The lived experience of adult siblings coping with the loss of a brother or sister 2-5 years after death

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FINAL APPROVAL OF SCHOLARLY PROJECT
Master of Science in Nursing

The Lived Experience of Adult Siblings Coping with the Loss of a Brother or Sister 2-5 Years After Death

Submitted by

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In partial fulfillment of the requirements for the degree of Master of Science in Nursing

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2005
DEDICATION

This work is dedicated to my father, Robert N. Flor who left this world in 1998. The value he placed on education and continuous questioning for knowledge attainment has led me to this point. Thank you, you are missed but never forgotten.

I would also like to dedicate this work to my uncle Dr. James E. Flor another individual who left us too soon.

Five individuals who came forward to tell their stories of loss and bereavement, this paper is dedicated to you.
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CHAPTER I
INTRODUCTION

Death can profoundly affect those who remain when a loved one dies. The loss and bereavement suffered after the death of a family member can be quite difficult. “The loss of a close family member is known to be one of the most stressful forms of bereavement . . . (Ringdal, Jordhoy, Ringdal & Kaasa, 2001).” If the loss suffered is that of a sibling it may be a unique experience. “The death of a sibling marks an end to what is expected to be one of the longest and sometimes most intimate relationship of a lifetime” (Robinson & Mahon, 1997). Sibling bereavement has been studied but generally from the child or adolescent perspective (Robinson, 2002). A knowledge gap exists about adults who have lost a sibling. The purpose of the research is to uncover the lived experiences of adults who have lost a brother or sister.

The chapter proceeds to describe the research problem and purpose. Roy’s nursing conceptual framework is introduced as the guideline for the study. An explanation of research significance to nursing’s knowledge base will follow. Lastly, a brief paragraph summarizes the chapter’s contents.

Statement of Problem

Loss and bereavement have been studied from various perspectives with various populations. The majority of existing
bereavement literature relates to the loss of a parent, spouse, or child. Little research has been conducted regarding the loss of a sibling. The literature available about sibling loss generally describes the loss of a sibling during childhood or adolescence (Robinson, 2002). Sibling loss during childhood is generally reported from the parent’s perspective on their surviving child’s behavior. The research on adolescent sibling bereavement is conducted from the adolescent’s perspective.

Children and adolescent populations are important in enhancing nursing’s body of knowledge related to sibling bereavement, however, little research has been conducted regarding the loss of a sibling after age 18. The research available in this age group is largely related to Auto Immune Deficiency Syndrome (AIDS) deaths (Robinson, 2001, 2002) or the loss of a sibling after age 60 (Moss & Moss, 1989). The Robinson and Moss & Moss studies were the only literature reviewed relating to the loss of a sibling after the age of 18. This leaves out adult sibling loss from a variety of causes.

Statement of Purpose

The purpose of this research was to describe the lived experience of adults coping with the loss of a brother or sister 2-5 years after the sibling’s death. The 2-5 year time frame allowed individuals to reflect upon the initial loss of their sibling and permitted the researcher to capture the lived
experience of where these participants are now and how loss and bereavement has affected them as individuals. The compilation of individual stories describes the lived experience of the phenomenon. It is hoped that the 2-5 year period offers a more complete perspective of the lived experience of losing a sibling.

The participants’ in this study ranged in age from 28-52. Gaining a better understanding of the surviving sibling’s grief and bereavement will aid nurses in understanding and caring for these individuals.

Theoretical Framework

Roy’s Adaptation Model was chosen as the theoretical framework for the study of adult sibling bereavement. Roy’s Model views the person as a human adaptive system (Roy & Andrews, 1999). The human system is viewed as a whole whose parts function together for a purpose. A stimulus is received from the environment and provokes a response from the human system. The stimulus is then processed through cognator or regulator coping processes. The cognator subsystem is composed of the perceptual and information processing, learning, judgment, and emotion while the regulator subsystem involves neural, chemical, and endocrine systems. An adaptive response develops in the human system through cognitive or regulatory processing of the stimulus. The system then manifests behavior
as a result of the stimulus. Adaptive behaviors which promote the functioning of the human system and contribute to the achievement of its goals are considered effective adaptation. Ineffective adaptation occurs when the stimulus response does not contribute to the integrity of the human system and its goals.

The sibling’s death was considered the stimulus effecting the human system or surviving sibling. The death was then processed through cognator and regulator functions and a grief response was the result. This response may be either an effective or ineffective response in relation to the integrity of the human system or surviving sibling. This cycle continues as the client processes the death and accomplishes tasks of everyday life. These areas will be more precisely described throughout the course of the interviews.

Phenomenology

The phenomenological method was used to investigate the lived experience of adults coping with the loss of a sibling. The purpose of phenomenology is to describe phenomena, or the appearance of things, as a lived experience (Speziale & Carpenter, 2003). With phenomenology reality is considered subjective and each experience is individualized (Burns & Grove, 2001). The researcher used the phenomenological method to learn each participant’s perception of their individual reality
relating to the loss of their sibling. Central themes were then captured from all five interviews and analyzed to gain an understanding of the phenomena of sibling loss in adulthood.

Significance

A more complete understanding of the adult sibling grief process may contribute to nursing’s body of knowledge and holistic practice. Results may uncover coping mechanisms or actions which will increase health care professional’s body of knowledge and understanding of the grieving process. Sibling bereavement may be an area which is overlooked in a health history and could be a significant contributing factor to an individual’s overall health. If symptoms of grief and bereavement can be recognized in a person and interventions are implemented both the physical and mental health of the individual may improve. Research is being conducted 2-5 years after the sibling’s death and will aid in understanding the daily living of a surviving sibling.

Summary

Grief and bereavement may be experienced on many levels and dimensions. Sibling bereavement is not readily studied in persons 18 and older. The existing research tends to focus on loss of a sibling during childhood or adolescence. This study is attempting to describe the lived experience of the loss of a
sibling. Roy’s Adaptation Model will be used to describe sibling loss and bereavement.

The study may contribute to nursing’s body of knowledge relating to grief and bereavement by describing sibling loss in the adult population. Knowledge obtained from the research may ultimately better nursing practice by providing a more holistic understanding of the experience of losing a sibling and factors which affect the surviving sibling’s physical and mental well-being.
CHAPTER II
LITERATURE

Roy’s Adaptation Model guided the development of the theoretical framework used to examine sibling bereavement in adults 18 and older. A brief discussion outlining this framework along with a schematic drawing is followed by a review of the literature. Literature related to sibling grief in this age group is somewhat limited consequently sibling grief and bereavement of children and adolescents are examined along with theses relating to grief and bereavement using Roy’s Adaptation Model are reviewed.

Conceptual Framework

Roy’s Adaptation Model (1999) has guided the study of sibling grief in adults 18 and older. This model uses an input, throughput, output and feedback loop to explain the human system and the processing of in this instance sibling grief. The focal/contextual stimuli effect the cognator/regulator which in turn are related to the adaptive responses. The adaptive process cycles back and effects the focal/contextual stimuli. Roy’s Adaptation Model is presented schematically to aid in understanding. The manuscript describes Roy’s model in relation to sibling grief.
The human adaptive system’s reaction to sibling grief is the area of research. Defined by Roy as an adaptive system the human system is described as a whole with parts that function as Figure 1. The Lived Experience of Adults Coping With the Loss of a Sibling
unity for some purpose (Roy & Andrews, 1999). The focus of the study is human systems who have lost a sibling. Through Roy’s Model a more complete understanding of the human system and its functioning in the bereavement process was obtained. Roy’s Adaptation Model uses stimuli, cognator functions, and adaptive responses in an attempt to clarify the human system.

The stimulus in this model is the death of a sibling. It may be debated whether this stimulus is focal or contextual in this instance. A focal stimulus is defined as that stimulus that is most immediately confronting the human system (Roy & Andrews, 1999). While the contextual stimuli are defined as all other stimuli present in the situation which contribute to the effect of the focal stimulus (Roy & Andrews, 1999). This study is being conducted 2-5 years post death of a sibling and it is unclear to the researcher if this event would be considered focal or contextual by the surviving sibling at this point in their life. The interview process uncovers and more closely defines both the focal and contextual stimuli in the lives of surviving siblings. Those stimuli which remain unknown and unexplained focally or contextually yet still exert their effects on the human system are considered residual stimuli (Roy & Andrews, 1999).

The focal, contextual, and residual stimuli then effect the coping process defined through the cognator and regulator
functions. The cognator function is the major coping process defined through cognitive-emotive channels, perceptual and information processing, learning, judgment, and emotion. This represents the human system’s internal struggle to process and adapt to the death of their sibling. Adapting to the death of a sibling or the stimulus is individualized by each human system’s interpretation of the event and through the conscious processing of the death known as perception (Roy & Andrews, 1999).

“Perception includes giving meaning to what is sensed” (Roy & Andrews, 1999, p. 260). In this instance the sibling heard of their brother’s or sister’s death and then saw the dead sibling and began processing or perceiving what this event meant to them as a surviving sibling. The perception of the event or death continues to be processed by the surviving sibling throughout their daily life.

The cognator function refers to the mental processing of the death while the regulator function is representative of the physical symptoms of this event. The regulator function involves the processing of the neural, chemical, and endocrine systems. These two functions are linked to each other along with effecting the adaptive response.

The adaptive response involves thinking and feeling individuals using conscious awareness and choice to create human and environmental integration. In this case the adaptive
response would be more precisely termed the grief response. This grief response may be either effective or ineffective. Effective responses contribute to the integrity, in terms of the goals, of the human system while ineffective responses do not. The grief response then feeds back into and effects the cognator/focal stimuli and continues the cycling through the adaptive model. This model may also be thought of as a continuous input, throughput, output model.

Review of the Literature

A body of research knowledge exists relating to loss and bereavement. Once the topic is narrowed to the loss of a sibling over 18 years of age the research is quite limited. The existing research relating to loss and bereavement of siblings was reviewed and is included in this literature review. A number of these studies are dated but reflect the body of literature available relating to this topic. Quantitative and qualitative studies were selected for this literature review.

Qualitative Studies

Sibling Loss After Age 18

Robinson (2002) and Moss & Moss (1989) were the only two qualitative studies examining sibling loss in adulthood. The purpose of the Robinson study differs from the researchers but is an example of examining sibling loss in adulthood. Robinson (2002) used a descriptive study design to elicit patterns of
disclosure among adults after their sibling’s death from AIDS. This death occurred 3-12 months before the interview. Participants ranged in age from 28-57 years old and were representative of 87 families. Semi-structured audio-taped interviews were used in data collection. Participants were asked whether their brother or sister’s death from AIDS was something they have disclosed with others. Content analysis of the interviews via Downe-Wamboldt 8 step method was used and revealed six categories of disclosure: purposeful, “if asked I tell”, selective, protective, restricted, and avoidant.

Moss S. and Moss M. (1989) examined the impact of sibling death on an elderly person with the purpose of increasing the understanding of the meaning of sibling ties in the lives of the elderly. The purpose and time frame of sibling loss in this study differ from the researchers but describe sibling grief after age 18. Interviews were conducted with twenty people aged 60 or older when their sibling died. These participants were interviewed regarding the sibling who had died most recently in the past 1-25 years. Three themes emerged from the interviews: personal vulnerability toward death, impact on sense of self and family realignments.

Adults Reflecting on the Loss of a Sibling During Childhood

Three studies were conducted having adults look back and reflect upon the loss of a sibling during their childhood or
adolescent years. Davies (1991) utilized a grounded theory technique in analyzing semi-structured interviews. Twelve adults who lost a sibling between the ages of 11-15 years old reflect upon the loss. The death of these siblings occurred in the previous 11-28 years. Most participants (9 of 12) reported psychological growth as a long term outcome of losing a sibling in childhood. All 12 participants reported feeling different from their peers. In response to feeling different several adults reported withdrawing from their peers. Feelings of sadness and depression reported from 3 of the participants led them to seek help from a psychiatrist or psychologist.

Van Riper (1997) is one of 5 surviving siblings in this descriptive study. The author, and her siblings, now adults, reflect upon the death of their youngest sibling, in childhood. Through storytelling and reflection the study revealed that children’s experience and responses to death of a sibling can be quite variable even within the same family. Each child creates their own unique reality that influences their behavior. The author states that “writing this account was a long, painful process, but we think that it has helped us to grow and to understand, not only ourselves, but each other” (Van Riper, 1997, p. 592).

Rodger and Tooth (2004) conducted a case study of 5 adult siblings in one family regarding their perceptions of growing up
in a family with a child with a disability and their experiences when that sibling died. The participants were 4 sisters and 1 brother who were between the ages of 20-27. The young sibling died at age 12 in the family home. Semi-structured interviews with open ended questions were used in interviewing the 5 adults. The following themes emerged from the interviews: sense of relief, doing all they could, grieving for all that was lost, and an angel. All siblings identified this experience as having made them “better people” (Rodger & Tooth, 2004, p. 67).

Adolescent Sibling Bereavement

Four studies were found which focused on adolescent sibling bereavement. Hogan and DeSantis (1994) examined things which helped and hindered adolescent sibling bereavement. Questionnaires of 140 adolescents between the ages of 13-18 and that had lost a sibling in the previous 3 months to 5 years responded to the questions: What helped you cope with your sibling’s death and what made it harder to cope with your sibling’s death? Five categories emerged from the written responses. Self, Family, friends, social system, and time were matters which helped in the coping process. Hindering factors in the coping process included: self, family, and social system. Two themes became apparent from the data: resourcefulness pervaded each of the helped categories and served to increase the adolescents’ sense of resiliency.
Helplessness pervaded the three hindered categories and created a sense of vulnerability.

Hogan and DeSantis (1992) asked 157 adolescents: if you could ask or tell your dead sibling something, what would it be? The adolescents were between the ages of 13-18 at the time of the study with a sibling who had died within a 5 year period. The taxonomy revealed 6 categories: regretting, endeavoring to understand, catching up, reaffirming, influencing, and reuniting. The theme of “ongoing attachment” became apparent in the adolescents’ responses (Hogan & DeSantis, 1992, p. 164).

Martinson and Campos (1991) conducted a longitudinal study regarding the long-term effects of bereavement assessed 7-9 years after a sibling’s death. Interviews were conducted with 31 adolescents from 21 families who were between the ages of 10-19 at the time of the death. The legacy of death experience was reported by the participants as positive, mixed, and negative. The following categories were results of the interviews: life change, care for and involvement with sibling, communication about sibling loss, and advice.

Batten and Oltjenbruns (1998) examined the link between grieving the death of a sibling and spirituality. Four adolescents between the ages of 15-18 who had experienced a sibling’s death within the past 3-19 months were interviewed. The interviews elicited the participant’s shifting perspective
of self, others, the sibling relationship, a higher power, death, and life.

Quantitative

Adult Sibling Grief

Two quantitative studies examined adult sibling grief. Robinson (2001) used the Grief Experience Inventory to measure the grief reactions of 87 adults whose sibling had died of AIDS. The time period since the death ranged from 3 months to 11 years. Grief reactions were found to exceed previous reports. A positive relationship was found between the level of closeness of the survivor to the deceased and the intensity of grief reactions. No significant relationship was found between the time since the sibling’s death and intensity of the grief.

Fanos and Nickerson (1991) explored the long-term consequences for adolescents of surviving a sibling affected with cystic fibrosis. The sample consisted of 25 participants who were under the age of 19 at the time of their sibling’s death. Anxiety and depression scales derived from the Hopkins checklist were used, and a 3-point scale was developed for guilt. No significant relationships were found between sibling adaptation and number of siblings lost, birth order and gender, family size, or time since death of the sibling. The age of the surviving sibling at the time of death was found to be statistically significant. The most symptoms expressed were
from siblings between the ages of 13-17 at the time of their sibling’s death. These participants were troubled with a global sense of guilt, guilt over their handling of the sibling’s illness and death, and survival guilt. Global anxiety, bodily concerns and feelings of vulnerability, fear of intimacy, excessive concern for other, somatic complaints, and sleeping difficulties were manifested in these individuals.

**Adolescent Sibling Grief**

Balk (1990) investigated adolescent self-concept after the loss of a sibling. The participants ranged in age from 14-19 years of age and completed the Offer Self-Image Questionnaire for Adolescents (OSIQ). Participants were then interviewed regarding their bereavement reactions, perceptions of their personal maturity, effects on school work, and relationships with peers. The OSIQ scores reflected “normal adolescents.” According to the data it would be inferred that sibling death had not impaired the psychological adjustment of the participants. Cluster analysis identified three distinct groups of adolescents which were clustered by high, average, and low OSIQ scores. These clusters indicate that overall group mean scores could hide intragroup differences.

Balk (1983) examined 33 adolescent grief reactions and self-concept perceptions following a sibling’s death. The participants were between the ages of 14-19 with the sibling’s
death having occurred during their adolescence. Time elapsed since the sibling’s death ranged from 4-84 months. The Offer Self-Image Questionnaire for Adolescents (OSIQ) was used to examine grief reactions. The results of t tests on the OSIQ standard scores found no difference in scores between the participants and same-age same-sex norm groups. Chi-square analysis and univariate F tests of the group differences identified emotional responses significantly associated with sex and age characteristics of the participants. Statistically significant results were found when effects on grades and study habits, perceptions of personal maturity, and increased importance of religious beliefs were examined. Discriminate analysis indicated that specific emotional responses were influenced by perceptions of family closeness and by perceptions of personal communication with family members.

Hogan and Greenfield (1991) examined adolescent sibling bereavement symptomatology in a large community sample. The 127 participants were between the ages of 13-18. Adolescents were assessed within 18 months of their sibling’s death showed consistently high levels of grief symptomatology. The second sample of participants whose sibling’s death had occurred 18 months or more reported lower levels of grief symptomatology. A significant portion of adolescents in the second sample continued to have high levels of grief reactions. The data
revealed dysfunctional patterns of self-concept in adolescents with high grief symptom levels. The Hogan Sibling Inventory of Bereavement (HSIB) and Offer Self-Image Questionnaire (OSIQ) were used in this study.

Hogan (1988) examined the effects of time on adolescent sibling bereavement process. The HSIB was administered to 40 bereaved siblings between the ages of 13-18 years old. The items of the HSIB were correlated with the length of time since the death. The two time periods were 3-18 months and 18-36 months. HSIB revealed 16 items which significantly correlated to the 3-18 month time period with only 5 items significantly correlated to the 18-36 month time period. Through the use of the HSIB the following conclusions were drawn: there is a shift in assignment of blame from themselves to god during the two time periods, mothers became the principal person the bereaved adolescent can talk to about their grief, and the data support the cliché that time tends to heal.

Sibling Grief in Childhood

Three individual studies by Burns, House, & Ankenbauer (1986), McCown & Davies (1995), and McCown & Pratt (1985) had parents rate their surviving child’s behavior after experiencing the death of a sibling. It was found that grieving children express more behavioral problems as reported by their parents than non-grieving children.
Grief Studies Using Roy’s Adaptation Model

Four theses were found using Roy’s Adaptation Model as the theoretical framework describing grief experiences. Short (2004) examined the lived experiences of mothers coping with the birth of a stillborn infant using Roy’s Adaptation Model to guide the research and Colaizzi as the methodology. The focal stimulus of this study was the birth of a stillborn infant with mothers being the adaptive system. These mothers described their lived experience of the birth of a stillborn. Perceptions of events and feelings surrounding this experience were identified by the participants.

Five clusters emerged from the interviews with the mothers of stillborn infants including: 1. Mothers felt an intense need to think of the stillborn infant as a real baby. 2. Mothers found the birth of their stillborn infant to be a profoundly difficult experience, compounded by feelings that they were not understood. 3. Mothers identified the need to feel connected to their stillborn infant and to others. They wanted to remember their stillborn in special ways. 4. Mothers believed that coping with the loss of a stillborn infant is a complex phenomenon that takes place over time. 5. Mothers who lost babies found support from others. The mothers found the loss of their infant to be an intensely difficult experience and
found coping with the loss to be a complex phenomenon which occurs over time.

Martin (2003) investigated the lived experience of spousal grief in older adults during the second year of bereavement. The widowed person was seen as the adaptive system within Roy’s framework with the focal stimulus being the death of a spouse. The research was phenomenological and used Colaizzi’s methodology.

Six themes were apparent to the researcher upon reviewing the interviews: 1. It is a very lonesome time. 2. It is a different life. 3. You just have to make up your mind you’re going to go on. 4. Spiritual issues permeate life without the spouse. 5. There are feelings of gratitude and comfort for the past, present, presence of family, and memories. 6. Health or abilities changed after the death of a spouse. Additional information not expressed by all participants yet stood out to the researcher included: one never really expects to lose a spouse and the expression of regrets.

Smith (2001) examined spousal grief in working men using Roy’s Adaptation Model as the theoretical framework. Spousal death was considered the focal stimulus in most cases. Contextual stimuli included: financial matters, social support, and religious beliefs.
Eight themes were revealed after analyzing the data and include: 1. Grief is profound and long lasting. 2. The stress of grief challenges the coping abilities of the widower. 3. The demands of spousal grief can cause work to become of secondary importance. Alternatively, work can become a refuge from grief. 4. Role function changes may occur during one’s wife’s illness or death. 5. Although it may be postponed, remarriage is often seen in men of working age. 6. Men can and do adopt the role of caregiver in response to the changes brought about by the illness and death of a spouse. 7. Men expect to be able to deal successfully with the challenges presented by the death of their wives. 8. Attempts at support can generate positive or negative effects on the widower.

Baden (2003) used Roy’s Adaptation Model and conducted a quantitative study which explored parental grief of adult children who died a traumatic death. The Grief Experience Inventory (GEI) was the tool used to provide descriptive information of the parental grief experience during the second year of bereavement. The t-score results revealed that parents were still actively grieving during the second year of bereavement after losing their adult child to a traumatic death.

Summary

The literature reviewed of both of nursing and other disciplines, mainly psychology, in the area of loss and
bereavement. Literature relating to sibling grief was reviewed. These losses occurred at various times in the participant’s lifespan from childhood on through adulthood. The research was separated into quantitative and qualitative studies. The studies were further subdivided into adult, adult reflection on an adolescent loss, adolescent, and childhood sibling bereavement. Three qualitative theses examining various forms of grief and bereavement were reviewed. All three studies used Roy’s Adaptation Model as their theoretical framework.

A knowledge gap was identified in the preceding review of literature concerning the death of a sibling during adulthood. Other research articles found were related to sibling death during adolescence or childhood. This constitutes the need for research into the lived experience of surviving siblings in the 18-30 age range 2-5 years after their sibling’s death. This qualitative research study will incorporate Roy’s Adaptation Model into the context of sibling grief. This research will enhance nursing’s body of knowledge relating to loss and bereavement.
CHAPTER III

METHOD

This chapter begins with an outline of the design and setting of the study. Descriptions of the participants and the method of data collection will follow. The chapter concludes with a plan for data analysis and a summary of chapter contents.

Design

This study has used a phenomenological method to uncover the lived experiences of adults age 18 and older who have lost a sibling in the last 2 to 5 years. It was the researcher’s intent to learn each participant’s perception about the experience of loosing their sibling and to describe the participant’s perception of their reality about this situation.

The Colaizzi (1978) method of data analysis was used by the researcher. Colaizzi believes the human experience is an essential part of the human psychological phenomena. He recognizes the importance of identifying phenomenon through a description of the experience. A seven step method outlined by Colaizzi was developed for analyzing data and was used by the researcher in this study.

The transcripts of the audiotapes were read and reread to develop a feeling of each participant’s experience of the loss of their sibling (Step 1 Colaizzi method). Significant
statements relating to the participant’s experience of coping with their sibling’s death was extracted from the data (Step 2 Colaizzi method). The process of translating what the participants said in relation to the grief experienced following their sibling’s death into what they meant is Step 3 of the Colaizzi method. The researcher then identified clusters common among all participant experiences (Step 4 Colaizzi method). The researcher proceeded to write the results of the interviews into a description of the experience associated with the death of a sibling in as accurate as possible identification of fundamental structure (Step 5 and 6 Colaizzi). Analyzing the transcribed data revealed themes answering the question “What is the lived experience of adults 18 and older coping with the loss of a sibling 2 to 5 years after their sibling’s death?” Step 7 involves the researcher having reviewed the findings with all participants. The researcher asked the participant if any aspect of their experience was forgotten. This served as final validation.

Participants

Setting

The interviews were conducted in a private location agreed upon by the participant and researcher. The sites were quiet and comfortable to both parties.
Target Population

The participants in this phenomenological study were chosen from a population who experienced the loss of a sibling 2 to 5 years previous to this study and were 18 and older. The research question was: What is the lived experience of adults 18 and older coping with the loss of a sibling 2 to 5 years after their sibling’s death? For the purpose of this study only males or females who lost a sibling in the past 2 to 5 years and are 18 or older were selected.

Sample Size and Demographics of Participants

The sample included 5 females who had experienced the loss of a sibling in the past 2 to 5 years. The participants in this study ranged in age from 28-52 years old. The names of participants were changed to protect their privacy.

Inclusion Criteria

Criteria for inclusion in this study included persons 18 and older who lost a sibling in the previous 2 to 5 years. The participants spoke English and lived in Northwest Ohio and Southeastern Michigan. Agreement to participate was obtained prior to inclusion in the study.

Material

Open-ended interviews were used in the collection of data. Questions were used sparingly. The researcher met with each of the 5 participants. Interviews lasted approximately 30 minutes.
The interview begin with: “Tell me what it was like for you to experience the loss of your brother/sister.” Audio recorders were used to tape the interviews.

Colaizzi (1978) considers the final step of validation to be a second interview or contact via telephone after the data is compiled and processed. The second contact was used by the researcher to inform the participants of clusters obtained from all interviews. During this time the participants were given the opportunity to agree or disagree with the findings.

**Qualitative Criteria**

**Auditability**

Auditability refers to the ability to follow the thinking of another researcher and use their progression of events, to arrive at the same conclusion (Burns & Grove 2001). The auditability of this study was determined by having the committee chair review the transcriptions and compare those conclusions with the researcher.

**Transferability**

Transferability is another criterion considered in qualitative research. This concept relates to how well findings from this research study apply to other situations beyond the scope of this research (Speziale & Carpenter, 2003). The findings of this study apply to the 5 participants interviewed. These findings only apply to the particular population
interviewed at the time of the interview. Perceptions may change with time.

Data Collection

Protection of Human Subjects

Participants were assured by the researcher that their confidentiality is maintained throughout the research process. The name of the participant is never associated with the interview or the compiled data. The researcher and transcriptionist were the only people who have listened to the tapes. After the transcription was completed the tapes were destroyed. Following the completion of this study, the transcriptions of the tapes are locked in the principal investigator’s office for a period of 6 years.

A consent form was given to each participant to review and sign. All participants received a copy of this form to keep. Participants were informed that participation in this study was voluntary and they were able to withdraw from the study at any time.

The researcher recruited participants by the distribution of a flyer which described the research to MCO faculty, students and employees via email. Approval from the Institutional Review Board (IRB) was obtained prior to distribution of the flyer and emails. The participants were instructed to contact the principal researcher via telephone to indicate their interest in
the study and interviews were arranged at that time. The interview was used to explain the study in detail and included the time commitment involved. The participants were informed during this interview that they were able to refuse then or at any future time participation in the study. During the interview participants were assured that no negative consequences would result from non participation. Participants were given the opportunity to review the consent form and obtain answers to any questions they had prior to signing the form.

**Sampling**

A purposeful sample of 5 individuals was obtained. The participants were selected based on their experience of the phenomenon being studied. These participants ranged in age from 28-52 years old and had experienced the death of a sibling in the previous 2-5 years.

**Assumptions**

The assumption that reality is determined by perception was the basis for the qualitative study. Perceptions very individually and change over time (Burns & Grove, 2001). The researcher attempted to uncover the unique experience of a sibling’s loss with each participant and then to formulate clusters from the 5 participants’ responses. It was assumed that the experience described by the participant was their reality. It was assumed that participants were free to tell
their stories without judgment and their true perceptions of the experience were revealed.

Limitations

The inexperience of the researcher was a limitation of this study. The researcher has had little experience with in-depth interviewing of participants and the analyzing of data. Assistance was sought from committee members with experience in this area.

A scheduling conflict with the transcriptionalist did not allow the committee chair to review each transcript before the next interview was conducted. Subsequent interviews did not benefit from the committee chair’s experience with the process.

Summary

The goal of this phenomenological study was to describe the lived experience of losing a sibling in the past 2 to 5 years. The participants were adults aged 18 or older. A purposeful sample of surviving siblings who met the above stated criteria were selected. The instrument of the study was open-ended interviews conducted by the researcher. The data obtained from taped interviews was clustered following Colaizzi’s method of analysis.

This chapter included the study design, subject description, setting, the instrument used, and the purpose of
the study. The chapter concluded with the method of data collection and analysis used.
Chapter IV

RESULTS

This chapter describes the sample and results of the study. Common identified themes extrapolated from the 5 participant interviews are shared on a table. The Colaizzi method of data analysis was used in identifying common themes in the lived experience of sibling bereavement in this phenomenological study. The conclusion of the chapter is a summary of its contents.

Participants

Five adults age 18 or older who lost a sibling in the past 2-5 years participated in this study. Each bereaved sibling discussed the circumstances surrounding the death of their brother or sister and detailed manners which helped and hindered their coping process. The names of the participants were changed in the manuscript to assure confidentially.

The siblings were 21-53 years old at the time of death. Cancer was the cause of death for four of the siblings. One sibling was involved in an auto accident. Four of the participants were employed or had previously worked in healthcare with the remaining participant working part time in a non-healthcare related field.

Sally is currently 45 years old. She lost her older brother Bob who was 44 years old, to pancreatic cancer 52 months
ago. Bob was the oldest in a family of 2. Both of Sally’s parents were deceased previous to this loss so she was executor of her brother’s estate. Sally is a Family Nurse Practitioner with a Master’s Degree and works in healthcare. She was divorced and is currently engaged and has a young daughter.

Karen is 51 years old. She lost her younger brother Jim age 44 to lung cancer 30 months ago. Jim was the youngest in a family of 2. The cancer metastasized quickly with no symptoms. Karen’s father was deceased previous to this loss. Karen works full time in healthcare and holds an Associates Degree. Karen is single with children.

Jeri is 32 years old. She lost her older sister Jill, age 40, to ovarian cancer 40 months ago. Jeri is the youngest in a family of 8. Both of Jeri’s parents were deceased prior to this loss. Jeri holds a Master’s Degree and is a Family Nurse Practitioner. She works in healthcare. Jeri is married with children.

Margaret is 53 years old. She lost her older brother Bob, age 53, to cancer of the head neck and mouth which metastasized to the liver and lungs 33 months ago. Bob was the second oldest with Margaret being the fourth born in a family of 5. Margaret had lost a brother and good friend previous to this loss. Her father has since passed away. Margaret was a nurse. She is no longer practicing. She currently teaches music at a local
school. She holds a master’s degree. Margaret is married with 3 children.

Darcy is 28 years old. She lost her younger brother Matt age 21 in a car accident 36 months ago. Matt was the youngest child in the family with Darcy being the oldest of 3. Darcy holds an Associate of Science Degree and works part time. Darcy is single with 1 child.

Findings

Six themes emerged from interviews with the bereaved siblings. These themes answer the question what is the lived experience of adults grieving the loss of a sibling 2-5 years after death? Themes were common in all 5 interviews and included: 1. Losing a sibling is a hard and difficult experience. 2. Adults have a variety of reactions to losing a sibling. 3. Time spent with the sibling prior to death is considered a privileged and cherished experience. 4. Bereaved siblings share a common past or bond with their brother or sister. 5. Bereaved siblings missed opportunities during their sibling’s life and also regret and feel the loss of future opportunities with this person. 6. Support systems were found helpful in coping with the loss of a sibling.
Table 1.

*Themes of the Lived Experience of Losing a Sibling 2-5 Years After Death*

<table>
<thead>
<tr>
<th>Themes</th>
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<tbody>
<tr>
<td>1. Losing a sibling is a hard and difficult experience.</td>
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<td>2. Adults have a variety of reactions to losing a sibling.</td>
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<tr>
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<td>6. Support systems were found helpful in coping with the loss of a sibling.</td>
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Themes

Theme 1: Losing a sibling is a hard and difficult experience.

Karen: “It was the hardest thing I’ve ever done, watching him continue to lose weight and not be able to breathe.” “So the funeral was like a big dredging up of everything all over again because everybody wanted to know what happened. So that was hard.”

Sally: “When I talk about it like this it’s hard and I don’t cry otherwise.” “So I don’t feel any regrets about the health care part of it. It’s just the loneliness afterwards.”

Jeri: “It was very hard.” “First time in my life I didn’t think I could get out of bed in the morning and the next day I didn’t think that the next day would come . . .” “It was probably the hardest thing I’ve ever gone through. Very difficult.” “. . . but it was the darkest time in my life definitely.” “Look back on that and you get a little pit in your stomach it, it was something you went through.” “. . . much more debilitating, harder.”

Margaret: “I miss him when I really think about him . . .” “When I talk to my sister-in-law, that’s when I miss him. When I talk to her.”

Darcy: “And there’s, there is still times when it’s, when I think about it that it’s just as hard and I feel the loss just as much as I did shortly after it happened.” “I kind of did
have the feeling that I could turn around and see him walking down the stairs again.” “At first, for a long time after I couldn’t even really look at pictures of him just because it was so painful to remember him.” “But, it’s definitely hard.” “And so I miss him a lot.”

Theme 2: Adults have a variety of reactions to losing a sibling.

Karen: “my brain just kind of froze.” “And people have asked me before how I did it and the only way I did it was to go into what I call medical mode and he just became another patient.” “I went into like overdrive.”

Sally: “I was in a fog.”

Jeri: “. . . that’s what happens you do it on automatic pilot without thinking about it or whatever.” “. . . but anyway she had cancer and I knew it was advanced stages and I knew all the things medically but I was still very shocked when she actually died.”

Margaret: “So I spent a lot of time doing real business kind of things.” “. . . although they told me he was going to die and it looked like it, I just really didn’t think he was going to.” “And so, when he finally did die I was kind of, I was surprised, I was relieved.”

Darcy: “Well, he died in a car accident on his 21st birthday so, course it was very, very unexpected.” “Just total
shock. Never, ever, . . . it was just shock and just devastation. We were devastated.”

Theme 3: *Time spent with the sibling prior to death is considered a privileged and cherished experience.*

Sally: “We had actually gone on a trip. He had a boat. That was his life. He loved going out on the lake. We had been up at Kelly’s Island Labor Day weekend.” “If I was working I’d stop on my way home and see how he was doing.” “. . . when he got really sick I had him for a week at home where he really needed 24 hour care.” “I went with him to his next doctor’s appointment.” “I was there alone with him.”

Karen: “I was with him the second week, which was his last week, and I spent every other night there.”

Jeri: “When she got sick it was just like we all just took action and she was never alone.”

Margaret: “I had had time to see him in New York. Not New York, Los Angeles. And I felt really privileged.” “So they put him in the VA Hospital there and I flew out and stayed with him for about a week.”

Darcy: “. . . cause we had both, moved back in with my mom so it was my mom and my brother and I were all living together. I actually feel fortunate I got to spend probably about 9 months where we were able to live together and spend a lot of time together before the accident because there was, we had both gone
our separate ways for a while, so we didn’t see a lot of each other, but then we kind of came back together as a family again and got, really fortunate I got to spend that time with him.”

Theme 4: Bereaved siblings share a common past or bond with their brother or sister.

Darcy: “... and it was hard for, as far as losing a sibling, there’s such a bond that you have with a sibling that’s only, that someone you share your entire child with, your entire childhood with, that you just have with that person like certain things that you find funny or that you can only share that with this sibling sometimes so it part of what makes it such a significant loss.”

Sally: “... there’s not anybody now that would remember things that we did as kids.” “Yeah, I think just the loss of the last person in your life that would ever know what the inside of your childhood home looked like.” “... you expect to be able to look at them and say, remember that year that mom did such and such with the Christmas tree, or, that time mom ran into whatever.”

Karen: “... then the last 2 weeks of his life, he had this haunted, frightened look in his eyes that reminded me of when he was a little boy and either was hurt or was in big trouble and was looking to me for help.”
Jeri: “. . . us kids have always been close like I said and, so, but being the youngest I was raised a lot by my older sisters. They were always looking for me, so I felt somewhat of a comfort level I had then, still I always had them to rely on.” “. . . but definitely having a large family has helped me we can lean on each other and talk about her remember things that kind of thing.”

Margaret: “He would call me like at midnight. Very drunk to talk to me. Well, those phone calls stopped.” “. . . and when we went to the funeral, my youngest brother and I really thought that our brother had died in Vietnam.”

Theme 5: Bereaved siblings missed opportunities during their sibling’s life and also regret and feel the loss of future opportunities with this person.

Jeri: “One of the most difficult things is the fact that I have a daughter and she’ll never know my sister and my sister will never see her.” “. . . and it’s hard to believe that, I have children now and they won’t know her and she won’t know them.”

Sally: “So different times when I see people his age, they’re getting married, they’re doing stuff, they’re still having kids, stuff that he missed out on, that he had hoped to have in his life and didn’t get.” “But with Bob, there was a lot of stuff that was so a possibility out there for him.”
Karen: “He left so many people, friends and colleagues and he was so active in sports.”

Margaret: “I wish that I hadn’t been so, you know, built up this wall.” “. . . but then there was this whole life I hadn’t seen and I really am sorry that I didn’t know him the way those people down there know him. I missed that opportunity.”

Darcy: “. . . and he had a young niece and nephew, also and he was a great uncle, and so there’s a lot of times that I, when I miss him because of that because he was, I miss him not being able to participate in their lives because he was just so good with kids.”

Theme 6: Support systems were found helpful in coping with the loss of a sibling.

Sally: “We had some phenomenal friends.” “. . . between my best friend and his best friend and their families were phenomenal. They came over and did everything with me.”

Karen: “What really helped was the compassion from the girls at work and being, having several close friends that have been through the same thing that I was able to talk to.” “And it wasn’t until after it was all over that I was able to talk with one of my good friends who had been going through it with her mother and had just lost her Aunt Rose, I was able to cry, and I had a good support system. I had friends and people that I work with.”
Jeri: “Other than family and friends, a lot of very supportive people in my life with my religion, all that stuff really helped.”

Margaret: “I got to spend that amount of time that I did with my sister-in-law, felt like I was her pillar of support during that time.” “The fact that I was able to be out there and to help my sister-in-law and to be liaison to answer questions, to call back home here in Michigan, and talking to the doctors and call home and keep everybody at home in touch with what was going on.”

Darcy: “But one thing that really helps to get me through it was my faith in God and just really had a great support system with my church family and the rest of my family, just, that was on thing that really helped get us through it and still does.”

Additional Information

One noteworthy idea emerged. It was not addressed by all 5 participants but became important to the researcher upon review of the transcribed interviews. Four of the five participants worked or had worked in healthcare and consequently were satisfied with the care their sibling’s received medically. They knew what questions to ask and received answers concerning their sibling’s condition. These four deaths were also cancer
related. The final participant’s sibling died in an automobile accident.

Exhaustive description

The lived experience of losing a sibling is a profoundly unique and difficult experience resulting in a variety of reactions which included: shock, disbelief, and a freezing experience. A sibling is someone with whom a past has been shared and a future was expected. Upon reflection time spent with the sibling before death was privileged and appreciated. There was a sense of missed opportunities with this person. Support systems were identified as factors which aided in the coping process.

Validity

The validity of this experience was obtained by following the Colaizzi 7 step process. The 7th step requires validating the description with each participant. The researcher read the exhaustive description to each participant and the participant then voiced their agreement or is given the opportunity to clarify statements. The process ensures validity by allowing each participant to assure that the researcher’s statements match the feelings and thoughts behind the experience of losing a sibling.

The researcher was able to reach and validate the exhaustive description with four of the five participants. The
fifth participant was not able to be reached by phone. The four contacted participants voiced verbal agreement with the exhaustive description.

Summary

The chapter revealed the results and interpretation of gathered data from 5 adult siblings age 18 and older who have lost a sibling in the past 2-5 years. Data were analyzed using the Colaizzi method. The data were used to derive meanings. These meanings were grouped into 6 themes. The themes included:

1. Losing a sibling is a hard and difficult experience.  
2. Adults have a variety of reactions to losing a sibling.  
3. Time spent with the sibling prior to death is considered a privileged and cherished experience.  
4. Bereaved siblings share a common past or bond with their brother or sister.  
5. Bereaved siblings missed opportunities during their sibling’s life and also regret and feel the loss of future opportunities with this person.  
6. Support systems were found helpful in coping with the loss of a sibling.
CHAPTER V

DISCUSSION

The research findings of adults who lost a sibling in the past 2-5 years are presented in the chapter. The findings of the research are reviewed and discussed in relation to the literature and Roy’s theoretical framework. Conclusions and limitations of the data are then presented. Implications for nursing theory, nursing practice and nursing education are discussed. The chapter concludes with recommendations for further research.

Findings

Research findings are representative of themes identified thru analysis of each participant’s story. Collectively identified themes come to represent the lived experience of losing a sibling. Each of the identified themes are discussed individually and related to existing literature.

Losing a Sibling is a Hard and Difficult Experience

All 5 participants expressed hardship and difficulty associated with the loss of their sibling. The participants continue to miss their sibling. One sibling stated “It was probably the hardest thing I’ve ever gone thorough . . .” another said, “I miss him a lot . . .”

The literature reviewed was not reflective of this theme. Two similar themes were found in the literature. Martin (2003)
found elderly surviving spouses to be lonesome during the second year of bereavement. Smith (2001) identified spousal grief of working men as profound and long lasting.

Davies (1991) reported that three of the twelve participants sought professional help due to feelings of sadness and depression upon losing their sibling during adolescence. 

**Adults Have a Variety of Reactions to Losing a Sibling**

The death of a sibling invoked a variety of responses from the participants including: shock, devastation, surprise, and being in a fog. One participant remarked, “my brain just kind of froze.” Another commented, “... it was just shock and just devastation. We were devastated.”

None of the literature reviewed reported initial reactions of bereaved siblings. Martin (2003) found it to be a lonesome time following the death of an elderly spouse while the study found sibling death to illicit a variety of reactions.

**Time Spent With the Sibling Prior to Death is Considered a Privileged and Cherished Experience**

All bereaved siblings in this study spent time with their sibling before death with many being directly involved in their terminal care. Upon reflection this was considered a privileged experience and one the participants now cherish. One sibling stated, “I actually feel fortunate I got to spend probably about 9 months were we were able to live together and spend a lot of
time together before the accident . . .” another replied, “I had had time to see him in . . ., Los Angeles. And I felt really privileged.”

The longitudinal study conducted by Martinson and Campos (1991) revealed the category of care for and involvement with the sibling. This is similar to the identified theme of time spent with a sibling.

**Bereaved Siblings Share a Common Past or Bond With Their Brother or Sister**

Siblings share a common past and unique memories associated with their family and childhood. One bereaved sibling commented, “. . . you expect to be able to look at them and say, remember that year that mom did such and such with the Christmas tree, or, that time mom ran into whatever?” Another sibling commented, “And it was hard as far as losing a sibling, there’s such a bond that you have with a sibling that someone you share your entire . . . childhood with, that you just have with that person.” Another sibling stated, “Yeah, I think just the loss of the last person in your life that would ever know what the inside of your childhood home looked like.”

The identified theme of a common past closely relates to the theme of a shared sense of family identity (Moss & Moss, 1989). The past which has been shared by siblings offers a sense of family identity.
Bereaved Siblings Missed Opportunities During Their Sibling’s Life and Also Regret and Feel the Loss of Future Opportunities With This Person

The participants identified areas both past and future which were not a portion of their sibling’s life. One sibling commented, “but then there was this whole life I hadn’t seen and I really am sorry that I didn’t know him the way those people down there know him. I missed that opportunity.” Another sibling regrets, “One of the most difficult things is the fact that I have a daughter and she’ll never know my sister and my sister will never see her.”

Rodger and Tooth (2004) identified the theme of grieving for all that was lost. This is similar to bereaved siblings losing a future with their sibling.

Support Systems Were Found Helpful in Coping With the Loss of a Sibling

All participants made mention of various support systems aiding them in the bereavement process. One participant found support from her coworkers stating, “What really helped was the compassion from the girls at work. . . .” Another was grateful for friends, “We had some phenomenal friends. They came over and did everything with me.”

Hogan and DeSantis (1994) identified self, family, friends, social system, and time as factors which both help and hinder
the process of coping with the death of a sibling during adolescence. Adult siblings found various support systems including: family, friends, coworkers, and church members as helpful in the coping process.

Findings Related to the Theoretical Framework

The surviving sibling is the adaptive system whose parts function as a whole for the unity of a purpose according to Roy’s framework. The stimulus or stressor which confronted the adaptive system was the death of their sibling. For a period of time this was a focal stimulus for the individual. The sibling’s death was the stimulus most immediately confronting the human system (Roy & Andrews, 1999). As expressed by one participant, “First time in my life I didn’t think if I could get out of bed in the morning and the next day I didn’t think the next day would come . . .” At the time of the sibling death and for a varying period of time following the death the stimulus was focal. It is difficult to determine and largely individualized but the lived experience of the death of a sibling became a contextual stimulus in the 2-5 year period following the sibling’s death. The death of a sibling became one of the stimuli present that contributed to the effect of the focal stimuli (1999). Each individual now has other focal stimuli confronting them as a human system. The sibling’s death is no longer the stimuli most immediately confronting the
surviving sibling (1999). This is evidenced by a variety of quotes from various participants, “When I talk about it like this it’s hard and I don’t cry otherwise.” “Life if much better now. Look back on that and you get a little pit in your stomach it, it was something you went through.” “I miss him when I really think about him.” The participants also describe periods when this stimulus becomes focal again. “And there’s . . . still times when it’s, when I think about it that it’s just as hard and I feel the loss just as much as I did shortly after it happened.” Residual stimuli remain unknown and unexplained either focally or contextually (1999).

Human systems cope with the loss of a sibling through the cognator and regulator functions. The cognator function is representative of the mental processing of the sibling’s death and involves four cognitive-emotive channels including: perceptual and information processing, learning, judgment, and emotion (Roy & Andrews, 1999). The purpose of the study and the phenomenological method largely focus on the perceptual portion of the cognator function. “Perception includes providing meaning to what is sensed” (Roy & Andrews 1999, p. 280). The stimuli or death of a sibling is transferred into each sibling’s perception (1999). The loss of a sibling yielded 6 themes from the participants. These perceptions are unique to the lived experience of losing a brother or sister.
Roy’s framework offers a holistic perspective with each section interrelating to the human system and its adaptation to stimuli. The participant’s interviews yielded 6 perceptual themes within the coping process of the cognator function. The theme of losing a sibling is a contextual stimulus which is perceived as a hard and difficult experience. Surviving siblings commented, “But, it’s definitely hard.” “Very difficult, very hard.” The difficulty and hardship associated with this experience leads the human system to the grief response of missing their brother or sister. Participants said, “And so I miss him a lot.” “I miss him when I really think about him.”

A variety of grief reactions resulted from the human systems perception of their sibling’s death. The stimuli was the input into the system and was processed through the cognator function to yield the following reactions or output: “I was in a fog” “. . . my brain just kind of froze” “. . . I knew all the things medically but I was still very shocked when she actually died” “Just total shock” “And so, when he finally did die I was kind of, I was surprised, I was relieved.” These grief reactions constitute the output within Roy’s framework.

The human system perceives time spent with their sibling prior to death as a privileged and cherished experience. Participants stated, “We had actually gone on a trip. He had a
boat. That was his life.” Another participant commented: “I had had time to see him in . . . Los Angeles and I felt really privileged.” This positive perception becomes a portion of the feedback loop and influences the processing of the siblings death.

Human systems share a common past or bond with their deceased sibling which is perceived through the cognator function of the coping process. This bond is not easily explained and its roots lie in residual stimuli. Residual stimuli have an undetermined effect on the behavior of the human system. Participants commented on their sibling bonds, “. . . there’s not anybody now that would remember things that we did as kids.” “. . . as far as losing a sibling there’s such a bond that you have with a sibling that’s only, that someone you share your entire . . . childhood with, that you just have with that person . . .”

The perception of missed opportunities during the sibling’s life leads the human system to a grief response of regretting and feeling the loss of future opportunities with their brother or sister. Bereaved siblings stated, “But then there was this whole life I hadn’t seen and I really am sorry that I didn’t know him the way those people down there know him. I missed that opportunity.” “. . . and it hard to believe that I have children now and they won’t know her and she won’t know them.”
“But with Bob, there was a lot of stuff that was so a possibility out there for him.” This feedback loop results in an adaptation which affects future relationships.

Support systems are seen as contextual stimuli by the human system. Friends, family, and church are contextually happening within the surviving sibling’s life. “We had some phenomenal friends.” “What really helped was the compassion from the girls at work. . .” The support systems were present in the surviving sibling’s lives.

Conclusions

Siblings were still processing their grief 2-5 years after the death of their brother or sister. The initial experience was one of surprise and shock and has left an impact on the past and future of these participants. The lived experience left the surviving siblings grieving and appreciating the past they shared with their deceased sibling while the loss of a shared future was mourned. Time spent with the sibling prior to death is now considered precious and is treasured by all the participants. Support systems were seen as integral and helpful to the grieving process. The loss of a sibling encompassed a loss of a shared past and has become part of each participant as they now go about their daily lives. Moss & Moss (1989) identified losing a sibling as impacting the sense of self. “A
sibling is often one of the few who can see the entire historical development of a person both as an individual and as a member of the family of origin” (Moss & Moss, 1989, p. 104).

Limitations

Limitations of this study included the inexperience of the researcher in conducting in-depth interviews. The compilation of data and development of themes was also an area of inexperience for the researcher.

A sampling bias may be present. Participants were recruited from a system wide email and may have led to a relatively homogenous sample. Four of the five participants interviewed worked or have worked in healthcare related fields and may have influenced the data.

Cause of death was not a controlled factor in this study but 4 of the 5 sibling deaths were cancer related. This may have led to similarities in the death and grieving process of surviving siblings.

Literature was reviewed prior to the conduction of interviews. All efforts were made to bracket this information while interviewing and in the development of themes.

Implications

Implications for Nursing Practice

Sibling grief and bereavement in adulthood has not been readily studied as evidenced by the lack of literature on the
subject. Study and knowledge of this phenomenon accompanied by increased awareness in the practice setting could influence and drive practice decisions and implementations.

Nursing could begin by inquiring about loss of a loved one in a health history. Upon receiving a response related to the loss of a sibling the nurse could begin empathetic listening and probing to ascertain the impact of the loss on the patients current emotional state and their life. Extra time could and should be spent with this person to allow expression of grief and allow the nurse to recommend additional resources or support for this patient to aid in the bereavement process.

Through questioning bereavement and assessing the emotional state of a patient a more holistic approach to the overall care and well-being of a patient can be obtained.

*Implications for Nursing Education*

Awareness of the impact of sibling bereavement can be implemented into all levels of nursing education both in hospitals and practice settings along with university programs. Curriculum and training programs can implement the phenomena of surviving sibling grief and bereavement into already established programs.

Programs at the university or professional level can focus on taking a holistic view of a patient. These programs can stress the impact of a person’s emotional state on their overall
well-being. Identifying the loss of a sibling as a potential threat to the integrity of the patient could be stressed. It would then be necessary to teach or refine empathic listening and probing skills. Through use of these skills the student or professional could assess the patient’s current emotional state and attempt to aid the individual in seeking further help if needed.

Through increased awareness and recognition of sibling loss a more complete holistic view of the patient could be obtained.

**Implications for Nursing Administration**

Increased knowledge, awareness, and understanding among nursing administrators of sibling grief and bereavement will allow dissemination of the phenomenon to nursing staff. Administrators’ knowledge of the phenomenon can aid in both nursing and patient care relating to sibling grief and bereavement. Administrators can also be available to support nurses in caring for bereaved siblings.

Nursing administrators are in the position to make assessment of grief a priority. They can increase staff awareness and understanding of different forms of grief specifically sibling grief. Sibling grief discussions can be incorporated into staff meetings and in-services. In these settings collaboration and best practice measures can be shared.
Support from nursing administrators can aid nurses in care of patients experiencing sibling grief.

Recommendations for Further Research

Studies pertaining to sibling grief and bereavement in adulthood are scarce with many dated studies. Research in this area would update available literature and allow for greater understanding of the phenomenon.

Future qualitative studies with larger sample sizes could be conducted to offer validity to identified themes. Longitudinal studies from before death through several years after a sibling’s death would offer a more complete understanding of the lived experience of sibling grief and bereavement. Studies involving adult males and a more ethnically diverse population who have lost a sibling would be beneficial in describing the phenomena of losing a sibling. Studies examining various causes of death and adult sibling grief and bereavement reactions would assist in offering a more complete description of the phenomena. Quantitative studies involving or developing a sibling bereavement scale would offer incite into the phenomena. A scale could be developed from a literature review of bereavement and adult sibling grief.

Summary

The chapter began by comparing the study findings to the available sibling grief literature. Roy’s Adaptation Model was
then used in the analyzing of the study findings within the nursing framework. Conclusions from the research were then presented and limitations of the study were expressed. Implications for nursing theory, practice and education were suggested along with recommendations for future research.
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ABSTRACT

The purpose of the qualitative study was to describe the lived experiences of adult sibling’s coping with the loss of a brother or sister 2-5 years after their death. Literature pertaining to sibling loss and bereavement throughout the lifespan was reviewed. Colaizzi’s phenomenological method was used to analyze the data and develop themes. These themes were then described within Roy’s Adaptation Model. Five participants were interviewed with 6 themes emerging from these interviews. The themes were: 1) Losing a sibling is a hard and difficult experience. 2) Adults have a variety of reactions to losing a sibling. 3) Time spent with the sibling prior to death is considered a privileged and cherished experience. 4) Bereaved siblings share a common past or bond with their brother or sister. 5) Bereaved siblings missed opportunities during their sibling’s life and also regret and feel the loss of future opportunities with this person. 6) Support systems were found helpful in coping with the loss of a sibling.