



A Review of Sibling Bereavement- Impact and Interventions

Author: Jennifer Holliday

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Aims of this Review

- To examine the impact of sibling bereavement on children
- To establish whether, and if so which, professional interventions are effective in lessening any detrimental effects of bereavement.

A search was conducted on Psych info and Medline. Particular emphasis was placed on finding studies that used a control group and validated instruments.

1. The impact on children of the death of a sibling

There is an assumption that bereavement has an adverse effect on a child's life, leaving them at increased risk for significant psychological problems. According to Bank and Kahn (1982, cited in Gibbons 1992) surviving siblings of bereaved children may be particularly vulnerable to maladaptation.

Suicide

Some studies have shown that the bereavement of a brother or sister in childhood has a significant impact on the surviving child. Brent et al (1993) conducted a study to assess the psychiatric impact of sibling suicide on adolescents, although it was retrospective and consisted of a small sample size. They found that, in comparison to matched controls unexposed to bereavement, the

adolescents who had lost a sibling to suicide were more likely to suffer a new-onset episode of major depression. Most cases of depression began within a month of the death, and lasted for five months. All were still somewhat depressed six months later, at the time of the interview. Associated with new-onset depression were; previous psychiatric disorder, family history of psychiatric disorder and family history of depression. A presence of these factors may predispose some siblings to depression after bereavement to a greater extent than others.

Sudden Infant Death (SID)

The behavioural features of children who had been bereaved of a sibling through Sudden Infant Death (SID) were considered in a study conducted by Hutton and Bradley (1994). They noted that while there was considerable research on the psychological needs of the parents, there was a dearth of research on the effects for siblings. The bereaved siblings in this study were compared to a group matched on age, gender, family composition and social background. A time lag was incorporated in the design in order to assess the persistence of the behavioural problems. Analysis of behaviour problems of the children was based on the validated Child Behaviour Checklist (CBCL) questionnaire and a semi-structured interview, which were administered to parents. It was found that the bereaved siblings had a higher rate of perceived behavioural difficulties than the comparison group, and fell above the North American norm. Indeed, the average score for bereaved boys was above the cut-off point at which Achenbach and Edelbrock (1981, cited in Hutton & Bradley 1994) advise that children should be referred for psychiatric help. Differences between the groups were notable in depression, aggression, social withdrawal and sex problems. The results indicate one of two things; either that SID had a significant impact on the behavioural difficulties of the children, or that the mothers perception of the children's behaviour became distorted after the death. Both of these interpretations are indicative of a detrimental impact of sibling death on children.

Dissenting Views

Harrington and Harrison (1999) argue that it is a mistake to necessarily conclude that bereaved children are at an elevated risk of maladaptive functioning. Although they don't directly address the effects on siblings, it is pointed out that no epidemiological surveys exist that show a strong correlation between bereavement and mental or behavioural disorders. It is yet to be shown that most grieving children demonstrate serious symptoms or dysfunctional behaviour. Indeed, bereavement cannot be seen as a strong predictor of depression when compared to other adverse events such as parental separation.

There have also been findings of personal growth as a response to bereavement. For example, Martinson and Campos (1991) were interested in the long-term effects of sibling bereavement. They interviewed 31 subjects who had been aged 10-29 at the time of a sibling's death. The interviews took place 7-9 years following the death. It was found that most subjects regarded the experience as having fostered their personal or family growth. Another study explored the effects of cancer on siblings and found both negative and positive consequences (Kramer 1981, cited in Murray 1999). Positive consequences of having a sibling with cancer were an increased sensitivity

and empathy for the patient and other individuals, enhanced personal maturation, and an increased appreciation for life.

Indirect Impact

Nevertheless, there may be an indirect impact resulting from the death of a child, related to the specific role that siblings have within the family structure. It may be that these secondary losses have a more profound impact on the siblings, although much of the literature on this appears anecdotal.

Indirect Impact - Closed Communication

There is evidence to suggest that children are not hurt by exposure to death so much as by closed communication. Bowen (1978, cited in Walker 1993) suggests that this is especially pertinent to cases of cancer. Waechter (1971, cited in Walker 1993) found that children who were not protected from the prognosis of their sibling and were able to talk openly to family members about it showed less anxiety than those who were not informed of prognosis.

Indirect Impact - Sibling Relationship

There may be a particular response towards the death due the specific sibling relationship that exists. Celia Hindmarch (2000) explains that “sibling relationships tend to be ambivalent, with love and affection interwoven with resentment and rivalry”. This sort of relationship is usually unique to siblings. When a child dies, the sibling relationship is broken and is irreplaceable. This may be especially prominent in a case where one twin has died. Older siblings may feel that they have not provided the protection they should have in order for their brother or sister not to die. Conversely, younger siblings may feel insecure that their protector is no longer available (Hindmarch 2000). According to Dora Black (1998) siblings may have felt resentment towards their sibling due to the parents spending time with the child who is to die. Because of this children may feel triumphant at the time of death, which could subsequently lead to feelings of guilt.

Indirect Impact- Role Of The Sibling Within The Family

Hindmarch (2000) emphasises that the impact of the death on the existing family system may affect the sibling. The role of the sibling within the family may be jeopardised by the death. First, the child may “take the place” of the dead child and be asked to fulfil roles previously associated with their dead brother or sister. Secondly, the surviving sibling may become a scapegoat for the anger and guilt of their parents with regard to the child’s death. Thirdly, the status of the surviving child within the family is fundamentally changed; they may become treated as an only child or they may move from being the youngest child to the oldest. The parents may become more overprotective of the surviving child as an attempt to protect them from the same fate as their brother or sister; this may have an effect on the self-esteem and independence on the child (Gibbons 1992). Moreover, the sibling may be affected indirectly from the grief suffered by the parents. The grief

of the parents may lead to inadequate parenting towards the surviving child. As Brent (1983, cited in Gibbons 1992) stated “Initially the parents may be unavailable and detached, preoccupied with their own grief”.

Children Most At Risk

As can be seen, the particular family circumstances may contribute to the effect of bereavement on the surviving sibling. Walker (1993) states that the research focus since the 1980's has sought to identify the “developmental, environmental and individual psychosocial attributes (e.g. self concept) that impact the sibling's response to death”. Birenbaum (1999) found data consistent with this idea. He found that although there can be a negative impact on children, some are more at risk and therefore in more need of bereavement services than others are. A secondary analysis of a prospective longitudinal design was used to describe the most frequently reported children's and teenager's responses after sibling death to cancer, with a view to providing a basis for assessing normal and abnormal responses. The child behaviour checklist was used to examine the most frequently reported behaviour problems before death, 2 weeks after death, 4 months after death and 12 months after death. Results suggested that adolescents might be more at risk than other age groups after sibling death. However this study did not further distinguish other differentiating factors and therefore “further work is needed to identify children at risk and to examine the effects of intervention”.

Children who may be significantly at risk to adverse effects of bereavement, and thus in need of specialist help are those where the death is particularly traumatic (Smith 1999). One example of this is homicide. Freeman et al (1996) interviewed the siblings of victims of homicide approximately 5 months after the murder. The mothers, using the child behaviour checklist (CBCL) rated their behaviour. The bereaved siblings were rated as behaviourally similar to the control group prior to the homicide, as measured retrospectively by the mothers. However after the death of the child, siblings were rated as having more internalising problems. Both the children and the parents reported the presence of more psychiatric disorders during the period after the homicide than did the control group. Qualitative analysis revealed numerous responses resulting from the homicide; they demonstrated trauma reactions such as unresolved grief, intrusive thoughts and being unable to talk about their loss. Peer relationships were reported as being a source of difficulty. Another common response was a fear that the perpetrator would harm other family members. Freeman et al found that despite the fact that many of the siblings: “exhibited levels of distress high enough so that family members or an outside authority perceived their need for emotional help, few had seen a mental health professional”.

McCown and Pratt (1985, cited in Gibbons 1992) postulate that siblings who were particularly at risk of maladaptive functioning were:

- those aged 6-11
- those identified as having previous behaviour problems
- siblings of deceased males
- children whose dying siblings are more than two years old
- children whose siblings died of cancer

- brothers and sisters whose siblings died in hospital

Summary of Section 1

- In many cases, there is no evidence of significant increases in psychological morbidity associated with sibling bereavement.
- However, both internalising and externalising problems may emerge in situations where:
 - traumatic death has occurred
 - the family has difficulty adjusting
 - predisposing factors such as previous depression are present
- The secondary effects of sibling bereavement may have a more profound impact on the surviving child. Such as:
 - loss of the sibling relationship
 - change to the role the sibling plays within the family

2. Factors that determine adjustment of children after the death of a sibling

It is accepted that most bereaved siblings, or siblings of sick children seem to be well adjusted and do not have a psychiatric disorder (Black, 1998). Most children possess a natural resilience to adverse events such as bereavement, which ensures a return to normal patterns of functioning over time (Fraser 1997). In some cases however, the factors that usually protect children are diminished or compromised, and this may lead to psychological maladjustment following the impact of an event such as the bereavement of a sibling.

Resilience

Harrington and Harrison (1999) suggest that children possess a natural resilience in situations such as economic deprivation and maltreatment. Factors promoting this response to adverse events include:

- temperament
- scholastic competence
- high self-esteem
- the capacity to form supportive relationships.

Some empirical studies have supported this. Martinson and Campos (1991) found that the factors associated with personal or family growth after bereavement of a sibling were:

- good communication in the family
- ability to share the death experience with others
- reliance on the family for emotional support.

They also suggested that resilience to bereavement may be compromised and subsequently lead to a negative response if withdrawal from family interaction and difficulty in discussing one's experience with death were present.

Krammer (1981 as cited in Murray 1999) identified both negative and positive effects of having a sibling with cancer. Analysis of the data revealed three crucial factors, which were attributed to a positive outcome. These were when:

- siblings wanted information about the disease, the treatment and the patient's condition
- there was open and honest communication
- all siblings expresses a desire to be actively involved in the
- ill child's care.

A study conducted by Balk (1983) investigated bereavement reactions and self-concept following death. From this, he concluded that most episodes of acute grief seemed to be transitory and apparently lessened with experience in dealing with death. This suggests that resilience to the impact of bereavement may increase with experience of dealing with the issues of death. Balk also provided examples of resilience shown by certain children and adolescents; he stated that "it seemed that they not only withstood the stress but emerged as more mature individuals because of their experience". He pointed to improved schoolwork and better relations with parents and other peers as evidence of resilience in the face of adversity in terms of sibling bereavement.

Family Support

One resource that surviving siblings may draw on to counter the impact of bereavement is their family. Harrington and Harrison (1999) state that "bereaved children are also protected by their relationships with surviving family members". Whether or not this support is available after bereavement may determine the extent to which the sibling adjusts.

Birenbaum (1989) investigated whether good communication about death and dying from parents towards the surviving sibling would be more likely to result in their being able to cope effectively. He found that parent-sibling communication was inversely related to total behaviour problems and internal and external behaviour problems following the death, as measured by the Child Behaviour Checklist and the Parent-Sibling Communication instrument. In other words, good communication led to fewer behaviour problems in the siblings.

Davies (1988, as cited in Waker 1993) found a relationship between family environment and sibling behaviour after bereavement. He found that, families with a higher cohesion, active/recreational orientation, and moral/religious emphasis had children with fewer behaviour problems up to 3 years after a sibling's death.

Factors Compromising Resilience

Psychological maladjustment after sibling bereavement may be less to do with the death itself and more to do with the factors promoting resilience being compromised. For example, Harrington and Harrison (1999) postulate that a developmental trajectory towards psychological illness is likely to occur if the bereavement is part of “a chain of adverse events” rather than if it is an isolated incident, such as the death being followed by inadequate parenting.

Another factor that may determine adjustment of a child following the death of a sibling is their developmental age. Bowlby (1963) and Furman (1983, cited in Hutton & Bradley 1994) suggest that children may demonstrate pathological reactions to a greater extent than adults, because they are less well equipped intellectually and emotionally to deal with the issues of bereavement. However it is argued that the relative immaturity of children may protect them from depression following bereavement, which is sometimes seen in adults (Harrington & Harriosn 1999).

As Black (1998) points out, “children's understanding of death seems related to age”. Hindmarch (2000) believes that age can be used to determine how the grieving child is dealt with, as age often predicts the nature of the grieving process. Furthermore, it is argued by Gibbons (1992) that grouping children in terms of age is useful in order to understand the way in which children deal with death. He proposed different stages, which may reflect a change in the conceptualisation of death. These are the very young child, early childhood, middle childhood, the preadolescent, and the adolescent. It is expected that between birth and the age of three, children's response to bereavement is centred around the feelings of separation and abandonment. From the ages of three to seven children are concerned with the physical functions rather than the process of dying. Between the ages of seven and eleven, children are more likely to obtain a social concern about death and its impact. The preadolescent often “acts out” intense response through behaviour. During adolescence the bereaved child may engage in risk-taking behaviour as a response to death, or the death may facilitate psychological growth.

Summary of Section 2

- Factors leading 2 positive or negative child adjustment following sibling death are:
 - individual characteristics such as temperament
 - the family context and environment surrounding the death
 - the age of the surviving sibling
- Most children possess natural resilience. Where this is compromised there may be greater cause for concern. Situations include

- where bereavement is part of a chain of adverse events
- where communication within the family is poor

3. Professional Interventions

National Survey

Siblings are known as the “forgotten mourners” (Smith 1999), as their grief responses to bereavement are often overlooked. There is certainly a paucity of research examining the effects of interventions on children bereaved of a sibling. Dent et al (1996) reported findings from a national survey of the care available to families when a child has died suddenly and unexpectedly. Few families with surviving siblings were offered help and guidance. Of the 42 families who took part in the survey only two received help from a health professional, one from a social worker and one from a bereavement counsellor. Two thirds of the families were not satisfied with the professional support available to the surviving siblings, and all of the families said that they would have liked more help in explaining the death to the surviving children. This suggests that there is a demand for professional support for bereaved siblings.

Bereavement Group

Tonkins et al (1996) looked at the effectiveness of eight-week children’s bereavement psychotherapy. The group was directed at those children suffering the loss of a parent or a sibling. Bereaved siblings in the experimental group were compared to a waiting list control group. Standardised instruments to measure general psychotherapy and symptoms associated with grieving children were used to examine bereavement responses, these were administered to the child, the child’s primary caretaker and teachers. The instruments administered to the experimental children were Pre-test 2 and Post-test, the waiting list control group were administered Pre-test 1, Pre-test 2 and Post-test. There was a significant decrease in children’s grief symptomatology following grief group treatment, and the children had a greater decrease in symptoms than compared to their pre-treatment level of symptoms. This improvement was consistent across sources, and adds support to their claim that:

“The above findings are consistent with some practitioners’ views that grief treatment is needed for children and is effective”.

However this study does not address the causal factors leading to improvement.

Home Care

Lauer et al (1985, cited in McGowan 1994) were interested in the siblings of children who had died either at home or in a hospital, and whether this influenced their later adjustment. Information was obtained directly from the siblings themselves. Children whose sibling had died at home were:

- prepared for the death
- received information and support from their parents
- were involved in activities concerning the dying child

On the other hand, siblings of children who had died in hospital were:

- inadequately prepared for death
- isolated from the dying child and their parents
- useless in terms of personal involvement
- unclear as to the circumstances of death

Seventy five per cent of the children whose sibling had died in hospital thought of death as a major fear. 95 per cent of the children whose sibling had died at home found the funeral comforting compared to 56 per cent of children whose sibling had died in hospital.

Professional Intervention In The Case Of Secondary Losses

Hindmarch (1995) described some of the secondary losses for surviving siblings. Examples were given of 'specific help strategies' when children were suffering from either:

- loss of security
- loss of attention
- loss of normality
- loss of confidence

The paper drew on experiences from her time at the Alder Centre, which supports anyone affected by bereavement. One example was intervention for a child suffering from loss of attention following the death of a sibling. Hindmarch believes that this may be one way that children express their needs indirectly. She believes that:

"If there is no extended family to share the load, there may be a valuable role for community networks and professionals to provide extra attention for siblings"

Intervention was helpful when children suffered a loss of normality resulting from the death of a sibling. Hindmarch highlighted a case where the surviving sibling had attached an angel status to his dead sister, which was restricting him and leading to regressive behaviour. The Alder Center helped the boy allow for a wider range of memories and compiled a scrapbook with the help of all that knew his sister. This led to increased confidence at home and school for the surviving sibling. Professional may therefore be an additional resource in order to restore previous functioning.

Dissenting Views

A judgement about the effects of interventions supporting bereaved siblings cannot be made at present, as there have been few empirical studies. Harrington and Harrison (1999) claimed that a recent systematic review only identified one randomised trial. Furthermore, there is no evidence

to support the notion that bereavement interventions cannot do harm. Harrington (1999, cited in The Independent 1999) argued that it:

“May not be necessary to encourage children through the painful process of crying and expressing sadness”

Therefore it would be wise to hold some caution about some intervention programmes such as Winston’s Wish, a camp where bereaved siblings are encouraged to mutually grieve for the one they have lost (Bond 1998). Harrington (1999, cited in The Independent 10/5/1999) supports this caution. One protective factor is a strong relationship with surviving family members, so it may not be beneficial for children bereaved of siblings to be separated from their family after the death.

Who Needs Professional Intervention?

Black (1996) quotes that “most bereaved children rely on their family and personal resources to deal with their loss and do not require professional help”. Literature would appear to support the idea that interventions to support bereaved siblings are only really necessary in circumstances where the child can be deemed “at risk”. This includes children who have been partly instrumental in causing the death or where death has been particularly traumatic (Smith 1999). Outside help may also be required if the family is unable to provide adequate care, for example if the parents are overwhelmed with their own grief which may lead to lack of attention and a loss of security (Hindmarch 2000). Barnard et al (1999) state that, “Weak or damaged structures in the child’s’ family can increase the need for support from a bereavement service”.

Summary

- A National Survey in 1996 revealed a demand for professional support for children, following the bereavement of a sibling.
- There have been few trials assessing the effectiveness of bereavement interventions for siblings. Only one standardised study evaluating the effects of bereavement services for children was identified
 - this was an eight-week bereavement psychotherapy group for children and was shown to be effective in reducing grief symptomatology.
- “Specific help strategies” may be effective in combating the secondary losses of surviving siblings such as, loss of attention and a loss of normality.
- Most families rely on family resources instead of professional help. Intervention may only be necessary where
 - the child has been partly instrumental in causing the death
 - the family do not possess the resources to cope with the impact on the surviving sibling
 - where the death is particularly traumatic

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Contact for further information

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