

"IT HASN'T BEEN
THE SAME SINCE THEN"

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This study investigated the research question, "how does family role redistribution following the sudden death of a child affect surviving siblings?" The study describes the role transition experiences of surviving children, including the coping strategies that the children themselves thought were successful in adapting their roles in their suddenly reorganized families.

The research reported here is thought to be the first systematic look at the effect of family role restructuring on surviving children from adaptive, "normal" families who have lost another child from an accident. The death of a child is the most difficult type of death to deal with. Researchers have studied parental grief over the loss of a child. However, the effect of sibling loss on surviving children has only recently received attention from the research community (Rosen and Cohen, 1981). Several studies (e.g., Vess, Moreland, and Schwebel, 1985) have examined family role restructuring after the loss of a parental figure. But, heretofore, neither family role reallocation after a child's death nor the effect of this reallocation on the surviving children has been studied.

The permanent loss of a member of the system abruptly forces the reorganization of the family unit and the reallocation of family roles. This unexpected reorganization increases the family's risk for emotional and adjustment problems. Hill (1949) described the addition or loss of a member in the family system as a crisis for the family. The work of Olsen and his associates (1983) demonstrated that the family's ability to reorganize and manage change successfully is largely dependent on its cohesion, its adaptability, and its communication patterns. Earlier, Goldberg (1973) showed how successful grief management appears to be directly affected by the family's ability to cope with transition and change. Research over the last forty years has consistently shown that the extent of emotional problems experienced by surviving family members is related to patterns of family reorganization

(e.g., Rosenzweig, 1943; Cain, Fast, and Erickson, 1964; Krell and Rabkin, 1979).

The accidental death of a child profoundly affects a family's life. Surviving children are especially vulnerable. The death of a brother or sister represents a significant loss of identity and position within the family for a surviving child (Bank and Kahn, 1975). Surviving children are often forgotten by the family's support network of friends and relatives in the months after the death. Social demands are made on them to comfort their parents. They face the functional loss of parents who are grieving along with pressure to provide support to the parents (Richter, 1986; Rosen, 1986). The surviving child's developmental level and personality have an influence on the bereavement process. Developmental and social factors complicate these children's bereavement. They are struggling to achieve some balance between their personal, family, and community or peer group systems. These challenges must be mastered simultaneous with the grieving process. Additionally, surviving children are left with the task of adjusting to new role assignments within the family.

The vulnerability of these survivor children may last months or years. A number of researchers (e.g., Blinder, 1972; Bowlby, 1980; Rosenzweig, 1943; Tooley, 1975) have linked such mental health problems as schizophrenia and depression in adulthood with unresolved grief over the loss of a brother or sister in childhood. Thus, the effects of a child's death touch surviving children and parents and may follow some children into adulthood.

Methodology

Sixteen surviving children (aged eight to seventeen) from seven families participated in the study. The research strategy was a qualitative analysis of a series of interviews with the study participants and their parents. This strategy differs from virtually all previous research, which is dominated by a survey approach. The earlier surveys almost always rested on numerous a priori theoretical assumptions, some of them explicit and others implied. A qualitative approach was used to gain a more complete and unbiased understanding of the surviving child's experiences. This enabled me to analyze the interview data for a more accurate picture of the child's needs.

An individual interview was held with each surviving child. When there was more than one surviving child, I also interviewed the sibling group. As the concept of role incorporates both the individual's perceptions as well as those perceptions that others have of his or her role performance, interviews were also conducted with at least one parent. A follow-up conference was held with the family group to explain the results of the interviews. All interviews were audio-taped and transcribed. With the exception of two interviews, the surviving children and their parents were interviewed in private in their homes. To participate in the study, a surviving child had to be between the ages of 8 and 17 years old at the time of his or her sibling's death. Special informed consent and study withdrawal procedures were used for the protection of the participant.

To analyze the data, I used a series of analytical steps to extract concepts and descriptive propositions about the sibling loss and role reallocation experiences of surviving children. The analysis strategy was modeled after Turner (1981). He uses nine stages to handle qualitative data: develop categories, saturate them, abstract definitions, use definitions, exploit categories fully, develop category links, consider conditions under which links would hold, make existing theory connections, and use extreme comparisons to test relationships. Turner (1981) analyzes qualitative data for the purpose of theory development. I wanted to describe the experiences of the surviving child, not present a theory. Thus, Turner's stages served as guides to my analysis of the interview data.

Initially, phenomena that appeared relevant to the study were labeled in each interview. This phenomena included events (e.g., remembering how one learned of the death), stories (e.g., about the deceased brother or sister), and behaviors. Similar phenomena were categorized and titled. Category titles were reworded and adjusted for a goodness-of-fit to the phenomena. For example, one category which described the family's memories of the deceased child was initially labeled "recollection/re-experience." The category's final label was "reminiscence."

Each category was saturated with the phenomena from the interviews. As the phenomena in a category consistently demonstrated that each new occurrence was being appropriately labeled, I produced a definition for the

category. For example, the definition for the "reminiscence" category was "a reflection on, recollection about, or reexamination of the events surrounding the sibling's death." To exploit better the categories, I developed descriptive propositions from each category and its definition. This procedure transformed the concrete occurrences of the phenomena into more descriptive statements about the category's characteristics. For example, the category of "reminiscence" was described by the following characteristics or propositions:

1. A surviving child's memory of finding out about his or her sibling's death is influenced by parental reactions, the surviving child's age, and family structure.
2. Reminiscence is a common experience of surviving children and can be spontaneous in older, more mature children.
3. Feelings of guilt and responsibility are experienced by surviving children.

Twenty-three descriptive propositions in a total of eleven categories were identified from the data analysis. (A complete list of the categories and propositions is located in the appendix.) In the category of "socialization effects" for example, the type of death was found to affect the surviving child's grieving and the social support he or she felt. With the propositions, I was able to look for links between the eleven categories. The categories with their descriptive propositions clustered around four distinct dimensions of the survivor's experience: (1) the grief process (bereavement), (2) the influence of an accommodation-incorporation process (development), (3) roles and role reassignment, and (4) the use of transitional strategies. Each dimension influenced the way the surviving child coped with the death and the resulting changes in family structure. The four dimensions, when considered together, formed a picture of the surviving child's coping strategies.

The final step in the analysis was to make comparisons and connections between the categories and propositions the analysis yielded and existing theory and research. The most significant connections were found with sibling loss after sudden death, family system reactions to crisis, and family role reallocation.

Results

Six of the study's families included both parents and three or four surviving children. The families came from a wide range of socioeconomic backgrounds. One family's home was located next to a golf course in an affluent urban neighborhood. In contrast, another was living in a very small, cramped apartment near a busy highway. Regardless of their social position, these families' experiences with the death of a child had a number of similarities. The memory of the child's death served as a distinct milestone or marker in the family's collective history. Often discussion was phrased as "before his or her death" and "since then." The shock that "it had happened to us"--to their family--left many of the parents emotionally numbed for extended periods of time. They were often painfully aware of the death's effect on their family, especially their younger children. The experience of child death abruptly jolted these families. As one surviving child observed, "It was a perfect straight-line, raise-the-kids, get-them-out-of-the-house situation. It hasn't been the same since the accident."

The literature on sibling bereavement is predominantly descriptive survey research (e.g., Balk, 1981; Rosen, 1986). My findings concerning the bereavement dimension paralleled much of this literature. This dimension described the socialization aspects of the surviving child's death experience and his or her reminiscences. I defined socialization aspects as the social expectations placed on the grieving child. The amount of social support felt by the surviving child had a major effect on his or her grief resolution. This was especially true for the surviving children in the one drug-related and two autoerotic accidental hanging deaths. Social expectations to grieve in a specified pattern and the lack of experience in coping with significant life crisis were also instrumental in how smoothly grief resolution was achieved. One surviving teenager reported, "There is a norm of how long you can grieve and after that it is not socially acceptable." Another said, "We [our family] had never had anybody young to die. I didn't know how to act or what to do." Rosen (1984-85) reported these as society's prohibitions against the surviving child grieving the loss of a brother or sister. Reminiscence was also a central theme in the surviving child's grief process. There was a strong temporal aspect to his or her grief--recollections about the deceased brother or sister, a clear and concise recall of

the death and finding out about it, and special memorials to the deceased sibling. One surviving child kept a treasured ceramic fish belonging to her deceased brother. Another survivor placed a photograph of herself and her brother in her brother's casket as a farewell. Along with these activities which maintained the memory of the deceased were expressed feelings of guilt and responsibility for "being the one left behind."

Accommodation-incorporation activities appeared across the surviving child's support networks and throughout his or her coping strategies. The categories and propositions containing these activities clustered along a development dimension. I defined development as a gradual growth or advancement through progressive mastery-incorporation stages. Propositions in this dimension either described a developmental process (i.e., biopsychosocial life cycle stages), pointed to the creating of accommodation activities, or described important mastery activities. Common among these propositions was the surviving child's movement through and mastery of the grief process and role restructuring tasks. This process was described by one child in the study as "a peeling away of the [grief] layers-- similar to what you do with an orange." Most survivor children had limited experience with the death of a family member (i.e., usually distant relatives). A brother's or sister's death required that the surviving child develop ways of coping with this crisis. As one child aptly noted, "I didn't know how to act. And there was no one to tell me what to do." As a result, the surviving child's relationships and his or her use of them were critically important. Often the developmental stage of the sibling bond dictated how the relationship with the deceased sibling was viewed and, thus, how significant the loss was. Rosen (1986) reports that the quality of the sibling relationship and the role occupied by the deceased child vis-a-vis the surviving child's sense of self may affect the survivor's personality formation. In this study, all sixteen survivor children turned to their peers for support. How well the surviving child used his or her peer support system depended on how out-going or extroverted the child was. However, no matter how well the child used his or her support network, there was a personal isolation and a difficulty in returning to normal activities for the left-behind child.

Roles and role reallocation within the family was the third influence on the surviving child's coping strategies. Vess, Moreland, and Schwebel (1985-86) categorized roles

within a family as falling into two general groups--those that were instrumental (task-oriented) and those that were social-emotive. This study's families, while acknowledging the role reallocation process, emphasized the social-emotive role contributions of the sibling subsystem. There was, however, a reluctance, on the family's part, to give up the deceased child's social-emotive roles. When asked by the researcher why the roles were not reassigned, the answer in all seven families was "to not forget" the deceased child. One mother with several surviving children stated, "All of [N.'s] roles will never be spread out. There will always be one or two roles that will be just his." The role of this child that was not reallocated was an artistic one. However, the failure to reassign social-emotive roles did not address the family's social-emotive loss. In five of the study families, one surviving child developed parallel social-emotive roles to fill gaps left in the family's emotional fabric by the death of the child. This role paralleling was not identified in prior sibling bereavement research.

The fourth dimension described the surviving child's transitional experiences in handling family role restructuring. There was a strong "individual" nature to the strategy selection process. Frequently used approaches in the selection process ranged from internal defense mechanisms (e.g., isolating oneself) to the extension of self to others, especially other surviving children. Often the surviving child used multiple approaches in a sequential pattern, starting with internalized strategies and ending with external, other-oriented ones. No matter what strategy was selected, the surviving child's environment was significant in that selection process. If the environment was supportive, the strategy selected was more likely to be oriented toward helping other surviving children in similar situations.

In the face of handling the grief of a lost brother or sister, the surviving child struggled to juggle a number of activities. These activities--grief over the death, restructuring of family tasks, and routine developmental tasks--all competed for the child's energy and attention. The surviving child's grief resolution and adequate handling of family role changes was dependent on his or her supportive network, the environment within which he or she functioned, and his or her ability to develop new ways of coping with the death.

Many of the descriptive propositions underscored research findings in the areas of sibling loss after sudden death, family system reactions to crisis, and family role reallocation. Often the study's findings expanded the conceptual meaning of earlier research. For example, the acknowledgment of role reallocation activities by all family members was broadened to specify the types of roles that were most often reallocated and to describe parallel social-emotive role development, a process not previously identified in role reallocation research. Three areas, however, either appeared to be incongruent with prior research or began to fill gaps in knowledge on the topic. These were (1) the difference between the parental and sibling systems in handling crisis, (2) the consistent, underlying presence of a accommodation-incorporation component in sibling grief resolution, and (3) the identification of surviving child transitional strategies along interactional and situational planes.

Implications for Social Work Practice

Social workers have a long and well established history of providing services to children and their families. Often they find themselves in strategic positions to assist bereaved parents and children in their grief process. This study has implications for four main aspects of social work practice.

First, a knowledge of transitional strategies and role reallocation choices allows the social worker to work toward a matching of intervention strategies and the surviving child and his or her family. The study adds to the understanding of sibling bereavement by describing the adaptive coping of a child who has experienced the loss of a brother or sister and the restructuring of his or her family. The study identifies the types of roles reallocated by the family and the strategies employed by surviving children to help cope with the changes. This knowledge gives the social worker the ability to assess the surviving child's strategies and to assist the child in developing a more extensive repertoire of strategies.

Second, key areas in assessing the adaptive capacity of the surviving child are identified. Social work practice has been described as focusing on "the transactions of individuals and their environments with both individuals and environments in a constant state of reciprocity, each shaping the other" (Compton and Galaway, 1984, p.7). The

study underscores the effects of the bereaved child's environment and interactions with others on his or her grief resolution. It, in some instances, has supported what was known about the surviving child's experience--the sense of loneliness and isolation that surviving children feel and the feelings of guilt about being the survivor.

The study emphasizes the importance of assessing all levels of the survivor's environment: the developmental level of the survivor, the sibling system, the parent-child relationship, the resources of the family system, and the social network within which he or she functions. The impact of the peer group on the bereaved child's feelings of isolation has been underscored by the study. The strain of the death on good peer relationships has also been demonstrated. The strong indication of societal prohibitions to grieve the loss and the child's negative response to these prohibitions has pointed to another area for assessment and possible intervention.

Third, the study identifies points in the sibling grief process and key support systems to assist the development of the helping relationship. The study supports knowledge about the precarious nature of the surviving child's relationship skills and the difficulties in relationship maintenance he or she encounters. Compton and Galaway (1984) have described the helping relationship as "com[ing] out of the communication about difficulties" (p. 226). Surviving children have problems in communicating their feelings about their loss. The findings suggest that there are points in the grief process when the bereaved child is most able to use the purposive work of a helping relationship with the worker.

The bereaved child's grief resolution process is tied, via study findings, to a developmental approach--a form of gradually mastering the grief. Acknowledgement of the importance of the developmental approach, coupled with an understanding of its ebb and flow with the child's actual development, is singularly important for the social worker to know when to time interventions with the child. This developmental process along with the study finding of the presence of identifiable "return-to-normal" functioning points allow the social worker to move through the grief process with the bereaved child and provide transitioning interventions where necessary.

Much of the sibling bereavement literature has criticized the family for its efforts to prohibit the surviving child's grief process. Through its focus on good resolution families, this study has identified a critical support function for the family in the grief resolution process. This points to the need for the worker to extend supportive relationships to the bereaved family to insure as positive a role transition and grief resolution as possible for the surviving child.

A final, yet critical implication of the study to social workers is that the sibling bereavement process is not a duplicate copy of adult bereavement. It is closely associated with the surviving child's developmental level. Current bereavement counseling interventions are based on adult crisis reactions. The therapeutic efficacy of adult approaches with surviving children is questionable. The bereaved child is dealing with his or her feelings in an isolating world. He or she needs someone to mediate with the environment as well as to offer a listening ear, clarify questions, and address his or her confusing feelings. Current bereavement interventions should be redefined to incorporate more of a developmentally phased, individual-in-situation interaction for grieving children.

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Appendix

PropositionsDimension 1: BereavementCategory: Socialization Effects

1. Surviving children utilize a common, traditional vernacular when describing their reactions to the death.
2. The type of death has an impact on the surviving child's grieving and the social support he or she feels.
3. Social expectations that the child's grief is time-limited and follows a specific pattern generate negative reactions from the surviving children.
4. The lack of an age-equivalent death loss is reflected in the surviving child's ambivalence in knowing what is normal and expected in his or her grief experience.

Category: Reminiscence

5. A surviving child's memory of finding out about his or her sibling's death is influenced by parental reactions, the surviving child's age, and family structure.
6. Reminiscence is a common experience of surviving children and can be spontaneous in older, more mature children. Deceased sibling memories are often maintained through special possessions that belonged to the deceased sibling and special farewells at the funeral.
7. Feelings of guilt and responsibility are experienced by surviving children.

Dimension 2: DevelopmentCategory: Functioning

8. The grief process for surviving children is a developmental process of mastering some grief, incorporating it, and then mastering some more.
9. A sibling's death requires the development of new stress-handling mechanisms.

Category: Relationship

10. The developmental stage of the sibling subsystem dictates how the relationship with the deceased sibling is conceptualized.

11. Level of surviving child extroversion determines his or her coping ability and use of peer support.
12. Surviving children experience isolation and difficulties in returning to normal routines.

Dimension 3: Role

Category: Role Coloration

13. Role reallocation is acknowledged by all family members.
14. The family emphasizes the social-emotive role contributions of the child subsystem to the family environment.
15. Families maintain the deceased child's place in the family by not reallocating the child's social-emotive roles.
16. Parallel social-emotive role development occurs when a surviving child possesses skills or talents similar to the deceased child and the child's death creates an emotional void that must be filled. Associated with this phenomena of role paralleling is the assumption of a parental support or "comfortor" role by an older surviving child when the parent is unable to fill this role.
17. Surviving children primarily assume the instrumental roles of the deceased child. Age is a factor in who assumes what roles in families with multiple surviving children.

Category: Family System Interaction

18. Parental and child subsystems handle the stress of the child's death differently.
19. The family itself is the primary support network for handling the child's death.
20. Changes made in family routines and traditions represent a loss of security and family structure to the surviving child.
21. There are identifying points at which a surviving child's functioning returns to its pre-death level.

Dimension 4: Transitional Strategies

22. Primary transitional strategies include the use of internal defense mechanisms, communication, and the extension of self to others.
23. Transitional strategies are adapted to that area of the surviving child's personal environment in which he or she is operating.