



Sudden loss of an adult sibling : the bereavement experience
by Julie E Long

A thesis submitted in partial fulfillment of the requirements for the degree of Master of . Nursing
Montana State University
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Abstract:

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Method: A qualitative approach using Giorgis phenomenological method is used to describe the actual lived experience of an adult who has lost a sibling to sudden death. In-depth data analysis was conducted from the interviews of women who suddenly lost their sibling to death. The death occurred not less than one year from the present time or greater than six years from the date of the interview itself.

Findings: Many themes emerged from the analysis of the data. Some themes elicited appear to support the findings of the literature such as perpetual ambivalence, loss of temporality, the healing power of time, transformation of identity, and search for support. Other themes elicited in the study of sudden loss of an adult sibling included difficulty capturing the emotional experience, the siblings attempt to become the strength of the family unit, intensity of pain and suffering, prevalence and importance of intuition, transcendent dimension, and ownership of grief. Elements of complicated mourning and post traumatic stress symptoms were elicited from the in depth analysis of the experience. Implications for practice and further research recommendations are discussed.

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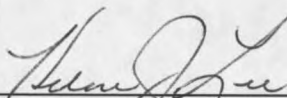
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This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.


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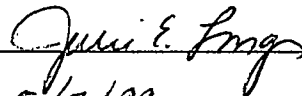
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TABLE OF CONTENTS

ABSTRACT	vii
CHAPTER ONE: INTRODUCTION.....	1
Purpose of the Study	2
Theoretical Framework	3
Definitions of Terms	5
CHAPTER TWO: REVIEW OF THE LITERATURE	7
Stages of Grief and Bereavement	8
Sudden Loss	10
Complicated Mourning	11
Post Traumatic Stress Symptoms	12
Sibling Loss	13
CHAPTER THREE: METHODOLOGY	16
Description of Phenomenological Method	16
Design	19
Pilot Study	19
Selection of Subjects	20
Procedure for Data Collection	21
Procedure for Data Analysis	22
Evaluation Criteria	23
CHAPTER FOUR: THE RESULTS	25
Introduction to Level 5	25
Fundamental Description of Siblings Experience of Sudden Loss	26
Introduction to Level 6	28
Essential Description of Siblings Experience of Sudden Loss	29
CHAPTER FIVE: DISCUSSION:	30
Emergent Themes: Siblings experience of Sudden Loss	30
Difficulty Capturing the Emotional Experience	30
Intensity of Pain and Suffering	31
The Healing Power of Time	33
Prevalence and Importance of Intuition	35
Perpetual Ambivalence	36
Attempts to Become the Strength of the Family Unit	38
Loss of Temporality	39
Transformation of Identity	40
Ownership of Grief	43
Transcendent Dimension	44
Search for Support	45

TABLE OF CONTENTS - CONTINUED

Dialogue with the Literature	47
Consistencies of Stages, Phases, and Tasks	47
Identity Transformation	49
Sudden Loss	50
Time vs. Loyalty	52
Sibling Loss	53
Implications for Practice	53
Recommendations for Further Research	55
Conclusion	56
REFERENCES	58
APPENDICES	61
Appendix A: Demographic Tool	62
Appendix B: Consent Form	63
Appendix C: Human Subjects Proposal	64
Appendix D: Laura: Data Analysis, Levels 1 - 4	67
Appendix E: Mary: Data Analysis, Levels 1 - 4	108
Appendix F: Karen: Data Analysis, Levels 1 - 4	139

ABSTRACT

Adult siblings appear to become lost not only in the grieving process itself but also in the available literature. Little is known about the experience of sudden loss of an adult sibling. This qualitative study attempts to find out what the sibling in particular experiences after the death of her sibling.

Purpose: The purpose of this study is to describe the lived experience of sudden loss of an adult sibling.

Method: A qualitative approach using Giorgi's phenomenological method is used to describe the actual lived experience of an adult who has lost a sibling to sudden death. In-depth data analysis was conducted from the interviews of women who suddenly lost their sibling to death. The death occurred not less than one year from the present time or greater than six years from the date of the interview itself.

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CHAPTER 1

INTRODUCTION

Members of the American culture appear to cope with death by denying its inevitability and not talking about the issues surrounding death. We look towards the future concentrating on health and well-being. Many fear death, therefore discussions revolving around death are rare. Death, as defined by Raphael (1983), has many meanings: "the grim reaper; a sleep from which the sleeper does not awake; catastrophe and destruction; nonbeing; transition to another life; the end; the loss of loved ones; the death of self" (p.19).

To die is a part of every human experience. The knowledge of the inevitability of death is incorporated into the psychological structure of each person. The ideas surrounding death are accommodated in many ways. Even when death is inevitable and someone is found to be terminally ill, patients and families find it difficult to approach the subject. People are unprepared to handle the situations surrounding the end of life. Many health professionals also find it difficult to find the right words when talking about death and dying. Because of this difficulty, they neglect to address many fundamental issues and focus on aspects of physical care. There is evidence that approaching death is made easier when the patient feels understood and can voice his feelings, thoughts, hopes, and fears about death and dying (Herbst, Lynn, Mermann, & Rhymes, 1995). If death is openly discussed, both the individual dying and the family will more easily be able to accept and come to terms with it. Attempts to resolve issues can occur and grieving can begin earlier. Death can be a positive experience if dealt with directly.

Each year, 140,000 people are killed in traumatic accidents. Trauma kills more people between the ages of 1 and 34 than all other diseases combined (Coolican, Vassar, & Grogan, 1989). These statistics and the knowledge about anticipatory death lead us to believe the affected families will need prompt intervention and long term emotional support. Sudden death is unexpected and there is no opportunity for anticipation or preparation beforehand. The death brings an extra effect of shock over and above the normal and is also a potent reminder of human mortality. There continues to be a struggle to find expression and closure for uncomfortable psychological reactions accompanying the death of a family member or close friend. These reactions may lead to anxiety about who one is and what one will become, and can include confusion, disorganization, and depression as the world they once knew is shattered and unexpected emotions are encountered (Rando, 1997).

Grief and bereavement have been studied extensively in the literature. Most studies refer to anticipated loss of a family member or sudden loss of a spouse or child. Little research exists on sudden loss of a sibling and even less on sudden loss of an adult sibling.

Purpose of the Study

The purpose of this study is to phenomenologically examine the experiences of siblings after sudden loss of their adult sibling. Phenomenological research examines the lived, internal experience of individuals with as few suppositions about its nature as possible. Using the phenomenological approach, the researcher attempts to find meaning and commonalties in the experiences of adult siblings to further explain the phenomena of sudden loss. The themes that emerge are compared to current research and theories of sudden loss of siblings.

The background of the study originated from my deep rooted history as both a registered nurse and a close friend of a woman who lost her sister to sudden death. As an RN working mostly in critical care areas, I have often encountered death and dying. The

process is never easy. However, I have witnessed peaceful deaths as well as devastatingly painful deaths. It has always been of interest to me to ascertain an approach to support grieving families coping with the loss of a loved one. I have felt deficient of words and wisdom, attempting to provide assistance, comfort, and empathy but never feeling adequate. It is partially because of my inadequacy that I chose to study the bereavement experience, in hopes I would gain new insight and understanding of grief and loss and become more competent assisting and intervening when appropriate. The phenomenon warranted further study into the experience of sudden loss and in particular the experience of siblings as the bereaved.

Theoretical Framework

The sudden death of a child or young adult may be the most difficult kind of death to experience. There is no time to prepare and seldom are there past experiences from which to learn coping skills. The experience not only affects the individual family members but also the family itself and, therefore, family needs for support and intervention are increased (Coolican, 1994). Stage and phase-based models have recently come under criticism because they seem to many times stereotype the individual. Although stages are still used, task-based models have become more common. Task-based models follow the nursing process and emphasize both individual tasks and family tasks which are part of the larger coping effort associated with dying and bereavement (Corr & Doka, 1994).

Bereavement occurs most often in the context of the family. The family may be considered a system and may be examined in terms of general systems theory. The family is distinguished by its wholeness, by the relation of each subsystem to the whole system, and by its interrelationships with the broader systems of its community, society, and culture (Raphael, 1983). According to Hanson and Boyd (1996), systems theory includes these major principles. Each system has its own characteristics, and the whole is greater

than the sum of the parts, rather than just the sum of the characteristics of individual parts of the system. All parts of the system are interdependent, even though each part has its own role within the system. There are mechanisms for exchange of information within the system and within the broader environment. A change in one member of the family system will influence the entire system. The systems theory parallels concepts of the family stress model where stressful events within a family are more stressful than stressors outside the family system.

Bereavement may affect the family system in many different ways. The death of a member means the system is permanently changed. Interlocking roles, relationships, interactions, communications, psychopathology, and needs can no longer be fulfilled in the same way as before the death. The family unit as it was before dies and a new family unit is constructed. The death will be a crisis for the family unit as well as for each individual member and each component subsystem. Subsystems include diads such as spouse-spouse, mother-child, and sibling-sibling. The threat to the integrity of the family unit may come not only through the change that loss of a family member brings, but also because that member may have occupied a key role in maintaining the structure of the family system, or in regulating it in a crisis. All these factors suggest the need for support of the whole family during the time of bereavement. If the family can handle its loss with feeling and openness, flexibility, strength, and mutual support amongst its members and support from others, it is likely to rebuild a powerful and unified system to face its new future (Raphael, 1983).

Definitions of Terms as Used in This Study

Bereavement: An individual response to that loss or change of status resulting from the loss (Kastenbaum & Kastenbaum, 1989).

Bracketing: To hold in abeyance what one knows about the described phenomenon in order to grasp its presentation in a fresh manner (Giorgi, 1985).

Essential Description: The final level of analysis which situated aspects of the fundamental experience are dropped off in order to directly synthesize the transformed meaning units into a final general description (Polkinghorne, 1989).

Fundamental Description: The description which emerges from combination of all subjects. The description includes structures which are essential to each situated instance of phenomenon using psychological language (Jenni, 1990).

Grief: A highly personal and subjective set of response that an individual makes to a real, perceived, or anticipated loss (Kastenbaum & Kastenbaum, 1989).

Meaning units: Manageable units that emerge after reflection on a subject's description, arrived at when the researcher becomes aware of a shift of meaning of the situation for the subject (Giorgi, 1985).

Mourning: A culturally patterned expression or ritual that accompanies loss and allows others to recognize that one has become bereaved (Kastenbaum & Kastenbaum, 1989).

Phenomenological Research: A descriptive and qualitative method of research which focuses on the meaning of the subject's lived experience of a particular phenomenon instead of on descriptions of their overt actions or behaviors (Polkinghorne, 1989).

Pilot Study: Preliminary or initial interviews designed to aid the researcher in framing the interview question.

Reduction: The acceptance of the description of an experience simply as it presents itself without reflection or judgment of what it means (Giorgi, 1985).

Rigor: Applying exactness, precision or accuracy, in this case of research method.

Subject: He or she who participates in interviews for the research project. They are participants who “open their subjective experience to the researcher, but they are not subjects of the researcher” (Polkinghorne, 1989, p. 47).

Subject Selection: The interaction between or among two or more people and an even which creates a content in which meaning is derived within each individual (Polkinghorne, 1989).

Triangulation: The method of combining and analyzing information from three or more subjects in search of shared commonalties that pertain to the research question (Giorgi, 1985).

CHAPTER 2

REVIEW OF THE LITERATURE

Bereavement is the reaction to the loss of a close relationship. The bereavement reaction often is described in stages or phases that an individual experiences after a death. Each stage or phase represents processes of adaptation to the loss. It is acknowledged in the literature that the phases are not always clear cut and that one may travel in and out of a particular stage or phase at any given time. Sudden loss adds a dimension not frequently discussed separately from anticipated loss. There is no preparation for the sudden death of a close friend or family member. Grief can become more intense when the death occurs prematurely in a young adult or child. The response to the loss becomes even more unpredictable. Each of these areas will be discussed in the review of the literature on sudden loss of a sibling.

It is important to distinguish and have accurate knowledge of the differences between grief, bereavement, and mourning. These terms are sometimes used interchangeably but each has its own unique meaning. Grief is defined as a highly personal and subjective set of responses that an individual makes to a real, perceived, or anticipated loss (Kastenbaum & Kastenbaum, 1989). This can be any loss such as death, divorce, health, relationships, possessions, or hope. Bereavement is an individual response to that loss or change of status resulting from the loss. Mourning is a culturally patterned expression or ritual that accompanies loss and allows others to recognize that one has become bereaved. An example of a mourning ritual in our culture is wearing black and attending funerals.

Stages of Grief and Bereavement

Kubler Ross (1969) first defined the five stages of grieving (denial, anger, bargaining, depression, and acceptance). Since that time, the stages have been condensed, altered and restructured. The current popular belief is that there are three stages of grief. The stages, time periods and manifestations vary greatly among individuals. The first stage of grief includes shock and denial. Shock is a natural way of helping grieving persons cope during the first hours and days after the death. The bereaved persons may experience numbness or lack of feeling which helps them get through the initial notification and burial plans. Some people may experience disbelief and remain unconvinced that the death has occurred until they see the body. The second stage is depression and disorganization. The bereft may experience difficulties such as loss of concentration, weeping, insomnia, and loss of appetite. Many experience anger and guilt over the death of a loved one. At this time the phrase "if only" will abound. Rumination (repeatedly replaying the death in one's mind) may also occur in this stage. The third stage includes reorganization and reengagement. Bereaved persons begin to move onward with their lives without the presence of the deceased. They develop a more balanced view of the person who has died and can assign a new status to the deceased (Herbst et al., 1995).

While there are an abundance of studies citing various stages of grief, few studies were found specifically identifying the stages of bereavement. Lindemann (1944) conducted the first study of bereavement and described the outcome as having a predictable course with identifiable symptoms including somatic distress, preoccupation with the image of the deceased, guilt, hostility, loss of usual patterns of conduct, and in some, the imitation of the deceased's behaviors. Since Lindemann's work, researchers in the field believe the bereavement reaction to be a process where one progresses through a series of stages (Burnett, Middleton, Raphael, Dunne, Moylan, & Maritnek, 1994). The studies located are not in consensus on definite stages of bereavement. According to Parkes

(1970), Parkes & Brown (1972), and Clayton (1973), the terms impact and numbness are used to define stage one. This stage can last a few hours, days or weeks. The bereaved person is dazed and functions automatically. The second stage is defined in various ways by different authors. Terms such as recoil, depression, yearning and protest, and disorganization have been used. Steen (1998) states depression syndrome occurs in about one-half of all grieving people, and about 10% of those persons suffer major depression. It is thought that stage two lasts from a few weeks up to a year. The third stage is labeled recovery. During this period there is acceptance of the death. A return to the level of functioning prior to the death is established (Clayton, 1990).

A "Task Based Approach" is a theoretical model used in the field of bereavement (Corr & Doka, 1994). It describes certain definitive tasks that families who are coping with the death of a loved one may work through. This approach avoids generalizations that obscure the individuality of persons coping with bereavement. The model emphasizes individual tasks that are part of the larger coping effort. This model has been used more often in acute/critical care settings because it emphasizes present-tense concerns. It uses the nursing process and encourages the development of goals and objectives. The task based approach can assist those bereft by improving understanding in coping with the processes of bereavement, fostering empowerment of those coping with death-related experiences, emphasizing interactive participation of shared death-related experience, and providing guidance to assist persons through bereavement. Two authors provide similar examples of the task based approach: Worden's (1982) tasks of grieving, and Corr's (1994) coping with dying. According to Worden, the first task of grieving is accepting the reality of the loss. The second task is experiencing the pain of grief. The third is to adjust to an environment that no longer includes the deceased. The last task mentioned is withdrawing emotional energy and reinvesting in another relationship (Gifford & Cleary, 1990). Kastenbaum and Kastenbaum (1989) include an additional task of reassessing and

rebuilding the faith or philosophical system challenged by the loss which would include the meaning system specific to that individual.

Sudden Loss

Sudden death adds a whole new dimension to grief and loss. Sudden loss, death without forewarning, creates special problems for survivors. Three of the most common problems include intensified grief, the shattering of a person's normal world, and the existence of a series of concurrent crisis and secondary losses (Doka & Gordon, 1996). There is no opportunity for anticipation or preparation. The shock can be overwhelming. The experience can be a potent reminder of human mortality and impotence. The bereaved are confronted with powerlessness and human helplessness. The reality is difficult to comprehend. In contrast, if the death is expected, the family members have the opportunity to make cognitive and practical preparations.

Sudden death becomes more complicated when it occurs away from the home. The death may occur in a strange place. Persons may die alone or with strangers. Sudden, unexpected, and untimely death propose greater problems for the bereaved than anticipated death because there are greater difficulties with acceptance of the loss and adjustment to it (Raphael, 1983). Survivors sudden, unanticipated loss often experience a heightened sense of vulnerability and anxiety. Also experienced are secondary losses such as lost income and spiritual loss (Doka & Gordon, 1996). There is a greater chance of health problems and more difficulty with return to normalcy (Parkes, 1970).

Sudden death also may alter the quality of the relationship between the bereaved and the dying person. It may highlight patterns of the relationship entailed at the time of the loss. Ambivalences normally resolved in everyday life are held frozen most likely with extra guilt and pain. Most persons wish for opportunities to say good-bye, to resolve issues left open. With sudden loss, the opportunity does not exist making it that much

more difficult to move on and face day-to-day issues without that family member (Raphael, 1983).

Loss of a family member may result in an increased risk for health problems. Depression has been found to be a frequent occurrence of the bereaved along with increased physical morbidity and mortality. Little remains known about the factors that determine the impact of the loss on those left behind. Cleiren, Diekstra, Kerkhof, & Van der Wal (1994) state that 10% to 20% of the bereaved do not recover or only partially recover from their loss.

Sudden loss is often considered to induce post-traumatic stress symptoms and increased psychiatric morbidity (Cleiren et al., 1994). Raphael (1983) stated that the news of the death may be so stressful that the ego may become overwhelmed. Ego resources then become consumed with trying to master helplessness and other flooding effects. The shock of sudden death is an overwhelming experience which psychologically complicates any response to it. Many times posttraumatic reactions of bereavement are thought to be neglected or insufficiently appreciated. Relatively little has been written about the clinical combination of bereavement and posttraumatic stress. Yet, in recent years, there has been increasingly more interest in these types of deaths that inherently lead to a mixture of both in the bereaved. Traumatic death specifically predisposes an individual to complicated mourning. This is described to be the state, wherein given the amount of time since the death, there is some compromise, distortion, or failure of one or more of the processes of mourning (Rando, 1996). The number of studies in this area leaves a serious gap in the literature and treatment perspectives.

Complicated Mourning

Confusion, disorganization, and depression are the results when one's world is shattered by an unexpected death. There is continued resistance to relinquishing ties to the old world and forming new ones consistent with present day reality. Complicated

mourning refers to the inability to adjust to any one of the "six R's;" recognize the loss, react to the separation, recollect and reexperience the deceased and the relationship, relinquish old attachments of the deceased and the old assumptive world, readjust to move adaptively into the new world without forgetting the old, and reinvest. In complicated mourning there are attempts to deny, repress, or avoid aspects of the loss, its pain, and the full realization of its implications for the mourner. Attempts are also made to hold onto and avoid relinquishing the lost loved one (Rando, 1993).

Rando (1993) discusses additional issues that are inherent in sudden death. A few of these issues include, (a) diminished capacity to cope as the shock overwhelms the ego manifesting itself as heightened personal threat and vulnerability, (b) the assumptive world is violently shattered causing reactions of fear, anxiety, vulnerability, and loss of control, (c) the loss does not make sense and cannot be absorbed, (d) lack of closure with the inability to say good-bye, (e) symptoms of acute grief and emotional shock persist, (f) mourner obsessively reconstructs the events, (g) mourner experiences a loss of security and confidence in the world increasing many kinds of anxiety, and (h) the death tends to leave the mourner with more intense emotional reactions such as greater anger, more ambivalence, guilt, helplessness, vulnerability, confusion, obsession with the deceased and strong needs to make meaning of the death. With the death a number of secondary losses often follow. In addition the death can provoke posttraumatic stress responses (repeated intrusion of traumatic memories, numbing of general responsiveness, increased physiological arousal). Rando also adds if the body has not been viewed to confirm the death, the mourner is at additional risk for complications.

Post traumatic stress symptoms

Sudden death is often considered to induce post-traumatic stress symptoms (Cleiren et al., 1994). van der Kolk, McFarlane, and Weisaeth (1996) state "trauma can affect

victims on every level of functioning: biological, psychological, social, and spiritual” (p. 16). They also state that as long as victims can formulate meaning out of the trauma, they often experience the symptoms of PTSD as natural reactions. Symptoms of PTSD include the inability to sort out relevant from irrelevant stimuli and difficulty ignoring what is unimportant and focusing on what is important. They are easily overstimulated and they compensate by shutting down. Those who experience PTSD tend to experience loss of involvement in ordinary, everyday life thus making it more difficult for them to get their minds off the trauma. Secondary to lack of involvement in everyday life activities, they lose the ability to respond to their environment.

The distinguishing factor between people who develop PTSD from the people who are temporarily stressed is that those with PTSD start organizing their lives around the trauma (van der Kolk et al., 1996). Steen (1998) describes distinguishing PTSD from normal bereavement by “intrusive symptoms persisting more than one month, such as increased arousal, reexperiencing the traumatic event, avoiding stimuli associated with the trauma, and clinically significant distress or impaired functioning (p. 59).” The posttraumatic syndrome manifests when time is unable to heal the wounds and the traumatic event itself is not integrated and accepted as a part of ones personal past. The trauma is a completely new experience which confronts the person itself and it stresses the individuals attitudes and beliefs. One must be able to accommodate and assimilate the event (van der Kolk et al., 1996).

Sibling loss

Death of a sibling terminates one of the longest relationships of a lifetime. A report from an Institute of Medicine on bereavement published over a decade ago identified sibling bereavement as an area in need of further research (Robinson & Pickett, 1996). Since then, most published investigations of sibling bereavement have been limited to white

pediatric and adolescent populations, usually from cancer-related deaths. Adult sibling bereavement remains an area with little research.

Robinson and Pickett (1996) provide some reasons why adult sibling bereavement is receiving little attention. A societal perception exists that sibling relationships lack importance beyond the mutual experience of growing up and therefore, sibling bereavement in adulthood is not considered to be a significant area for investigation. The term "sibling" is many times equated with "child" implying that sibling relationships, and their relative importance end at the start of adulthood (Sandmaier, 1994). Little is known about the role and significance of the sibling relationship in young to middle adulthood. Another obstacle in the assessment of adult sibling grief is the challenge of integrating two distinct bodies of literature (Robinson & Pickett, 1996). The sibling literature, emphasizing characteristics of childhood sibling relationships, must be integrated with the bereavement literature. Presently the bereavement literature base predominantly reports the grief experiences of adults following the death of a spouse. Measuring adult sibling grief would ideally capture responses specific to the loss of a sibling, reflect the developmental challenges of adulthood and be sensitive enough to detect varying intensities of response. No instruments have yet been designed to meet these broad needs.

According to Robinson and Pickett (1996), manifestations of sibling grief in childhood and adolescence have included psychological reactions of sadness, guilt, anxiety, and changes in self concept. Observations of bereaved adolescent siblings included fatigue, sleep disturbances, appetite changes, social withdrawal and difficulty concentrating. Sibling grief appears to change over time. Some findings indicate that sibling bereavement can result in positive consequences such as improved self concept, increased sense of personal maturity, and increased level of closeness between family members. Many times the newly bereaved are preoccupied with the meaning of the loss. In the Leiden Bereavement Study conducted by Cleiren et al. (1994), sudden loss and

illness related deaths along with their consequences on first-degree family members were studied. Seventy-three bereaved spouses, 68 parents, 86 siblings, and 82 adults who had lost a parent were interviewed. Cleiren et al. found that the absence of meaning was felt most strongly by parents losing a child, even when the death occurred in the child's adult years. These people were often wondering why their child had to die. Absence of meaning was felt among all bereaved especially when the deceased was fairly young. The question of meaning also extends to the personal life of the bereaved, evoking many existential questions. Finding meaning with loss is a preoccupation which triggers evaluation of one's own existence.

The aspect most directly related to bereavement is the difficulty with detachment from the deceased, and the ability to continue one's life without him or her. To "let go" of the pre-existing relationship and to internalize it is one of the central tasks of the bereaved. Cleiren et al. (1994) found that sisters in particular evidenced the same level of difficulties with detachment and shock as widows. Both groups showed the highest level of avoidance of all bereavement groups at four months. They also reported a high level of intrusive thoughts. In contrast, the brothers of the deceased in general did not suffer major problems of functioning. Most showed few loss reactions at four months after the death and a significant decrease in reactions over time. Their health and social functioning seemed unaffected on the whole.

In those bereaved, social integration appears to be satisfactory. Cleiren et al. (1994) discovered adult children and siblings of the deceased hardly found their networks impaired at all by the loss. Their integration appeared to be more dependent upon factors not related to the loss. The bereaved in general increase their social activity after an initial withdrawal. Stress occurring during the same period as the loss plays a role in post-bereavement health in siblings and children.

CHAPTER 3

METHODOLOGY

Description of the Phenomenological Method

Phenomenology has been referred to as an approach, a philosophy and a method. It is the study of phenomena as experienced in consciousness (Giorgi, 1965). Hammond, Howarth, and Keat (1991) defined phenomenology as “the study or description of phenomena,” and a phenomenon as “anything that appears or presents itself to someone” (and so does not involve any innate sense of the strange or spectacular). Therefore, phenomenology involves the description of things as one experiences them in their immediacy. The assumption of phenomenology is there is an experienced world, it is social in nature, and the existence of objects are not of primary interest but their importance lies in how these objects appear to individuals internally (Oiler, 1981). In phenomenology, the emphasis is on the meaning of the lived experience, how objects or events appear to each person, which thus defines the phenomena. Others’ experiences are “borrowed” so that the researcher will better be able to understand the deeper meaning or significance of an aspect of human experience (Beck, 1994a). Phenomenology is a holistic approach which describes quality of life and life experiences.

Giorgi (1985) talks of three important steps in the method of analysis of phenomenological experience including description, reduction, and the search for essences. According to Polkinghorne (1989), phenomenology “concentrates not on descriptions of worldly objects but on descriptions of experience” (p. 41). Husserl, as cited in Ray (1994), one of the early phenomenologists, described phenomenology as “a descriptive

approach of a return to capturing the essence of consciousness in itself" (p. 119). This is done by conferring meaning reflected on itself, by bracketing or holding in abeyance one's preconceptions about the world, past experience and knowledge, to attain the true form of things themselves (Hammond et al., 1991). Phenomenological reduction is a suspension of belief, preparing the researcher for critical examination before our interpreting beliefs enter in. It leads the researcher back to the origins of the phenomena which are lost in everyday thought. Husserl, as cited in Ray, has used bracketing for the suspension of belief in order for the phenomena to come into full view. The language of phenomenology therefore is descriptive in order to make ordinary experience evident through reflection to clear intuition. By intuiting the meaning of the experience and with the use of bracketing, the researcher is able to allow the data to show themselves "as meant".

"The phenomenology of essences seeks to secure absolute insights into the what, or essence, to whatever is given intuitively in experience" (Cohen & Omery, 1994, p. 138). The task then is to search out the general essence of the phenomena to yield a descriptive analysis. The researcher seeks the meaning for the subject, or the essence of phenomena. Searching for essences is to look for the most invariant meaning or identity that can be assigned to a phenomenon for a given context (Beck, 1994a). It is important that the lived experience emerges as fully as possible without intervention from the researcher. The experience should emerge and not be manipulated according to the researchers assumptions (Giorgi, 1965).

Phenomenology provides a holistic approach to quality of life experiences. Meaning is created through social interactions and then constructed internally as intersubjective phenomenon. It provides us with an internal lens for viewing real world experiences through the eyes of persons having lived those experiences (Beck, 1994a). Clinical nursing can be seen as parallel to phenomenology. Beck states that phenomenology provides a closer fit conceptually with clinical nursing and with types of

research questions that emerge from clinical practice than quantitative research. Clinical nursing and phenomenological research both attempt to create a deeper understanding of the client's experience by observing, interviewing, and interacting with them. Nurses use self therapeutically just as phenomenological researchers use self as a data collection instrument. There is really no accurate way of knowing about a patient's experience other than to elicit that information directly from the client. An accurate description of nursing phenomena could clarify many questions left unanswered. Davis (1978, as cited in Anderson) argued that "phenomenology provides a more perfect fit conceptually with the functions of clinical nursing and with many of the research questions that evolve from clinical practice" (p. 26).

Oiler (1981) describes phenomenological perspectives as both subjective and perspectival. Subjectivity refers to being in the world. The world becomes real through contact with it. The position one takes in the world determines the nature of his/her reality. Knowing shapes experience. All human behavior is understood in terms of the subjects' orientation in the world and as an expression of that perspective. All understandings are subjective and perspectival. An example of this is a patient's experience of pain. Only the patient can know his own pain, but the nurse can, depending on the perspective, understand the situation physiologically, psychologically, and empathetically.

Anderson (1991) points out that individuals bring a "stock of knowledge" that allows them to typify one another and to sustain communication. Combining different methodological approaches represents a vigorous attempt to build a science of nursing. Multiple methodological perspectives will elicit the lived experience of the patients and their families. Phenomenology attempts to disclose the essential meaning of human experience and because of this, the philosophy and approach are well suited to nursing inquiry (Ray, 1994).

Design

This study follows Giorgi's (1965) method for conducting phenomenological research by stating that the best way to investigate the nature of man is to ask him or her. At least three persons are identified to interview about the experience to be studied. These persons were asked for a thorough description of experience so central themes and variations could be elucidated. Descriptions were subsequently analyzed phenomenologically. In this study, subjects were sought who had experienced sudden loss of a sibling.

A thorough literature review was completed prior to interviews so that the researcher could have sufficient knowledge on the topic of interest. Once personal and scholarly knowledge have reached saturation, the researcher must be able to put all of this aside so one "can see for the first time." To control for bias, the researcher must be as free as possible from bias in reflection of experience. It is, however, impossible to be completely free of bias in reflection on the experience being studied but it is possible to control for it (Beck, 1994b). This is done by bracketing. In "bracketing," the researcher must suspend what he or she thinks they already know about the phenomenon in question (Oiler, 1981). It will bring the experience into clearer focus.

The Pilot Study

Two pilot interviews were conducted prior to beginning the study. The two interviews enabled me to analyze the effectiveness and appropriateness of the initial interview question. The first pilot interview did not meet the sample criteria of the study but allowed the researcher the opportunity to gain knowledge of spousal bereavement. It was discovered that the magnitude of pain experienced with spousal bereavement made it more difficult for the subject to talk openly with the researcher. The second pilot interview subject met the majority of the study's criteria. However, after the interview it appeared the interview had too many outside variables influencing the experience of loss of a sibling.

Both interviews were beneficial in that they allowed an opportunity to become more at ease and assist the subjects to become more at ease while discussing a complex topic.

Selection of Subjects

The number of subjects in phenomenological research is limited because of the quantity and richness of data obtained and the "extent to which the phenomenon is explored in the interview" (Drew, 1989, p. 431). Three participants were sought in this study. A minimum of three subjects is required to allow triangulation providing the researcher a complex variation of description of the studied phenomenon. Participants were siblings who lost their sister due to sudden loss.

Polkinghorne (1989) discusses subject selection as choosing those persons who are able to function as informants by being capable of richly describing the experience being investigated. The subjects must meet two requirements. The first requirement simply states the subject must have had the experience that is the topic of research. The second requirement is the subjects capacity to provide full and sensitive descriptions of the experience. This description involves the subject's ability to linguistically express both inner feelings and organic experiences accompanying these feelings without shame or inhibition. All three subjects in this study met both of Polkinghorne's criteria.

Subjects were sought and found via word of mouth from acquaintances of the researcher. I found that the subjects were more willing to discuss their experience of sudden loss with someone they felt they knew, even if in an indirect way. Subjects were those persons who lost their adult siblings and were between the ages of 18 - 45 years at the time of death. The loss occurred no sooner than one year and no later than six years prior to the interview. Those persons whom had experienced sibling loss secondary to suicide were excluded from this particular study. Suicide would not be consistent to the experience being addressed and most likely would be quite different than other forms of sudden death. Siblings who lost a brother were also excluded from the study fearing the

experience too different from losing the same sex sibling. The goal was to narrow down the sample population enough to get an accurate description of the experience being studied yet choosing an array of individuals who provide a variety of specific experiences of the topic of study (Polkinghorne, 1989).

The subject's experience of loss of a sibling differed in various ways. One subject lost her sister violently two years ago. Another subject lost her sister four years ago in a short-lived lightning storm and the family was then forced to make the final decision regarding life support. The third subject lost her sister tragically through a motor vehicle accident six years ago. All three subjects had little to no difficulty with recall of their experiences.

Procedure for Data Collection

Prior to conducting interviews, a human subjects proposal was constructed and submitted for approval by the Montana State University CON Human Subjects Review Committee. This was to ensure that the research will not cause distress or harm for bereaved persons. Items such as description of the study, procedure to maintain confidentiality, and risks and benefits to the subjects are included. Once the proposal was passed through the Review Committee, the interview process was initiated.

Three subjects were asked to describe the experience of losing a sibling to sudden death in their adult years. The interviews were between 45 minutes and 90 minutes in length. The subjects were briefed on the nature and purpose of the study. Written consent was sought prior to the interview process. The subjects were instructed that if at any time during the interview they were tired or did not want to continue they could stop the interview process. Fictitious names and initials are given as labels on each of the interviews to provide for confidentiality. The interviews were conducted for depth of the experience. Each interview began with the request: "Describe for me your experience after the sudden loss of your sibling." Interviews were tape recorded and transcribed verbatim.

Procedure for Data Analysis

Giorgi (1965) states that analysis relies solely on the researcher. Analyzing occurs as descriptions are compared and contrasted noting recurring elements. This allows identification of the ingredients of the phenomenon and the way the ingredients relate to each other. The researcher must become absorbed in the phenomenon without being possessed, previous knowledge held at bay (Oiler, 1981). The relationship between the researcher and the phenomenon is one of the strengths of the phenomenological approach. Drew (1989) discussed its rigor as a method of understanding and as the refusal to accept a perception without first examining the influence of underlying beliefs naively held by the perceiver. Bracketing of pre-suppositions and fore-knowledge must occur throughout the analysis.

There are many ways described in the literature to phenomenologically analyze the data. The specific method chosen to follow in this case is the method proposed by Giorgi (1985) and the steps as outlined by Jenni (1990):

Level One: (Individual Protocols) Each individual interview is transcribed verbatim. The researcher reads through the description of the experience to get a general sense of the interview.

Level Two: (Individual Protocols) A search for spontaneous meaning units of complete interview protocol occurs. The researcher reads and reflects allowing spontaneous meaning units to emerge. Each meaning unit is numbered sequentially. Repeated readings may be required in order to identify the shifts in meaning. The subject's language remains unchanged at this point. Relevant meanings may be grouped at this time.

Level Three: (Individual Protocols) Meaning units are grouped by theme. This involves transforming the meaning units to reveal knowledge through reflection and variation. Meaning units not reflecting the phenomenon can be discarded at this time. The subject's original language remains.

Level Four: (Individual Protocol) This level involves transforming the meaning units from the narrative in level three into language which expresses psychological meaning of the experience. This is referred to as the structure of the experience and can be expressed on a specific or general level (Beck, 1994b).

After the experience of all subjects is analyzed to this point (see appendices), the data from all subjects is combined and analysis of the data is now from the perspective of all the subjects.

Level Five: (Combined Protocol) This is labeled the fundamental description and involves reflecting on Level Four data from all subjects and combining persistent aspects of phenomenon.

Level Six: (Combined Protocol) This is the essential description and is the final level of analysis. Further reflection of level five allow "situated aspects of fundamental description to recede to allow articulation of essential structural features of phenomenon" (Jenni, 1990, p. 1).

Evaluation Criteria

Reliability and validity are two major areas critical to phenomenology as a research method. Giorgi's (1988) analysis relies solely on the researcher. He warns of the difficulties of "cross-paradigmatic communication" stating that the same words refer to different things. In other words, the same words have different meanings. Giorgi considers the use of phenomenological reduction and the concern for essences by phenomenological researchers. Giorgi warns that the researcher risks error if past knowledge is imposed upon the phenomenon, therefore he emphasizes the importance of bracketing. Reduction is used in attempts to avoid the possibility or error. The search for essences, looking for the most invariant meaning that can be assigned to a phenomenon for a given context, keeps the researcher from speaking about particulars and directs expression toward the essentials. Attempts are made to vary the descriptive characteristics

of phenomena under study in his/her imagination in order to see what the truly essential characteristics of the phenomenon are (Beck, 1994b). Bracketing ensures reliability.

Giorgi (1988) concludes that validity has been achieved if the essential description of a phenomenon truly captures the intuited essence. No additional empirical judges are required secondary to reduction. Reality claims are not made. Every reader must judge for himself the meaning intuited by the investigator. Reliability can be observed when one can use this essential description consistently. Giorgi states a strong knowledge claim can be based on a researcher having taken all the necessary precautions in attempting to arrive at an accurate description. This involves reduction and imaginative variation. He also warns that error may still occur because a researcher can take all these precautions and still describe the experience inaccurately. The acts of identifying can be considered the basis for validity and if these identifying acts can be consistently performed then reliability is achieved (Beck, 1994b).

CHAPTER 4

THE RESULTS

Introduction to Level 5

The fundamental description is the general structural description of the protocol and constitutes level five. Level five is the first level to combine subjects situated experience and to focus on aspects of the experience that are descriptive of the phenomenon at the general level from the protocol. The concrete details of the specific situation of an individual subject are eliminated in order to grasp the essential structure of the combined experience (Polkinghorne, 1989). The researcher initially moves through steps one through four with each subject's protocol developing a separate general description of the situated structure for each subject. These protocols are then combined with only those situated structures which are intertwined within each experience. This process allows persistent aspects of the phenomenon to be combined (Jenni, 1990). "The description does not claim to be of a universal structure of consciousness, it does claim a general validity beyond the specific situation of the subject" (Polkinghorne, 1989, p. 55). The following two pages consist of both the implicit and explicit themes common to all three subjects in answer to the research question.

Level 5

Fundamental Description of Sudden Loss of an Adult Sibling

Upon reflection of the experience of sudden loss of her sibling, S. finds that concrete images surface easily while difficult emotions are displaced. Protective mechanisms of well learned coping strategies emerge quickly. Words flow freely but do not express the true essence of S's experience. S. feels she cannot capture accurately enough her emotional experience. S. experiences the intensity of the pain depicting images of suffering of the entire body, mind, and soul, ultimately leading to a sense of exhaustion and inconclusiveness. The intensity of the pain is so overwhelming that S. allows only portions of the experience to filter in over time. The physicality of the pain is so great, S. finds that time is the only comfort.

Preceding the death itself, S. has a foreboding sense of doom triggered by intuition. S. fearful of her sense of knowing, feels that something was terribly wrong. This prior knowledge leads S. not only to feel further regret but manifests itself as intense guilt and sadness. The foreknowledge does not ease the pain but actually exacerbates it.

The experience produces feelings of ambivalence for S. which begins immediately after the death and continues into the present. Thoughts and events surrounding the experience are magnified and repeated endlessly in S's mind. The ambivalence S. experiences causes questioning, doubts, and regrets leading to absence of finality. S. therefore finds difficulty moving forward in her own life because she feels overwhelmed with thoughts of her sibling. S. searches to find the gray area where thoughts of her sibling could abound without consuming her.

S. becomes the strength of the family unit, the informant. The role is designated to S. and S. willingly accepts this role not yet realizing the demands it will command of her. S. knows nothing else and by focusing on facts and tasks, S. is temporarily freed from the pain and hurt of the loss. This is S's job. S. therefore holds it together during public times and events in order to defy people's presupposed view she is not doing well. Emotions were deferred until a later date when S. felt she was no longer needed. This stance allows S. to move forward without dealing with the pain that awaits her.

Following the death, S. experienced loss of temporality and became a wanderer questioning the importance of ideals and material items she once found valuable. Days went by and S. had no recall of events or people. Time is required to truly absorb the experience. S. believes she has come to an understanding of the value of life and living. S. frequently reflects on her own existence and finds it is a time of life changes. S. learns to appreciate life and battles to regain control over it.

S. attempts to move forward but realistically struggles with the means. Unique attempts lead to a sense of futility. S. finds herself on a quest for avenues which will offer regression to a time unblemished by death. Time is of utmost importance. With the passage of time, healing renders easing of discomfort and the ability to begin to accept the ultimate evolution of S's life, now without the involvement of the sibling. S. initially wants desperately her old life back but reality strikes callously and S. finds she must search for a new identity. The shift in identity has many facets and it must include both aspects of

the old and the new. S. battles with this identity crisis, desperately not wanting to forget but fighting to move forward. The identity of S's entire world and family changes,

transformed into a strange unforgiving environment and for S. nothing ever to be the same. S's world view is transformed and fear becomes a predominant emotion. Spirituality becomes an important factor which allows S. a sense of peace and comfort. S., able to talk freely to her deceased sibling at any time, finds solace and strength. This transcendence allows S. the energy and desire to attempt to move forward.

S. falls apart on her own time. She does not want to talk to strangers, including counselors, but leans on those persons closest her. S. prefers to grieve in a private manner and demands sole ownership of her grief. S's grief becomes the unique, solitary fragment connecting her sibling to this physical world, a grief that S. is unwilling to share.

Introduction to Level Six

Level six is the reduction of level five into the essential description. Level six no longer is situated in a particular time, person, or life event, but reflects the entire range of experiences for women who have suddenly lost their sibling to death. At this level of the protocol, the term situated can be dropped and the subjects "can be assumed under one typology" (Giorgi, 1985, p. 20). A final general description is transformed from the meaning units of the various protocols. These transformations are tied together to produce a general description not of the characteristics of the combined subjects but the characteristics of the experience itself (Polkinghorne, 1989). This general description "tries as much as possible to depart from the specifics to communicate the most general meaning of the phenomenon" (Giorgi, 1985, p. 20).

Level Six

Essential Description of Sudden Loss of an Adult Sibling

The experience of sudden loss of an adult sibling is one of both physical and emotional trauma. The experience itself is indescribable emotionally. S. is unable to capture the essence of the experience with description, however, futile attempts made. Intuition preceding the sudden loss of her sibling triggers a foreboding sense of doom and manifests itself as regret, guilt, and sadness.

Time appears to be the only relief for the intensity of pain and suffering. The pain is not allowed in all at once, only portions of the experience are allowed to filter in over time allowing a sort of normalcy in her day to day life. Attempts to move forward are lived in various ways. The world view changes are intense, fear predominates, values and ideals once held are questioned. A search is initiated for avenues which offer regression to a time unblemished by death. She searches in her own personal journey, to find balance with the old life and the new but is continually drawn back to a once familiar safer world view as known before the death.

Identity, not only of the sibling but the entire family, is transformed and a search for a new identity becomes a struggle within the framework of the family. The shift in identity has many facets. It must include aspects of the old and the new with emphasis placed on moving forward without forgetting important values and beliefs of the past. Ambivalence abounds in the experience, questioning whether appropriate intervention could possibly have changed the outcome. Spirituality offers a sense of peace and comfort with a feeling of inter-connectedness to the transcendent form of the sibling lost. The grief experience itself is the solitary fragment connecting her sibling to the physical world and she demands sole ownership of this grief.

CHAPTER 5

DISCUSSION

This study analyzes the bereavement experience as it is lived by the adult who has suddenly lost her sibling to sudden death. The phenomenological method is chosen as the means to obtain a description of this experience and to increase nursing knowledge in the area of bereavement. Themes are elicited from the data analysis of the three subjects interviewed. These themes appear to coincide somewhat with the literature available on grief and bereavement, but also take on some of their own meanings unique to the sudden loss of an adult sibling.

Emergent Themes

The themes that become evident in the study of adults who experience sudden loss of a sibling include difficulty capturing the emotional experience, intensity of pain and suffering, the healing power of time, prevalence and importance of intuition, perpetual ambivalence, attempts to become the strength and informant of the family unit, loss of temporality, identity transformation, ownership of grief, the transcendent dimension, and the search for support.

Difficulty Capturing the Emotional Experience

Overwhelming. It's like, at first it's like waves and it still is like waves, they just don't come as close together anymore. Shocking. Devastating, you know there's only so many adjectives you can use to describe it and it still doesn't describe it. It is undoubtedly the worst thing I have ever had to endure. (Mary)

The first theme to emerge from the data appears to be related to the difficulty of describing emotions. The ability to recall concrete images of the experience is much easier

and subjects are each able to recite verbatim the actual event. Each subject experiences an inability to capture the true essence of the experience with words and is not content with the accuracy and appropriateness of words chosen. Each attempts to find the right words but remain dissatisfied with those available. Nothing can truly describe the intense pain and suffering which abounds throughout the experience of loss of a sibling. The experience is beyond words.

Upon reflection of sudden loss of her sister, Mary was able to easily recall concrete events but had difficulty with recalling the more abstract psychological images. Images of the experience itself and the days surrounding the event remain vivid. "I can stay pretty clinical when I do this." Mary can vividly recall facts surrounding the notification of the death, the trial, and the crime scene but various other aspects of the experience remain a "blur."

Karen attempts to describe the emotions of the experience as "that pain inside and it's achy and it burns and you feel like you are going to burst because there is so much pain there." Karen reflects on the relationship and bond with her deceased sister, so close that she was aching, "feeling as if a part of my body was taken out."

Laura states she had difficulty recalling her own emotions partially because of the "chaos" surrounding her and partially because of the difficulty with description.

.... its really hard to pinpoint any one word, I mean it is, umm, I get sad thinking about people who have to go through that. Any kind of death of a sibling. I may not even know that person but just to know that someone has to go through that horrible feeling. It's um, it was a shock. (Laura)

Intensity of Pain and Suffering

A powerful theme is the intensity of the psychological pain. Subjects depict images of suffering through the entire body, mind, and soul, ultimately leading to exhaustion of the physical body. The intensity of the pain overwhelms each subject. Only portions of the pain are allowed in at a time in order to attempt to cope with the enormity of the

experience. The immensity of the pain is great. Time appears to be the only comfort. Each copes in a very individualized manner but ultimately the experience is also similar across subjects.

Upon hearing the news of the death of her sibling Mary states:

And he told me, and I literally dropped to my knees... I ran... I called my husband And by then my kids were watching, looking out the window and I can still think, if I can run really fast I can run away from this. Obviously, that didn't happen. I couldn't run that fast.

Laura describes her initial reaction of the notification of her sister's accident as feeling very "surreal." Hours went by in the hospital and shock prevailed. It was a long exhausting experience for her and her entire family. "It's just really sad. I miss her a lot."

Laura recalls an intense amount of pain the morning after her sister's death.

I was sleeping across my parent's room and I just remember my mom bawling when she woke up, hysteric like, shock like it was a dream. Moaning and bawling and I heard my dad crying, cause they were saying its not a dream. They had just woken up, and they were, its like they went through it all over again, and they were just wailing. Oh God, oh and it just hurt and it just hurt so much to hear them in so much pain. (Laura)

Upon notification of the death of her sibling, Karen recalls:

my stomach just dropping.... It was shock, major shock, numbness, disbelief, this is still that dream.... The first twenty four hours I was continually crying, I felt like a part of my body was taken out because we were so close.

The pain experience itself does not diminish quickly. Each subject recalls the continual presence of pain after years. The pain and suffering appear to be so intense that it is not assimilated all at once but only small amounts at a time in order for each to carry on some sort of normal existence. Karen recalls months after the death feeling the continued enormity of the pain experience.

I didn't even know why I was crying. All of a sudden I would be doing something in the kitchen and I would be crying. I had no control over it and I would sob, you know, and it was like. And I didn't understand why I was crying you know?

Mary believes secondary to the trial (sister killed violently), she and her family had something to focus on. They knew they had to be brave to get through it and then they could fall apart later. Mary thought she was doing well but realized upon looking back at some of her actions "what a loon, I was no more handling it well than flying to the moon." Mary almost purposely missed the funeral. It was the reality of it all Mary could not face. It was too painful.

I don't know why this is. I could deal with the police, I could deal with the lawyers, I could deal with the judge, I could deal with the coroner, but I could not deal with the funeral, so I didn't. (Mary)

Mary says just when it starts feeling better, emotions are triggered without notice and easily produce waves of acute pain. "every day is a tough time but you just meander through it."

Karen recalls going into a major depression. "All I wanted to do was to stay in bed, I was depressed, no energy um, I didn't care, nothing. Kids made their own meals, I did nothing." Karen recalls feeling empty with a complete lack of self worth. Her journey consisted of quilting as her own personal therapy, "I cried through every stitch."

The Healing Power of Time

Time appears to be the solitary relief of the intensity of pain and suffering with the experience of loss of a sibling. Time is the essence of acceptance of the ultimate evolution of each of their lives, now without the presence of the sibling. Each personal attempt to move forward is unique and lived out in various ways and yet each subject finds great difficulty with this endeavor. The pain is only allowed in small increments so each may remain healthy and process the information while allowing some sort of normalcy to remain in her day to day existence. Each subject holds fast the idea that with time will come healing. Mood swings are prevalent and everyday activities may unknowingly trigger a cascade of emotions without forewarning. The subjects are aware the pain will never go away completely but are hopeful it will subside to enable them to continue to move forward in their own lives.

Mary describes the pain as so intense and overwhelming that if she let it all in at once, it would consume her, therefore she assimilates tiny fragments at a time yet continually processing events. Just when the pain of the loss appears to be easing and Mary's outlook is better, something triggers the painful memories. She describes the pain as "a wound that is covered and then somebody goes back in and stirs around in it." Mary describes the whole experience:

I still sometimes have a hard time believing it. And it may be a while before I get it all the way in and I kind of do a little bit, then I back off for a while and then I'll let a little bit more in and then I'll back off.... It hurts so bad and then I just kind of, like up goes my wall and I will stop it for awhile and then I'll go back to it and do it again.

Mary has realized that with the passing of time, she will get some relief of the intensity of her pain but also that this pain will never cease to exist. Her life will never be as it once was. "I have made it this far you know, its still excruciatingly painful, but not on a day to day basis.... It will get better, it will get better, it will just never go away."

Karen describes a personal journey. She becomes engrossed in activities which allow her sanity and motivates her to get out of bed each morning. She encountered problems with the completion of each activity. Keeping her mind occupied did not allow her to deal fully with the emotions that were so prevalent in her life yet only time itself appeared to truly be the variable which allowed some healing to take place. Karen recalls:

It has only been in the last, well, I still get a little teary eyed and stuff but it was after the two years that I could finally say that Sue is dead.... I still had my heart up here... the more I talked about it the better it got, but it took me a long time to talk about it.

The death consumed Laura but the realization that she must move forward with her own life slowly filtered in. She was encompassed with thoughts of her deceased sister and questions of any future normalcy to her own life. "At some point you need to go on." Laura recalls being unable to stop thinking about her. The difficulty was finding the

balance between thinking about her and not thinking about her. Laura describes her feelings after the people were finally gone:

Because people go back to work and you don't know what you are supposed to do. And, isn't everyone else thinking about it twenty-four hours a day? I mean I can't stop thinking about her, when am I going to stop and when is my life going to be normal again?.... Its encompassing me all the time, its always in me, how sad I am, and how much I miss her and what she was like.... and as time goes on you start to not think about her as much. And I don't know if that's sad or if that's worse.

Laura has struggled with this gray area and continues to intermittently question herself. She is aware that she must live in the present but at times finds this an incredibly difficult task. The passage of time has allowed Laura to work through the complexity of her grief and find a balance with which she feels comfortable in order to proceed with her own existence.

Prevalence and Importance of Intuition

One theme which emerges is the prevalence of intuition. The intuition exists as some form of knowledge prior to the death that something was horribly wrong leading each of the subjects to a foreboding sense of doom. This intuition evolves into feelings of further regret and continual questioning of their own actions prior to the death. Could they have possibly changed the outcome? The foreknowledge does not ease the pain but exacerbates it. Intense self-blame, guilt, and sadness are manifested through this questioning of lack of intervention and leaves each constantly challenging her own integrity.

Mary claims:

I knew something was wrong all along, I just didn't know, I didn't know that she was dead but I had this hole a mile wide.... and it was just a dull.... I just knew something was wrong. And when I saw the police car coming down the road I knew.

Mary went on to question her actions and place blame first on herself for not intervening in order to prevent the death and then directed it toward her sibling for not following her

advice to leave the relationship. She will always question if she could have somehow changed the outcome.

Karen recalls hearing the tone of her brother-in-law's voice and knowing:

He told me that something horrible had happened and I said "Sue is dead," because a month before the accident I was having nightmares at night, waking up. And I would see a car crash.... I just knew it was her, and yet it was like the dream... I will wake up. Well, I never woke up.

Karen also questions her actions. "If only's" abound, if only she would have seen faces, she could of intervened. She spent two years feeling guilt and remorse and just recently came to terms with her lack of action. She now realizes she was not to blame. This seems to be an effort to reverse time in order to do it over again in another way.

Perpetual Ambivalence

It becomes apparent that each subject endures a significant period of questioning throughout the experience. The whole magnitude of events before, during, and after the death are analyzed piece by piece. Even when it becomes apparent that conclusions have been drawn about a particular event, the situation is again reevaluated. The subjects' question things such as possible interventions prior to the death leading to a change of outcome, perhaps the continued presence of the sibling "maybe they identified the wrong person" and their sibling is still alive, and whether they grieved in the "right way." Each subject is constantly reworking the total event and all of its ramifications therefore living in a perpetual state of doubt. This leads to an inability to gain a sense of peace.

Laura is ambivalent, questioning both herself and her family's decisions. Her doubts cause her to analyze herself and her family's actions while at the same time she is attempting to convince both her parents and herself that they did the "right thing." Laura questions if it would have been less painful if her sister had died at the scene. She believes her sister was just a shell of her former existence by the time she arrived at the hospital "there was nothing there." Even though she realizes her sister was ultimately going to die,

