support system surrounding them. However, Leder (1992) discovered in the same study that other children had managed well and appeared to be negatively unaffected by the loss of a sibling. Leder (1992) pointed out that “detrimental effects” could possibly occur later in life and concluded that due to the conflicting findings, this was a limitation in the study and requires further
research. Similarly, Mahon & Page (1995) expressed that adolescents who have experienced sibling loss do have positive outcomes, but noted that responses do vary greatly among individuals. Furthermore, the authors suggested that responses could likely become stressors (i.e., contributing to a dysfunction) if the surviving sibling is unable to correct or complete the necessary grieving steps (Mahon & Page, 1995).

For many young and older adults, the sibling death has helped them to reprioritize their lives. Other positive reactions included becoming more compassionate, gentle and sensitive individuals (Rodger & Tooth, 2004). Several elderly participants in the Moss and Moss study (1989) implied that they see themselves as “survivors” since they’ve experienced other family deaths and have made it through a variety of life stressors.

Adolescent perceptions following the death of a sibling were analyzed in the Hogan and Balk study (1990). In this quantitative study, interviews were conducted with fourteen bereaved families (mothers, fathers, and one teenager from each family) to gain individual as well as a familial perspective on sibling grief responses. Collective responses from family members’ included being able to cope better with other stressors in their lives, developing an increased sense of empathy and maturity, and for some adolescents, having an increased sense of creativity (Hogan & Balk, 1990).

Several areas were identified that affect the coping and adaptation skills of individuals who have lost a sibling. A study done by Dowden (1995) indicated that individuals who have previously experienced bereavement in their family (i.e. even if it’s the family pet), have a greater and more mature understanding of death, and thus, manage to cope better after the death of a sibling. Communicating feelings about the loss, either
through journal writing and/or openly discussing it with other family members, friends
and/or teachers, was helpful for most participants in several studies (Hogan & DeSantis,
1994; Mahon & Page, 1995; Mahon, 1994; Rodger & Tooth, 2004). Most young children
and adolescents took solace in their parent’s arms, with mothers being the key figure to
run to for ongoing support (Mahon & Page, 1995; Hogan & Balk, 1990). Support
groups, outside activities such as hobbies, sports, and generally keeping busy were all
effective measures many participants found helpful in coping with their loss (Mahon,
1994; Hogan & DeSantis, 1994). For young children, allowing them to ask questions,
attending the funeral, discussing dreams and memories of the deceased sibling all proved
to be beneficial and facilitated coping (Dowden, 1995; Mahon, 1994). Only the Hogan &
DeSantis study mentioned the fact that “time” was a contributing factor in healing.

Things that hindered coping

Just as family, friends and social network can help a surviving sibling cope with
the death of a brother or sister, so can they hinder one’s coping abilities. Personal coping
systems were also to blame, usually due to events that were painfully unresolved before,
during, or after the sibling death (Hogan & DeSantis, 1994). Furthermore, family
dynamics may alter significantly. Gibbons (1992) wrote a literature review and
discovered similar findings in research studies regarding family dynamics. If there is a
lack of, or discouragement in, communication among family members regarding the
death, siblings often feel their needs are being neglected, and have no alternative but to
repress or deny the loss (Gibbons, 1992). This denial, which appears to be more common
among adults than in children, proved to be a major roadblock in healing for many
surviving siblings (Gibbons, 1992; Mahon, 1994). Another disturbing element that arises
within the family structure is when the surviving sibling becomes a substitute, or “replacement,” for the deceased sibling (Gibbons, 1992; Mahon, 1994). Expectations and idealizations of the child who died are transferred, or vested, in the surviving sibling, and often times, create unneeded stress and emotional difficulties for the surviving sibling (Gibbons, 1992; Mahon, 1994).

Some of the literature related psychiatric, social, and behavioral dysfunction as resulting consequences facing the surviving sibling (Hogan & DeSantis, 1994; Leder, 1992; Gibbons, 1992; Robinson, 2001). Additionally, two studies (surprisingly) revealed that religion, including God, was not necessarily a contributing factor in helping siblings cope with their loss, but, more or less, a hindrance from effective coping. For instance, the five participants in the Van Riper (1997) study were all young girls (ages 5-11 years old) at the time of their sister’s death, and one participant specifically noted that she outwardly blamed God for the death of her sister. Coincidentally, adult participants in the Rodger & Tooth (2004) study provided similar results. Angry questions arose from the participants who challenged God’s “unfairness” in taking the life of their sibling, which led to greater feelings of despair. Though these findings are worth consideration, the two studies represent the opinions of only two families (i.e., one family per study) and similar conclusions cannot be made about the general population.

Even though the participants in the Dowden (1995) study were children who could offer vivid details about heaven, or some type of afterlife, most did not relate to this means as a source of comfort. Sadly, there were children in the Mahon & Page (1995) study that revealed there was absolutely nothing that helped them through their grieving process.
Roy Bereavement Studies

Martin (2003) used the Roy adaptation model as a theoretical guide in her study. Five participants, older than 70 years of age, were interviewed to explore their perceptions of grief after the loss of their spouse. The widowed person is an adaptation system within the Roy framework. The researcher discovered correlations between participants’ physiological (health) changes since the death of their spouse and their ability to function (changes in activities, self-concept, and responsibilities), noting that both regulator and cognator subsystems were challenged. Adaptation occurred when participants’ were able to express adaptive behaviors through positive thoughts and feelings as well as receiving continuous social support from others (Martin, 2003).

In the Smith (2001) study, findings strongly supported Roy’s adaptation model. The study investigated the grief reactions from the perspective of five working-age men who had lost their wives. The themes, derived from the researcher’s study, spoke to the concepts of stimuli, modes of adaptation, and coping processes. Unsuccessful adaptation was evident among the participants in this study, noting that their self-concept mode was most affected following their loss, in which participants reported feeling self-pity, anger, self-destructive behaviors and suicidal ideations. This profound and devastating event has produced such an emotional impact for some of the participants that they continue to grieve. However, most report that they are able to cope effectively thanks to such great support systems within their lives (Smith, 2001).

The purpose of Baden’s (2003) descriptive correlational study was to explore parents’ adaptation to the traumatic death of their adult child. The findings of the study supported and reinforced the concepts of Roy’s adaptation model. Participants included
51 parents and the tools used to collect data came from telephone interviews, questionnaires, and the GEI (Grief Experience Inventory). There were strong correlations between the physiological, self-concept, and interdependence modes and the scores on the GEI of parents of adult children who died a traumatic death. Additionally, the differences between gender were not statistically significant, and the researcher concluded that men and women grieve differently (Baden, 2003).

The last study relating Roy’s adaptation model was by Short (2004) who investigated the lived experience of mothers coping with the birth of a stillborn infant. The researcher included 5 mothers who volunteered to be interviewed for the purpose of this study and discovered that coping was a very profound and difficult process for these participants with all adaptive modes being challenged and compromised to some degree. Adaptation occurred once love and support from others, including the nurses who they came into contact with, was received. The findings in this study were consistently supported and compatible to Roy’s theoretical framework (Short, 2004).

Gaps in Current Research

Though most studies were substantially implored, revealing very insightful information that can only be exemplified through the lived experiences of survivors who have dealt with the death of a sibling, there still remains gaps in empirical data that will be addressed now.

Current literature has provided a variety of reactions and responses among young children and adolescents in regards to bereavement after a sibling’s death. In contrast, little has been reported on adult sibling bereavement. Greater focus on how adult siblings
respond to this type of loss is imperative to fully understand sibling bereavement – from the complexity of feelings involved to issues surrounding self-concept and mortality.

Gaps were also noted within the methodology. Several studies had adequate sample sizes, however most were white and female – especially among the few studies involving adult participants. This should be noted as a potential bias. Are women more sensitive and thus, provide more emotional responses? Could perceptions greatly vary in a study analyzing only men? These questions should be addressed in future research studies.

Furthermore, most studies often excluded criteria that could possibly affect the outcome, or grieving process. For example, the Mahon (1994) study “excluded death from suicide, child abuse, siblings not living together at the time of the death or shortly before, and homes out of which drugs were being sold.” And, what about the emotional state of surviving siblings before the death of a brother or sister? Again, these areas of concern cover a vast group of individuals that describe unique family dynamic situations, and therefore, could possibly alter results significantly.

Summary

This chapter began with an overview of the Roy adaptation model and phenomenological method that guided this study. A review of literature on sibling grief was presented, identifying common themes. Finally, attention was paid to gaps in current literature, pointing out that there is a lack of empirical findings on how adults cope with the loss of a sibling.
CHAPTER III

Method

This chapter begins by describing the design and the setting of the study. A description of the participants and method of data collection will be identified. This chapter concludes with a plan for data analysis and summarizes the contents discussed in this chapter.

Design

The design of this qualitative research study used the phenomenological method to discover the lived experiences of adults coping with the loss of a sibling within the past 2 to 5 years. Data were collected during one interview with each participant, usually lasting 30 to 60 minutes. The goal of using the phenomenological method was to describe grief as experienced by this population. It took approximately two months to collect the data.

The researcher used the Colaizzi (1978) method for the purpose of data analysis. According to Colaizzi (1978), experience is considered to be objectively real for each person. It is not a mere internal state of being, but more so, it is a mode to externalize, or describe, its significant presence in the world. In an effort to identify human phenomena, the experience must be described. In other words, understanding human experience is necessary to understanding human psychological phenomena (Colaizzi, 1978).

Colaizzi (1978) has outlined a seven-step method of analyzing data that was followed in this research study. To gain better understanding of the feelings expressed by adults who have lost siblings, the transcripts of the audiotapes were read and reread for
clarity (Step 1, Colaizzi method). Significant statements related to the sibling death experience were extracted (Step 2, Colaizzi method). The researcher attempted to “spell out” the meaning of “significant” statements, which is known as formatting meanings. This involved being able to carefully translate what the participants said into what they actually meant (Step 3, Colaizzi method). The researcher found themes that were common to all participants’ descriptions of their experience (Step 4, Colaizzi method). The researcher then formed the results into an exhaustive description of the grief experience into statements that identified the core fundamental structure as accurately as possible (Step 5 & 6, Colaizzi method). The analysis of the transcribed data further accomplished answering the research question, “What is the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years?"

Participants

Setting

Interviews were conducted in locations that were quiet and comfortable for each participant. The predetermined locations were agreed upon by both the researcher and the participants, and involved the use of a school office or a conference room on the MCO campus. Regardless of the location, the goal was to ensure a climate that offered intimate, undisturbed, and relaxed open-ended discussion.

Sample of the population

The adults in this study volunteered to be participants because they have experienced the loss of a sibling within the past 2 to 5 years. These individuals willingly responded to the researcher’s request after having seen flyers, email announcements or
having the request expressed to them verbally. The research question was: What is the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years?

Sample size and demographics of participants

The sample size was limited to five adult participants, which involved four women and one man. The researcher changed the names of the participants in order to protect their privacy. The researcher asked each participant a few basic questions about the sibling who died: the cause of the sibling’s death, the participant and the deceased sibling’s ages at the time of the death and the birth orders of the participant and the deceased sibling. Other information that was sought included marital status, educational level, and prior significant losses.

Inclusion/exclusion criteria

To be included in this research study, the participants had to be adults, 18 years and older, who had a brother or sister die within the past 2 to 5 years. Young children and adolescents were not considered for the purpose of this study. Both men and women were welcome to respond to the researcher’s request. All had agreed to participate on their own accord. All of the participants live within the northwest Ohio area.

Material

Open-ended interviews

Open-ended interviews were utilized to collect the data. Colaizzi (1978) concludes that descriptions generated by dialogal interviews are often richer and more meaningful than written data. He further declares that an attentive researcher is able to pick up on subtle yet valuable nuances of speech and gestures, which are important to understanding the participant’s experience. Questions were asked if clarification was
needed, but participants were encouraged to speak freely, taking as much time as necessary to fully express their experience. The interviews lasted between 30 to 60 minutes. The interview began with this question asked by the researcher: “Tell me what it was like for you to experience this loss.” The interviews were taped on an audio recorder.

Qualitative Criteria

Auditability

In qualitative studies, auditability is the ability to follow another researcher’s thinking, progression of events, and arrive at the same conclusion (Burns & Grove, 2001). For the purpose of this study, the committee chair reviewed the transcripts of the interviews and compared her conclusions with those made by the researcher. This practice enabled auditability to be effectively achieved.

Fittingness

Also considered appropriate to a qualitative study is the criterion known as fittingness. According to Speziale & Carpenter (2003), fittingness relates how well the findings of a research study may apply to similar situations outside of a research study. The findings from this study applied to only five adult participants who coped with the loss of a sibling within the past 2 to 5 years. Taken into account that perceptions change over time, then fittingness applies to this sample population only at the time the interviews were conducted.

Bracketing

Speziale & Carpenter (2003) define bracketing as a cognitive process of setting aside one’s beliefs and remaining open to data that’s revealed. In an attempt to bracket
her own personal beliefs, the researcher reviewed her personal experience with the death of her father prior to beginning this research study. This allowed her to process any disruptive thoughts and bracket her personal experience, allowing herself to remain open to data that was revealed during the study.

Data Collection

Sampling

The participants in the sample, which included four women and one man, were interviewed for the purpose of this study. They volunteered and were included based upon their first-hand experience with sibling grief, meeting the criteria for this study. The researcher recruited participants by distributing flyers to interested individuals describing her research, through an email announcement directed toward academic health science faculty, students, and employees, and through word-of-mouth measures. The participants then contacted the committee chair indicating their interest to participate in the study. The implications of the study were explained to each participant and they were all given the opportunity to ask questions or discuss concerns regarding the study. At that time, an agreement was reached to set up an interview with the researcher.

Protection of human rights

A consent form was given to each participant for his or her review and signature. Additionally, at this time, participants were given the opportunity to ask questions not previously discussed with the committee chair. Each participant received a copy of the signed consent form for his or her personal records. As stated before, participants were willingly participating in this research study and had the chance to withdraw at any time. This form also described, in detail, the purpose of this research study and what each
participant’s involvement would entail. Most importantly, the researcher expressed to each participant that the form was also a contract, assuring that the participant’s confidentiality would be maintained throughout the study. The researcher never allowed any participant’s name to be divulged or associated with any data that was collected from the interview. Only the researcher and a designated transcriber listened to the audiotapes. Furthermore, the audiotapes were destroyed after data was completely transcribed. At the conclusion of the study, the transcribed data remains locked in the principal investigator’s office for a period of up to six years.

Method of data collection

After approval for an expedited study was obtained from the Institutional Review Board (IRB) at the Medical College of Ohio, data collection was initiated. Participants were selected and interviews began. Open-ended interviews were audio taped and transcribed verbatim to ensure accuracy. The researcher reviewed the transcriptions in order to identify significant themes. The findings were then taken to the committee chair for further review and possible recommendations.

Assumptions

In a qualitative study, every attempt is made to go into a study with no personal assumptions. However, an assumption in this qualitative research study was based upon the notion that reality is determined by perception, and that perception is unique to each individual, varying over time and place (Burns & Grove, 2001). The researcher assumed that each adult participating in this study perceived their experience differently than the other participants. It was also assumed that the lived experience, as each participant told it, was based upon his or her own reality; it was not relevant what others thought or said
as a result of the lived experience (Speziale & Carpenter, 2003). Therefore, the
participant’s family and friends – or others who experienced grief associated with the
sibling loss – were not included in this research study. A final assumption was made that
all participants spoke freely and were able to convey their experiences to the best of their
ability and without fear of judgment.

Limitations

Limitations of this research study were due to the researcher’s inexperience with
in-depth interviewing techniques and in analyzing data, therefore, assistance was sought
from committee members who have acquired expertise with these particular skills.
Another limitation was that the perceptions about sibling grief involved only a sample of
adults who have experienced the loss of a sibling. Their perceptions, including their
thoughts and emotions, may not be an accurate representation of the general population.

Data Analysis

Colaizzi (1978) expressed that the human experience is an integral part of the
human psychological phenomena. In an effort to accurately identify this kind of
phenomena, the lived experience should be thoroughly described. Colaizzi (1978) has
outlined a seven-step method of analyzing data, and this method was utilized to analyze
data collected for this research study.

Step 1: The researcher read, and reread, the participant’s descriptions of the lived
experience, hoping to accurately develop a feeling of his or her perception of the lived
experience (Colaizzi, 1978).
Step 2: The researcher extracted any significant statements that were related to the phenomena being studied (Colaizzi, 1978). For this research study, the phenomenon of interest is: What is the lived experience of adults coping with the loss of a sibling?

Step 3: The researcher attempted to “spell out” the meaning of significant statements. This is known as formatting meanings. It involved creative insight to translate what the participants verbally expressed into actually what they meant (Colaizzi, 1978).

Step 4: The researcher organized the formatted meanings into themes that were common to all participants (Colaizzi, 1978).

Step 5: The researcher wrote an exhaustive description of the phenomena being studied (Colaizzi, 1978).

Step 6: The researcher made an effort to formulate the exhaustive description of the phenomena investigated into accurate statements as much as possible that identified the fundamental structure and meaning of those statements (Colaizzi, 1978).

Step 7: This step involved final validation. Once the findings were determined, they were reviewed with the participants (Colaizzi, 1978). The researcher then asked each participant if there were forgotten aspects of the experience that were not previously expressed.

Summary

The purpose of this phenomenological study was to describe the lived experiences of adults coping with the loss of a sibling within the past 2 to 5 years. Five adults, including four women and one man volunteered for the study, meeting the inclusion criteria. Open-ended interviews were chosen as the instrument for the purpose of
collecting data and the interviews were audio taped. Data was sorted into themes, and then analyzed using Colaizzi’s method of analysis.
CHAPTER IV

Results

This chapter describes the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years. Themes that were common to all participants are identified and discussed using Colaizzi’s (1978) seven-step method of analysis. The participants’ statements in relation to each relevant theme are provided. This chapter concludes with an exhaustive description of the phenomena studied: What is the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years?

Participants

The names of the participants and the deceased have been changed to protect their privacy. Five adults participated in this study and included four women and one man. At the time of the interviews, their ages ranged between 32 and 62 years old. Three of the participants were married and two were divorced. All participants have children. The four women participants were Caucasians. The only male participant was of Middle Eastern descent. Two participants have bachelor’s degrees and two participants possess master’s degrees. One female participant stated having completed only one year of college. All participants were working full time jobs at the time of the interviews.

Each participant was interviewed in a location that was agreed upon beforehand by the researcher and the participant. The chosen locations were quiet and relaxed and away from outside disturbances so the interviews would not be interrupted. All participants stated they felt comfortable and capable of freely expressing themselves during the audio taped interviews. All participants verified that the deaths of their siblings were within the past 2 to 5 years. One of the participants had two brothers die
within the specified time frame. The time of death was calculated in months and the sibling deaths were between twenty-seven and fifty-four months ago.

Joan, the participant who had two brothers die within the past 2 to 5 years, said that both of her brothers died as a result of terminal cancer. Two participants said the deaths were due to heart-related causes – Carol stated heart disease and Martha stated a heart attack. Mark stated that his brother died suddenly in a car accident. Ann was the only participant who stated her brother died of unknown causes and there was no autopsy done to verify a cause for her brother’s death.

The researcher found that the data received from the participants was a representation of the lived experience of these five adults coping with the loss of a sibling. The themes that emerged from participants’ interviews will be discussed in the next section.

Themes

The following five themes were identified: 1) Bereaved siblings exhibit a variety of grief reactions in response to sibling death. 2) Losing a sibling affects adults’ perspective on life, health, and mortality. 3) Bereaved siblings perceive cause of death and other significant losses affect grief reactions and coping styles. 4) Bereaved siblings use a variety of coping skills to deal with sibling death. 5) Bereaved siblings perceive the relationship they had with their sibling prior to the death, as well as other significant relationships, to be important factors in how people cope.

Theme 1

Bereaved siblings exhibit a variety of grief reactions in response to sibling death. The sibling’s death was an experience unique to each participant. However, grief
reactions immediately following the sibling death were similar but varied in intensity and duration among participants.

- Ann experienced intense shock as a reaction to her brother’s death, clarifying to the researcher that her feelings were probably intensified because she was eight months pregnant at the time of her brother’s death: “I mean, I know detail by detail what I was wearing, how I was sleeping, how the bedroom looked, everything…it was a moment of shock that I can’t even put into words…I just remember sobbing and sobbing and sobbing, just in shock and not really knowing what to do…I was just in so much shock that I got up and I went to work…I didn’t know what else to do, so I just kept doing things…a combination of shock and denial…I cried a little bit but it just seemed surreal…I couldn’t even process it.”

- Joan, who had experienced the loss of two brothers within the past 2 to 5 years talked about the first brother who died of cancer, stating she was “incredibly relieved that he didn’t have to suffer anymore.” In reaction to her second brother’s death, who also died of cancer, she stated, “That was sad.” In summing up her reaction to both deaths, she stated “Some people might look at me as kind of cold and hard-hearted maybe, but I don’t wail and cry and carry on forever and a day and a year later…I do the grieving that seems to be appropriate for me and there’s nothing wrong with that…every family is different, everybody grieves differently.”

- Carol’s reaction to her brother’s death was from a standpoint of bewilderment: “We couldn’t believe it because here was a person that never
complained about anything…never complained about a cough or cold…so it was just hard to believe.”

- Martha was tearful talking about her brother and stated she was in a state of disbelief following the death of her brother: “One afternoon he was there and the next he wasn’t…it was very strange.”

- Mark talked about how his reaction to his brother’s death was difficult to put into words: “I kind of froze…I mean, I don’t know what, how to explain it, it’s just a feeling that you can’t explain…you’re in disbelief…you’re like thinking, okay, today is April’s Fool day, anything, I mean you think of lot of things to make this not real…you think this is a dream…I couldn’t believe it…thinking all these memories are coming in your head…thinking about all those things you did…all of a sudden, it hit me harder and harder and then there were tears in my eyes, and so I was crying…it was very, very difficult.”

Theme 2

Losing a sibling affects adults’ perspective on life, health, and mortality. As a result of sibling death, the participants became more introspective, which allowed them an opportunity to consider previous habits and lifestyles as well as the future of their own health and wellness.

- Joan stated that both of her brothers’ death made her consider her own mortality: “I run and I exercise…I get annual check-ups and my mammograms…one by one they all get cancer…it’s like, when was it going to be my turn…it was like
this is getting too close to home here…I’m wondering what my fate is going to be.”

- Carol spoke about how her perception has changed in regards to the way in which she lives her life now: “I try to go for a regular check-up…I think, might sound crazy, but I kind of live or do things differently than my siblings and my parents…it just kind of motivated me to be stronger and keep going and try to do things…try to continue to do things that will be not harmful and stay healthy and active.”

- Ann expressed some concern and anxiety when discussing her brother’s sudden death and how it has caused her to think about her own mortality: “If he had some kind of weird thing happen, well the rest of us could have that…it was one of those bizarre heart things.”

- Martha became more appreciative of life and valued her health and wellness a lot more: “It made me change my attitude about what’s important in life, especially with my kids…you just don’t know when you’re gonna die…I made everyone get their hearts checked afterwards…In my mind I think, I have to do things differently in my life now…I have to watch what I eat, don’t drink too much, get out and exercise…you just have to change what you’re doing…you have to get on with life.”

- Mark discussed how he places more value on his life and family since the death of his brother: “I don’t speed anymore, I put my seatbelt on…I’m not a ‘speed demon’ anymore, I don’t want to…I have more appreciation for life right
now…you should appreciate, you should embrace this moment that you have with your family, I didn’t until he passed away.”

Theme 3

Bereaved siblings perceive cause of death and other significant losses affect grief reactions and coping styles. If the sibling death was sudden, or if the cause was unknown, the most common reactions included shock, denial and disbelief. In contrast, if the sibling died of a terminal illness, relief was considered an acceptable reaction. In addition, most participants had previously experienced other losses within their families, such as parents and grandparents. Grief reactions and coping styles for their siblings were different than for those other losses.

- Joan accepted the fact that her brother had a terminal illness and prepared herself for the imminent death: “There wasn’t a whole lot of time for feeling sorry for me or for feeling sorry for Tom…I had made up my mind that I was not going to let him die with no family around…he had been in a coma for probably a couple of weeks, I kept talking to him…he probably wasn’t really suffering, he probably didn’t have to deal with the pain he had for quite some time…my brothers deaths didn’t initiate the thoughts that my mother’s death initiated.”

- Carol talked about how her brother’s sudden death caused her to have some feelings of anger toward him, blaming him for not doing something about his condition: “We came across a bag that had his wallet in it and his car keys so I don’t know if it was a thing where he felt sick or he felt something happening…something was going on so he decided to hide this stuff…I was a little bit upset with how come he didn’t try to find out about what was
wrong…he did not do anything about it…a person offering to go to the hospital with him to see what’s wrong or to find out what’s wrong, and he was just kind of like, oh, I’ll be okay, and there probably could have been something done…I’ve coped well because he’s not the first, lost a parent before this, then the dad, then the younger brother.”

- Ann had a difficult time dealing with the sudden death of her brother because she never found out the real cause for his death: “The unknowing…because being in the medical field…I felt a lot of guilt…I should have been saying more, should have talked to him…my sister-in-law chose not to have an autopsy done, and I don’t know if that was her own denial, but for me, I was so angry…and it still bothers me, to this day, I needed to know what caused his death…it’s also just, mentally, I could fit it in a package and put it away if I knew what happened.”

- Martha had experienced the deaths of other family members prior to her brother’s death, stating “I didn’t take it any harder…by this time my mom had died at 68…we knew what was coming there…dad was an alcoholic and so when he died at 53, we just thought it was alcohol-related…you know there’s always the ‘what-ifs’…what if Michael had gone to the doctor when he first started feeling light-headed, what could we have done differently…it’s always in the back of your mind.”

- Mark had a very close relationship with his brother, stating they were “best friends” so it was very difficult when he heard the news about his brother’s sudden death as a result of a car accident: “I’m wondering why it happened so
fast and no one called me until it was all over… I wasn’t even at the hospital to say goodbye to him… I still can’t believe it… at the beginning it was really hard… I go home, after the burial and everything, the house was very quiet… it was sad… when someone dies when they’re older and they’re sick, they get sicker and more weaker, it’s easier to deal with their death, you’re dealing with it every day, you’re seeing it… when something happens sudden, it’s the hardest, you don’t see anything, you don’t expect that.”

Theme 4

Bereaved siblings use a variety of coping skills to deal with sibling death. The participants discussed several factors that facilitated coping and included: spirituality or faith in God, the support of family or friends, and sports or hobbies. More so, the findings revealed that it was a period of self-analysis and reflection, putting things into perspective, or just allowing “time” to heal their grief.

- Joan discussed the importance of her friends and how they facilitated her ability to cope effectively: “In my heart, my family are my friends – the people at the beach who have sort of adopted me and taken me in, they’re my family… I keep busy, I don’t dwell on the bad things or the unfortunate things… I just try to keep a very positive life going between working and running… I play the harp, so I do a fair amount of that… everything I do, there’s joy in it, there’s happiness, there’s good times, there’s friendship.”

- Carol utilized a variety of coping skills following the death of her sibling: “I play softball, I play golf, I walk… I drink socially… I do smoke because I like it… I don’t go to church all the time, but I do participate in church… I do pray and I do
believe there’s a God…a higher power that can help me get by, get through the day…something is keeping me going…something is making it possible for me to wake up and see another day…I have so many things I would like to do.”

- Ann held steadfast to her faith and discussed how that was the most important factor in her ability to cope well: “My faith and my church is probably the only thing that got me through…I knew my brother was a Christian and I know with all my heart that he’s in heaven, and so I don’t have to worry about that and I felt a peace that I don’t understand…he’s not suffering, we are suffering, but he is not, and that comforted me greatly and that’s probably what got me through it…if I didn’t have faith…I don’t think I could cope, because it would have no purpose, no meaning, no nothing.”

- Martha felt it was important to take time out for herself, but at the same time, she became more involved with her family: “It gets easier only because with us, we sit around the dining room table and we tell stories…there’s not a day that doesn’t go by that I don’t look at his picture…the kids and I would have picnics on his grave…we don’t forget…I sort of backed off more, and took more time off work to do things that I wanted to do.”

- Mark discussed how it is still difficult to deal with the loss of his brother, but that being a dad has been the biggest reason he is able to cope well: “Life goes on, and I needed to deal with that, and I’ll tell you, it’s gonna get easier at a point, but right now, I think about the memories with him and I cry…I’m hoping I can get to a point where I think about the memories with him and I laugh…I’m hoping he’s in heaven and I’ll see him over there…I sobbed at the beginning, but you know, I
have a child right now and I’m the happiest person…a lot of people say he looks like his uncle, I guess maybe I smile about that now.”

Theme 5

Bereaved siblings perceive the relationship they had with their sibling prior to the death, as well as other significant relationships, to be important factors in how people cope. Sibling relationships are perceived to be life-long. However, coping styles were congruent with the level of closeness the participants’ experienced with their sibling prior to the death. Often times, other family relationships affected participants’ coping styles.

- Joan said she was raised in a family that was not close. Furthermore, she rarely made contact with her brother until the very end of his illness: “Even though Tom had not been in touch with me for years, he was still my brother and I still loved him and worried about him…this upset me that he was terminally ill and how did this all come about…I decided to be with my brother for as long as I could…we had differences of opinions over one thing or another, that didn’t change the fact that we are brother and sister and I still love him and I’m here to do for him whatever he wants.”

- Carol discussed how her relationship with her brother was estranged prior to his death: “We hadn’t been on really good speaking terms with each other a month or two before he passed…he had been dead since Sunday and we didn’t find out until Wednesday morning…he was too cheap and too afraid to go to the doctors…I realized too, in families of people, Black families, males are afraid to find out the bad…they will not go to a doctor or get checked out.” When speaking about her relationships with other family members, she states,
“Everyone has their own lifestyle, everybody has things going on…but we talk to each other on the phone.”

- Ann discussed how there was a big age difference with her brother, claiming their relationship was different due to the age difference: “We didn’t have the same type of relationship as the typical brother and sister because we didn’t grow up together…there was kind of that take care of, or adore her, kind of thing…he was 2 months away from meeting my other baby and that just killed me to think that here I was pregnant and he was never going to see my baby.” She discussed how her family kind of fell apart following her brother’s death: “My mom just wanted to cancel everything because she was upset and my whole family just kind of didn’t know what to do, but it seems like as each year goes on…nobody really forgets but you just go back to your normal thing…that first holiday season, that stuff, was really just weird…the second year, it didn’t seem as hard.”

- Martha was close with her brother and everyone else in her family – before, during and especially after his death: “Our conversations were just real quick, but this one was probably a half hour long, and then that night he died…I think our family is a resilient family…we all support his wife and two kids…we stay close…if anything, we became closer…a more tight-knit family.”

- Mark spoke of the closeness he shared with his brother: “We got together just about every morning…we’d have breakfast together…he’s my best friend.” He discussed how difficult it was for everyone in his family to deal with the loss of his brother since they were such a close family: “I had to be strong…mom and dad became children, they became more devastated…I think I’m still dealing with
it even though it’s been more than 2 years…my mom and dad are doing better with it…it’s almost like a taboo thing to talk about it…you don’t want to talk about it…it’s a cultural thing…we used to be one big chain, knot, we’re tied together and one piece is missing right now.”

Exhaustive Description

In this study of the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years, the participants described a variety of grief reactions. It was through this difficult experience that the participants were able to pause, reflect and consider their own life, health and mortality. The cause of sibling death, as well as other significant family losses, affected the grief reactions and coping styles of participants. The participants utilized a variety of coping skills in order to deal with the loss of their sibling. The participants perceived the relationship they had with their sibling prior to the death, as well as other family relationships, were significant factors in how well they coped. The experience of losing a sibling, which is unique to every individual, is a complex phenomenon that is not clearly understood and will continue on that path over time.

Validity

The validity of results for this research study followed the methodological practice of confirming the exhaustive description with all participants. The researcher asked participants whether or not the interpretation of the themes matched their thoughts and feelings. Every participant confirmed the description of themes and voiced no alternatives, proving that validity was achieved in this study.

Summary
The results of the data analysis using Colaizzi’s (1978) method were discussed in this chapter. Five themes emerged from the data and were identified and are the following: 1) Bereaved siblings exhibit a variety of grief reactions in response to sibling death; 2) Losing a sibling affects adults’ perspective on life, health, and mortality; 3) Bereaved siblings perceive cause of death and other significant losses affect grief reactions and coping styles; 4) Bereaved siblings use a variety of coping skills to deal with sibling death; and finally, 5) Bereaved siblings perceive the relationship they had with their sibling prior to the death, as well as other significant relationships, to be important factors in how people cope. This chapter concluded with an exhaustive description of the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years.
CHAPTER V

Discussion

This chapter includes a discussion of the findings for this research study of the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years. The findings will be compared to prior research that is relevant to this research topic. In addition, the findings will also be related to the Roy adaptation model. Limitations and implications for nursing theory and nursing practice are revealed. Finally, recommendations for further research will be discussed, concluding this chapter.

Findings

Theme 1

Bereaved siblings exhibit a variety of grief reactions in response to sibling death. Though each participant experienced the loss of a sibling in his or her own way, grief reactions had similarities among participants. Differences were related to intensity level and/or duration of grief reactions. Though a variety of emotions were identified, the most common responses expressed among participants were sadness, shock and denial at the time of death. The literature confirms similar grief reactions among children and adults. In the Davies (1997) study, responses of children to the death of a sibling, which
occurred in at least 50% of the children studied, felt an overwhelming sense of sadness. Adults in this study described varying levels of sadness. Additional studies, involving adult participants also described sadness, as well as anger, fear, guilt, and loneliness as common grief reactions (Robinson, 2001; Mahon, 1994; Mahon & Page, 1995; Dowden, 1995; Rodger & Tooth, 2004; Moss & Moss, 1989).

For one participant, grieving over the loss of two brothers who both died of terminal cancer was less intensified and shorter in duration compared to others participating in this study. Although sadness was present, the participant also felt a sense of relief following her brother’s death, stating she was “incredibly relieved that he didn’t have to suffer anymore.” Similar findings were revealed in the Rodger and Tooth (2004) study of one family’s grief reactions following the loss of their sibling. Those participants, whose sibling died of cancer, reported feeling “generally relieved” once death had passed because they knew their sibling was no longer in any pain.

An interesting finding in the Mahon and Page (1995) study revealed that children participants reported feeling aware that their grief reactions were being judged by others, and often affected their own perception of bereavement; they were left pondering, ‘What is, or what is not, a normal response?’ In contrast, none of the adults in this research study expressed concern over how others viewed their grief reactions. One participant verified this by saying, “Some people might look at me as kind of cold and hard-hearted maybe, but I don’t wail and cry and carry on forever and a day and a year later… I do the grieving that seems to be appropriate for me and there’s nothing wrong with that…every family is different, everybody grieves differently.”

Theme 2
Losing a sibling affects adults’ perspective on life, health, and mortality. All participants voiced concerns about how the sibling death has caused them to become more aware of their current habits and lifestyles, with their own mortality becoming an issue of sudden importance. One participant clearly expressed her fear of mortality when she stated, “This is getting too close to home here… I’m wondering what my fate is going to be.” Another participant who didn’t know the cause of her brother’s death also had some anxiety about the future of her own health, stating, “If he had some kind of weird thing happen, well the rest of us could have that…it was one of those bizarre heart things.” Similarly, participants in the Moss and Moss (1989) study involving adults 65 years old and over said they had moments after their sibling died when they questioned their own identity or mortality. Additionally, adult participants in the Davies (1997) study revealed that they had distressing thoughts about cancer occurring in themselves as well as other family members and future offspring. Though this is a common theme in the adult literature, the issue of mortality has not been mentioned in the literature involving children and adolescents coping with the loss of a sibling.

Many participants discussed how coping with sibling loss had facilitated a desire within them to become more appreciative of life and family. One participant stated, “It made me change my attitude about what’s important in life, especially with my kids… you just don’t know when you’re gonna die… I made everyone get their hearts checked afterwards.” Another participant had a similar reaction, stating “It just kind of motivated me to be stronger and keep going and try to do things… try to continue to do things that will be not harmful and stay healthy and active.” The only male participant revealed having an appreciation for his family, stating, “You should embrace this
moment that you have with your family, I didn’t until he passed away.” Rodger & Tooth (2004) revealed similar findings. For many adults in the author’s study, the event of the sibling death helped them to reprioritize their lives, allowing them to become more appreciative, compassionate, gentle and sensitive individuals (Rodger & Tooth, 2004).

Theme 3

Bereaved siblings perceive cause of death and other significant losses affect grief reactions and coping styles. If the death was sudden and unexpected, participants expressed feeling shock, denial and disbelief; other causes of death often produced different reactions. For instance, shock was the emotion most often expressed by two participants whose brothers died suddenly. One participant didn’t know the cause of her brother’s death and stated, “I was so angry…and it still bothers me, to this day, I needed to know what caused his death…it’s also just, mentally, I could fit it in a package and put it away if I knew what happened.” The other participant who experienced a lot of shock and disbelief stated, “I’m wondering why it happened so fast and no one called me until it was all over…I wasn’t even at the hospital to say goodbye to him…I still can’t believe it.”

The literature revealed that perceptions of death vary among individuals and that not only the cause of death plays a major role in grief reactions and how one copes, but also any event that occurs prior to, during, or following the sibling death (Davies, 1997; Leder, 1992). All participants had experienced other significant losses prior to their sibling’s death; one participant experienced two losses within a matter of months. Some of them discussed how their grief reactions and coping styles were different as a result of
experiencing other significant losses. One participant stated, “I’ve coped well because he’s not the first...lost a parent before this, then the dad, then the younger brother.” In the Moss and Moss (1989) study, in which participants were healthy, active adults over the age of sixty-five, similar responses were reported. The participants viewed themselves as “survivors” since they’ve experienced other family losses and had made it through a variety of other life stressors. Furthermore, it was indicated in the Dowden (1995) study involving children 3-7 years of age, that people – both young and old – who have previously experienced family loss, manage to cope better after the death of a sibling.

The literature revealed that death of a sibling from a sudden or traumatic death often takes years to regain any feelings of “normalcy” (Mahon, 1994). One participant stated, “that first holiday season, that stuff was really just weird...the second year, it didn’t seem as hard.” Furthermore, it was expressed to the researcher by some of the participants that death seems to be more “acceptable” if it is one in which a terminal illness is the cause, or if the person is already old and sick. For instance, one participant stated, “When someone dies when they’re older and they’re sick, it’s easier to deal with their death, you’re dealing with it every day, you’re seeing it...when something happens sudden, it’s the hardest, you don’t see anything, you don’t expect that.”

Theme 4

Bereaved siblings use a variety of coping skills to deal with sibling death. Several mechanisms, such as hobbies and sports, family and friends, faith and spirituality, and inner strength and resilience were all mentioned as things that helped participants cope with the loss of a sibling. However, the literature, which mostly focused on how children
and adolescents cope with sibling loss, noted that the ability to cope effectively varied mostly in relation to an individual’s developmental stage. It was found to be a difficult process for the children in the Leder (1992) study, regardless of positive influences. The Robinson (2001) study involving adult participants found that the experience of survivor guilt is more prevalent among children than adults, also concluding that it is a reflection of the bereaved’s developmental stage.

For one participant, it was the support of family and friends that helped her and stated, “In my heart, my family are my friends – the people at the beach who have sort of adopted me and taken me in, they’re my family.” Another participant mentioned, “It gets easier only because with us, we sit around the dining room table and we tell stories…the kids and I would have picnics on his grave…we don’t forget.” The literature confirmed this with several studies mentioning that by openly discussing the loss with other family members and friends, the coping process was easier (Hogan & DeSantis, 1994; Mahon & Page; Mahon, 1994; Rodger & Tooth, 2004).

Two participants mentioned that having a sense of spirituality or faith in God was the most important factor in their ability to cope. One participant stated, “My faith and my church is probably the only thing that got me through…if I didn’t have faith…I don’t think I could cope, because it would have no purpose, no meaning, no nothing.” Another stated, “I do pray and I do believe there’s a God…a higher power that can help me get by, get through the day.” Only the Batten and Oltjenbruns (1999) study suggested that sibling bereavement acted as a “catalyst” for spiritual development among adolescents.

In contrast, three participants briefly mentioned that spirituality was not a factor in their ability to cope. Two previous studies can relate to this finding. Both revealed
that religion, including God, was not a major factor in helping individuals cope with sibling loss, but might be considered a hindrance from coping, suggesting that God was unfair in taking the life of their sibling (Van Riper, 1997; Rodger & Tooth, 2004).

In general, most participants felt it was more so a matter of utilizing their own inner strength, feeling resilient and gaining a sense of purpose to move on with their life. One participant stated, “Everything I do, there’s joy in it, there’s happiness, there’s good times, there’s friendship.” Another stated, “I have so many things I would like to do.” One participant felt he had to be strong for his family stating, “Life goes on, and I needed to deal with that…I sobbed at the beginning, but you know, I have a child right now and I’m the happiest person.” Since most of the grief literature involved children and adolescents, the idea of personal resilience as a coping skill was vague. Only the Moss and Moss (1989) study, which involved older adults, found that losing a sibling facilitated the desire to reprioritize their life, and as a result, became more compassionate and sensitive.

Theme 5

Bereaved siblings perceive the relationship they had with their sibling prior to the death, as well as other significant relationships, to be important factors in how people cope. Three participants expressed having a close relationship with their sibling prior to the death. Additionally, the same participants currently have positive, close relationships with other family members. One of those participants stated, “I think our family is a resilient family…we all support his wife and two kids…we stay close…if anything, we became closer…a more tight-knit family.” Another revealed how his sibling was his best friend, adding that because they were so close, dealing with his loss has been long and
difficult stating, “I think I’m still dealing with it even though it’s been more than 2 years…I had to be strong…mom and dad became children, they became more devastated.” This is consistent with the Leder (1992) study, in which findings revealed that parents’ perception of the sibling death often impacted, if not prolonged, the grief responses of their children.

For two participants, sibling and family relationships had always been distant and a bit strained. The lack of closeness did not change the fact that one of the participants still cared about her sibling stating, “Even though Tom had not been in touch with me for years, he was still my brother and I still loved him and worried about him.” Another participant, feeling a little more animosity toward her deceased brother said, “We hadn’t been on really good speaking terms with each other a month or two before he passed…he had been dead since Sunday and we didn’t find out until Wednesday morning…he was too cheap and too afraid to go to the doctors.”

Again, much of the literature revolved around children and adolescents, and therefore, the findings associated with family dynamics were different and aren’t applicable to the participants in this research study. However, it should be noted that regardless of age, duration or intensity of a sibling relationship, it is one that is life-long, enduring through good times and bad. Through the participant’s verbal and nonverbal expressions, the researcher in this study has been able to gain further insight and appreciation for this concept.

Limitations

One limitation of this study was that the researcher has never experienced before the process of in-depth interviewing participants for a research study. Due to the
researcher’s lack of knowledge and skills with in-depth interviewing, assistance was sought from the committee chair whose experience and expertise with interviewing participants was most helpful. Assistance was also needed with data analysis, since the researcher was inexperienced with compiling and sorting through data, looking for significant themes, and finally, relating those themes to previous research.

A limitation of the sample was that the study involved only five participants, four of which were women. Possibly a study involving more male participants would reveal some insightful data not previously mentioned in the literature. Since the time frame in which the loss occurred was limited to within the past 2 to 5 years, it might be considered a limitation. Perhaps, adults outside of this research study who have experienced the loss of a sibling within this time frame would report different findings.

Implications in Nursing Theory

The Roy adaptation model (Roy & Andrews, 1999) conceptualizes the person as a holistic adaptive system, adapting to internal and external stimuli that form the environment. Focal stimuli, which can be ether internal or external, represent something of immediate concern to an individual (Roy & Andrews, 1999). In this study, the bereavement event of losing of a sibling was the focal stimulus. Contextual stimuli include other stimuli that affect the focal stimuli (Roy & Andrews, 1999). Some examples of contextual stimuli that were found in this study included family influences, work and social influences, spirituality or a belief in God, and personal resources such as resiliency and strength to move on from the event. Although the contextual stimuli were not the center of attention, they influenced how the participant dealt with the sibling loss.
Stimuli that are not consciously clear are known as residual stimuli (Roy & Andrews, 1999). Residual stimuli cannot be validated since they are “unknown” by definition.

A person collectively interprets the stimuli and forms a conscious appreciation of it, which is known as perception. Roy and Andrews (1999) describe perception as having the ability to give meaning to what is being sensed. In this study, each participant transformed his or her experience of losing a sibling into a meaningful experience. The participants discussed the characteristics of the event itself, but also attached their own thoughts and feelings to the event. The entire adaptation process, in which coping skills were utilized, continued to be the participant’s interpretation of the stimuli.

 Adaptation occurs through the coping process utilizing regulator and cognitive factors that affect perception. They are subsystems of any external stimuli. Regulator coping involves ineffective coping and includes any physiological changes that occur as a response to the stimuli (Roy & Andrews, 1999). Regulator coping was not evident in this study. One participant had smoked and drank socially prior to her brother’s death and continued to do so in the same manner after he died. Another participant was 8 months pregnant at the time of her brother’s death and expressed sadness that he wouldn’t have the opportunity to know his niece, but the participant said she physically coped well and had no problems with her pregnancy. These two participants, as well as the other participants in this study, did not display nor verbally express that physiological changes occurred through the coping process as a response to the sibling death.

In contrast, cognitive factors were evident in this study. Cognitive coping includes changes in emotions, perceptions, or decision-making abilities as a response to the stimuli (Roy & Andrews, 1999). Through the cognitive-emotional channels, the
researcher was able to discover what the experience was like for adults coping with the loss of a sibling. The participants’ grief reactions included sadness, anger, guilt, and denial upon losing a sibling. Five significant themes identified the perceptions of the participants’ experience, including their perception about life, health and mortality. Cognitive coping with sibling loss increased their desire to place more value on their own health and wellness, as well as their relationships with family and/or friends.

Roy and Andrews (1999) describe coping processes as ways of responding to the changing environment. The ability to adapt to this changing environment is a function of the person’s adaptation level (Roy & Andrews, 1999). In this study, the researcher learned that coping with the loss of a sibling is a complex process, unique to each participant, and occurs over time. Some of the participants expressed that “time” is considered a factor in a person’s coping process. For one participant, coping remains an ongoing process, stating, “I think I’m still dealing with it even though it’s been more than 2 years.”

The person’s grief response or adaptation outcome occurs in four adaptive modes: physiological, self-concept, role function, and interdependence. It is through these modes that the adaptation response can be observed (Roy & Andrews, 1999).

Physiological mode

The physiological mode is the person’s way of physically responding to the stimuli around him (Roy & Andrews, 1991). As previously stated, participants did not verbally express having any physical symptoms as a result of experiencing sibling death.

Self-concept mode
The self-concept mode contains both psychological and spiritual aspects of the person and exemplifies how one thinks at any given time (Roy & Andrews, 1999). In this study, many of the participants discussed how it was their spirituality or faith in God that helped them to cope effectively. The psychological aspect was evident in those participants who expressed becoming more introspective and motivated to use their own personal resources to cope with the sibling loss. Resilience and a desire to improve their own quality of life are two examples of how participants were thinking as adaptation occurred for them.

Role function mode

The role function mode describes the role the person fills in society. To know who one is and how to act is a basic need of the person (Roy & Andrews, 1999). The role of the adults in this study is a brother or sister to the deceased sibling. This role may have been discontinued with the deceased sibling, but all of the participants have other brothers and sisters still alive, and therefore, continue in that same role. The participants briefly mentioned other roles such as mother, father, daughter, and son and continue in the roles that apply to them.

The participants had unique relationships with their deceased sibling and they were different from each other. Some of the participants verbally expressed a lack of closeness or kinship with their sibling. However, one cannot assume that just because they were not close that they minimized their role as a sibling. The researcher is aware that sibling relationships are long lasting and endure through life’s ups and down. For example, one participant stated, “Even though Tom had not been in touch with me for years, he was still my brother and I still loved him and worried about him.”
Interdependence mode

The interdependence mode focuses on the interaction between giving and receiving love and acceptance from others. To feel secure within a relationship is a basic component of this mode (Roy & Andrews, 1999). Some of the participants discussed the dynamics of their relationships with other family members before, during, and after the sibling death. Some family relationships were strained as a result of the sibling death. For example, one participant discussed how her mother sank into a deep depression and wanted to cancel everything, including the holiday festivities. Another participant said he had to be strong for the rest of the family because his parents were emotionally unstable. For one participant, friends provided the greatest source of support for her since she said she was not close to any family members. Though most participants found support from family and friends, one participant mentioned how he did not find this type of support helpful or encouraging, and was thus, irrelevant to him.

The Roy adaptation model (Roy & Andrews, 1999) was very useful as a theoretical framework for this research study and provided much insight for the researcher on how adults cope with the loss of a sibling, which was the focal stimulus in this study. The participants were able to identify their perceptions of the experience and their descriptions of coping were compatible with the adaptation process described by Roy.

Implications for Nursing Practice and Education

Nursing practice encompasses a holistic way of thinking, requiring the nurse to care for every aspect of the client. Therefore, it is essential that a client who has experienced the loss of a sibling be cared for physically, mentally and emotionally. Lack
of empirical data on how adults cope and what nurses can do for this unique population is disturbing. One problem that might account for this lack of care is the fact that if a person does not have any physical ailments as a result of coping with the sibling loss, then care will not be sought. The participants in this study did not receive, nor did they seek, emotional counseling from any healthcare provider. Also, a lack of understanding among nurses as far as what exactly can be done from their standpoint might be something for nurse educators to consider in their research. Determining what nurses need to know in caring for adults who have lost a sibling will further enhance the holistic concept of nursing.

Another reason people might not seek care may be due to the inexperience and/or lack of emotional support offered by a healthcare provider during visits prior to the sibling death. A person who had experienced other losses and sought care may have concluded that their grief response and/or coping process was judged, minimized, or misunderstood by the healthcare provider and thus, have chosen not to seek care for their grief. None of the participants expressed having this concern; it is merely an assumption made by the researcher.

So how can nurses effectively provide care that is appropriate for this unique population – those coping with sibling loss, who do not complain of physical ailments but nonetheless feel pain emotionally? In today’s busy healthcare environment where people are commodities and services must be cost-effective, this type of emotional care is often overlooked. However, nurses have so much to offer the grieving person including empathy, support, and wisdom. Nurses can also aid in locating a bereavement support
group if needed. Given the frequency of sibling loss, the opportunity to be therapeutic is profound.

It is imperative for nurses to have a basic knowledge of the concepts surrounding death and dying. Specifically, it is important to know how adults perceive the experience of losing a sibling and their ability to cope with that loss. Nurses at all levels of practice – from student nurses to nurse researchers – should continuously work on their communication skills with clients. Developing empathy and active listening skills will be necessary when communicating with adults who have lost a sibling. These skills should be developed in nursing school – for instance, “role-playing” as a nurse who is caring for a client coping with the loss of a sibling. By learning how to establish trust and rapport, clients will likely seek help or counseling if this specific life event should arise.

The findings in this study may be most useful to those who work closely with clients such as those in the specialty of psychiatric mental health. Specifically, psychiatric mental health nurse practitioners or clinical nurse specialists can provide intense grief counseling in an outpatient setting. It is through this discovery process that nurses gain insight into what an individual actually goes through as a result of sibling death, enabling greater understanding of their perception of the experience. By acknowledging feelings and concerns, a nurse can provide effective, caring support to a person coping with the loss of a sibling.

Recommendations for Future Research

A larger sample size would give additional insight into the lived experience of adults coping with the loss of a sibling. By using a larger sample size, the credibility of the themes in this research would be examined; possibly, a different set of themes would
emerge from larger sample sizes. A longitudinal study in which grief responses and coping styles will be examined at various points in an adult’s life may offer significant and interesting results that haven’t been previously noted in the literature. Further studies may include examining coping styles among different age groups and/or gender, comparing grief reactions in response to various causes of sibling death (i.e., terminal illness vs. sudden death) and finally, the researcher could ask multiple questions during the interview or utilize questionnaires to gather specific data pertinent to the study.

Summary

This chapter described the lived experience of adults coping with the loss of a sibling within the past 2 to 5 years. The findings were related to previous research and to Roy’s adaptation model. Implications for nursing practice and education were discussed and recommendations for future research concluded the chapter.

The goal the researcher wished to obtain by the completion of this research project was insight into the lived experience of adults coping with the loss of a sibling. Interviews with five adult participants revealed important findings and five significant themes emerged from data collected. The researcher feels that one of the most interesting themes was how the bereavement event affected participants’ perception about life, health, and mortality. Through the adaptation process, they were motivated to place more value on people and things that they consider meaningful – just as meaningful as their experience with losing a sibling.
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ABSTRACT

The purpose of this qualitative study was to investigate the lived experience of adults coping with the loss of a sibling within the past 2-5 years. This study utilized the Roy adaptation model of nursing as the theoretical framework where the sibling death was the focal stimulus, and the adults’ perception of the sibling death was the lived experience. The sample for the study included 4 women and 1 man who had a sibling die within the past 2-5 years. The audio-recorded interviews were analyzed using Colaizzi’s phenomenological method. Themes were identified from data collected and included the following: 1) Bereaved siblings exhibit a variety of grief reactions in response to sibling death, 2) Losing a sibling affects adults’ perspective on life, health, and mortality, 3) Bereaved siblings perceive cause of death and other significant losses affect grief reactions and coping styles, 4) Bereaved siblings use a variety of coping skills to deal with sibling death, and finally, 5) Bereaved siblings perceive the relationship they had with their sibling prior to the death, as well as other significant relationships, to be important factors in how people cope. Implications for nursing theory, practice, and education included potential ways for nurses in all levels of practice to help adults deal with sibling death. Recommendations for future research included various elements that would provide researchers with additional insight into this phenomenon.