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SIBLING LOSS: THE EXPERIENCE OF MOURNING IN EARLY ADULTHOOD

by

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A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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Abstract

SIBLING LOSS: THE EXPERIENCE OF MOURNING IN EARLY ADULTHOOD

by

Elizabeth H. Pike

Adviser: Professor Laurence J. Gould

The death of a sibling is generally recognized to be a significant and traumatic loss for the surviving sibling, especially if the loss occurs in childhood (Cain et al. 1964; Davids, 1993; Rosen, 1985, 1986). However, little is known about the subjective experience of losing a sibling in early adulthood and what it means to mourn the death of an adult sibling.

This study was a qualitative exploration of the subjective experience of losing a sibling in early adulthood and of the mourning process that ensues. This study attempted to understand the multiple meanings the death can come to have for the surviving sibling, to examine how this loss becomes integrated into the life of the surviving sibling, and to understand more fully the complexities of the mourning process of sibling death in early adulthood.

Seven women who had lost a sibling between the ages of eighteen and thirty-one volunteered for three to four unstructured interviews. The death of the sibling had occurred at least five years prior to participating in this study.

Thematic analysis of the data revealed the following: 1. mourning the loss of a sibling in early adulthood is a process that unfolds slowly, over time, and seems not to be characterized by an end point or point of resolution. It is a process that requires

resynthesis, and working through at different times in the surviving sibling's life.

2. Manifestations of survivor guilt were evident five or more years after the death. What is significant to the surviving sibling in early adulthood is the self-punishing aspect of survivor guilt with respect to meeting the challenges of this developmental period.

3. Overall, surviving siblings experience their parents to be limited in their emotional availability and attunement to their psychological needs. 4. After the death of a sibling, it is eventually possible to derive meaning from the loss. Surviving siblings become acutely aware of their own mortality, the fragility of life, they are able to accept that many events in life are out of one's control, and feel skilled in their ability to prioritize what is important to them.

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I wish to thank my family. My mother Gail Neil, came to understand what it means for a parent to lose a child, and to her credit, she also came to understand what it meant for her children to lose their sibling. My mother lovingly and so generously gave of her time and heart to transcribe the many hours of interviewing this project required. I thank you for doing that for me. I am so glad that we are near to each other, thank you for your love, support and belief in me.

Mary and John, my siblings, my love for both of you runs deep, I dedicate this work to both of you, as surviving siblings, we continue each in our way to build our lives without Amy but always connected to one another.

Finally, it is unlikely that this dissertation would have come into existence if my older sister, Amy Anne Pike, had not died a tragic and untimely death. From her death, I have been able to find a creative path for myself in this writing. Amy was a deeply creative and brilliant young woman. I wish she could be in this world with me. Her love, and sense of humor are with me always. This dissertation is in her honor and in her memory.

To Amy Anne, Mary and John.

"My reflection stared back, looking more alone than anything I'd seen in my life. It occurred to me that I'd never drawn a breath here without Hallie. Not one I could be sure of. I was three when she was born. Before that I wasn't conscious of my place in the world, so it didn't matter . . ."

"The image in the mirror that proves you are still here. We had exactly one sister apiece. We grew up knowing the simple arithmetic of scarcity:
A sister is more precious than an eye."

Barbara Kingsolver,
excerpt from *Animal Dreams.*

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CHAPTER ONE:

INTRODUCTION

The death of a sibling is generally recognized to be a significant and traumatic loss for the surviving sibling, especially if the loss occurs during childhood. Such a loss has been shown to have a profound impact on the child's psychological functioning and subsequent development, even well into adulthood (Cain et al. 1964; Davids, 1993; Rosen, 1985, 1986). However, little is known about the subjective experience of losing a sibling in early adulthood and what it means to mourn the death of an adult sibling.

This study is a qualitative exploration of the subjective experience of losing a sibling in early adulthood and of the mourning process that ensues. I shall make an effort to understand the multiple meanings that the death and loss have for the surviving sibling and how the loss is integrated into the surviving sibling's life. This exploration is an endeavor to unravel and to understand more fully the complexities of the mourning process of sibling death in adulthood. The sibling relationship and the bond that develops, sibling loss, mourning and developmental tasks in early adulthood are the conceptual domains relevant to this exploration.

Within psychoanalysis the birth of a sibling has received a great deal of attention. The emphasis in the earlier literature focused on the trauma and the conflict surrounding this event. Freud's early cases (1909, 1919) addressed the pathogenic factors of the birth of a younger sibling on the older child's psychological development. There is little debate within the early, theoretical and clinical psychoanalytic writings about the conflictual aspects of the sibling relationship: intense jealousy, hatred, envy, and rivalry. Not only are these emotions apparent and directly observable in childhood sibling pairs, such feelings also have strong influence in adult sibling relationships. The impact of the

sibling bond and remnants of these powerful feelings can be observed in adult friendships, choice of intimate partners, and in work or professional choices.

In the past fifteen years the literature on the sibling relationship and the bond between siblings has shifted its focus towards addressing the aspects of the relationship that contribute to a positive sense of self: healthy identification, the socialization process, mastery over impulses, and the development of the capacity to be with and interact with peers. Attention has also been paid to the care-giving functions siblings can provide when one or both parents are emotionally and/or physically unavailable. This emphasis in the more recent literature does not necessarily exclude or deny the conflictual aspects of the sibling bond; it has simply balanced out the picture of what can develop between siblings.

The sibling relationship in adulthood is a relationship and bond that contributes to one's adult development, in particular one's sense of oneself as an adult. The relationship can be supportive and may provide each adult sibling with a meaningful and significant connection throughout adult life. In adulthood, siblings can provide friendship, serve as mentors, become care-takers, or be someone with whom one shares a life history.

If one has a sibling or siblings one anticipates living out one's life with one's sibling living out his or her life. As children we know that in the natural course of life, we will outlive our parents. This does not hold true for our siblings. We anticipate with joy and with trepidation that we will live out our adult lives with our sibling or siblings. What happens to an adult sibling when this is painfully not the case, by reason of premature sibling death, is what this study will address.

Sibling loss comprises the second conceptual domain relevant to this study, and sibling loss in childhood is the conceptual starting point for this exploration. Losing a sibling during childhood has been shown to have a profound effect on the child's psychic

development (Cain et al. 1964, Pollock, 1986). The surviving siblings often suffer from intense guilt. Children become fearful about other siblings, or parents, or themselves, dying. Children blame themselves for the death, no matter what the actual circumstances were of the death. They can become accident prone or reckless as a way to inflict self-punishment. In extreme cases, a child may even come to feel acutely suicidal as a means of self punishment or as a way to express intense despair.

We can see the effects of childhood sibling death reflected in the popular media. Novels and movies such as *Ordinary People, The Prince of Tides,* and *Damage* reflect not only the pain and anguish felt by the surviving siblings, but the intensity of the surviving sibling's agony over losing a beloved and cherished sibling. The surviving younger brother in *Ordinary People* comes to feel such despair and guilt over his brother's death that he attempts to end his own life. It is only with the help of a caring and empathic therapist that this adolescent is able to see that he is not to blame and is entitled to live out the rest of his own life, missing his brother, but knowing he did not cause his death.

In addition to popular accounts of sibling death, we also have examples within the personal histories of two renowned psychoanalysts: Freud and Guntrip, both of whom lost siblings during their early childhood. Freud was almost two years old when his younger brother, Julius died and Guntrip was three and a half years old when his younger brother, Percy died (Rudnytsky, 1988; Gay, 1988; Guntrip, 1975). Rudnytsky's (1988) essay on guilt and sibling loss looks at Freud and Guntrip's experience to elucidate how traumatic losing a sibling can be for the surviving siblings. Specifically, he focuses on survivor guilt, and the impact that not being able to mourn the death has on subsequent psychological development. Rudnytsky eloquently compares Guntrip's experience of

sibling loss with that of Freud and shows what a significant impact the death had on their psychic development. In fact, he points out that it was this very traumatic event that sent Guntrip into analysis in his adult life.

Published psychoanalytic clinical cases also confirm the considerable influence that such a loss has on the surviving sibling, often highlighting how the sibling organizes his or her emotional world after the death and the impact that the death has on the surviving sibling's defensive structure. Stolorow and Stolorow (1987) present the case of Jessica in their 1987 article entitled "My Brother's Keeper: Intensive Treatment of a Case of Delusional Merger." This young woman entered psychoanalytic therapy at the age of 26 with a variety of symptoms; she suffered from depression, various psychosomatic problems, and was chronically suicidal. These symptoms were a reflection of the despair that she experienced since the death of her adored, older brother when she was 14 years old. She experienced tremendous fear about her own life ending and the lives of those she cared about. "Each year she lived past the age at which Justin had died only intensified her panic and her conviction that her very existence was a cruel and destructive act that would bring harm to her family" (Stolorow and Stolorow, 1987, p. 316).

In her family the death was denied by her parents to the extent that this young woman came to doubt that it in fact actually happened: "She thus experienced a profound absence of validation—indeed, a relentless disconfirmation—of her own historical experience of her brother's life and of his death. She began to believe, in conformity with her parents' wishes, that Justin had never really died and instead had taken over her mind and body. Thus began her delusional merger and her lifelong struggle to free herself without killing him" (Stolorow and Stolorow, 1987, p. 317).

Clearly, the massive denial of the brother's death by her parents is a significant and contributing factor in Jessica's developing a delusional merger that her brother lived within her. It was only through psychoanalytic treatment that she was able to disentangle herself from her dead brother. Before her treatment, she had been unable to mourn the death of her brother. To begin to mourn his death meant that she had to differentiate herself from him. This had not been possible for her because it would have violated her parents' denial of the death. It also would have violated the only connection to her parents that she could maintain. The empathic connection she was able to establish in treatment enabled her to perceive herself as distinct and separate and worthy of having her own life. This realization ushered in the long overdue mourning of her brother's death.

Although this is only a single example of how extreme a reaction to sibling death can be, it nonetheless highlights how critical a role the parents play in the surviving siblings' ability to mourn the death. The parents must not only tolerate their own intense sadness but must also be able to tolerate the sadness of the surviving children. This example illustrates the extent to which a surviving sibling would go in order to preserve the tie to her beloved brother. It further illustrates the profound guilt that can follow the death of a sibling, especially if the surviving sibling is without an empathic environment to help him or her make sense and make meaning of the death.

How the surviving sibling makes meaning of the death is conceptualized as an important aspect of the mourning process. What does it mean to mourn the death of a sibling in adulthood? What is specific to mourning the death of a sibling as compared to mourning the death of a parent? Should the mourning process be thought of as having an end point or as occurring in distinct stages? These questions guide this exploration.

Mourning, the third conceptual domain relevant to this study, is a complicated, multi-faceted, often perplexing, internal process. It is a psychic process that many have attempted to describe and understand. Freud (1917), Abraham (1949), Klein (1940), Bowlby (1960), Loewald (1962), Pollock (1961), and Parkes (1972) have written significant works on the subject, with the primary focus on being able to answer the question of what happens psychically, when one loses someone he or she loves. This question has been expanded to include other types of losses, but the loss of a loved person has been the pivotal interest in understanding the mourning process.

The process has been described by Freud (1917) and others to be one of relinquishing the tie to the lost love object. Freud described this process as an intense struggle because no one willingly wants to surrender such an attachment to a loved one. One needs to come to terms with the reality of the loss and redirect interests and feelings towards another love object.

The mourning process has also been described in terms of various stage theories that focus on the intense feelings that immediately follow the death, such as shock, disbelief or anger (Kubler-Ross, 1969; Bowlby, 1961; Pollock, 1961; Parkes, 1972). There has also been a great deal of emphasis placed on how long the mourning process takes. We must question whether it is useful, theoretically and clinically, to place such emphasis on how slowly or how quickly someone goes through a defined number of stages, referred to as the mourning process. This study is based on the belief that the mourning process is not accurately or fully captured in its entirety within such frameworks.

The mourning process is both conscious and unconscious. It is in part made up of all the emotions, thoughts, and actions that arise after the death of someone loved. It also

includes culturally recognized rituals, such as sitting Shiva, memorial services, flying a flag at half mast, sending sympathy cards, or wearing a particular color of clothing such as black or white. In Japan, for example, shrines with photographs of the deceased are set up and it is acceptable to have conversations with the deceased on a daily basis (Yamamoto et al. 1969).

Many of these practices usually take place just after the death but may extend or continue for a year or more following a death. What happens after that initial period? Is mourning finished, completed, or resolved? What name do we give to the process of working through or understanding the thoughts and feelings one has about the lost loved one, five, ten or more years after the death? These questions will be explored through the narrative material of siblings who lost a sibling during their early adulthood.

The death of a sibling in adulthood is presumed in this study to be a powerful organizing experience for the surviving sibling's subjectivity. Exploration of the sibling death, its meanings, the mourning process and the affective experience of the loss, five or more years after the death is the premise of this study.

Importance of this Study

The present undertaking has important theoretical and clinical implications. The observations made from this qualitative study will attempt to further our understanding of how the adult self develops in relation to a deceased sibling, and shed light on the importance of the sibling bond on development, and also deepen our understanding of the mourning process in adulthood.

More specifically, the thoughts and feelings about the deceased sibling that emerged in the narratives will broaden our understanding of the relationship between

adult siblings; the loving ties that are between them even when one of the siblings is gone, as well as the conflicts that can endure from childhood into adulthood. This exploration will also deepen our understanding of the mourning process in adulthood. The narrative data describes and captures in a detailed way, the thoughts and feelings that are present five or more years after the death, and details the process of integrating the death into one's life, and the transformation that occurs within the surviving sibling's sense of self when he or she is left to live a life marked by this profound loss.

The knowledge gained from this study will inform our clinical work with adult patients, especially ones who have lost a sibling in childhood or adulthood. First, we can be more aware of the importance of the sibling connection in childhood and adulthood, and the influential power that this relationship carries. Secondly, for our patients who have suffered this particular loss, the themes revealed in this study can help us be more mindful of how the loss affects adult development, and to be more aware of the many ways in which the loss and its meanings are woven throughout the patient's psychic life.

CHAPTER TWO:

REVIEW OF THE LITERATURE

Background

In order to begin to understand what it means to lose a sibling in early adulthood we must first understand the early relationship and the bonds that develop between siblings. One's early experiences with a sibling can contribute quite significantly to psychological development (Bank and Kahn, 1982; Lamb and Sutton-Smith, 1982). Siblings can learn from one another how to share and compete. They can learn how to be friends, and how to be rivals. Early in their development, siblings will undoubtedly experience what it means to be jealous, envious of one another and perhaps feel hatred.

The arrival of a sibling for the older or first born child will be a mixed blessing. He or she will no longer be the only child, the special child, the most adored child. The shift from being the only one to being one of two, three or more is a significant and often traumatic adjustment. The early psychoanalytic writings on the sibling bond addressed primarily, if not almost exclusively, the conflictual aspects of the sibling relationship and the influence such conflict has on psychic development.

Early Psychoanalytic Perspectives on the Sibling Bond.

Within psychoanalytic theory the birth of a sibling has been recognized as an important life event; an event that can create a great deal of conflict for the first born sibling. For example, in Freud's case of Little Hans (SE; 1909, Vol. X) he notes what an impact the birth of a little sister had on Hans. At age three and a half Hans' little sister, Hanna was born. Freud referred to this as one of the significant events of Hans' life.

Freud notes the jealousy that Hans felt about the arrival of his sister. Hans felt especially jealous when someone praised the new infant. Several days after the birth Hans became ill and was heard saying that he did not want a baby sister. Freud remarked that the intense jealousy and hatred Hans felt receded but only to be replaced by the his attitude of superiority towards his younger sister.

In Freud's paper "A Child is Being Beaten" (SE; 1919, Vol. XVII) Freud again remarks on the conflictual aspects of the sibling relationship. In his effort to understand the origin of beating fantasies Freud discusses various transformations these types of fantasies undergo. A specific type of beating fantasy involves the watching of another child being beaten. Often times the fantasy is of the brother or sister being beaten by the father.

> There are other children in the nursery, only a few years older or younger, who are disliked on all sorts of other grounds, but chiefly because the parents' love has to be shared with them, and for this reason they are repelled with all the wild energy characteristic of the emotional life of those years. If the child in question is a younger brother or sister (as in three of my four cases) it is despised as well as hated; yet it attracts to itself the share of affection which the blinded parents are always ready to give the youngest child and this is a spectacle, the sight of which cannot be avoided (SE; Vol. XVII, p. 186).

According to Freud, the first born child's imagined omnipotence feels threatened. It is an agreeable or pleasurable fantasy to imagine the hated younger sibling being beaten by the father. The older sibling can then experience the feeling that ". . . 'my father does not love this other child, he loves only me'" (SE; Vol XVII, p. 187).

In *The Interpretation of Dreams* (1900) Freud notes how one is capable of having dreams that concern the death of a person whom is loved. He makes specific reference to the people in these kinds of dreams being parents and siblings. Here, Freud comments on the unconscious, conflictual aspects of the sibling relationship. He observed that the

disharmony and hostility that can occur between adult siblings must have its origin in childhood.

According to Freud, what originates in early childhood are the unconscious, evil wishes of death towards a brother or sister for taking away the first born's exclusivity. It is these unconscious wishes that can then be realized in one's dreams. These wishes are not just reserved for sibling pairs that are characterized by discord. Freud also acknowledges that even siblings, who, as adults like one another, as children, harbored unconscious wishes of death towards one another.

> Many people, therefore, who love their brothers and sisters and would feel bereaved if they were to die, harbor evil wishes against them in their unconscious, dating from earlier times; and these are capable of being realized in dreams (Standard Edition, Vol. IV, p. 251).

Freud believed that he saw remnants of these unconscious wishes being warded off in his adult female patients. He noted that as a child one can experience intense jealousy and hatred, and even be driven to act on such feelings. But in the adult these feelings are defended against, but derivatives can appear in dreams (Standard Edition, Vol. IV, p. 251).

In their review of the psychoanalytic literature on siblings, Colonna and Newman (1983) note many examples in Freud's writings in which he addressed the negative feelings a first born child has for the second child. The authors cite the following passage as aptly describing such feelings and also make note of how closely connected these feelings are to the Oedipus complex. They quote from *The Introductory Lectures (1916-1917):*

> When other children appear on the scene the Oedipus complex is enlarged into a family complex. This, with fresh support from the egoistic sense of injury, gives grounds for receiving the new brothers or sisters with repugnance and for unhesitatingly getting rid of them by a wish. . . . A child

> who has been put into second place by the birth of a brother or sister and who is now for the first time almost isolated from his mother, does not easily forgive her this loss of place; feelings which in an adult would be described as greatly embittered arise in him and are often the basis of a permanent estrangement (Freud, 1916-17 p. 333 as quoted in Colona and Newman, 1983, p. 286).

This passage points to the very strong, unforgiving feelings a first born can have towards his or her mother for displacing him or her and addresses the strong sibling tie, albeit conflictual, that can carry over from childhood well into adulthood. Not only can the unremitting estrangement be from the mother but it can also be from the second born sibling as well. This sibling then becomes the hated and envied object as it is perceived as having all of the mother's attention and love.

In their clinical work with young children, Anna Freud (1965) and Margaret Mahler (1975) observed in sibling pairs how jealous and hostile they can be towards one another. Anna Freud (1965) believed that the birth of a sibling was to be considered a "taxing life experience" (Freud, 1965, p. 137). In her work with toddlers, Mahler et al. (1975) observed regressed behavior that can occur in the first born after the arrival of a sibling. She noted that in two to three year olds following the sibling's birth, the child acted withdrawn, angry, ignored the new infant and in some cases she observed that the older child began retaining feces as a way to protest the arrival of the new sibling.

The case of Sam by Mahler et al. (1975) illustrates the conflictual feelings that developed following the birth of his little sister:

> On the day Sam's baby sister was born, he was brought to the Center by the play teacher. At first, although he needed some reassurance, he did fairly well. . . . the same day Sam was repeatedly asked about his mother and baby sister. At first he handled these questions very well. He was engaged in water play and said that the baby was taking a bath; then he said that it was a bunny. But as questions were repeated, Sam began to have more difficulty. First he attempted to avoid the questions, going away from the person who was asking them; then his anger began to well up. He became more driven

> and fiercely concentrated on his play, hitting and cutting some animals, chopping off their limbs and tails, but reassuring himself about his own bodily integrity by saying, 'knife not dangerous for me. '. . . he had a piece of clay which he stomped on and called a 'bunny', the word he had used to refer to his baby sister (Mahler et al. 1975, p. 191).

The early psychoanalytic literature on the sibling relationship reflects analysts' interest in the conflict brought about by the birth of a sibling, and the development and treatment of symptoms and neurosis as a result of the internal conflict. Winnicott (1971), Jacobson (1964), and Klein (1927) all provide clinical material from child analyses noting the hatred of the first born, the experience of separation from the mother that the first born senses, and also the idealizing identification that can develop towards an older sibling (Jacobson, 1964).

Klein, (1927) in her analytic work with children emphasizes these points and in addition speaks to the important and deeply rooted feelings of guilt that arise between siblings:

> . . . every analysis proves that all children suffer great jealousy of younger sisters and brothers as well as of older ones. Even the quite small child, which seemingly knows nothing about birth, has a very distinct *unconscious* knowledge of the fact that children grow in the mother's womb. A great hate is directed against this child in the mother's womb for reasons of jealousy . . .
>
> Against the new-born child, too, sadistic desires are directed. Moreover, these sadistic desires are also directed against older sisters and brothers, because the child feels itself slighted in comparison with the elder children, even when this is not actually the case. But these feelings of hate and jealousy also give the child a strong *feeling of guilt, which is apt to influence its relationship to brother and sister forever* (italics added by author) (Klein, 1927, as quoted in Love, Guilt and Reparation and Other Works 1921-1946, The Free Press, 1975, p. 173).

Klein addresses one of the central conflicts between siblings, that is the unconscious guilt that ensues as a consequence for feeling hatred and envy for someone who is also loved. This author strongly agrees with Klein that guilt can be an influential

and organizing facet throughout the sibling relationship. The unconscious guilt, the love, hatred and envy for a brother or sister whether older or younger, creates the stage for deeply rooted ambivalence towards him or her. This I believe, is a powerful, organizing aspect to sibling relationships from early childhood to the end of life.

In sum, the sibling bond as it is reflected in the early psychoanalytic clinical literature is a tie that is fraught with conflict. Envy, hatred, rivalry, produce fantasies of destruction and death of the sibling competitor. The attention given to these aspects of the sibling relationship has informed our analytic thinking and understanding of a variety of neurotic symptoms and defensive functioning in both child and adult patients.

The criticism so often launched against the early psychoanalytic literature is that the focus was almost exclusively on the negative or pathological elements of the sibling relationship. This cannot be disputed. However, whether it is something to be critical of is a matter of opinion. The attention paid to the conflictual aspects of the sibling bond is a significant contribution to our understanding of the sibling relationship. I also believe that this knowledge base provides a foundation on which to understand the positive aspects of the sibling relationship. More importantly, the early focus on the dissonance between siblings provides an important theoretical framework in which to understand the complex set of feelings that unfold when a sibling dies.

Contemporary Perspectives on the Sibling Bond

Contemporary literature on the sibling bond covering the past twenty years has emphasized the positive, less conflictual aspects of the tie between siblings (Bank and Kahn, 1975, 1982; Cicerelli, 1982, 1991; Dunn, 1981, 1982, 1983; Klagsbrun, 1992; Lamb and Sutton-Smith, 1982; Sandmaier, 1994). This is true for contemporary

psychoanalytic literature on the sibling relationship as well (Abend, 1984; Agger, 1988; Balsam, 1988; Graham, 1988; Kernberg and Richards, 1988; Kris and Ritvo, 1983; Lesser, 1978; Neubauer, 1983; Parens, 1988; Provence and Solnit, 1983). It has been an important turn in the literature on the sibling bond. Siblings mean many things to one another, consciously and unconsciously. Psychoanalysis has illuminated our understanding of the many conflictual, often unconscious meanings of the sibling tie. Contemporary psychoanalytic writings, current literature within the domain of developmental psychology, and current qualitative and journalistic explorations of the sibling relationship have begun to elucidate the supportive, nurturing, and mentoring aspects of the sibling tie, not only in early childhood but throughout adult life.

The Sibling Relationship in Contemporary Psychoanalytic Literature

In the more classical perspective, through the transference to the analyst, the patient will hopefully work through and gain insight into his or her oedipal wishes and longings, and relinquish them. The patient will gain insight into his or her defensive functioning, and unconscious motivation for behavior will be made conscious. In more contemporary thought, the transference is viewed as a microcosm of the patient's "total psychological life" (Stolorow, 1987, p. 36), and as a process that reflects not only the patient's intrapsychic life but his or her interpersonal world as well (Mitchell, 1993). Within this framework of transference all the relationships that make up the patient's intrapsychic and interpersonal world can be present and each hold their own significant place in relation to the analyst. This more contemporary perspective of transference has direct relevance to this study in that it has fostered a growing attention and awareness on the sibling relationship and the transference to the analyst.

It has long been thought in psychoanalysis that a sibling transference is merely a less threatening derivative of oedipal incestuous longings and wishes and has therefore been treated as primarily defensive in the analysis of the transference (Abend, 1984; Lesser, 1978). This, I am sure has been the case in many analyses of patients. However, analysts have begun to rethink the importance of the sibling transference in its own right, not just as a defensive function against oedipal longings, but as an important transference, in and of itself, to the analyst. A transference that has many meanings to be understood in the course of an analysis and one that is not limited to the position of simply being a defense against one's oedipal wishes.

Lesser (1978), Abend (1984), Balsam (1988), and Graham, (1988) came to observe and report in their clinical work with analysands the significance of the sibling transference in analysis and also the strength of sibling love on adult choices for love relationships. Lesser, (1978) observed in her own patients, not only how important sibling relationships were to her patients who had them, but also how her neglect of the sibling transference caused impasses in the treatment and sometimes, unfortunately caused premature termination. Lesser reports,

> . . . in retrospect, I attribute the precipitous withdrawal from treatment of two of my patients to my failure to deal sufficiently with the sibling transference. Initially these patients, one female and the other male, had responded favorably to analysis. Both were 'middle' children with an enormous need for the affection and approval of a more mature sibling in order to feel some sense of uniqueness in their respective large families (Lesser, 1978, p. 41).

Lesser also raises the very important issue of the analyst's own sibling countertransference feelings with patients. She makes note that often times an analyst's countertranference feelings can be rooted in their own unresolved, conflictual relationship

with their sibling. She reports on this phenomenon from her work as a supervisor of analytic candidates:

> In supervisory sessions with candidates who had undergone at least four years of analysis or had already completed it, several supervisees expressed surprise that interventions they had thought would be supportive were experienced by their patients as extremely critical. These reactions were puzzling because the candidate had not been aware of feeling judgmental or angry at the time. With discussion it became clear that each candidate had dissociated his/her intensely hostile feelings toward younger siblings, and that the subject of their sibling relationships had hardly been touched upon in their personal analyses (Lesser, 1978, p. 45).

Here, Lesser notes the astonishing fact that in these candidates' analyses their relationship with their sibling "had hardly been touched upon." This seems quite remiss on the part of their analysts' to have "barely touched upon" a relationship that can cause such intense feelings and affect the candidate's work with their own patients. Lesser's attention to the sibling transference and the analyst's countertransference feelings that can arise has been a necessary contribution to the contemporary psychoanalytic literature on the sibling relationship.

Abend, (1984) although somewhat limited in his view about the importance of the sibling relationship in the transference, did none the less observe and remark on the notion that powerful sibling love and conflict in childhood could have a strong influence on adult love object choice. Abend observed this to be the case with two of his patients in psychoanalysis. In both cases, his patient was the younger sibling who idealized and older, opposite-sex sibling.

In one case, a male patient, came to understand that his choice in women reflected his strong attachment to his older sister. The women he involved himself with tended to be three to five years older than he was. He sought women who, to some degree, let him act irresponsibly about dates, and money, letting him act like the dependent, "kid brother"

(Abend, 1984, p. 428). He also recognized that he found himself attracted to women who were lively, charming, and admiring of him which was also like his sister (Abend, 1984, p. 428).

Although Abend acknowledges the importance of the sibling influence on adult love relationships, he believes this to be an "unusual course of libidinal development" (Abend, 1984, p. 425). He admits that it cannot be all that rare an occurrence however, it is one that is underreported in the psychoanalytic literature. Abend purports that it is the exception rather than the rule when sibling love, and longings in the transference are not just defensive against the more important oedipal longings (Abend, 1984, p. 426).

Balsam (1988) and Graham (1988) both propose that siblings are not only "developmental companions" but are "transferential shapers" as well (Graham, 1988, p. 91). Graham reports data from 35 analyses of patients that lead him to believe that there was a strong sibling thematic line in the course of an analysis, and that the analyst has to pay close attention to this particular line of development in the transference. He also suggests that consideration of the sibling transference can in its own right contribute to our theories of transference.

> I suggest that greater appreciation of the sibling factor in the development and transference may clarify not only the difficult middle phase of analytic work but the evolution of transference theory itself (Graham, 1988, p. 106).

Like Lesser (1978), Graham (1988) suggests that if the analyst is not attuned to this development in the transference it can be due to the analyst's own countertransference issues (Graham, 1988, p. 106). In his discussion of the sibling bond Graham does not in any way dismiss the conflictual aspects of the sibling relationship. To his credit, he suggests that, not only in childhood, but also in adulthood that siblings provide very important functions for one another and have an adaptive and dynamic impact:

> Later sibling support, with survival that goes on as parents age and the siblings assume the role of familial dominance in middle age, provides the final impact. Besides support, siblings serve as active models for each other, influencing the postadolescent development of ideals and values as well as providing new solutions for traditional family problems (Graham, 1988, p. 106).

Agger (1988), Parens, (1988), and Kernberg and Richards (1988) in agreement with Graham (1988) all conceptualize the sibling relationship as complex, as multi-dimensional and also as one that can be a major influence on ego development and identity formation. Their work with child sibling pairs, and adult psychotherapy patients as well, has attempted to bring into focus the dimensions of the sibling relationship that are not exclusively about rivalry, envy and conflict. They agree that those are important aspects of the sibling bond, however, their findings support the view that there are many aspects to the bond that promote growth and personality development.

These authors see the sibling relationship as one that can be strongly adaptive, nurturing and one that can provide a needed source of identification. Parens (1988) describes the sibling relationship as one that is unique and meaningful. Siblings can be parental substitutes in families where there are deficits in the emotional functioning of the parents. Siblings can also be peers, companions, and friends to one another. Parens conceptualizes the sibling as an important object in the child's psychic world:

> As specific objects, siblings become meaningful from very early on in life. From the middle of the first year on siblings are experienced progressively more complexly . . . As specific objects siblings occupy an experiential position that is unique in that the sibling, especially older but also the younger one, can be used jointly and alternately as parent-substitute and as peer, as family member, and as member of the extrafamilial environment (e.g., playgroup, neighborhood, school). In this sense, the sibling is a bridging or connecting object (Parens, 1988, p. 34).

Kernberg and Richards (1988) examined the ways in which preadolescent siblings shape and contribute to character development, cognitive development, socialization and

the development of values. These authors analyzed the content of 1,000 letters written by children between the ages of eight and twelve to a magazine that was distributed in elementary schools. The content analyses revealed many aspects of the sibling bond that are not conflictual; for example, the wish to help and teach a younger sibling with aspects of the socialization process, siblings' contribution to identity formation and the modulation of impulses.

Kris and Ritvo (1983), Neubauer, (1983); and Provence and Solnit, (1983) from their observational research of young sibling pairs stress the importance of the sibling relationship on early childhood development and throughout the life cycle. These authors are in agreement on the influence of the sibling bond on adult love object choice, siblings' influence on character development and that the sibling relationship provides important "development-promoting" functions (Provence and Solnit, 1983, p. 337).

Provence and Solnit (1983) summarize the two major themes from their observational research with young sibling pairs. These authors emphasize that these themes were observed in what they felt to be a healthy sibling experience;

> 1) developmental closeness and overlapping of siblings may favor the establishment and elaboration of a quiet but effective empathic communication, verbal and nonverbal;
>
> 2) each child, the younger and older, in differing and differentiated ways is able to share indirectly in the experiences of the other. Empathically, they can broaden their experience by sharing in what their sibling experiences, at the same time as they do not fully experience it. *It is the empathic relationship between siblings that enables them to share many of their experiences and vicariously to increase their practice for mastery* Italics added by author (Provence and Solnit, 1983, p. 349-350).

Although Provence and Solnit are speaking of young childhood sibling pairs the major themes they observed are germane and important to siblings of any age. These authors speak to a particular closeness that can occur with siblings who are

developmentally close as they observed but also, I believe this can occur between siblings even if they are not close in age. I believe their findings to also be important to adult siblings. The empathy that can develop as a result of a shared world and shared subjectivity, the vicarious mastery that occurs, and the nonverbal familiarity between siblings are all very important aspects of the bond between adult siblings.

Contemporary psychoanalytic literature on the sibling bond has brought to our attention transference and countertransference issues with regard to the sibling relationship in a therapeutic setting. We are also made aware of the many important functions that siblings can serve for one another; needed sources of identification, support, aiding in the capacity and development of empathy, socialization and cognitive development. The shift within psychoanalytic literature to focus on areas other than rivalry, and envy has broadened the scope of what we know about siblings and what transpires between them.

Current Perspectives on the Sibling Bond within Developmental Psychology

The emphasis on the positive, growth promoting aspects of the sibling bond is evident in the developmental psychology literature as well. Within this body of literature, psychologists have attempted to understand the interactions between siblings. how they influence one another, how the sibling relationship influences the learning styles of each sibling and what impact the sibling relationship has on the family system(Dunn, 1983; Dunn and Kendrick, 1980, 1981, 1982; Cicirelli, 1972, 1977, 1982; Lamb and Sutton-Smith, 1982; Bank and Kahn, 1975, 1982; Ross and Milgram, 1982).

Dunn and Kendrick's work with siblings has focused on several aspects of the sibling relationship. They have examined the social behavior and reciprocity between

young siblings within the family system, and looked at reactions of the first born to the arrival of a sibling (Dunn and Kendrick, 1980, 1981). Their work has illuminated several aspects of the sibling bond: Dunn and Kendrick's research involving young sibling pairs and reciprocal behavior showed a high frequency of reciprocal and imitative behavior between young toddler siblings (Dunn and Kendrick, 1982). Their work has also demonstrated, through observational techniques, the importance of the relationship between mother and second born and the impact that relationship has on whether or not the siblings act in a hostile way towards one another (Dunn and Kendrick, 1981).

Cicirelli (1967, 1975, 1976) has looked extensively on how siblings influence each other in terms of intellectual development, sibling constellation and creativity, and the effects of the relationship with the mother on the older sibling's ability for problem solving. More recently, Cicirelli (1991) has examined the sibling relationship in adulthood. His research has focused on how adult siblings influence each other, how they help each other and the support that siblings can offer each other in later adult life. Cicirelli draws upon Bowlby's (1980) theory of attachment to explain the sibling bond across the life cycle.

> Attachment refers to an emotional or affectional bond between two people. It is essentially being identified with, having love for, and desiring to be with the other person, and represents an internal state within the individual. Somewhat later in time, a protective aspect of attachment develops in which the attached person takes measures to prevent the loss of the attached figure, e.g., preserving, and restoring. Such attachment extends to siblings in childhood and continues to adulthood and old age. Attachment behaviors in adulthood are manifested through periodic communication, visiting, and responses to reunions, whereas protective behavior is manifested in helping and caregiving behavior that attempts to maintain the survival of the attached figure. To explain the maintenance of the sibling bond over extended separations in space and time, it is argued that the need for closeness and contact with the sibling is satisfied on a symbolic level through the process of identification (Cicirelli, 1991, p. 305).

Bank and Kahn (1975, 1982) and Lamb and Sutton-Smith (1982) have both written extensively on the sibling relationship and its importance across the life span. Bank and Kahn (1982), in particular contribute significantly to the body of literature on the sibling bond. These authors have studied over 100 sibling situations through methods of interviewing and audio and video taping. They then analyzed the content of verbatim transcripts in order to understand the many aspects that characterize the sibling relationship. There are several aspects of their work that pertain to the present study: their definition of the sibling bond, the notion of sibling access, and the predictable conditions that promote what they refer to as high access or siblings who are very close.

Bank and Kahn (1982) describe a bond as a tie that unites, an obligation or an agreement or a connection or system of connections. They define the sibling bond as follows:

> . . . the sibling bond is a connection between the selves at both the intimate and the public levels of two siblings; it is a 'fitting' together of two people's identities. The bond is sometimes warm and positive but it may also be negative. Thus, for example, rivalrous siblings who hate each other can be considered to be 'bound' if their identities have any influence on one another. Through the sibling relationship, one gets the sense both of being a distinct individual and of constancy through knowing a sibling as a predictable person (Bank and Kahn, 1982, p. 15).

Sibling access is a term these authors use to describe the level of closeness between siblings. Siblings who could be described as having little emotional impact on one another were described as low access. These included siblings who were usually more than 8-10 years apart in age. Such siblings share little time together, and have not shared close personal space with one another. Conversely, the high access sibling bond can be depicted as one that has similarities in terms of age, sex and shared life events. The earlier the closeness between siblings and the more prolongated it is "the more intense

will be the relationship between siblings when it is stressed by the issues of separation, death, and social comparison in later life" (Bank and Kahn, 1982, p. 10).

Band and Kahn (1982) found that there were three recurring predictable conditions that allow for a strong sibling bond to develop: 1) high access between siblings, 2) the need for meaningful, personal identity and 3) insufficient parental influence.

> Sibling bonds will become intense and exert a formative influence upon personality when, as children or adolescents, the siblings have had plentiful access and contact and have been deprived of reliable parental care. In this situation, siblings will use one another as major influences, or touchstones, in a search for personal identity (Bank and Kahn, 1982, p. 18).

The sibling relationship provides a unique chance for closeness with someone with whom life events and family history are shared. It is also a relationship that can provide a tremendous amount of support and comfort, which contributes significantly to emotional/psychic development. Bank and Kahn propose several important functions that siblings serve for one another: identification and differentiation; mutual regulation; and direct services such as teaching, and friendship (Bank and Kahn, 1975). Bank and Kahn's work reveals that it is not uncommon that sibling relationships are experienced intensely and that each sibling can play a vital part in the development of identity.

In discussing the early development of the sibling bond these authors utilize the work of Kohut. Bank and Kahn suggest that Kohut's ideas about the early psychological processes of merging, twinning, and mirroring with loved others has explanatory use for the bond between siblings. This author agrees. Siblings can provide these needed experiences of feeling a safe, secure oneness, of feeling a sense of confirmation of self, and a feeling or being worthy and being admired.

We can look to the research within developmental psychology on the sibling bond for quantified illustrations of aspects of the sibling relationship: the reciprocal and

imitative nature of the bond, the bond within the context of the family system, forms of communication between siblings, how the sibling relationship impacts upon intellectual and creative development and the closeness that siblings can share with one another throughout their lives as Cicirelli's (1991) and Bank and Kahn's (1982) work has shown. With these aspects in mind, journalistic, qualitative explorations have emerged recently, investigating the sibling relationship in adulthood.

Two such books, *Mixed Feelings,* by F. Klagsbrun, (1992) and *Original Kin: The Search For Connection Among Adult Sisters and Brothers,* by M. Sandmaier (1994) both through open-ended interviews of brothers and sisters reflect on the closeness, tension, competition, love and the many meaning of the sibling bond in adulthood. Although these books are written for the general public and are not scholarly, or academic in their nature, they do provide some useful and thoughtful insights about the tie between siblings.

Klagsbrun (1992) and Sandmaier (1994), through in-depth interviewing and a survey examined the feelings, and problems and joys of being a sibling. An important aspect of Klagsbrun's research is that it included, when possible, not just one sibling in a family being interviewed but all the siblings. Her sample of interviewed siblings had an N of 122 and her survey N was 272. Both samples were non-clinical and predominantly Caucasian.

Findings from the study revealed the following: sisters in general reported feelings of closeness between one another more frequently than did brothers. Eighty-four percent of her survey sample noted that parental favoritism contributed to feelings of jealousy and competition with the sibling who was the beneficiary of the favoritism. Klagsbrun also found that among the people she interviewed, that subjects were much more willing to talk about favoritism than competition.

She surmises that this is due to the difficult nature of having conscious competitive feelings for one's siblings in adulthood; Klagsbrun hypothesizes that siblings believe that such feelings should be worked out by adulthood and not in the foreground of the relationship. Klagsbrun comments on the fact that in childhood the rivalry and competition are for parental affection, attention and admiration. However, in adulthood the competition between siblings is more likely to be about power; who has the power over the other. Sandmaier as well, found that siblings in her study were reticent to speak about competitive feelings towards their sibling.

What I believe to be most significant about both these books is the attention and focus given to the sibling relationship in adulthood, and the fact that the authors conducted open-ended interviews with a large number of siblings; letting their subjects talk freely about all the feelings they had towards their siblings, including the expression of long standing conflict, and deeply felt love and attachment.

Sibling Loss

From the very moment an only child becomes a sibling the two will share a world with one another. They will come to know one another, love and hate each other. They will communicate with one another in ways that only they can understand. They will help teach each other about support, about sharing, and about what it means to compete. Their relationship and feelings for each other will go through myriad changes and transformations. This study is about when one of those siblings is left to imagine, long for, and mourn the transformations that were cut short by their sibling's death.

A sibling who loses a sibling in early adulthood misses the opportunity to work through childhood and adolescent conflicts and move towards a relationship that has the

potential to be one of equality, friendship, and deeply felt familiarity and love. In order to understand what happens to a surviving sibling in early adulthood we must first understand the effects of sibling loss in childhood and adolescence. I believe the psychological repercussions felt during both of these periods bear relevance on what it means to lose a sibling during early adulthood.

Childhood Sibling Loss

The psychological impact and consequences of sibling loss during childhood on adjustment and later personality development has been the predominant theme of this body of literature. The psychoanalytic literature has examined childhood sibling loss through the individual case study method. The analyst and patient together reconstruct the meanings the loss has come to have and how early conflicts concerning the death of the sibling may have contributed to their arrested adult development. The predominant symptomatic picture revealed from such case studies includes a propensity towards self punishing behavior such as under achievement, and self injurious and destructive behaviors, severe survivor guilt, and a variety of symptom formations including aggressive acting out in children and pregnancy in young adult women to replace their lost sibling (Berman, 1978; Davids, 1993; Graham, 1988; Klyman, 1986; Pollock, 1986). Studies have examined both quantitatively and qualitatively the impact the death has on the surviving sibling and the family system, the coping styles of children, symptom development and pathological mourning responses (Bank and Kahn, 1982; Birenbaum et at. 1989; Burns, 1986; Cain et al. 1964; Demi and Gilbert, 1987; Fanos, 1987; Haase, 1989; Krell and Rabkin, 1979; Lehman et al. 1989; Pomerance, 1973; Rosen, 1985, 1986; Schumaker, 1984).

Losing a child for a parent is perhaps the worst kind of loss to suffer. The parents not only need to mourn themselves, but they have the added burden of dealing with their surviving children's emotional needs. To be able to attend to both is probably an impossible task. It seems as if it is almost too much to ask of a parent at a time that is inconceivable and devastating.

Yet, there is so much that the parent must attend to when a child dies whether suddenly or from a chronic and terminal illness. There are funeral arrangements and decisions to be made about the body, viewing, and burial. Parents are faced with how to tell and explain the death, they must also decide what the appropriate level of involvement is in the funeral plans for the surviving children. Then there will be the time after the funeral, the time where the child or children will need to go back to school, begin to deal with their peers, be faced with how or if to talk about what has happened to them.

One of the aspects of childhood sibling loss that has been examined in the literature is how the death affects not only the surviving children but how it affects the family system as a whole. Krell and Rabkin (1979), looked at what parents do and how they act towards the surviving children, often unconsciously, to help them cope with the loss. "The surviving child becomes the focus in the adaptive maneuvers made by the family in the creation of a new family equilibrium" (Krell and Rabkin, 1979, p. 472). These authors observed several ways in which parents try to protect themselves and the surviving children and ways in which they attempt to control what is ultimately uncontrollable.

In some families what they observed was a commitment to silence about the death. The parents guilt over the death is so overwhelming they cannot bear to talk about the death, or remember the deceased child. This code of silence gets communicated to the

surviving children and they too are forbidden to talk and to remember. Krell and Rabkin refer to the surviving child in this family as the "haunted child."

> Communication about the lost child is shrouded, evasive, elliptic. Parents and child come to share a powerful bond through the spoken or unspoken feeling that if any one of them had somehow acted differently the child might still be alive. The guilt maintained by these unrealistic beliefs remains intact and intense, with each individual locked in a struggle with his own conscience and unable to share such painful feelings. The conspiratorial distribution of guilt throughout the family provides a blanket of protection. The fear of each member is that exploration of the event will lead to his exposure as the blameworthy one (Krell and Rabkin, 1979, p. 473).

The second type of maneuver that was observed is the family who attempts to make the surviving child their most precious and protected. So protected that the child is not allowed to move freely in the world. The parents make every attempt to control what is uncontrollable. For example, they will not let child walk home from school, or cross the street by him or herself or go and do anything that could be perceived as dangerous and potentially life threatening. The authors refer to this child as "bound."

> While binding the child through excessive physical protection, parents may simultaneously withdraw or lessen their emotional ties to the child, as if in preparation for the eventuality of another loss (p. 474).

The third phenomenon that these authors observed was the parents' desire to replace the deceased child; either by conceiving another child immediately after the death or by reviving the lost child within the surviving sibling.

> The restoration takes place through a surviving child or a new infant, destined thereafter to live a dual life—their own and that of the missing sibling. The child then lives in the shadow of the real or fantasied accomplishments of the other, while the parents relate on two levels; one acknowledging the child's own identity, the other responding to the magically reincarnated lost child (p. 475).

In families where parents are unable to mourn or where mourning is impeded, the surviving child who must live out the legacy of the resurrected sibling, or the

overprotected, bound child, or the child who must live in a compulsory silence is bound to suffer tremendous psychological consequences (Krell and Rabkin, 1979; Cain et al. 1964). Krell and Rabkin point out that a child will comply and fit into the climate that the parents create after the death (p. 472).

Rosen (1986) and Demi and Gilbert (1987) also found this to be true. These authors point out that children do not want to upset their parents any more than they already are. It is also difficult for a child to tolerate seeing a parent in pain. He or she will act in ways that they imagine will alleviate the pain.

Cain et al. (1964) observed significant psychological disturbance in children who had lost a sibling. The sample (N=58) of children ranged in age from two to fourteen. The disturbed reactions included severe guilt over the sibling's death, distorted concepts of illness and death, disturbed attitudes towards doctors, hospitals and religion, death phobias, and disturbances in cognitive functioning.

In this study however, the most prevalent type of disturbance in the surviving children was guilt-laden reactions. These authors view guilt as the primary factor that contributes to a pathological response to the loss of a sibling. In half the cases studied the authors found that "guilt was rawly and directly present" (Cain et al. 1964, p. 743). Also worthy of mention is that guilt over the sibling's death was consciously active five or more years after the death. This is an important finding in that it highlights that difficulties with the sibling's death persist long after the first or second year when it is commonly believed that acute mourning is resolved.

Guilt reactions took a variety of forms: "depressive withdrawal, accident-prone behavior, punishment-seeking behavior, constant provocative testing, exhibitionistic use of guilt and grief, massive projection of super ego accusations, and many forms of acting

out" (Cain et al. 1964, p. 743). Distorted concepts of death and illness and death phobias were observed in children who had lost siblings. Children had fears of dying at the age that the sibling died. Common illness such as a cold or the flu were observed to be causes of great worry that certain death was near. Children also reported thinking that they could die at night or during their sleep and that their death was constantly impending (p. 743).

In 15% of their cases the children had major disturbances in their cognitive functioning. They showed distortions in concepts of time and causality. In children, who prior to the death, showed no apparent cognitive deficits, post death, displayed "profound cognitive distortions in which occurred unbelievable, encapsulated 'ignorance', fluctuating pseudo stupidity, seeming lack of knowledge of the child's own age, reversals, and distortions of concepts of old and young" (p. 748). The authors argue that the apparent cognitive deficits were vital to maintain a defensive structure of denial surrounding the sibling's death.

Another important aspect of this study was the examination of pathological mourning reactions in the parents and how this affected the surviving siblings. The authors reported that there were a few mothers who required hospitalization after the death of the child and were, in general, severely withdrawn, preoccupied with the child's death and depressed. Reactions such as blaming themselves for the death contributed to very strong guilt reactions.

Cain et al. (1964) report that some mothers became unable to love or provide much needed attention to the surviving siblings. These authors emphasize the potentially damaging effects of an emotionally or physically absent mother on the remaining children. They suggest that the child would then naturally turn to their father for comfort and attention but he too is bereft of his wife and child.

Their discussion, I believe implies that the mother holds the primary responsibility of being able to mourn herself and be able to help her husband and her surviving children mourn as well. This of course is all too burdensome for any mother or father to manage on their own. What Cain et al. (1964) do stress is the importance of the mother's emotional availability for her surviving children. If, in fact, in a family where the mother or father became severely depressed then the picture becomes much more complicated. This would then mean that the other parent is left to manage on their own. The parent in this situation would need assistance from perhaps other family members. In an ideal world, both parents would be able to help each other mourn and help their remaining children mourn this tragedy. This however, is a daunting effort for all concerned.

Surviving siblings have an extremely difficult time with the loss of their sibling as this study has demonstrated. They often suffer major psychological symptoms that require clinical attention and intervention. Cain et al. (1964) note the importance of survivor guilt and its connection to a variety of disturbances in behavior, in particular self punishing behaviors. Its presence five or more years after the death in surviving siblings bears direct relevance on the present study and supports the conviction that guilt and other disturbances in psychological functioning can be present long after the acute mourning period is over.

Several studies of childhood sibling loss have examined and compared parental mourning with that of the surviving child's mourning process to see if the processes followed similar paths, and to understand how they differ (Demi and Gilbert, 1987; Fanos, 1987; Rosen, 1986). Demi and Gilbert (1987) looked specifically at the different ways that parents mourn the death of a child and the ways in which the surviving children mourn the death of their sibling.

This study consisted of 22 parent-sibling pairs who were interviewed and who also answered questions on quantitative measures such as the Child Behavior Checklist, Hopkins Symptom Checklist, the Impact of Event Scale, the Parent Role Scale and the Children's Depression Inventory. Their results yielded some interesting findings in terms of correlations between parents' and surviving children's grief patterns and levels of emotional distress. As one might expect, overall parental and child's emotional distress were positively correlated, as were parental role dysfunction and surviving children's behavioral problems (Demi and Gilbert, 1987).

Parental patterns of grief and surviving children's patterns were not correlated, neither was parental role dysfunction and children's level of emotional distress. Not surprisingly, parents and children grieve differently. Parents in this study scored higher on the intrusive thoughts scale of the IES (Impact of Events Scale). What this means is that parents reported having more intrusive thoughts of the deceased child than did surviving children in the family. Children reported higher scores on using avoidance as a way of dealing with losing their sibling. Demi and Gilbert suggest that avoidance could be a means of coping that not only soothes the child but also soothes the distressed parent. The child soothes the already distressed parent by appearing not to be upset or even thinking about his or her deceased sibling.

Demi and Gilbert (1987) believe that grief needs to find appropriate expression, otherwise the manifestations of it can take the form of disturbed behavior or physical, somatic symptoms. This, I believe, is true, not only for children, but adults as well. As they suggest, if the grief does not have appropriate expression then psychological symptoms will result. This was apparent in the surviving siblings in the Cain et al. (1964)

study where they observed disturbances in behavior and in particular the presence of guilt reactions five or more years after the death of the sibling.

It stands to reason that if a child is apt to have strong guilt reactions five or more years after the death of their sibling, why then wouldn't an adult? An adult is even more able to reflect on past experiences with the deceased sibling in which there is likely to have been unresolved conflict. An adult sibling is also more acutely aware of having the chance at having a life that their sibling will not have, and of eventually having to move forward in that life. It is my belief that whether or not these actualities are conscious they can and often do contribute to strong, sometimes crippling survivor guilt in the adult surviving sibling.

Fanos (1987) interviewed children and adolescents who had lost a sibling to cystic fibrosis. Although her study had a small N, the narrative interview data revealed important themes about what it means to lose a sibling. Fanos found that only a very small number of surviving siblings felt that their parents had been able to help them mourn the loss of their sibling. Her subjects expressed sentiments such as "we took our grief each in our own way" (Fanos, 1987, p. 63) or "we were counseled to be brave little soldiers." Siblings in this study felt that parental attempts at helping them mourn were often ineffectual due to the fact that the parents did not consider where the surviving sibling was developmentally. As one sibling in Fanos's study explains:

> The grief was not overt and open and let's burst the bubble and get it over with. It was a stoic ingrown . . . we all just sort of scattered, it was not a bond, let's get this out on the table, although the months following her death we went up into the mountains. But you can look at pictures of us and one's like this, one's like that . . . age 13 at death (Fanos, 1987, p. 63).

Fanos suggests that siblings have no model for healthy mourning as they do not have their parents as models to help them with a most difficult process.

Similarly, Rosen's (1985, 1986) investigations of childhood sibling loss showed many of the same themes as Fanos's study. Rosen too found that parents had an extremely difficult time in helping their surviving children deal with the loss. These children were left alone and unsupported with this overwhelming experience. The aloneness and isolation about this experience stayed with these siblings into their adulthood. As adults, the surviving siblings in her sample reported having not spoken about their feelings to anyone prior to participating in Rosen's research project.

Rosen named three factors that she felt contributed to the sibling's silence: "a lack of acknowledgment by those around the child of the sibling's loss and subsequent need to mourn; intense loyalty to the bereaved parents, experienced as an obligation to spare them any further pain that the sibling's own expression of grief might precipitate; and statements from members of the bereaved community that admonished surviving siblings to 'be strong' and help their parents" (Rosen, 1986, p. 390).

Rosen (1986) discusses the lasting effects that losing a sibling in childhood has had on the adult surviving sibling. These siblings reported feeling neglected by their parents and community members which at the time only made their sense of isolation worse (p. 391). Rosen also observed that surviving siblings who were able to express their feelings to their family at the time of the loss were in closer, regular contact with the family as an adult than those siblings who were not able to express their feelings at the time of the loss.

Pomerance (1973) confirmed a similar finding in his retrospective study of young adults who had lost a sibling during childhood or adolescence. In his sample the young adults who were able and permitted to talk about the death with family members had

better post-death adjustment than those subjects who were not able to talk about the experience with their family (Pomerance, 1973).

Albeit, both samples are small, but these findings suggest that expressing the feelings about the loss is "useful when continued contact with the family of origin is valued" (Rosen, 1986, p. 394). It also suggests that for the child who feels able to express their feelings to family members that there is a tolerance for their feelings such as sadness and anger. If the child feels like he or she can turn to their family when they are feeling sad or angry about the loss, this I believe, would inevitably create feelings of closeness and of feeling understood that will stay with them well into their adulthood.

Rosen also observed that surviving siblings felt it was important and helpful to them to retain mementos or objects that belonged to their sibling. This was often in opposition to the parents. Rosen found that parents were more likely to partake in behaviors that helped sever the tie to the deceased child; for example getting rid of objects, momentos, and putting pictures of the child away.

Perhaps, Demi and Gilbert's finding that parents experienced having more intrusive thoughts of the deceased child is related to their engaging in behaviors that they believe will help separate themselves from the child and from the pain of remembering. If the pictures are not visible, if the child's belongings are disposed of, then the parents will not be faced with daily reminders of the child; out of sight, out of mind. Unfortunately it is not, nor will it ever be this simple when one loses someone loved.

This is however, a powerful wish that I believe governs many actions of the surviving family members. It is a conviction that is also strongly held in our culture. We expect people to return to work, school and in general to the daily functions of their lives very quickly after the death of a loved one. If this is not the case, we are quick to judge

that something is drastically wrong with the person, they are grieving "too long", and "can't get on with their life."

Perhaps the finding that parents scored high on having intrusive thoughts needs to be reconceptualized. What makes the thoughts intrusive? Is it that the parent is thinking of the child all the time? Are thoughts of the child occurring during their work, during the day, keeping them up at night? Circumstances such as these I believe should be normalized, or rather not viewed as intrusive which I believe suggests some degree of dysfunction or psychopathology.

How could it not be the case that a parent or sibling would think often or even all the time of the deceased child/sibling? Not only would the concrete objects stand as physical reminders but their memories serve as reminders, as do actions, places, smells, almost anything can serve as a reminder. Attempting to get rid of momentos, taking pictures down is in service of a false hope at alleviating pain that is for so long, unendurable.

Rosen (1986) proposes another way in which an adult and child will differ when dealing with this loss; it is how each experiences their sense of personal safety or security. Children whose parents are unavailable emotionally or physically may feel their existence and security in the world is tenuous. Rosen believes that this is much less likely for adults. She concludes that adults are less likely to feel threatened in this way due to the differences in how adults and children mourn (Rosen, 1986, p. 392).

It is certainly true that adults and children mourn differently due to the differences in their intellectual, cognitive and emotional capabilities (Bowlby, 1960, Wolfenstein, 1966). However, I think that especially for young adults, that it is not so unlikely that they could come to feel their sense of security in the world as threatened, after losing

their sibling. Their world as they knew it comes to be radically altered. I think that an adult is just as likely to worry about what could happen to them and feel that their sense of safeness in the world is shaky. Adults, after all, have the cognitive ability to know and be aware of their own mortality after such a loss in a way that children do not.

Rosen concludes from her work that what is helpful to one child after the loss of a sibling may not be helpful or comforting to another. She stresses the importance of bearing in mind the uniqueness and individuality of the mourning process for each child: ". . . variations in coping responses underscore the omnipresent need for individualizing the bereaved child despite the commonalities of experience that are frequently reported here and elsewhere in the literature" (Rosen, 1986, p. 393). I strongly agree with Rosen on this matter. More attention must be paid to how the individual, whether child or adult, mourns such a loss. Knowing what is particular and unique to someone's mourning experience is, I believe, what will ultimately enrich and further our understanding of what the mourning process is.

Bank and Kahn (1982) and Schumaker (1984) both observed similar themes in childhood sibling loss as the literature reported above. Schumaker interviewed 15 families where surviving siblings were between the ages of 9 and 13 and the death of the sibling was accidental or due to terminal illness. Schumaker reports the themes that emerged held true in either circumstance for the surviving sibling. This interview data revealed that these children felt an intense need to be able to communicate their feelings about the death and also to be able to express feelings that changed with time about the death or the deceased sibling.

Sentiments expressed such as "wishing it had been me" or the feeling that the surviving sibling had caused the sibling's death. Schumaker suggests that such statements

are reflective of survivor guilt (Schumaker, 1984, p. 87). The children that Schumaker interviewed also struggled with feeling embarrassed and wondering what to tell their friends about what had happened to them. Fanos (1987), too observed this phenomenon in her sample. She reports that the surviving sibling comes to question why this had to happen to him or her.

> The sense of being different, set apart, elicited anger at having had an experience that no one that they knew had gone through. . . (Fanos, 1987, p. 77).

One sibling in her study states:

> 'I think I was probably angry that I . . . it was just strange because nobody else my age had ever dealt with anything like that, and I just didn't feel like any of them could possibly know what it was like, and I think I probably closed a lot of people out . . . age 14 at death' (Fanos, 1987, p. 77)

Like the surviving siblings in Cain et al. (1964) Schumaker (1984) also observed that siblings had fears of moving forward in their life and expressed fears that others whom they were close to would die.

Bank and Kahn (1982), in their book *The Sibling Bond,* devote a chapter to sibling death. They too extracted significant themes from narrative data of siblings who had lost a sibling during childhood, adolescence or early adulthood. Bank and Kahn are in agreement with other researchers in this field that losing a sibling can be a major contributor to psychological dysfunction and personality development. They also make the point that the legacy of the deceased sibling can serve as source of creative inspiration and emotional development for the surviving sibling.

Bank and Kahn also give voice to the importance of the identification that is between two siblings and the role that plays in the surviving sibling's mourning process.

> The death of a child can leave the parents with a treasured legacy; but when one immature being leaves another, there is always ambivalence, and it

> therefore becomes hard really to let go. Two factors can complicate sibling mourning. If the previous identification with the dead sibling has been too close or fused, the death jolts the survivor by depriving him or her of narcissistic supplies. Thus, if the dead sibling provided a pleasant and flattering mirror of oneself, the loss of that mirror can be devastating. At the other extreme are siblings whose relationship has been polarized and rejecting, and between whom hostility has prevailed: the survivor's mourning will conflict with anger and guilt (Bank and Kahn, 1982, p. 283).

Regardless of the type of identification the two siblings have, whether it is fused, hostile and rejecting, or somewhere in between, the identification process is an integral part of making sense of the death and understanding what it means to mourn the loss. Coming to understand all the ways in which a sibling has identified with another sibling, be it positive and/or negative, is by far one of the most difficult aspects of mourning this loss.

From the surviving siblings that Bank and Kahn interviewed one theme that emerged that is relevant to the present study is the degree of horror involved in the death of the sibling and whether the surviving sibling witnessed that horror. These authors make the point that while seeing your sibling die under shocking or horrible circumstances makes the death tangible, it can also leave the sibling profoundly traumatized. If the sibling enters treatment after the death, Bank and Kahn make note of how important it will be for the therapist to not avoid talking about the horrifying details of the sibling's death. They caution that avoidance of such details is a distinct possibility on the part of both sibling/patient and therapist. The therapist working with a surviving sibling must be alert to this. Retelling and consciously understanding the horror is an imperative part of mourning.

Sibling Loss in Adolescence

There are aspects of adolescent development that present a particular set of difficulties for the adolescent who loses a sibling (Mufson, 1985; Adams and Deveau, 1987; Widen, 1987; Grogan, 1990). During adolescence issues of separation and individuation from the family are pivotal. The adolescent wants to begin to feel like he or she doesn't need their parents as much as they did when they were younger. Experiencing such a loss, makes this more difficult. He or she could feel caught between wanting to be more grown up and yet also feel childlike, afraid and in need of parental attention.

The adolescent could also experience an awareness of their own mortality which could be quite alarming. Mufson (1987) states that the adolescent is unprepared psychically to mourn this loss. The adolescent fears regression and engulfment and is also afraid of being overwhelmed by their own grief and their parents' grief (Mufson, 1987, p. 208-209).

Adams and Deveau, (1987) interviewed adolescent siblings who had lost a sibling to cancer. They observed in families that parents often believe that their teen does not want their attention, when in fact he or she feels quite lonely and isolated. The authors report that the adolescent experiences a heightened awareness of their own vulnerability. Fanos (1987) observed this as well in her sample of adolescents. Fanos also reports that adolescents experience a crushing sense of guilt over the death of their sibling. She comments on the fact that for some adolescents, they are just in the beginning phases of attempting to deal with issues of competition and the desire to perhaps have a less conflictual relationship with their sibling, when the process ends prematurely (Fanos, 1987, p. 77).

The major developmental tasks of adolescence, separation and identity formation, place the adolescent on a difficult journey (Erikson, 1950). There is a great deal at stake when these tasks must be met under circumstances of trauma, sadness, ambivalence and guilt. Even in the best setting for optimal development, these tasks can be arduous. For the adolescent who has lost a sibling he or she faces even more of a struggle to achieve such milestones.

Sibling Loss in Adulthood

The thematic picture that emerges from the literature on sibling loss in adulthood is not so different from that of childhood or adolescence. Worthy of comment is the fact that there is not an abundance of literature on this topic. There exist several journalistic accounts of interviews with surviving siblings. These accounts are helpful in that they communicate the surviving sibling's experiences (Sandmaier, 1994; Klagsbrun, 1992; Donnelly,1988). However, what is lacking is a more sophisticated psychological analysis of the sibling's feelings and meanings of the loss. The literature within psychology has explored adult sibling loss and subsequent adjustment and attainment of adult developmental tasks (Engel, 1975; Moss and Moss, 1986; Morse, 1984; Haase, 1989; Muxen, 1990). An important aspect of these studies is the fact that the sibling's experience is communicated through a narrative. The sibling was given the chance to tell their story in more detail than quantitative measures permit.

Methodologically, the studies that have been discussed by and large have involved small samples. This I believe is for a very important reason. With a small sample the researcher was able to devote time to interviewing surviving siblings, giving each subject the opportunity to reveal in detail what it is like to lose a sibling. The narrative data that

has been discussed provides a rich resource and background for further research on what it means to lose a sibling.

The themes that emerged from these stories impart to us the importance of an emotionally present and available parent, even for the adult sibling survivor (Haase, 1989; Morse, 1984; Moss and Moss, 1986); that losing a sibling in adulthood is an event that changes the surviving sibling's sense of self, sense of reality, changes their purpose in life and leaves the sibling with an acute awareness of their own mortality (Haase, 1989; Muxen, 1990).

Like children and adolescents, adults too experience a profound sense of survivor guilt. Engel (1975) eloquently discusses his own personal experience of losing his twin brother when he was 49. Engel brings into view the importance of anniversary reactions in connection with survivor guilt and the significance of meanings that can be gained from dreams that occur around the time of anniversaries having to do with the deceased sibling. He suggests that how one sees oneself in relation to the deceased sibling can be revealed in dreams. Dreams can also serve as a medium for understanding and working through conflictual and competitive feelings towards the deceased sibling.

Losing a sibling during adulthood presents its own set of developmental challenges. Adulthood could have been a time in the surviving sibling's life when he or she might have begun to work through major conflicts with their sibling, and feel a sense of closeness that would endure their adult life together. Instead, what the surviving sibling is struggling with is how to live a full, productive and meaningful adult life without their sibling and often in the face of perhaps overwhelming guilt. The surviving sibling is deprived of the chance to come to an understanding of the conflicts in tandem with their sibling. Most importantly the surviving sibling is robbed of the precious opportunity to be

with their sibling in adulthood, to be equals, friends and to have someone with whom one shares a sense of family and deep connection.

In sum, sibling loss, whether it occurs in childhood, adolescence or adulthood, is an event that is upsetting, disruptive, traumatic and deeply saddening. Troubling symptom formation can develop, especially when the loss occurs during childhood. What remains constant, be it in childhood, adolescence or adulthood, is the need for the parent to help, comfort and tolerate all the feelings the surviving sibling experiences.

Surviving siblings need help mourning and they need this help from their parents. For the parent, this is a most burdensome task. Surviving siblings feel alone and isolated in their grief. They do not want to impose on their parents as they are acutely aware that they too are suffering. It is clearly a time when the family needs psychological help and support.

The literature shows that what is unchanging through development is the profound sense of survivor guilt that the surviving sibling experiences. In childhood, siblings quickly blame themselves for the death, feel that it should have been them and worry that they too will meet an untimely death. In adolescence, the sibling is more likely to be aware of their ambivalent feelings towards their sibling which further complicates their sense of crushing guilt. As adults, we perhaps defend quite strongly against the guilt that our sibling is deprived of a life, filled with hope, ambition, joy and purpose. The adult surviving sibling has to try to come to terms with this while attempting to create meaning in his or her own life.

Mourning: Early and Contemporary Psychoanalytic Literature.

An integral part of being able to create meaning in one's life after the death of an adult sibling is the ability to mourn the death in such a way that this psychic process is not impeded. This is not an insurmountable task but it is one that requires significant tolerance, endurance and support from the surrounding milieu. The psychoanalytic literature both early and contemporary, provide theoretical models in which to begin to understand the psychic processes involved in the task mourning.

Early Psychoanalytic Literature

In 1917 Freud published his paper entitled, "Mourning and Melancholia." In this paper Freud described the process of normal mourning and distinguished it from the condition of melancholia. He elucidated the features of each of these states. Freud defined mourning as ". . . the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as fatherland, liberty, an ideal and so on" (Freud, 1917, in Riviere translation, Collected Papers, Vol. IV, p. 153). Freud then makes the distinction between the two states:

> The distinguishing mental features of melancholia are a profoundly painful dejection, abrogation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment (Collected Papers, Vol. IV, p. 153).

Freud is making a clear distinction between what is considered normal grieving and pathological mourning. What he describes as melancholia resembles quite closely what we now think of as the characteristics of a major depression.

The major task of mourning is to relinquish the tie to the lost love object. Freud described this process as an intense struggle because no one willingly wants to surrender such an attachment to a loved one. He states, "this struggle can be so intense that a turning away from reality ensues, the object being clung to through the medium of a hallucinatory wish psychosis. The normal outcome is that deference for reality gains the day" (p. 154). The relinquishing of the tie to the loved object and the redirecting of psychic energy to towards other objects and activities does not occur quickly, but slowly, over time. Although this is an extremely painful process, and for a period of time the person's world feels empty and impoverished, over time the loss is accepted.

In the condition of melancholia however, it is the person, who feels impoverished and empty. The loss of the loved one is experienced much more as a narcissistic loss. In the state of melancholia Freud stated that the,

> . . . loss of a love-object constitutes an excellent opportunity for the ambivalence in love-relationships to make itself felt and come to the fore. Consequently where there is a disposition to obsessional neurosis the conflict of ambivalence casts a pathological shade on the grief, forcing it to express itself in the form of self-reproaches, to the effect that the mourner himself is to blame for the loss of the loved one, i. e. desired it (p. 161).

The unconscious ambivalence towards the lost love object and a narcissistic identification with that object are central to Freud's formulation of what constitutes pathological mourning. Freud states that the self-reproaches and self-accusations of the melancholic really belong to the lost, loved object; ". . . by perceiving that the self-reproaches are reproaches against a loved object which have been shifted on to the patient's own ego" (p. 158). All the negative and ambivalent feelings are directed inward causing self-loathing, and self-abusing behavior.

Although this paper of Freud's focused on the importance of relinquishing the psychic tie to the loved object, he also wrote of the emotional pain we experience when we lose someone we love. He noted too that the emptiness left by such a loss can never really be replaced. Both Siggins, (1966) and Frankiel (1994) note this in Freud's writing by citing his letter to Binswanger (Freud, 1929, letter 239) in which he conveys this sentiment.

The writings of Abraham (1924) and Fenichel (1945) help further our understanding of the process of mourning. Specifically, they addressed the aspects of the mourning process that were part of both normal mourning and melancholia. In his paper, "A Short Study of the Development of the Libido Viewed in the Light of Mental Disorders" (1924) Abraham addresses the importance of the introjective process of the lost object. He notes,

> In the normal process of mourning, too, the person reacts to a real object loss by effecting a temporary introjection of the loved person. Its main purpose is to preserve the person's relation to the lost object. 'My loved object is not gone, for now I carry it within myself and can never lose it' (p. 427).

Fenichel (1945) too believed that introjection occurred in the normal mourning process. Abraham also believed that ambivalent feelings towards the lost, loved object could exist in normal mourning, that ambivalence towards the deceased need be not reserved for pathological mourning.

Klein's paper entitled "Mourning and its Relation to Manic-Depressive States" (1940) contributes to our understanding of the connection between the mourning process and early psychic development. Klein believed that the loss of a loved object in adulthood restimulated early, unconscious infantile experiences of loss and a return to the working through of the manic-depressive position. Klein notes that the mourning process becomes

problematic when the negative feelings the mourner has for the lost object get turned inward against himself. A manifestation the negative feeling toward the object is the sense of triumph over the dead object.

> One of the ways in which hatred expressed itself in the situation of mourning is in feelings of triumph over the dead person. . . . Infantile death wishes against parents, brothers and sisters are actually fulfilled whenever a loved person dies, because he is necessarily to some extent a representative of the earliest important figures, and therefore takes over some of the feelings pertaining to them. Thus, his death, however shattering for other reasons, is to some extent also felt as a victory, and gives rise to triumph, and therefore all the more guilt (Klein, 1940, p. 322).

Klein makes the very important point that when the negative feelings prevail this upsets the mourner's belief in his good internal objects as well, and also disrupts the idealization of the lost loved object. The loss is experienced as a punishment and deprivation, imposed on the survivor by the deceased. Klein proposes this is a repetition of the deprivation of the mother when she would be separated from the infant. Klein stated that,

> only gradually, by regaining trust in external objects and values of various kinds, is the normal mourner able once more to strengthen his confidence in the lost loved person. Then he can again bear to realize that this object was not perfect, yet not lose trust and love for him nor fear his revenge (Klein, 1940, p. 323).

For Klein the difference between normal and pathological mourning is this: she believed that the person who "fails in the work of mourning" was unable to work through fully the infantile depressive position, and that the child was unable to establish a sense of security and possess a psychic, inner world filled with good objects. Hence, as an adult faced with loss, he or she does not have the capacity to tolerate the de-idealization and come to know that the lost, loved person, although not perfect, was still a loving and trustworthy object.

Loewald's (1962) paper on internalization, separation and mourning contributes significantly to our understanding of the tasks of mourning, specifically, the process of internalizing aspects of the lost, loved person. In addressing non-pathological aspects of mourning, Loewald proposed that the work of mourning primarily involves the acceptance that the loved person is no longer present and available. This can occur via the process of internalizing or incorporating the aspects of the deceased person that will help the survivor to establish new and meaningful external relationships. The survivor takes in the qualities or characteristics of the loved object that promote growth and development of his or her own sense of self.

Loewald proposed that mourning is impeded when the survivor continues searching for substitutes for the lost, loved person and then clings to those persons. If this is taking place then fundamentally the loss is being denied. The survivor is searching and attempting to repeat the connection he or she had to the deceased, loved person.

Relinquishment and internalization as aspects of mourning are similar to the relinquishment and internalization of oedipal objects that then leads to superego formation (Loewald, 1962). The one significant difference being, as Loewald points out, is that with the relinquishing of oedipal objects, the parents are constant and present during this process and their presence aids in the internalizing process. Internalization in mourning when the object is gone forever is a more difficult task.

It is more difficult because the survivor must organize within him/herself the intense pain and sadness of the fact that the loved person is gone and that that is irrevocable. Loewald proposed that in order for mourning to be successfully underway that internalization of and emancipation from the lost object had to take place just as both processes must occur for the unconflicted resolution of the Oedipus complex. First, there

develops an internal substitution for the externally lost object, and then as Loewald states there is a,

> . . . resumption of early boundary-setting processes by which a further differentiation and integration of the ego and of the object world on higher levels of development takes place. In other words, so-called superego identifications represent an undoing, so to speak, of separation in so far as object loss is concerned and they also represent the achievement of separation in so far as boundary-setting and further ego and object differentiation is concerned . . . (Loewald, 1962, as quoted in Essential Papers on Object Loss, Ed. R. Frankiel, 1994, p. 139).

Loewald points out here that the identifications serve two purposes: 1) to make the separation more bearable, the "undoing" of it by having the object inside, and 2) being able to make such identifications with the lost object enables the survivor to separate and differentiate him/herself. Such identifications of the lost, loved person are indicative that the loss is not being denied.

Loewald's attention to the process of internalization is a very important contribution to the literature on mourning. His ideas about taking in the qualities of the deceased provides a framework in which to understand what happens in this deep-felt psychic process, how one can come to feel that the person they loved is with them, inside of them, that they can be like the deceased, but also different. Loewald's thoughts about internalization of the lost loved person are not limited to the rigidity of a prescribed time frame in which the process is to be complete, as many other writers try to adhere to.

In fact, in considering his ideas it is easy to see that this process could take a long time—longer than most would want to tolerate. His point about the presence of the parents to aid in internalization and resolution of the Oedipus complex is well taken. I agree with Loewald in that it is so much harder to internalize the desired aspects, qualities

when the loved one is gone, permanently. The longing, missing, and sadness make the process prolonged and much more difficult to bear.

Other psychoanalytic writers that have made a considerable contribution to our understanding of the stages of acute grief are Bowlby (1961), Pollock (1961) and Parkes, (1972). All three of these writers propose theories for the period of acute grief and mourning. Their theories have helped us to understand the subjective feelings one has in the immediate time after the death of a loved one.

Bowlby's ideas about mourning grew out of his work with young children who experienced separations from their mother. He defined mourning as the "psychological processes that are set in train by the loss of a loved object and which commonly lead to the relinquishing of the object. Grief will denote the sequence of subjective states that follow loss and accompany mourning" (Bowlby, 1960, p. 11).

The subjective states of mourning include feeling disappointment, despair, persistent separation anxiety and anger. In the normal course of mourning the person will experience these feelings as they attempt to accept the loss and accept the permanence of the loss. Bowlby felt that depression was a normal aspect of mourning. The depression arises as a result of the disorganization in behavior patterns due to the loss of loved person. Pathological mourning, according to Bowlby, results when the loss is denied, the searching for the lost, loved person continues and the subjective states of anger and protest endure.

Pollock (1961) postulates that mourning is an ego-adaptive process "which includes the reaction to the loss of the object, as well as the readjustment to an external environment wherein this object no longer exists in reality" (Pollock, 1961, p. 343). Pollock proposes that there is a period of acute grief and mourning where the person

experiences shock, panic, weeping, despair and sorrow. This time is one of profound psychic pain. Ultimately the person has to begin to accept the loss and reorient him/herself in the external world where the lost, loved person no longer exists. Pollock, too suggests that an internal re-organizing must occur, in which internalizing the lost object will eventually take place. When this cannot take place, when the ego is unable to adapt to the loss, when distortions in reality are present, the work of adaptation and integration of the loss are impeded.

Parkes, (1972) based on his extensive study of widows proposed that grief was experienced viscerally, that there were bodily/physical reactions to grief. He outlined four stages: numbness, searching and pining, depression and recovery.

Denial of the death, repeated searching for the lost, loved person, and an absence of grief reactions are all indicative of a mourning process that is impeded. Deutch (1937) hypothesized that the absence of grief to the loss of a loved one was a pathological response. She, in agreement with Freud, suggested that when ambivalence and guilt towards the lost object persists, this can lead or contribute to a pathological course of mourning. Most would concur that mourning is following a problematic course when reactions are prolonged, excessive, or violent, or when there is denial of the death, and when distortions in reality persist.

These early psychoanalytic theories of what constitutes the psychic processes of mourning have long informed our clinical thinking about what happens internally, psychically to someone when they lose someone they love. These theories have helped differentiate what is a normal course of acute grief and mourning and what is not. These early ideas have also strongly influenced how this culture, in particular, thinks about mourning, how long it should take and what the primary task of mourning is; letting go,

relinquishing the tie to the deceased, loved person and moving into a life that is as full of potential, meaning and richness as it was before the loved one died.

Contemporary Psychoanalytic Literature

The more recent psychoanalytic literature on mourning continues to explore the many facets of the process. In addition to what the early theories of mourning offer, the more contemporary writings on mourning reflect several important shifts in psychoanalytic thought. First, there is more emphasis on how the loss and mourning process affect the self or sense of self of the bereaved. Within psychoanalytic thought, the emotional relinquishment of the tie to the deceased is viewed as the cornerstone of the resolution of the mourning process. However, in the contemporary literature on mourning there is less accentuation on this notion.

There is needed attention given to aspects of the integration process, internalization of the loss, and of the qualities of the deceased that can ultimately provide the bereaved with a sense of him or herself as competent, secure, and whole. The current literature gives consideration to how the analytic setting and the relationship with the analyst can provide the necessary holding environment that the bereaved needs. The mourning process is being rethought in terms of the intersubjectivity between the bereaved self and lost other and the relationship that existed between them, both intrapsychically and interpersonally. Current thoughts about mourning are being conveyed in the language of "self and other" and this is an important shift in the clinical literature. I believe that these changes, especially the emphasis on the self in relation to the deceased other, has created an atmosphere where the intersubjective experience of the bereaved is more in the foreground of our thoughts. I believe this enables us to pay much closer attention to the

sadness and emotional anguish of the mourning process that the bereaved must ultimately experience (Fleming and Altschul, 1963; Grinberg, 1964, 1978; Rubin, 1984; May, 1986; Horowitz, 1990; Shane and Shane, 1991; Slochower, 1991; Stiver and Miller, 1988; Stroebe et al. 1992; Stolorow and Stolorow, 1987; Hagman, 1995).

In their paper entitled, "Activation of Mourning and Growth by Psycho-Analysis", Fleming and Altschul (1963) give attention to the idea that the loss a person experiences, in this case the loss of parents, "threatens the self" (p. 428) and that development of personality in adulthood can become arrested as a result of impeded mourning (p. 419). In the particular clinical example they provide, the patient's analysis enabled her to begin to mourn the tragic death of her parents during her adolescence. The relationship with the analyst provided the patient with the opportunity and place to let herself experience despair. Subsequently, mourning and adult development were resumed. These authors note that it is indeed necessary and crucial to be able to feel the despair in order to usher in the mourning process. Although Fleming and Altschul (1963) agree with the idea of the final task of mourning being one of decathexis, and freeing of one's psychic energy, they do however, bring attention to the importance of the loss on the development of one's adult self, and touch on the critical idea of being able to tolerate despair in order to mourn.

Grinberg, (1964, 1978), writing within Kleinian theory, gives consideration to what happens within the self when object loss occurs. He states that when object loss occurs, there is also "a loss of parts of the self. . ." (p. 368). Mourning for the lost object and what is lost of the self must occur.

Rubin's ideas about the process of mourning and the bereaved person are noteworthy (1981, 1984). He proposes that there needs to be less emphasis on the

symptomotology and subsequent adjustment of a bereaved person. More attention must be paid to how the loss is integrated into the bereaved person's life, how the person makes meaning of the loss, and Rubin suggests that examination of the "active relationship between representations of the deceased and the bereaved self-representations" can reveal more about the person's mourning process than whether or not the person is symptomatic or thought to be "well-adjusted" (Rubin, 1984, p. 339). He states that there has been too much focus on these aspects and not enough attention given to the "quality of the recollected and remembered relationship to the deceased . . ." (p. 339).

Rubin proposes what he refers to as a "two-track model of mourning" (p. 339).

> This model separates the analysis of personality function from the object detachment aspects of the bereavement process. . . . One can be consciously and unconsciously processing the loss without necessarily manifesting the functional and symptomatic indicators associated with grieving. . . . The essence of the two-track model is that the response-to-loss process occurs at both the personality-behavioural and the object-related levels (Rubin, 1984, p. 339).

Rubin's points about the over-emphasis on adjustment and symptomotology of the bereaved are well taken. The way to understand how someone is mourning and whether or not mourning is in process or impeded is, I believe, to look at their relationship to the deceased, both imagined representations of self and other, the quality of the memories of the deceased and the relationship the bereaved has to both.

Horowitz (1980, 1990) reconceptualizes the mourning process as a process where what is central is the "unconscious change in mental structures of meanings about the self and other people" (p. 297, 1990). The mental structures that undergo transformation are schemas of self and others.

> A self-schema is an organized composite of multiple features that persists unconsciously to organize mental processes and perhaps produce derivatives for conscious representation (p. 303).

Horowitz suggests that the acute phases of mourning (outcry, denial, intrusion, working through and completion) can be understood in terms of the reorganization that must occur between the existing self/other schema and what the new reality of the external situation presents, that the other is gone, permanently (Horowitz, 1990). "Between the initial unconscious view of the deceased as alive, yet lost to contact with self, and the eventual, full, unconscious acceptance of the death, unconscious beliefs undergo many changes. These lead to varied conscious experiences during a working-through phase" (p. 314).

Recent contributions within self psychology have described the mourning process in terms of the importance of self-object functions that were served by the deceased other and have stressed the significance of the need for an environment in which the bereaved can feel understood and held, emotionally (Shane and Shane, 1991; Hagman, 1995). Shane and Shane, (1991) using the example of losing a parent in childhood, put forth the idea that a child given an "adequate supportive environment" will mourn "spontaneously" (p. 119).

> The pain of loss can be borne and the necessary capacity to think, talk, and reflect about it can be sustained if the child is helped to mourn rather than stifled by unempathic criticism and unrealistic standards for mourning behavior (Shane and Shane, 1991, p. 119).

It is not only of the utmost importance for the child to have an "empathic selfobject milieu" as the Shane's (1991) suggest but I would argue that adults as well, who experience a significant loss, be it parent or sibling, also require an empathic environment in order to mourn. When someone has experienced a profound loss and they do not have

such an environment then the work of mourning the loss becomes a far more onerous task than it is even with a supportive surrounding.

Pathological, Impeded Mourning

Within psychoanalysis theorists continue to define and understand what shape and course pathological mourning takes. Most will agree that any grief reaction that is prolonged, impairs functioning, has a high degree of intensity, is violent, or psychotic, constitutes a pathological mourning process. Fleming and Altschul (1963) describe pathological mourning to be the prolonged use of repression of affect, denial of the reality of the loss, and "fantasied continuation of the lost relationship" (p. 429). Also in pathological mourning psychological development is arrested and an emotional immaturity persists in relationships with others (p. 419).

Grinberg (1964, 1978) sees a disturbed mourning process as one where guilt and resentment prevail in the bereaved emotional world. "The greater the resentment, the greater in turn will be the guilt and persecution, and in consequence the elaboration of the corresponding mourning will be disturbed" (Grinberg, 1964, p. 367-68). Grinberg also suggests that where one can observe hypochondriacal reactions or psychosomatic illness mourning is likely to be on a disturbed course. He also supports the link between such reactions and/or illness to an abundance of guilt on the part of the bereaved (p. 368).

Volkan (1970, 1985) has written on grief, treatment models and techniques for working with patients whose mourning process is impeded. In his clinical work with bereaved patients he views an absence, chronicity, and/or delay of grief symptoms as indicative of pathological grief. He also cites a number of clinical examples where the patient experienced recurring dreams of the deceased, or attributed significant meaning to

an object that belonged to the deceased. Volkan interpreted these aspects of mourning as existing more in the pathological realm. He also suggests that "periodic depressive states and anniversary reactions are seen as indicators of pathological grief. . ." (Volkan, 1970, p. 246).

I am in agreement with Volkan (1970) on the absence, chronicity or delay of grief symptoms as being representative of a mourning process that is impeded. However, I do not believe that anniversary reactions, or attributing meaning to inanimate objects that belong to the deceased or having recurring dreams of the deceased necessarily indicate a mourning response that is closer to the pathological end of the spectrum. Quite to the contrary, recurring dreams of the deceased, a variety of anniversary reactions, and symbolized objects can be thought of as ways to maintain a needed tie or connection to the lost object and aid the internalization process. I believe this implies more of a working through of mourning. In fact I would suggest that a scarcity of dreams about the deceased can indicate a mourning process that is impeded.

Horowitz (1990) and Krupp, et al. (1986) describe pathological mourning as the bereaved experiencing impairment in their work, ability to be creative and in his or her capacity for intimacy. Horowitz (1990) also believes that the degree of ambivalence that characterized the relationship prior to death will play a role in whether or not mourning becomes impeded. He agrees with the idea that the more ambivalence the bereaved feels towards the lost object the more difficult the mourning will be. "Preexisting ambivalence will, all things equal, intensify and lengthen, or delay and derail, a working-through process" (p. 316). Krupp et al. (1986) suggest that when identifications with the deceased are excessive, destructive, and impair functioning then mourning can be considered pathological.

Shane and Shane (1991) suggest that what contributes to the mourning process going awry is the absence of the supportive, empathic, selfobject milieu. Hagman (1995) agrees with this point as well and suggests that if the bereaved is not eventually able to experience him or herself as whole, and vital then the mourning process may be distorted (Hagman, 1995, p. 200).

There have been a number of ideas presented that would be emblematic of a mourning process that is encumbered; absence, chronicity, intensity and/or delay of symptoms of mourning usually suggests that some aspect of this extremely painful psychological process has become impeded. Psychoanalytic clinical examples have shown us that an impeded mourning process will affect the bereaved's ability for relationships of all kinds, whether they are with other family members, intimate partners or professional colleagues.

When too many transferential elements, *out of conscious awareness,* of the bereaved's relationship with the deceased characterize an ongoing or new relationship, this is strongly suggestive that an aspect of mourning is yet to be worked through. However, if the bereaved is fortunate enough to have mourning progress along a path that is not encumbered, one of the effects can be an increasing conscious and affective awareness of the aspects of his or her relationships with others that are deeply connected in some way to the deceased. Unconscious guilt and ambivalence will impede this awareness. If the bereaved thinks about him or herself in relation to the deceased other and feels inadequate, troubled or in some way not whole, then it can be said that the mourning process is halted.

Time

Thankfully, there has been some attention in the more recent literature on bereavement given to the issue of how long the grieving process should take (Lehman et al. 1989; Muxen, 1990; Sanders, 1989; Wortman and Silver, 1989). Lehman et al. (1989) found that four-seven years after the death of a child or spouse due to an automobile accident, respondents did not feel their mourning process was resolved. In the report by the Committee for the Study of Health Consequences of the Stress of Bereavement, (1984) Eds. Osterweiss, Solomon, and Green, suggest that,

> despite the popular belief that the bereavement process is normally completed in a year, data from systematic studies and from clinical reports confirm that the process may be considerably more attenuated for many people and still fall well within normal boundaries (p. 52).

The issue of time, how long mourning the death of a loved one takes, how long it "should" take has occupied the thoughts of those who think, theorize, or write about mourning and those who deal with issues of loss in their clinical work. This covers a lot of people. Certainly, our culture emphasizes not taking too much time to mourn or grieve. We push people to return quickly to their daily lives, people make remarks like, "well, you have to put it behind you" just months after a devastating loss. Such a cultural attitude towards how long mourning takes is defensive. No one wants to tolerate sadness and pain for very long including the bereaved. But the fact of the matter is that mourning cannot happen quickly, no matter how hard one tries, no matter how many people in one's life want it to happen quickly, to have it behind you, the mourning of someone loved, cherished, hated, conflicted about, is going to take time, a lot of time.

Does Mourning End?

Is there an end to this psychological process? If so, what constitutes the end of mourning? In the early and contemporary literature on mourning the question of an end point is virtually always addressed in some fashion and most would say that there is some form of an end. The early theorists talk about the end of mourning as the mourner being able to redirect psychic energy towards new objects. Presently, the notion that there is some "recovery from", "resolution of" or "completion of" the mourning process pervades the current literature (Burch, 1989; Horowitz, 1990; Rubin, 1981, 1984; Hagman, 1995).

Burch (1989) suggests that we think of the end of mourning in terms of recovery and forgiveness. She writes about mourning from the vantage point of a child who must mourn the loss of security and trust in their parents when the child's world is traumatized by sexual abuse. Burch concludes that the resolution of mourning and recovery from the trauma can be found in forgiveness (p. 621).

Even though the example Burch uses is not a loss through death, her idea about forgiveness I believe has some relevance to mourning an actual loss by death of a loved one. I would agree that at some point in the mourning process the bereaved will need to experience forgiveness toward the deceased loved person. Perhaps, forgiveness for driving too fast, or forgiveness for getting sick, or being in the wrong place at the wrong time, or any number of circumstances in which one can lose someone they love. If for no other reason than forgiveness for dying and leaving the bereaved. However, I don't believe that being able to consciously feel forgiveness necessarily means that the mourning process is at its end. Being able to forgive is perhaps suggestive that the mourning process is not impeded.

If there is an end or resolution, or completion of the mourning process, Rubin's (1984) concepts about what that might look like are clinically and theoretically useful. He suggests that the more ease and fluidity the bereaved "can relate to the representation of the deceased, the more one can refer to 'resolution' of the loss" (Rubin, 1984, p. 340). Rubin makes the extremely important point that the bereaved has an ongoing relationship to the psychic representation of the deceased, ". . . involving recollection, imaging, and association at conscious and unconscious levels" (p. 340).

He proposes that if memories, images, recollections of the deceased create in the bereaved, feelings of warmth, "if the cognitive-affective relationship is facilitating rather than threatening" (p. 342), then resolution is indicated. "Ultimately, if memories of the deceased *stand with* (italics added by this author) rather than against the self-representations, the term 'resolution of bereavement' adequately describes the internal object relationship and the response to loss" (Rubin, 1984, p. 342). What is key in Rubin's ideas about resolution is his notion of "standing with". This speaks much more to the idea of fostering, internalizing and maintaining the tie to the deceased loved one and the emotional sustenance that he or she provided for the bereaved. I also think that Rubin's ideas speak less about relinquishing or giving up the emotional connection to the deceased.

Hagman (1995) describes the goals of mourning not in terms of decathexis, but in "the retention of the lost selfobject functions through transformation of self-structure" (Hagman, 1995, p. 203). Although using somewhat different theoretical language, this is a similar idea to what Rubin proposes. Hagman, is I believe, basically referring here to being able to internalize, to have as part of the self, the emotional and psychic functions that the deceased provided to the bereaved.

Horowitz, (1990) suggests that completion of mourning is a milestone marked by a "sense of self-coherence, and readiness for new relationships . . . in some states of completed mourning, the person feels an enhancement of competence, and a freeing from the work of grief as well as from its symptoms" (Horowitz, 1990, p. 318). Horowitz does also pose that some mourning for a significant loss will endure for a lifetime (p. 318). We are left to speculate as to which losses would fall into that category as he does not identify a particular kind of loss, or particular person, i. e. , parent, child, sibling, spouse.

If mourning a significant loss were to endure for a lifetime, we must begin to contemplate what exactly would mourning look like, what emotional or psychological processes would be part of a mourning process that was lifelong? What implications would this idea have for treatment with people who have suffered a significant loss?

Mourning the death of someone loved and one's sense of self, coherence, efficacy, and self development are intertwined. One's capacity for creativity, and intimacy of varied kinds is connected to one's mourning process. We have some clarity about what constitutes mourning that is impeded and which elements characterize mourning that can be considered pathological. Time is an important facet of mourning, one that as a culture, we are quite preoccupied with. We don't want to allow too much time to mourn and yet the psychological processes involved take a tremendous amount of time, I would suggest an indefinite amount of time, perhaps the time it takes to live one's life. If we think about mourning lasting a lifetime then I believe what we need to turn our attention to is how the mourning process is integrated and woven into one's life, and the quality of life one can establish after the death of a loved one. How the bereaved holds onto, stays tied to the deceased, how the bond is maintained internally, and their capacity to tolerate anguish and immense sadness over time, are the aspects of mourning that we must gain a deeper

understanding of, and that we must pay attention to in order to know what it means to lose someone loved.

Early Adulthood

This study is concerned with understanding the process of mourning a sibling's death during early adulthood. It is assumed that our psychological development continues throughout our adult lives and that there are tasks to be worked through particular to each phase of adult development (Erikson, 1950; Colarusso and Nemiroll, 1981; Levinson, 1978).

Erikson's, (1950) work has clearly set the stage for many of our ideas about adult development. He believed that growth and resolution of conflict was possible at each new stage of development in one's life. Early adulthood for Erikson, ranges from one's 20's to 30's. What is critical to this period of development according to Erikson, is the capacity for intimacy. Sharing oneself with someone, emotionally and sexually in a union that is characterized by mutuality is the task at hand. Erikson also included as part of the broader task of intimacy, sharing ones' self in work partnerships, and in friendships. It is a time for one's sense of ethical strength and occupational identity to consolidate (Erikson, 1950).

What is at risk at this stage of development is the tendency to withdraw, to isolate one's self from others. If the fear of loss of one' sense of self or fear of ego loss as Erikson refers to it, is too great, then there is an active avoidance of any kind of intimacy. Distantiation, Erikson defines as,

> the readiness to isolate and if necessary to destroy those forces and people whose essence seems dangerous to one's own and whose territory seems to encroach on the extent of one's intimate relations (Erikson, 1950, p. 264).

If this is the case then one's sense of isolation will be profound and the young adult will become preoccupied with self absorption, unable to engage in intimate contact with a romantic partner, colleagues, friends, or a vocation.

Levinson's concepts of adult development contribute greatly to our understanding of what an adult is faced with psychologically as he or she enters different periods of adulthood. A central tenet to his theory about adulthood is what shape and form the individual's life structure takes at a given point in time. A life structure refers to "the underlying pattern or design of a person's life at a given time" (Levinson, 1978, p. 41). The structure of one's life at any point time is primarily made up of the relationships one has with others.

Levinson considers early adulthood to encompass the ages of 17 into one's 30's. He defines the tasks of early adulthood as follows: the young adult needs to begin exploring and creating a stable structure and making a commitment to the choices one makes. It is the time to begin building and maintaining how one is going to live and be in the adult world. The tasks include forming a dream of one's self in the future and giving it a place within the life structure, forming a mentor relationship, forming an occupation, and forming loving, intimate relationships (Levinson, 1978). Although Levinson's original study only included men, subsequent studies utilizing his concepts with a female sample have found support for his ideas about adult development pertaining to women's lives as well (Ruffin, 1984; Roberts and Newton, 1987).

In order to understand how the loss of a sibling during one's early adulthood is integrated into one's life and to understand the meanings the loss comes to have over time, we must know what tasks the young adult is struggling with during this

developmental phase. Erikson's and Levinson's ideas about the developmental tasks of early adulthood inform the present exploration of sibling loss during this period.

Conclusion

In sum, the review of the literature has explored four conceptual domains that embody the present study; the sibling bond, sibling loss in childhood, adolescence, and adulthood, mourning, and early adulthood development. The sibling bond and relationship is a complex one, from childhood throughout adulthood. Each developmental period presenting different challenges with one's rival, friend, sister or brother. The sibling bond can be one of tremendous competition, jealousy, hatred, and envy. The early experiences with one's sibling can generate patterns of guilt, ambivalence, and attempts at reparation. These intense early, emotional experiences hopefully lessen, become less central and the bond becomes one of mutuality, positive identification, and support.

Loss of a sibling in childhood, adolescence, or adulthood is a significant, often traumatizing, and devastating loss to experience. Whether child, adolescent, or adult, each tries to find ways to deal with such a profound loss, sometimes in ways that impair development and functioning. It is a loss that is very difficult to mourn. The work of mourning requires an empathic surrounding and this is not always available for the surviving siblings. This exploration of sibling loss in early adulthood is in the hope of understanding more about the delicate interplay between mourning, and making meaning of the death while striving to have, purpose, intimacy, creativity, humor and perhaps even joy in one's own life.

CHAPTER THREE:

METHODOLOGY

Gaining the fullest understanding possible of the young adult surviving sibling's experience is best supported by research methodology that takes into account a phenomenological perspective. Qualitative methodology broadly defined refers to "research that produces descriptive data: people's own written or spoken words and observable behavior" (Taylor and Bogdan, 1984, p. 5). Research conducted from this premise is focused on the subjects' experience, their interpretation of the event and the meaning it has in their world.

Taylor and Bogdan, (1984) propose a set of descriptive criteria that define qualitative methodology:

1. Qualitative research is inductive. Researchers develop concepts, insights, and understanding from patterns in the data, rather than collecting data to assess preconceived models, hypotheses, or theories.

2. In qualitative methodology the researcher looks at settings and people holistically; people, settings, or groups are not reduced to variables, but are viewed as a whole.

3. Qualitative researchers are sensitive to their effects on the people they study.

4. Qualitative researchers try to understand people from their own frame of reference. Central to the phenomenological perspective and hence qualitative research, is experiencing reality as others experience it. Qualitative researchers empathize and identify with the people they study in order to understand how they see things. (Taylor and Bogdan, 1984, p. 5-6). These criteria guided this research.

Rationale for Qualitative Methodology

In order to have the deepest understanding possible of adult sibling loss and the mourning process that ensues, qualitative methodology best served that purpose. My choice of qualitative methodology was also informed by two studies examining pediatric cancer. Bearison, (1991) and Bluebond-Langer, (1978) set out to understand how children feel about having cancer, what their understanding is of such a serious disease, and if terminal, does the child know that he or she is dying. Both investigators spent much time in hospitals talking with, and interviewing these children. Both investigations produced deeply moving and personal narratives by the children themselves conveying what this experience was like. The authors of each of these studies attempted to understand the child's experience and explore commonalities and differences among these children. This study has similar aims.

It is my belief that we do not yet have a deep and thorough understanding of what it means to lose a sibling in early adulthood, what form that mourning process takes and how long that process takes to unfold. To understand the nuances of this experience, to understand how the sibling mourns this loss, how they integrate the loss into their life and who they are, how their survivor guilt manifests itself, can only be captured and explored by having the surviving sibling tell of their experience. The narrative will illuminate and deepen our understanding of what mourning is in the context of losing a sibling during early adulthood. This type of exploratory endeavor is meant to be hypothesis generating rather than testing pre-determined hypotheses. According to Newton (1995) narrative, biographical data should be used in this manner. Data of this kind can be used to "open up and illuminate an area, rather than to refine variables, pin down findings, or support and reject hypotheses" (Newton, 1995, p. 149).

Support for this endeavor and choice of methodology was also found in the studies previously discussed. The majority of the studies on sibling loss employed in-depth interviewing of surviving siblings, as well, the psychoanalytic studies on childhood sibling loss utilized the individual case study method to derive an understanding of this experience.

Design For This Study

The primary vehicle for gathering data was a series of open-ended, unstructured interviews of surviving siblings. The use of the interview in this form was designed to evoke the complexities and depth of the surviving sibling's experience. The open-ended, unstructured interview was also most suitable for the aims of this study: to understand the subjective experience of the surviving sibling, to understand how the sibling makes sense and meaning of the death of their sibling, and to have a deeper understanding of the adult mourning process five or more years after the death. Given the nature of this type of in-depth interview process, appropriately, the sample size was small. The goal for this study was to recruit between 5-10 subjects.

There were a series of three/four interviews per subject over a two month period and when possible a follow-up interview six months after the initial set of interviews. All interviews were tape recorded and then transcribed.

The interview guide (see appendix) was used to elicit the following information:

1. Demographic information
2. Family composition
3. Circumstances of the sibling's death
4. Sibling relationship
5. Surviving sibling's mourning process
6. Early memories of the deceased sibling.
7. Dreams of the deceased sibling
8. Use of psychotherapy
9. Subject's feelings about being interviewed

The subject was asked to tell the interviewer about what happened to their sibling. From there, most of the information described above was elicited spontaneously over the course of the interviews. When it was not, the interviewer asked about the specific aspect of their experience. Also probing questions, such as "can you tell me more?" or "what was that like?" were asked during the interviews.

Subjects

Given the specific nature of this study, potential subjects were recruited through collegial and personal contacts, through a posted advertisement at a major college in the New York metropolitan area, and through a posted advertisement at a neighborhood community center.

Criteria for Selection of Subjects

Selected subjects met the following criteria:

1. Subjects were between the ages of 18-35 when their sibling died. This age range spans the early adulthood developmental period, according to Levinson, (1978).

2. At the time of the first interview, a minimum of five years or more had lapsed since the death of the sibling. This criteria was in keeping with the aim of understanding how the surviving sibling had integrated the loss into their life, therefore a significant amount of time needed to have passed in order to understand this aspect of losing a sibling. It is also the authors' belief that the acute mourning period (one—two years after the death) is too emotionally/psychologically disorganizing to have an understanding of the meanings the death comes to have. It is too raw a period to undergo in-depth interviewing of this kind.

3. The death of the sibling was to be accidental and/or sudden as opposed to an extended period of time preceding the death, as in the case of terminal illness such as cancer or cystic fibrosis. This study was primarily concerned with the effect of sudden, unexpected loss of a sibling during early adulthood.

4. Subjects lost either a brother or sister, older or younger than themselves.

5. Both male and female subjects were recruited.

6. The death of the sibling was not to be compounded by the death of a parent or other family member at the time of the sibling's death. There would need to have been at least two years separating the death of the sibling and other family member at the time of participation in this study.

Selected Subjects

Seven subjects met selection criteria to participate in this study. Seven women participated. Although both men and women were recruited for this study only women participated. To some degree this probably reflects the differences between men and women in terms of the ease with which each feels to express their connection to someone they have lost and the associated feelings, especially feelings that are painful and sad (Gilligan, 1982). Potential male subjects may have been somewhat more reluctant to partake in a lengthy interview process that was focused on their loss and their connection to their deceased sibling.

Each of the seven women were between the ages of 18-35 at the time their sibling died. Causes of death of the deceased siblings were as follows: one sibling had died of AIDS. This was not a protracted death. Between the time of diagnosis and death was only a three month period. Three of the deceased siblings were victims of murder; two siblings

committed suicide and one sibling died in a car accident. Four of the subjects had a younger sibling die and three subjects had an older sibling die.

Procedures

Potential subjects were contacted by the interviewer and screened over the telephone for information regarding selection criteria. If the subject met criteria they were asked to participate in the study. Subjects were informed at this time that my interest in this topic grew out of my own experience of losing my sibling during early adulthood.

A time and place that was mutually convenient for both interviewer and subject was arranged. All interviews took place either at the home of the subject or the home of the interviewer. The interview process was explained at this time and then the subject was asked to sign an informed consent. The subject was informed that there would be a series of 3-4 interviews and to allow two hours for each interview.

In between each interview the subject was asked to write down their reactions to the interview process, their thoughts and feelings about the deceased sibling that they had, and to record any dreams they had during the interview process. Subjects were also told that if they wanted to bring or show the interviewer pictures or momentos of the deceased sibling that they should feel free to do so.

Treatment of the Data

After each interview was completed it was transcribed. The interviews were transcribed verbatim for both the subject's and the interviewer's comments. Several copies were made of the transcript, one was left in its original form and the others were available to write on, and to sort through for themes. Also after each interview, I recorded my own thoughts, reactions, and observations.

The transcripts for each subject were read and re-read several times and sorted according to themes that emerged from the narrative data. The transcripts and noted themes were then compared between each subject for similarities and differences in how each has mourned the loss of their sibling and how it has shaped their life.

The presentation of the data consisted of two parts: part one is the presentation of two edited narratives. These narratives portray and describe in the subject's own words, their thoughts, reflections and insights about losing a sibling during their early adulthood and what it has meant to mourn this loss. In keeping with one of the primary aims of this study, these narratives reveal the surviving sibling's subjective experience of what it has meant to lose a sibling. The two narratives chosen present differing circumstances with regard to the cause of death, and whether the sibling was older or younger.

Part two of the presentation of data consisted of discussing the prominent themes that emerged from all the narratives in the context of the relevant psychological literature.

CHAPTER FOUR:

PRESENTATION OF THE DATA

One of the primary aims of this exploration has been to attain a deeper understanding of what it means to lose a sibling in early adulthood, and subsequently how the loss becomes integrated and what meaning it comes to have in the life of the surviving sibling. The first part of this chapter is devoted to the presentation of two edited narratives of surviving siblings. These narratives tell the grievous story of how the sibling died, and what ensued in the years after in the surviving sibling's life. Most importantly, these stories convey the subjective experience of what it means to lose a sibling in early adulthood. I have chosen two stories that differ with respect to the cause of death and whether the sibling was older or younger. Both stories are of sisters in their early to mid 20's when their sibling died. Following the presentation of the narratives is a brief description of the five other subjects who participated in this project. The second part of this chapter presents the salient themes that emerged from all seven narratives.

Portrait of Rachel

Rachel was 22 when her brother, Ben, died of AIDS. He was 24. She is the youngest of five children. She has two older sisters, an older brother, and her brother Ben was born fourth. As a child, Rachel was raised in a suburban community outside an east coast, metropolitan city. She grew up in a Jewish family that included two parents, both of whom work and have professional, graduate degrees. Her older siblings also have professional degrees. At the time of this interview Rachel had just been accepted into a doctoral program in one of the social sciences. She was also going to be moving in with her boyfriend.

At the time of Ben's death Rachel had completed all her requirements for her Bachelor's degree with the exception of finishing her senior thesis. During college Rachel and Ben lived in close proximity to one another. They spent a lot of time with one another, shared some of the same friends, and would often travel home together for visits with their parents.

In the fall of 1984 Ben became very sick with what seemed to be a bad flu. He was staying at his parents' house and all were concerned as Ben was not recovering. The results of preliminary blood tests revealed an abnormal blood cell count. Further tests were completed, and tissue samples were then sent to the CDC. It took some time before the results of these tests were known to the family. The results confirmed that Ben did indeed have AIDS, he also had a brain lesion, and some type of viral infection. Brain surgery was performed to help reduce the lesion. Ben's doctors wanted to perform this surgery a second time but Ben refused to have the second operation.

Rachel recalls this time:

"He was really sick by then. He had been home I think up until a week before he died, he was at my parents' house and he got sicker and sicker and basically he was put in the hospital to prevent him from dehydrating to a coma. My parents called their neighbor, who was a doctor, they called him at a strange hour and he said 'you know he's going to go into a coma, he's dehydrating and then he'll die, you should just let him go.' My parents were horrified that he said this.

They called an ambulance and he died in the hospital a week later. He couldn't communicate, he had gone into a coma, the memory of him is that he was not conscious there were not signs that he . . . that he was there. I don't know if you know this but every night my parents signed a 'do not resuscitate measure' before midnight, so that he was never on like life support system. He was on something that helped keep his lungs clear,

and that did help him breathe easier. He was hooked up to a bunch of things but he wasn't on whatever it is that is the next step.

I was in the city and going on home on the weekends. I didn't really want to be with him that week. Once I saw him, I guess the weekend I was home and I could see that he wasn't conscious; he just looked really horrible. I decided not to go back. He was very thin and pale and his skin was very scaly and dry. And he had actually, the last couple of times I had seen him, not been totally present. I mean, it wasn't ever clear like how much this was affecting his brain. He was also taking anti-seizure medicine and a few others, I don't think he was on pain killers but he had definitely faded a lot. And the last time I saw him it just seemed a lot . . . I think I saw him probably like Dec. 30th. I remember being here New Year's and calling home to see like whether he was still alive and I think that would have been around Dec. 30th.

After the death and funeral related details, Rachel continues:

My older brother called me in my apartment, my two sisters and my brother and my parents. My brother had come home from Vancouver and my sister, from Europe they had sort of stopped their lives. So they were kind of there all the time. I think, I actually never asked but I think they were in the room, at least some of them must have been in the room when he died. Also it's interesting that my older brother called me because he's the sibling whom I'm least close to. I think maybe it was easier for him because it was less emotional or maybe, well, maybe my mother asked him to. He is sort of more connected to my mom.

God, I remember being in my room, I know I went home that day but I have no memory of it at all. I have no memory of the time between me getting the news and then being at my family's house. I took the train, I would have taken the train. I have lots of memories of the train trips to go see him when he was sick, I took the train all the time. But you know it's funny I never realized this that I don't remember that at all. I remember being actually; I remember being home at my parents and borrowing a scarf from my mother, I was wearing all black, I wanted to wear the scarf she had, so I remember borrowing that. (Rachel's tone and affect are even, she is speaking calmly.)

I remember we went to the funeral home. Maybe I went home the morning of the funeral, I don't remember spending the night before the funeral at my parents' house. The funeral must have been a day or so after his death. I think he called me and like either I went home and spent the night and the funeral was the next night or called me and I spent the night here and went home. But I guess my memories start with being at the funeral home and being like shocked that there was this coffin because he was, I knew he wanted to be cremated. My brother was somewhat preoccupied with death I would say, as a person. I mean he talked about it. Not a lot, I mean I don't know. I knew he thought about it.

I remember that in my mind, like no coffin, even though I hadn't thought about it. But once I got there I somehow found it shocking, like I was somehow unprepared for this coffin, which was closed of course and then all these flowers on it and I found it really upsetting to think that he was in there. I don't recall if he would already have been cremated, probably not but well, I was just surprised I guess. That's my first memory after he died. I remember the whole funeral. The funeral home was the beginning of the funeral. I guess it's the funeral home, where they have funerals. I guess he was in the coffin, I mean I assume he was although I guess they could have just put a coffin out there.

Later it occurred to me that maybe he had been cremated already and his ashes were in there and then later it occurred to me even when you are cremated you get buried, you get buried in a coffin. (questioning tone in her voice) Somehow at the time I just was struck by the coffin in a way that I don't know why, it just surprised me. I just remember thinking that there wasn't going to be a coffin. I guess somehow not being aware, I couldn't bring myself to the idea that when you are cremated you are not so closed in. I had been to, I guess one other funeral on my mom's side . . . there was a coffin and I guess I just somehow decided there wasn't going to be a coffin. I just . . . felt claustrophobic . . . and I'm not usually claustrophobic.

(I ask if there was any discussion of seeing the body) No, actually no one mentioned it and it didn't occur to me. I mean like in Jewish funerals there is usually no viewing. *(I ask if she thinks she would have wanted to see the body if given the opportunity)* No I don't think so.

She continues talking about the funeral:

We were sitting in the front row next to my brother. I have no memory of where my sisters were, I have no memory of my parents being in the front row, although they must have been. I remember two children from this family were there and there were people there I didn't recognize which was really strange . . . for some reason my father's accountant was there and I recognized his name when I was introduced to him. We had a nanny when we were growing up and she was there. She was very much there. She was like wailing, like a hired mourner. She was Irish and she got married, she had five kids and her husband, they had become estranged and he was there with her. I remember sort of feeling weird. But my brother was a pretty isolated person and so there was like a bunch of friends and I remember somebody playing music like the flute or something for some reason. I can't remember like anyone else. I remember Jane and Robert being there, from this family we grew up with, my dad's accountant, our nanny, I'm sure other people were there. I remember my mother got up and read this poem. It was this poet who wrote The Prophet, Gibran, I remember it was popular when I was in Jr. high. I remember thinking like where did my mom get this, I didn't remember her having any interest in him. It was about, it was this poem that said let your children be hostages of the future, something like that.

I seem to remember Jane the daughter, of these friends got up and said something and I don't remember anyone else. Oh and the other person at the funeral was this counselor, my brother had this death and dying counselor. The hospital provided this person. He was there, he was a Buddhist. I remember feeling like I didn't know him and it felt like the whole family knew him. Sometimes they were around and he was and I wasn't. I felt excluded by that. This person who was sort of intimate but not really and I wondered if , he like goes to everybody's funeral since everyone he works with dies.

My father, it's funny but I don't remember him at all. Somehow his father died a couple of years later and I happened to be the only child in the country at the time and I went up to Boston for the funeral and I had this . . . it's like that funeral had gotten superimposed with my brother's. I just remember that funeral more clearly and how my dad would be . . . crying and I was standing next to him but I don't remember, it's a total

blank . . . I remember, my brother wasn't buried, even though I had said he was, he wasn't.

There is something called the bird sanctuary which is this preserve and so my parents decided that was a good place to put him, even though I'm not sure why they decided to put him there. We used to play there as kids. They didn't do it right away, they sprinkled him there. They didn't really know what they were going to do with him. Or maybe he hadn't really been cremated and . . . they took care of it and they got the ashes later. (I ask Rachel if her parents made that decision themselves and then told her and her siblings. She states, yes.)

We went back to my parents' house and there was some little thing like, about who got in whose car and I ended up in the car with my sister and I wasn't in the car I wanted to be in. The car I wanted to be in was someone else's car. I think . . . I just remember feeling like my god, my brother died, and here I am at his funeral and I feel like I'm six years old because I always had to sit in the back seat, I was always having no choice over where I sat. Like taking car trips, I remember thinking, like why do I care so much . . . I felt . . . I ended up sitting in this counselor's car with my sister and I felt like I didn't want to be there. I ended up in it and I didn't have a choice or something like that. I think my sister was sort of flirting with him and I was pissed off.

Then we drove to my parents and a friend of mine came over, I had known in high school. That was really nice for me and we didn't really sit Shiva but people came over, there was all this really good food . . . I remember, and it was really nice because when he was sick, and dying, we were really isolated. I've known other people, a friend of mine just went through her mom dying and people come over and they bring you food and that stuff didn't happen. It was like we were this isolated unit going through this terrible thing and I always felt like we were sealed off. The day he died, not the day he died, the day of the funeral, it was like the doors were open and people came in. It was such a relief. It was just a sense relief. I remember my friends stayed late, it was really nice, and we were sitting in the kitchen and it sort of felt like they still lived there.

Rachel begins talking about her brother being gay and who in the family knew and the stigma of having AIDS:

I don't know, I sort of guessed that he was. My sisters knew. I have no idea if my brother knew. In those days it was very different, very different. I didn't know anyone who got AIDS or died of AIDS, it wasn't in the news the way it is, in wasn't in the popular culture the same way. But I guess my father's brothers didn't know he was gay and my grandparents aren't living and aunts and uncles weren't at the funeral. I remember them calling but there is this lack of involvement not, because he had AIDS, just that is the way it is in my family.

Rachel continues: I feel like my mother got depressed. My parents went, they started seeing this psychologist or psychiatrist. There had been a couple of family therapy sessions and I was scheduled to go and for some reason it got canceled, I don't remember why. It was much to my relief. I didn't want to go. I was in my own treatment. I think my mom got depressed. They went to this therapist because my dad was such a wreck. Maybe it really helped him. I think my dad was a wreck because his son was dying and he was just . . . he hadn't ever had to deal with that sense of vulnerability, and helplessness. I remember at one point he was like rushing around, he came to the city before they knew it was AIDS and he was like, my dad's a chemist and he knows a lot of people in medicine and he actually took the sample of my brother's blood to someone here in the city and was trying to get answers and so then when they found out it was AIDS, it was like they couldn't do anything. So I think that my mom, I've always felt like my mom got depressed and angry. I mean, I probably have never heard my father express any anger about it. *Anguish,* I've heard him express but my mom still expresses anger.

I remember, my dad goes to services at Yom Kippur and my mom converted to Judaism to marry my father and she has always been a little hostile, I think, and I must have come home to go to services with them, and this was a couple of years ago, and I just remember my mom said something like, 'well I feel like I have nothing to atone for, God should atone to me.' This was in reference to my brother's death. I just, although I experienced anger at the time I don't think, I don't feel that kind of anger now. I think it's different for a parent but it's just not part of what I feel about it anymore. (Rachel sighs heavily)

I feel like I've realized I've changed a lot. I think for me it's interesting because you've asked me about the funeral and the day he died but to me there is so much emotion up to that point because he basically had been a very healthy, and he was young, and he just like got sick suddenly and very quickly went down hill. I now realize that's not even typical for AIDS. I've got friends who have been diagnosed for years. So, that was like completely devastating aside from the fact I knew he was dying, just the experience of his being sick and debilitated all that was like, it was like an ongoing, constant crisis, that constantly felt, I constantly felt like something terrible was going to happen to me. I mean something terrible was happening but I also felt like . . . someone had been killed around here when I was in college, a piece of building fell on her head, and I just kept thinking about it, and I would walk out of my building, I kept thinking that a piece of brick could fall on my head and I could die. I just had this heightened sense of anything can happen to me at any time because look at my brother. He was perfectly healthy, 24 years old, and suddenly he's sick with something we can't cure.

So, there is that, and then there is also the knowing that he's going to die. He and I were really close and he was the person I was closest to in my family. I actually, luckily, he lived near me and in my treatment I had talked a lot about my relationship with him because around the time he got sick he was really depressed and I was also having trouble like with those feelings, feeling like I didn't want to be around him, he was so depressed and in my eyes, not willing to do anything about it, not willing to do the right thing, which was therapy.

I think in retrospect he had been depressed for a while, but in high school we used to commiserate a lot together about the family and how awful my family was and that felt great. We were close in that respect. Then, so we always shared that, but then once I moved here, I was happier; and I was in my own treatment, I just felt that we were diverging in that respect and that my relationship with him was changing. So I had talked about that and I think now, thank God because I think I would have really been a wreck if I hadn't talked about . . . feeling disappointed in him. (I ask her how long she had been in therapy before Ben's death) I had been in treatment for two years at the time of his death, twice a week. She (Rachel's therapist) was away when he died. She took this vacation that came at the wrong time.

On the one hand I feel like my God, the person I'm closest to in my whole family, why him, on the other hand I felt like well, it would be worse, it would be really awful if my older brother, J. had gotten sick because I've always had such ambivalent feelings about him, like I couldn't stand him for a long time and I thought that would be horrible. To go through something like this. I felt like at least I knew that I loved my brother and I felt close to him. I knew how I felt about him.

I remember, he was really sick and I was home, he was sick enough so that it was already horrible, we didn't know that he had AIDS and I actually had this conversation with my brother when AIDS was first in the media, which hadn't really been that long. I said, Ben you know, I had known he'd been gay for four years, and he had been out to my parents for two years. I remember asking "are you promiscuous," I didn't know, and he said no that I didn't have to worry about him. He had actually just been to the doctor and he said that the doctor told him there was no risk. I don't know what the doctor did; he just gave him a check up and he seemed very healthy. I remember I was upstairs, I was going to bed and I didn't want to sleep by myself downstairs and I wanted to sleep in my sister's room, that felt better to me, I remember, before I went to sleep, S. (older sister) was sitting on the bed with me and we were talking about how horrible it was, and what could it be, and I remember S saying at least we know it's not AIDS. The only reason we thought it wasn't AIDS is because we had both had the same conversation with him before he got sick. When we found out it was AIDS, it was like, how could this be? Then I realized that after he died that even though we knew it was AIDS the whole time, you never give up thinking that maybe they'll cure it. Even though I wasn't aware that I was thinking that. I don't remember thinking that, but after he died I realized that I had.

It seemed to be the brain lesion but he had also developed TB then, it's kind of mysterious actually because he wasn't that sick, like other people I've known, who have gone through these terrible, they get really sick and then they get better and they get this and they get that, he didn't go through any of that. He just went down steadily. So, I mean at the time it was always described as the brain lesion. (I ask if she remembers being angry at this time) I just remember like flashes of it. I remember my biggest feeling was . . . like it's hard to describe . . . like this is my brother and I've grown up with him and then we end up in the same city and it was like, I felt so close to home, I mean, I

guess more than I imagined it would with another sibling or my parents . . . like he was so much a part of my world in an ongoing way that I just felt this, like . . . it's like finding out, well after June the sun is going to stop rising and there will be this different planet in the sky, it was like that, it was something like that, it felt like something so basic was being taken away. I don't know what the word for that is. That was the strong feeling. And now and then there would be these flashes of anger, especially when I would see gay men on the street who were very flamboyant, I just felt like saying shut up; they would annoy me or when people, this was a couple summers later, I was at a friend of mine's house, at the beach, with a bunch of people and one of the people there has a sister, and he's a guy and they are close in age like me and my brother were and they were walking across the lawn and I see them walking toward me and they were talking and I just had this pang, like I recognized the way they are talking like, a brother-sister way and I just felt some anger then. That was three or four years later, but it's not the same kind of anger that I see in my mom.

It's more like an anger at a missed opportunity, I guess. I don't feel like life dealt me an unfair blow. (I ask Rachel if she still feels anger now) No . . . that was the last time I remember. No . . . I can't say I feel angry. I think sad has to be, like when I feel strong emotions about him not being here, it's that I feel sad. With his dying there was this element of horror that lasted for a while . . . images of him, being sick . . . Like on TV, it's amazing, I suddenly realized there's a million TV shows where there is a hospital scene and someone is sitting on this bed, and I couldn't stand that.

There is a certain element of horribleness and horror that, . . . and death and illness and what if I got cancer, what if I had AIDS, that kind of stuff, that really faded. I don't remember when, but felt like more of an immediate feeling. I think seeing him die, I was convinced that I was next, that something was going to happen to me. Then there is the element of it not being contagious casually. I went through, I remember a couple of days where it was like, how could it not be? It is, it is. It just sort of felt like, well we must all have AIDS, because we are so immersed in it. I would say the anger, or the sense of horror at the details of his illness faded, leaving more like a mourning or a sadness.

I mean now, obviously I can talk about it without getting upset now but I still miss him a lot. Or certain things will remind me of him, like where he lived, stores in his

neighborhood always remind me of him, or classical music. I feel sad that I can't do things with him. Also, this actually hasn't abated, for a long time, I would think when I would go to visit my parents like maybe he'll be there, it was just like this feeling, like . . . part of it was when we would go to visit, I would always hope that Ben would come too, so sometimes we would go together, and that made it nicer. So there was this feeling like well he's not here, he'll be there. Then I would come back and think that maybe he was here. I still feel there is this giant hole in my family and there is always that sense, so I'll miss him, that hasn't faded. I thought it would. But I was actually having horrible dreams about him for a long time, now I only dream about him occasionally, like in spurts.

Rachel remembers a recurring dream about Ben.

After the death I had this recurring dream in different varieties. I would be somewhere in a restaurant, or at my parents or anywhere and there would be Ben and it was like, and I would be so happy to see him and then I'd remember. It's hard to describe, what it would be like. He had already died but somehow he had come back to life and it was all going to happen all over again. And there would just be this horrible sense of dread. I'm going to have to go through that again. I was never sure he knew. Sometimes he knew and it was okay. Sometimes he didn't know and I was going to have to tell him. And then . . . he was talking and alive in all those dreams. (Her voice is animated as she tells me this).

Then I started to have the same dreams, but he would be mute and he couldn't talk. So he would be kind of half dead and he'd be back and it would be great, but it would be horrible --just this horrible sense of having to repeat myself. Then I had this really horrible dream where he had been dead for like all these years, and this was a year ago, or two years ago, I actually had dreams along these lines or not only like it turned out he had been dead but somehow we had forgotten about him. He died, I don't know how to describe it, he was dead, but we weren't taking care of him the way we were supposed to, he had gotten buried somewhere but he wasn't really dead, there was like a war though for seven years and somehow it was like neglect like we thought he was dead but he wasn't. When someone is dead maybe they are not really dead, you have to make sure they are dead. So in this one dream, I said, what are you doing, I thought you were dead,

and he said well I was dead but when you die you don't really die, you go to this other place, and it wasn't like reassuring, it was horrifying. I said what do you mean you go somewhere else? Well you don't die, you just go somewhere else. I was freaking out. I felt like I had to talk about this in therapy.

I just felt like it was very upsetting. I mean in the dream I said that to myself, like you mean you don't die when you die? He was like beyond dead. So I haven't dreamt that in a while. I have some nice dreams too, like where he comes back, and we talk. *(I ask Rachel, if she feels like she has a sense of what the dreams mean.)* I think that in the beginning it felt like not being able to believe that it was over, this horrible experience was over. But I think, I've wondered whether it's a metaphor for other things that I repeat or just a sense of being caught in a pattern or whether it's also just kind of . . . you don't really know when someone is dead where they went. There is that element . . . there is a creepy element to it. Also, people die but they don't go away. Your relationship with them doesn't go away and in some ways he is still very much alive to me. I think it's just that combination of, you can't see them anymore but in a way there still there, they are part of your life.

Rachel talks about having objects that belonged to Ben:

I have this thing he gave me, it was like a knife that was a pocket knife that was from Italy and it was carved like a fish, it was silver and I had it on my key chain and I lost it, after he died. That was terrible. I was really upset. I was getting out of a cab and it must have fallen, I lost my keys and they fell out. I kept looking for them, in the gutter, and they were gone. That upset me for a while. Then, this is really weird, I found this bag, this was two years ago, it was this bookbag and it had this key chain, pocket knife on it (her voice gets higher) it was different, it said coke-a-cola on it. *(I ask where she found the bag.)* It had been in my closet, I don't know what it was doing there or why I had never seen it at home and my mom said oh this was Ben's, do you want it? I took the pocket knife and put it on my key chain and lost it two months later, I couldn't believe it. I just decided that it wasn't meant to be that I should have this.

I have little gifts he gave me over the years that I really cherish, and it's funny because I'm moving and I was looking in my closet and thinking, should I carry my

jackets to my new apartment or should I pack them? I have this jacket that had been his that I took. After he died, first of all I thought I really like it and I took it and then I realized it looked terrible on me. I couldn't bring myself to get rid of it. So when I moved to this other apartment I took it with me and put it in the back of my closet. Then I realized, after I first got it, it didn't really smell that good. But I didn't get it cleaned (her voice is high, excited in tone). I kept it. Then, it's been in the back of my closet, it's been there for eight years now, and I was thinking, well, I was wondering, am I going to bring it to my new apartment? (I ask her how she understands her not getting cleaned) I just didn't want to, if I had gotten it cleaned then I wouldn't have cared about it anymore, then it would have just been this old jacket that was not really Ben's but as long as I didn't get it cleaned it was still somehow alive and his. I thought I can't really give it to Goodwill because I hadn't gotten it cleaned in nine years but I don't want to throw it away, that would be upsetting to throw it away. So, I don't know what I'm going to do with it. But I noticed it there yesterday. It's been in the back of the closet.

I feel . . . well it's funny because I'm moving in with my boyfriend, and he obviously never met Ben, I've only known him a year, and he never knew my brother. Part of me feels like . . . he found soon enough after we started getting involved that I had this brother who died, but I've always felt like he wasn't quite, he never got the hang of the issue. He has one brother, they aren't that close and I don't know whether he feels he should be close to his brother and he's not, and so he doesn't want to hear it, I don't know. There is something missing. I just can't picture bringing this jacket into the apartment, saying this was my brother's, we're going to hang it in the closet, . . . I don't know. On the other hand, I wouldn't throw it out just for that.

It's weird, I remember when I first started realizing that there were people who I was going to meet and get to know and be intimate with who would have never met him. He feels like he's part of my life but for someone who has only known me the past couple of year . . . it's (he's) just a description. How is he part of my life now, and it's like, I just remember when . . . I had some friends in college who had met him and I had this old friend from home who is a dear friend because she grew up with me. And her mother died a year ago and it was really awful and she . . . she like understood what it was like for me to lose my brother. She understood why it was so awful to lose my brother. I feel

like people here that I've known since college most of them didn't know him and the ones who did, didn't grow up with me so it's just sort of abstract.

There is the whole category of people who I have met since he died who will never have known him. That was strange for me, in the beginning, that I was accumulating all this experience outside of having a brother, that brother. Then there is a point where I'll have children, and then there will be this abstraction, mom's brother who died when she was a kid, like it won't mean a lot to them. (Her tone is slightly frantic) I would put that in the past couple years, past two or three years after the death, where it started to feel like most of the people in my life . . . didn't know him. I did have friends who knew him then when we were in college. I had this very weird experience about a year after he died. I was in this coffee shop with a friend of mine from college who knew him a little bit. But this other guy came along and sat down. He knew my brother which I had forgotten. He said to me, 'oh what's Ben doing now?' It was like when he said that it felt like, oh great my brother is alive and he's doing something, like it made it . . . this guy's question had made it temporarily like took over the reality of his being dead. I guess, I didn't answer right away, I stumbled and my friend broke in and said I want you to know that Ben died. Of course he felt terrible. I didn't feel that terrible but it struck me that the question like that, said like that, so casually, that his assumption that he was still living so easily meshed with my assumption in the back of my mind that he was still living. He made it all very normal.

(I ask Rachel if Ben had a lover during this time.) I don't think so. One thing, he once said to me that he would never bring a lover home. I was never aware of him, I was aware of him making references to people he was interested in, but I was never aware of him having a steady boyfriend. I never met anyone that I knew he was involved with. My older sister, S, thinks there is one particular guy, whom my sister is convinced is the person that gave my brother AIDS. I don't know; he never mentioned anyone.

Rachel talks about how she handles the question of how many siblings she has: for a long time it was like, I'm the youngest of five children, one of my brother's died one year ago, two years, whatever it was, whenever anyone asked. It felt like I had no problem with that. Then only recently have I begun not to bother to mention that I had a brother who died if somebody, I don't even know if somebody asked me during my

school interviews but, people casually ask me. I say oh I have a brother and two sisters. I just remember at one point feeling like it wasn't worth mentioning it unless I thought that I was going to have a personal conversation with these people or whoever was asking me. Sometimes I say I'm the youngest of five children. They don't usually say, go down the line, but I do remember a couple of times that when I would say I'm the youngest of five, they would say oh what do your brothers and sisters do. So then you've got to mention it.

Actually I was really irritated because my boyfriend said that he told his parents about my brother and the fact that one of my older sister's is gay. It sounded terrible, he told his Greek immigrant family, like so I said well what did they say, he said it was fine, whatever, he felt like he had to tell them. He said he let them know, it struck me as weird. Then I met them once at a social function, and we didn't really talk and then I went over to dinner, and they wanted to know how many brothers and sisters I have. So then, like now I am a little miffed, I said I had two bro . . . I said I had two sisters and a brother. I just skipped over one brother. I felt like they know, either they know and they forgot which is bad enough, or they know and they are pretending they don't know, I just skipped it. Then it came up again the next time I saw them. I said to my boyfriend, don't they remember, you said you told them that my brother died. He said yeah, I don't remember if he said they forgot, or what. In that case, I didn't want to draw it to their attention because I figured they are forgetting and there is a reason, like why rub it in their face, whatever their reaction is. If I decide that someone isn't going to be sensitive I won't bring it up.

Rachel tells me she has had a dream about Ben in between our meetings:

It's funny because I thought this didn't seem to have any effect on me. Then a week after the interview I guess I came here on a Thursday, exactly a week later that night I had this horrible dream. My brother, Ben, was in some field or something and he had never died. He had clearly been somewhere else, he never died and it's sort of all our fault that we didn't like notice this or take care of him right, to sort of figure out that he hadn't died, and he looked horrible. There was something really wrong with his personality like he's not himself and part of me feels like, oh no, now what do I do with him because he's back but he's not, I don't really like him anymore and also how do I

explain this to you because I was thinking in the dream, that I had told you I could participate and you interviewed me and it turns out that he never died. I didn't know how I would explain it to you . . . and I sort of felt like she is going to think I'm really strange because he didn't really die. But then there is also this dread of like having to go through it all again. I also thought well if he didn't die what was I talking about in the interview?

She continues with the dream: Then we have to get on the subway going to some place which I never take anywhere. I took this train once in real life. It was a long train ride and it took forever and in the dream we were on this train and we're like underground, for a really long time and it feels really . . . bad I guess and then there is this change of scenery and my older S is there. There is something wrong with her too, like maybe she's sick. Then there is this Indian, or Mexican woman there, a big fat person wearing this necklace of white sea shells around my sister's neck. I think it's some sort of healing ceremony. Then I also in some cultures white is the color of death, and mourning and maybe she's dead and I'm not sure and then I wake up.

(I ask Rachel what she makes of it.) I felt horrible when I woke up. I don't know if I woke up with the alarm or not but it was really a negative dream like a dread and kind of confusion and the dread being the part with Ben being there and thinking well first of all there is the feeling when I've had this dream before, and I haven't had one in a long time, well okay he didn't die but where has he been? This sort of sense of having lost track of time like, well I know he hasn't been here and this feeling or sort of almost guilt, like how come we didn't notice? Something happened and we thought he had died, and we dispensed with him, and now it turns out he's not dead. So that part was dread and also to know he was distorted, and I was going to have to deal with him and possibly deal with him dying again. My sister, S that was just like . . . I think because she, she is the sibling that I am close to here, and I worry about siblings, other siblings dying, especially her. I don't think I worry a lot about it, but it's more real to me than, it's not like she's sick or anything, but it's more of a real possibility to me than it probably would be otherwise. She somehow I think feels responsible for my brother's death because she encouraged him to come out and not be ashamed about being gay.

Rachel talks about Ben and her older sister who is also gay: I think they were close. I don't think I felt excluded. But I know that it was different because she was the older

sister and he was my older brother but maybe she had more of a caretaking role, and in that sense, I would be excluded. I think yeah, in terms of . . . I mean I never thought of L as that close to him, because she hadn't been here in a long time and I my older brother wasn't close to him so S is the one I consider close to him.

Rachel goes back to the dream: it was a bad dream, it wasn't that mysterious or pressing. (I ask Rachel if she had other thoughts about the recurring dream she had told me during our first interview) Well, the only thing, I don't know it's funny because even before Ben died I use to have these dreams, and I would occasionally have a dream where I was, something terrible was happening, WWII or something and I was in a concentration camp. But it all already happened once before, I knew about it from history. So I had these dreams where I was somehow caught in something that had happened once already and I knew the outcome but I still had to endure it. So although I think the dreams are specifically about him, because I was here talking about them, I think also there maybe, I have them when I'm, I mean I wasn't aware of dealing with the problem that was recurring but I don't know, maybe. I think there is sort of a symbol for something familiar happening again that I don't want to deal with. But also some, there is an element of, well even when you know someone is dead you are not really sure. I don't really believe in an afterlife but you know, you wonder. In the dream the person slips through the cracks and then we sort of figured it was over, and I don't really know what that means. I guess maybe just you go on with your lives. Although the person is dead, it's not like you left them behind, in some sense you have, I guess. I don't know. I guess I would say he did to some extent slip through the cracks in the family when he was alive.

Rachel talks about her childhood with her brothers:

My brother, J, who was older, was like a wild child, like a hellion, you know he had all this attention and it turned out he had dyslexia, he had to go to special school and blah, blah, blah, he was in treatment. Ben was like, Ben and I both were like but Ben since he was the other boy, I don't think got as much attention. Also I remember this one summer, we went to Europe for the summer, and my parents rented this house which turned out to be a dump but they didn't know that. And I swear to God, he didn't speak the whole time we were there. (she is referring to Ben) I know he did, but he, I just

remember that was the summer of the silence. I was in third grade and he was like in 5th, he was 10. He also around that time started wearing long sleeve pants and long sleeve shirts all the time, even in August, he went through a phase like that. I remember my parents, my mother, and my sisters interpreting it as him being embarrassed about himself, but I was too young. There was nothing wrong with his body. I remember once it was really hot out and he was wearing like this long sleeve shirt and I remember wondering. So until, I mean in some ways he was sort of on the periphery. I mean I guess in the sense, I guess since he was depressed as an adolescent, and depressed people tend to be for the most part sort of quieter.

I feel like now it's really at the stage where we can mention him without fear, fear of the person getting very upset. I guess in the first couple of years there was sort of, you know I would feel like if I brought him up, I didn't know whether my mother was going to start crying or my dad was going to become silent or what. But now it's more casual. I think everyone makes an effort to sort of mention him if like something reminds them of him. I do sometimes feel like it's artificial. Like once I got sort of annoyed at my sister, S, because it was my father's 70th birthday, this was a year ago in May, he just turned 71, and we were toasting him and I think it was Father's Day but it was, I don't know but somehow we were toasting him and then my father said something about all of us and then my sister like made a toast to Ben and then my dad started crying. I just felt like it was the wrong time to do it. Because it just seems like, I think there can be a way in which, you are determined to remember the person and then like it becomes like proving that you remember becomes more important than like remembering spontaneously.

Both my sisters made gestures that at the time I thought were very weird although over time I've become more accepting of them to remember Ben. I sort of felt like why do you have to do this to remember him isn't it enough that he died, this is like terrible enough that he's not here anymore. My sister, S got this tattoo on her ankle right where my brother had this birthmark. She did it within the first year. It seems like she's had it forever now. This is weird like, I just felt that it had this quality to it of, I can't describe it. I guess it seemed strange. She said, oh I got this tattoo, I don't remember the first time she showed it to me and it didn't occur to me, an ankle isn't such a weird place, so it didn't occur to me and then she said it's where Ben had his birthmark, which first of all

was like not prominent on him, it wasn't like a big thing, although I remember as kids being self conscious about it. But it certainly is something I can't even remember noticing as an adult but I just thought it was weird, it seemed like some sort of merger. It was a star, a blue star. I felt like it was weird, and I know I'm not being very specific. I guess I felt like, maybe because I lived in the same city as he did and it seemed like everything was a daily reminder.

Maybe if I didn't have that, if we hadn't been close in age and we hadn't gone, to college near each other maybe I would have felt compelled to do something like that. However, it's more in keeping with my sister's personality so I could accept it. My other sister, L, who I have since become much closer to, at the time when she came home from Europe during Ben's illness she was home for two months straight, she was unbearable. She went back to Europe and I guess she felt even more removed and she became a vegetarian, which I knew but I didn't know for a long time that it was in response to Ben's death, like a way to mark it. She's always been weird about food for a long time and so I just felt like oh no, you take this neurosis and make it symbolic and that I just think is weird. Maybe she just really needed something like that.

My sister was really controlling and I felt like she was in competition to prove who loved Ben more. She was like my older brother, J, he was actually easier to deal with during that time than I would have thought. He was very calm. What my sisters did . . . I guess they are different in the sense of, they are so symbolic and it seems like there is not need for it. There are lots of other little ways that I remember him. I mean I think that when he first died it was some comfort to me that I lived in the same city as he did. There was this place, we shared and there were lots of things that we had done together. Although that is sometimes very painful, but it's nice to have.

I guess I didn't set about remembering him specifically but just spontaneously, . . . well there is this piece of music he really liked, Beethoven Choral Symphony and I haven't specifically listened to it to remember him, but I have put it on knowing that it will remind me of him. Or, like I participated in an AIDS dance a couple of years ago so I just would never consider like becoming a vegetarian for that reason. I just can't, I can't quite grasp it I guess.

I feel like I have ended up on AIDS mailing lists and the last time they called me for money I said now is not a good time, I'm moving, they kind of pressured me and I felt guilty if I didn't. So I gave $20 and then I forgot about it and they sent me this reminder but I didn't want to pay it so I didn't. I figured I'd already given them money before. But it was a little bit like I had to justify it to myself. Although I have to admit, I'm like that with other things too. I definitely feel a special allegiance. Like if I had no money to give to anything, except one charity, I would probably give it to something related to AIDS. For a while my mom wanted to know, she sort of said there is this life insurance and what should we do with it and do you have any ideas about who to donate it to and I was just like well maybe you could, I don't know somebody at the university he went to, donate, have something in the library in his name, he was a philosophy major. As far as I know they never followed up on it. I really didn't want to be the one who had to do it. I didn't really know what they wanted.

His ashes were scattered, I told you about last time, in the bird sanctuary. They did have his plaque put in, it was sort of a stone, a stone with a plaque on it and they had it landscaped. Then someone pried the plaque off, it was really horrible, we couldn't believe it. They didn't tell me right away but what had happened, was they did this whole thing and they had it landscaped although I couldn't really tell, because it's an Audubon thing. They had this annual clean up crew that comes and my dad and my other brother participated and they had it landscaped and I remember feeling like I had not connection to this. Again, I couldn't relate to how the ashes actually ended up there. Although on the other hand I guess I don't know where else they would have put them. But I was taking this sculpture class at the time and I had this piece of sandstone that I had liked especially, a little piece that had chipped off and around that time I put this sandstone piece on the ground near the plaque and that was my . . . made me feel a little more connected to it. But then the plaque got stolen which I thought was just so horrible. Then our neighbor who is a mason agreed to give us this other thing and that was like sunk into the ground and couldn't be pried up. It just always felt sort of sad, I know my parents wanted to do something. That's the problem I guess when someone is cremated; there is no grave.

I think that they did have a way of not including us or at least me, I guess. I assume my brother and sister, were included, my sister because she has often lived near by. On the other hand I felt I wasn't included on the decision, on the other hand I understood that they didn't want to prolong it. But I also sort of wonder like why didn't they, I mean maybe this was just too creepy for them but why didn't they like use our backyard or something. I just remember as a kid, the bird sanctuary was sort of this cool, fun place to go but it was too far for me to go by myself. I wasn't suppose to go that far. Once I did, I followed my brothers and I got in trouble. We played in it a lot, it was sort of this cool place and you could follow it actually, that's why I didn't realize this until I went there with my brother recently a couple of years ago, there was this stream that we use to get crayfish out of and float things, but I never realized that you could get there through the bird sanctuary, and maybe Ben played there a lot, but I'm not aware of but I just never really understood how they decided on it.

It seems like maybe our yard or something more personal, although I guess the problem then is if you move but I don't know. It's not a terrible choice, it just doesn't seem that meaningful. I certainly didn't know about it before they did it, it was a done thing by the time I knew about it and I didn't want to say, why did you do that? I think I felt a little guilty like how come this doesn't seem like the right place to me? It felt haphazard but on the other hand I understood that they needed to resolve something. I think I worried that like everyone else knew about it and I hadn't. I think being the youngest I do sometimes get left out of decisions because I'm not being an adult or something.

(I ask if she felt that way during his illness.) A little bit, although I must say it was a relief in a lot of ways. I was the only one who could continue with my job and continue basically because I would go home on weekends, I was relieved not to have to sort of . . . I was relieved not to give up my whole life and go down there but I was also relieved like not to be around when they were trying, when they were trying to decide about the do not resuscitate measure and that sort of thing, which I guess they had to do every night. It may have been just my parents decision. The night the doctor came and said, the neighbor doctor and said well you just should let him go now, into a coma, and then they decided to call the ambulance. I mean I suspect that it wasn't like everyone sat down and talked

about it anyway. But in some ways I felt like my status of being the youngest was a protective factor. That felt okay at the time.

Early Memories

(I ask Rachel about early memories of Ben.) She takes some time to think about this question . . . Well there was always this spot on the hearth, we have this hearth in the middle of the living room and dining room, it's a fire place but it's a big stone hearth, so you can sort of run around it when you're a kid, and there was this corner where Ben fell and cut his head. His blood has stained the stone permanently and apparently my other brother came running in and said, Ben broke his head, Ben broke his head. But now I realize I wasn't there. *(Rachel says she remembers the story and being fascinated by the blood on the stone.)*

I do have two early memories. We were at the beach. I have no idea how old I was, younger than five. We rented this house and I swear to God this happened although I know it couldn't have. My brother, both my brothers and I, they showed me this place that we were forbidden to go which in my memory was in the house but I realize it's impossible. My parents would have never rented this house. There was a door and when you opened it, there was nothing behind the door, like the stairs were gone or the floor was gone, it must have been an old house nearby and they took me there, and it was very exciting. I remember that. I remember him being there. But that's not so clear as well I remember when we went to the beach another time, maybe I was six or five and this is also weird although my mother denied it, but she let us do this but, I met someone later when I was in college and he told me he did this as a kid too. They use to spray the beach with DDT to kill the insects and I swear we use to run behind the truck like in the spray, it was very exciting. I think they couldn't have been spraying the poison on us.

I also had this memory, I have no idea how old I was. I have a lot of early memories but when I think about it he's not in them. This memory, it had poured down rain and was just drenched and it was flooding like in the streets a little bit so the gutters were rushing with water in the street. He had this idea and we went outside and we tied plastic bags around our feet, we took our shoes and socks off. So we could like walk in

the water but your feet weren't getting wet but they felt like they were getting wet and it was really cool. That's one of my favorite one's from childhood.

It's really weird, there are certain memories that I feel they were foreshadowing. There was a time when we went to this national park and we got lost, my mother decided we had fallen into the Grand Canyon or something. I was hysterical, I remember that. My favorite memory, it's hard to say. There was a time like when I was at college when I was a sophomore he came over, he walked up from wherever he was and came to my room, I had a roommate and this is so typical of him, he had all this Chinese food with him and he just ate an enormous amount of it, of food, he ate a lot, he wasn't fat or anything, he was very fit and I guess we were marveling at how much food he had eaten, and asked if he felt sick and he said he felt fine, and he got down on the floor and he did these push ups with a clap in between each one, which is really hard. Then, my roommate and I were taking a Greek tragedy theatre class and he, I remember him taking my copy of like Aeschylus, something, and he said well these are really meant to be read out loud. He read them out loud to us, and it was so entertaining and he seemed charming to me and I could see that he was charming to my roommate. I felt happy that I had a brother like that and that he was here in the same city and that I could sort of show him off. It just felt really nice to have a family here.

(I ask Rachel what her worst memory is.) There are two of them. Once he came home from college and it was always nice to have him home and I was living home with my parents, I was the only one left and my parents went to bed and he and I stayed up late in the living room, we were just sitting around talking. The conversation had now turned to how depressed he was. I was 17 or 18. I guess he was really, very depressed in a way that I didn't realize and he was expressing it, talking about like thoughts about killing himself or how sometimes he thinks about it. I just felt completely overwhelmed and angry like I was being dumped on. He wasn't actively wanting to kill himself; it was just sort of this musing aloud and it just was really awful. I think I felt like I was sort of drowning in it, and I didn't know what to do. I mean I guess there was a passivity in him, about it and that was the part that made me angry and I didn't want to deal with it. I just didn't want to deal with it, probably. He wasn't in therapy, and then he got into therapy about the time he got sick, maybe a couple of months before and he was telling me it's

not doing any good. He told me that the therapist falls asleep during his sessions. He felt like he could be spending his money on better things. So, he quit. He then went to this depression clinic and received a long evaluation before he got sick, he felt like his depression was because he got sick, but I don't agree with that.

I have this other memory which is really a nice memory but painful, especially in retrospect. When I was a sophomore at college, I had a boyfriend who lived in the same dorm as my brother and I spent a lot of time there. I had this fear of fire at the time and when I was growing up my mother would make us have fire drill, we had smoke detectors long before anybody else had them. Anyway, I would worry about fire at night. So, I'm at my boyfriend's and the fire alarm goes off. I ran outside. I, had woke up immediately and he was much more casual about it and I threw on a robe and it was a summer robe and it was winter out. I didn't care, it was definitely cold out and my boyfriend took his time and got dressed. I dash out leaving him behind, figuring if he wanted to get dressed and die, that was his problem. I rushed outside and then he followed. I was standing outside there were a few women, it was an all male dorm and then I realized that my brother lives here and he's not here. It was a small dorm, there weren't that many men there. I became totally panicked. At this point I was still convinced that the building was on fire, it wasn't, but the fire engines were coming. I dashed back in and I go to the phone in the lobby. My brother is there, I call him from the lobby, and he picks up and says hello, he was asleep. I was panicked and I told him, to come out. So, he comes out wearing a pair of jeans and a wool overcoat and he comes out sleepily and I can't believe he slept through this thing. I'm now totally freezing cold because I'm wearing a summer robe with no shoes, no socks and nothing else. We had to wait out there for a long time and I remember my brother put his coat around me, he was holding his coat around me and it felt really great. I got myself really worked up between the fire and thinking that he was in there, it was so comforting to have his coat around me. But in retrospect it was like horrible because I thought he was going to die and he didn't. I thought he was in danger and he wasn't. It was such a sense of relief and little did I know that soon he would die in the next couple of years. I guess that was my sophomore year, it might have been my freshman year but he got sick right after I

graduated, so it was a maximum of three years. It just seems in retrospect, you know, it foreshadowed what happened.

Rachel talks about her relationship with Ben during her early adolescence:

I remember that he would have his friends over and they seemed really cool to me and they liked to include me and that felt really good. I think when I was in 9th grade we all went to this disco which was for people under 18 and I remember I couldn't decide what to wear and there was lots of consulting with him on what looked better and that felt very reassuring. Actually my parents were away, now I remember. That must have been, I was in 9th grade and they went away to Europe for like a while and he and I were all alone for a week and we had various mishaps, like forgetting to lock the door, and then he decided to make quiche Lorraine and he made eight of them at once and clogged the kitchen sink. (Rachel recalls, with humor and fondness.) This was the time that we started to get close.

We grew apart somewhat later, I feel like it was developmental, and it may have been around the time that he was getting more depressed. As I have gotten older and through my own therapy, I have looked back on it more as depression. I'm not sure I did at the time, but I do remember the summer that we were in Europe and he was just so quiet and was always very thoughtful and pensive. I remember in 9th grade my English teacher was always . . . I told her that he was at college, studying philosophy and she said 'oh, I always knew he'd be a philosopher, he was always staring out the window and I also remember as a kid we'd have to go to the bus stop together, and I would be in my room getting ready, getting dressed, and I would come into his room and see what he was doing and he would be staring into space, with one shoe on and one shoe in his hand, thinking about, I don't know what.

I remember there was this special on about Leonardo da Vinci at the time and he thought he was like him, like a genius, and he always kind of dreamy but when I was a kid I didn't make anything of it, it was just the way he was and then I remember his depression first in high school. We use to commiserate a lot together in high school, we complained about my parents and life and when you are an adolescent it's sort of cool, first discovering that you can walk around saying you are depressed.

So it was really when I was in college that I really began to think this might be something more serious than I realized. There was also this time, he had come home from college and I remember him saying to me well the Greeks say it's better to die young or something like that, I had no idea what he meant. Or he would say that it's better not to have been born at all and if you are born, it's better to die young. I remember him telling me that he had been reading philosophy, I remember thinking that maybe I just didn't understand.

I also have this memory, I was in 4th grade and I was home with him he was in 6th grade and my sister, L, must have been in high school, and my parents were out, maybe with my brother, J, and our dog died, it was really awful. I was in my room and I heard my sister calling, and I was ignoring her. She said we had to come right away. Our dog had had a heart attack and had fallen over, I remember feeling a little guilty that I hadn't come running out. My sister was too young to drive and I had to run across the street and knocked on our neighbor's door, who had to drive us to the vet. I ran back and I think the dog might have been dead already and L wrapped it up in this towel and Ben was standing out in the driveway by these bushes. I'll never forget this because I was in 4th grade and he was in 6th and he must have been 11 or 12. I asked him if he thought our dog would die. He said 'yes, I think she will.' I know I was upset and he said, 'you know everything has to die sometime.' That shut me up and on the one hand it was sort of like, well he's right, but it just seems like an odd thing to say at that age. I don't think most kids would say that. In retrospect it seems like he must have thought about it, given it some thought and I don't know why he would have.

Rachel continues to talk about Ben's depression:

When I first started treatment I was a junior in college and I remember becoming more and more aware that he was depressed and not really getting help and maybe resisting help and it was hard and I sort of realized that there was only so much I could do about it and that it was his life choice, and I couldn't feel guilty that I was not depressed. We had shared being depressed in high school and I was feeling that therapy is great and I really wanted him to get into therapy. I got him a referral, but he never went or he saw him once and didn't go back. I just finally had to relinquish the fantasy that I was going

to get him to come along with me on the therapy bandwagon. That was hard. I think that my parents couldn't acknowledge that he was like that. I remember this one time that we were home and we were both living in the same city and he didn't really seem that depressed to me but he was. We were at the dinner table and he was sort of quiet and my mother turned to him and said stop looking so depressed, I can't stand it, what's the matter with you? She was angry, she asked him why he was doing this to her. I remember he and I talking about that later and sort of laughing about it, like what do you say in that situation.

She also sent us valentine cards one year. I came over to his apartment and he said 'look at the card mom sent me.' It said, 'Happy Valentine's Day, you are making me miserable and my blood pressure is really high.' It was something like that. I said, you've got to be kidding, I got the same one. It was really nice to have him to share stuff like that. I guess I feel like maybe he was one of these kids or young adolescents who was showing signs already of being depressed and no one did anything about it. I think his depression contributed to his dying soon after he got AIDS. People often live a lot longer than he did.

Rachel talks about looking up to Ben when they were growing up:

I think that when he was alive, I know that I always thought he was really smart and that he knew things other people didn't know. Which I think was true to some extent, that he was very well read and he did those things certainly when we were kids that seemed to be things that other kids didn't know, or at least he told me about them. Like I listened to him telling me about how Columbus didn't discover America, and he told me about Leif Erikson and I remember being really impressed that he knew that. I think in terms of idealizing him now, I don't know if I idealize him, sometimes I wonder if I idealize the relationship I have with him just because I know that happens and although I don't think I do that much, I notice my mother idealizing him. Talking about the way he was depressed, or how I felt that he wasn't sensitive to me, reminds me there were things about him that were troubling or that I didn't like and I think the dreams where he comes back and he's not really dead but there is something very wrong with him are partially dreams about that. The dreams in part are about the parts I didn't like and weren't

healthy. Through treatment, I feel like I was really lucky because it was something that I had happened to want to talk about when I first started treatment, and of course I didn't know he was going to die and I sort of felt lucky that I did because I felt on the one hand I felt very close to him, on the other hand there are these things about him that I didn't like and that I felt endangered by at times. Like I was going to get sucked into it in order to be close to him, I was going to have to feel miserable and I think, my God, what would have happened if I hadn't talked about that stuff before he got sick. I hadn't come to any realizations about those aspects of him since he died. I think I was grappling with them.

Rachel talks about the impact of Ben's death and her putting off finishing her senior thesis. She talked about how she gave herself permission not to finish it after he became seriously ill. However, shortly after he died, she talks about how she "threw herself into it." She described a temporary sense of freedom and wrote the thesis very easily. She also described feeling more preoccupied with death than most of her peers: "I think I'm probably a little more preoccupied with the shortness of life than maybe my peers. I've always been the kind of person to rush through things and when I started my Master's program, then I started thinking about getting a doctorate. I wasn't sure if I wanted to, or if I was ready and I felt this tremendous pressure to . . . the director of my program was always saying to me 'why don't you apply now.' I felt like saying 'I don't want to.' I worked in therapy to feel like it was okay to take my time but on the other hand I had this sense of finiteness about life that I think maybe my peers don't have. On the one hand that makes me feel like I should do exactly what I want to do, certainly shouldn't do anything before I want to and then there is also this feeling of 'hurry up.'"

Rachel talks about how during college she did not have a dream of what she wanted to do in terms of choosing a career and profession. Her interest in her field did not come till after she had graduated and got a job working in early child care. Rachel does recall that shortly after Ben died, she had entertained the idea of going into medicine: "I went through a fantasy of being a doctor immediately after he died. In fact I went and spoke to the dean of a medical school to find out what it would entail. I knew a man who had gone into pre-med and I was pretty fired up about that and that was definitely related. It's something I would have been interested in anyway but the fantasy, the longing to be a doctor was definitely came out of the experience, . . . because it faded. I guess it faded . . .

well a friend of mine lent me a book by a doctor, about how he became a doctor and how awful it was for him psychologically. I think now medicine would have been wrong for me and especially as a woman, it's not something, I just don't think it's a good life. The doctor fantasy took a while to fade. It receded gradually I think. I read this book, I realized I didn't want to do the pre-med course work and I started to be less idealistic about what a doctor's life is like. A doctor's life isn't that great and it can be very pressured in a way that I think would have been really wrong for me.

It's funny though, I remember this one time when Ben was very sick and he was in the hospital and I was toying with this fantasy and I mentioned it to him. He said, Rachel, I really don't think you are cut out for that. It's grueling and I'm not sure it's the right thing for you.' He was right. *(I ask Rachel about mentoring experiences.)* She states that she felt a lack of having a mentoring experience in college but that more recently her therapist has played somewhat of a mentoring role in her life.

Maybe if Ben were alive I would have felt more pressure in terms of my own career if he had been getting into his career, but all of us in our family have come to our careers late. It makes me sad to think about having children and not having him there. It's funny, because after the first interview I was thinking, well how did this relate back to me and it's really one of the only things in my life that is concretely horrible. You can say to someone, oh, my brother died. They immediately know that that was a bad thing. So in that sense it's different from say, other problems that are more internally located that are harder to explain to someone or even understand them yourself. The more subtle, emotional things that happen in a family . . . There was nothing florid in my family, like abuse or alcoholism. I've noticed a couple people, have said, oh you went to therapy because your brother died. That's not why, but people can immediately see it, a death like that as something that would send one into therapy.

The point of this was in terms of looking back on my life, although it was this terrible thing in some ways it was more nullable than other aspects, like it was, I felt more validated or more justified in feeling terrible about it. Like in many ways it's like this event that I had to grapple with and react to, not that it was less painful than other events or other things but more tangible. In that sense I have often thought, that although it affected my life a lot, I'm not sure it affected my *self,* or my development in ways that,

at least I don't accord it the same strength of effect of say the kind of people my parents are or their dynamics and my dynamics and how they interact.

Rachel addresses aspects of herself that she feels are a positive outgrowth of her brother's death:

I think it jolted me into an awareness of the quality, like there are certain things you cannot control. I remember trying to articulate this to a friend of mine right after Ben died; he didn't get what I was talking about. Something like this happens and it felt like everything else is bullshit. Suddenly it just seems like almost, like there is no time to waste and certain other things are bullshit in a way. I became much more aware of my manufactured unhappiness, or not that it was manufactured, but self-generated, self-generated versus something where life really deals you a harsh blow and I think that first year after his death in many ways I felt liberated. I remember my parents came to the city to get stuff out of his apartment and I was suppose to help and I wanted to help and something got screwed up and they didn't show up when they were suppose to, and they didn't call me and so by the time they got here, I was suppose to meet a friend from out of town and I couldn't go and I was angry, like why didn't you call me and I remember sort of fuming and finally my mother called and normally I would have been very tied up in knots about expressing that anger, but I wasn't, and it was like there is a certain liberating quality to, something so terrible happening that was so clearly external and out of my control, I had the quality of me being less embroiled in some of the more internal struggle. I think when something like that happens, I remember this guy in the cafeteria in the hospital saying to me, smile, I had just come out of my brother's room and I may have overreacted, I told him I didn't feel like smiling. I spoke as if I was going to bite his head off. I felt like you can just sort of cut to the chase a little more easily.

I grew up in a relatively privileged background and up until Ben was diagnosed, and it was this horrible thing, there hadn't been anything like that in my life. When I started therapy it took me a long time to justify feeling that my parents didn't give me what I needed because they had given me so much else. With Ben's illness, I think that kind of got me in touch with, well, life is really a roll of the dice in many ways and in some ways I felt like that made me clear up my priorities a little bit.

I sometimes wonder if I have a different time frame than my friends, because, I think experiencing his death when I was young and he was young, in some ways I feel, I have more determination to make sure I do what I want with my life. I feel I am less oriented toward, at a certain age I should be doing x, y, and z. I think about what would I want to be doing if I were dead this time next year? For example, starting graduate school at 30, a lot of people I go to school with are anxious about starting in their 30's and how old they will be when they finish. I think because of what I watched happen to my brother that I better make sure that I am doing what I want to be doing, because you could get sick and die, so you don't want to go off on the wrong track because you think that's where your life *should* be.

I think I am more conscious of time than people who don't have this experience. In terms of an overall shaping of my life, I think that my sense of time has changed, it definitely changed after Ben died. Before he died time was just time, it went along but with an experience like this, he got sick and deteriorated within three to four months. The power of the passage of time and how that can change things was really impressed upon me in a way that I really don't think would have been otherwise. On the one hand, I feel that I am more aware of that than my friends, like a year could make a huge a difference in a lifetime, but on the other hand I feel that in some way I feel less pressured because I am aware of how drastically things can change so I want to make sure that I am doing what I want to be doing.

Rachel talks about her mourning process and how she views the mourning of her brother, Ben, presently, in her life:

I think the sort of more immediate mourning, crying a lot, the shock and the immediate constant sense of loss is what I think of as mourning and then it's funny . . . I have been surprised at how keen my sense of loss can be even now, you know. I've read about people who are really, . . . like you read about them and you say oh my God like what went wrong with their mourning and seven years later they are still doing this weird stuff or they still haven't cried and stuff like that. But I think it's written about as if okay, you get through the mourning and you're successfully mourned, blah, blah, blah, and you just settle into this nice sadness occasionally. I don't think that's true.

Even with the interview last week, I didn't even cry, and it wasn't so hard but then afterwards, I found . . . I was moving and leaving the apartment that I had shared with this roommate for eight years, we had lived together. I lived with there when Ben was dying and lived with her since college and I was unpacking my things and I found this letter from this friend of mine whose mother died last year and she wrote me this letter and I'm thinking God, when she wrote me this letter my brother was alive and her mother was alive and I just felt like loss just seemed to be looming in every corner. I cried when I said goodbye to the landlady, my landlord was acting horrible to me and I went to give her the keys and I was crying and I thought everything just felt very heightened. So even at times, different times when I'm not in transition, I'll be surprised at how immediate the loss can feel. (I ask Rachel to tell me more about the feeling) I was walking in Ben's neighborhood and I thought why can't I turn on to his street, why can't I turn on to his street and ring the bell. It feels like it just happened. I think I see him on the street still sometimes, which I think I never would have guessed would happen. I would run into one of his old roommates, this was a year ago, on the train, and that was totally weird. I kept thinking, why are you still alive, how is it that you are still in the world and I'm still in the world.

I mean even today, like telling you about the time when he came over to my apartment when I was a sophomore in college that felt especially painful . . . I guess that is where I feel the loss the keenest, when I have memories of just everyday experience, everyday, like getting together. A friend of mine, her brother lived in the apartment downstairs, and I always had this fantasy of like, I want to be part of a community and having my brother here gave me a little of that.

I watched the Olympics, this past winter, the French Canadian skating team, the Duchesnays, they are brother and sister, I love that. I just thought that was the coolest thing, and I was fascinated by it completely, gripped. Their brother died. So I was sobbing, there was something . . . I found them very compelling and it doesn't feel like I would find them any less compelling than I would have five years ago, that doesn't change, there are elements of it that don't change. Elements of missing, and feeling the lack, and even when I go home, it's like, . . . my dad recently had to have some serious surgery, and it wasn't so serious that my older brother and sister had to come home but

my other sister was around because she lives there. I was going to go see him next weekend and I was checking out whether she would be there, I wondered if we would overlap. I miss that, having Ben to be able to go together. Sometimes when I take the train back from being home, my mom will drop me off at the train station and I'll sit on the platform and miss him and feel like, he could have been there, as if his not being there is still one of two options, instead of the only option.

Then there are times in my life when I feel like I hardly miss him at all. When we are together as a family, it feels like this is how our family is now. I remember the first time that I was walking around his old neighborhood and I walked right by his apartment and didn't even notice. I don't know what that is, it's just for whatever reason I'm not missing him. I guess it's like the same as if he were alive, it's not like I always wanted to be with him.

Rachel talks about her reactions to the interview process:

It was an unusual situation to sit down and talk about it for so long. I don't do that anymore. I think it wasn't that upsetting just because it was sort of nice. But then afterward it had the effect of the sense of loss being on my mind or not feeling it and that surprised me a little. It felt like a hovering feeling, a hovering sense, than it had in a long time. I can say that part of that was the fact that I was moving in with my boyfriend, trepidation about the change, being an adult, marriage, children, I was sort of going a little crazy about it, and I felt I was on this developmental track, and I wasn't going to be able to get off, if I wanted to. So moments like that always, I don't know they just echo more with the loss for me than other moments. Changes in my life . . . I keep thinking about Ben. It wasn't bad; it wasn't sad feelings it was just like he would pop up in my mind.

I think about him graduating from college, and he had worked odd jobs for two years and he was, at the time he got sick, he'd gone back to take some classes in engineering and was thinking of applying for graduate school the next year. He had always had a strong interest in science. He seemed to be picking up that thread in his life again, and I had a lot of hope that it was going to be the thing for him, and so did my family. I often wondered what would have become of him if he had continued to live. I

think that in some ways because we were two years apart, there is a certain parallel: he went to college, I went to college, and developmentally we were sort of in the same life stage, I guess it's natural. There is this uncanny quality of him always being stuck back there no matter, I mean I'll be 80 years old and he will still be 24. It's not like, I think I wish he were here, I wish he could know, I could tell him about how I'm going to graduate school. I miss the kind of time you can spend, and I do have this to some extent with my siblings now, but your sibling, you're not with a friend, not with a lover, and to some extent it's always a stranger, but you are with someone who is family but you like them, they are not family that you put up with. That's the kind of time I miss and that missing I don't think diminishes.

When I turned 24 (age of Ben when he died) I remember thinking I'm the age my brother was when he died and I remember thinking oh my God, he was so young, that was my big thought because being 22, 23 seemed like an adult. When I was 24 I realized it's not really, at least it wasn't, didn't feel like it. When I turned older than he was I remember thinking, I'm older than he ever was and that was very strange but it's funny because even as I sit here now, I'll be 30 soon, he is still my older brother. He's always ahead of me, he still seems more grown up than me. But it made it even more horrible, to go through what he went through at his age, because people say to me he was so young, and I knew he was young, but he was older than me so there was that barrier or that connection against really feeling that he was that young.

Rachel talks about the fact that it has been eight years since Ben died:

It is strange because sometimes it feels like a long time and it feels like you are asking me about something that happened so long ago, but you know recently, sometime in the past couple of weeks, I was having this tremendous longing to be with him, to hang out with him and the intensity wasn't any different-the duration was much shorter than it would have been longer ago. I couldn't trace it to anything. It was the fact that I knew my school vacation was coming up—I was going to have free time, more time to enjoy the city and maybe the fact that classmates were talking about being with family members. There is just that certain companionship that I wanted. Those feelings don't change; it's really how long those feelings last that seems to change.

I was thinking about the mourning process and depression—there is a period of acute mourning, that feels like that is definitely over. But then I was thinking about how mourning is different from missing someone. If you asked me if my mourning was over I would say yes to the kind of consuming mourning that takes place. But there is always this pull—like you don't want to forget too much—it is complicated. There are plenty of times when I'm not thinking about him in the least. I don't feel the loss resonating anywhere and there are times where it feels very immediate. I think that is mourning. I think those moments of longing are a kind of mourning.

It is strange, I was thinking as I was coming home and I was thinking about our meeting today and how right after he died, there was this feeling of being so alive by comparison to him and this feeling of alive—of course that goes away—I mean eight years later you're just like walking around taking for granted that you are alive. But I still have that sensation sometimes, of being acutely alive. I find myself looking at my body, and thinking how is it that whatever this body is of mine has gone on being—through various things, minor illness, near misses by buses—and his body has stopped long ago. Like how is that so? There is a mystery in there.

I think there is this mentality when you lose someone, like where and how am I going to get me needs met and I think there is a flavor missing in that description of missing. You miss the individual person, it's not that you don't have other people who can meet those needs; it's just that that particular person will never—that particular combination of qualities in one person will never—you will never have it again. Resolving mourning just is not as generic as finding and having others meet and fulfill needs that were met by the person who died.

Rachel talks about why she participated:

I wouldn't have wanted to have done this two years after his death. I might have done it but in retrospect I don't think I would have wanted to. *(I ask why.)* Because it's too raw. I guess I have this fantasy like . . . it's not raw all the time now, but it's also that I want to talk about it and it's not the kind of thing . . . in some ways people don't . . . it's not that they don't want to hear about it, but they don't know what you are talking about. Like I mentioned with my boyfriend, I don't think he realizes that it still can be very

painful. I think, he thinks, that this happened a long time before I met her, I haven't known him that long, and I guess I wanted to talk about it. I was curious to know what you would ask me, because I thought that maybe you would ask me about stuff I never thought about that I'll be glad that I thought about. Rachel continues: I had some dread about today when I was thinking about it in the middle of the week, I remember thinking, I've stirred up a lot and like, okay now it's time for round two. *(Rachel laughs.)*

Although it was painful, it wasn't traumatic. It actually came at this amazingly apt time in my life where I was making this transition. It's also about, as you get older there is just a smaller pool of people who knew him. My roommate had met him, but now I'm going to be living with someone who probably doesn't really remember what he looks like even from pictures, and I still have friends from that period, so it's just nice to have the opportunity to talk to someone who is interested and also I know that, although I don't know exactly but I know that you have had a similar experience.

This sort of makes me sad, he had some friends in high school who I always really liked, and they went to college, and I would see them sometimes when I was home, he would have them over. I hadn't seen a single one of them since he died. I don't even know where they are. In retrospect this really horrible thing happened to one of his friends, this guy, M. happened not to call during this four month period when Ben was sick and he called and my brother had died and no one had called him. So he calls up. He missed the whole thing and in retrospect I thought how horrible that must have been for him. He's never talked to any of us since then. Sometimes I wish I could see them, I just think it's a thing that's hard for people to understand.

I had this sensation after the first interview, I walked out of here feeling like I had made too big a deal out of it, like did I exaggerate my feelings, it was sort of this sensation. I realize I didn't think what happened was I was talking about feelings that I don't feel all the time, and it was all compressed. I think that was part of the dream, like, I'm going to have to tell you, 'well I'm sorry but he didn't really die.' There was some self-doubt on my part but then in the ensuing two weeks I felt, no that was real, it was just out of context.

I guess participating in this is like a form of validation of the significance of the loss and you know, I had questions after the two interviews like, is this really a good idea

because now I am thinking about my brother a lot and these painful feelings—am I dredging things up unnecessarily? But it didn't last, and I found myself looking forward to this interview. My boyfriend has never been in therapy so there's this sort of a blank for him, you know, this process of psychological investigation. My previous boyfriend had lost his sister—she had died, he wasn't any great provider of empathy himself around the topic. I think it is no guarantee . . . I think maybe there is a feeling of having opened up a wound, and wanting to kind of close it or provide some salve for it or something.

Rachel talks about the timing of one of her interviews in terms of what was happening in her life: It's funny, because of the timing of it, being near the anniversary of his death. I felt that it was an opportunity to do something, I don't usually find his anniversary, the anniversary of his death as meaningful as the anniversary of his birthday. I think last year was the first year where it kind of came and went like any day. This year will be the eighth anniversary. Actually for me, a lot has to do with feeling I should be taking care of my parents in some way around the anniversary—like a couple of years ago I decided that it is my loss too and I don't really have to do anything for them.

My mother frequently makes references to this time of year. She hates this time and my parents actually have been taking more trips in January and February. When I was home this past weekend, my mom made some reference to how much work would be involved in insulating their home and my mother said, "well, you know ever since Ben died, I could easily have moved out of here." I guess the references are usually around how to avoid.

Rachel tells me a dream that she had two days before our six month follow up interview.

I dreamt that we were—I was on an airplane—reading a Newsweek magazine and my sister came up to me—I was in this living room and she said she and her girl friend came up—this plane is going to crash, I know it's going to crash—I looked out the window and I just feel like we're going to crash, we're really low to the ground. I said why are they telling me this, I forgot I was even on a plane and engrossed in this magazine and I'm not sure I want to look out of the window—so of course, I had to get up and look and lo and behold we were flying around this parking lot in this park,

surrounded by trees, and clearly we weren't at our destination. We were like going across country and we were in the Midwest or something and clearly we were much too low to be flying. It looked like we were making an emergency landing, clearly not at an airport. I was thinking, shit, this is incredible, it looks like we're crashing. I should put on my seatbelt and then we sort of came in for this sort of very graceful landing—like this jumbo jet landed in this small parking lot, no problem. It was a giant relief and we all pile out. My dad is there and my boyfriend is there ahead of me walking somewhere and then I realize that those of us who are going to this destination, whatever it is, have to switch planes, which is upsetting because I don't want to go through another take off. The whole thing seems a little haphazard, but I am very happy that we landed and a cab pulls up and this cab is going to take us to the next airport but it's really slippery and icy and the cab as it pulls up, loses control and is fishtailing and I can see that it's going to plow over the edge of the road into these woods and I'm transfixed but on the other hand, I don't want to look and I look up to see my boyfriend, who is now my brother Ben, and I say to him, "don't look, don't look, it's going to crash." Then I turn back around and look at the cab and in fact it hasn't crashed; it has recovered somehow and I am thinking isn't it funny how things don't work out the way you thought they would and then I am thinking, 'why is my brother here? He comes up to me and I haven't seen him in six years and he is wearing this coat, this very weird coat. He has this long coat on, sort of a white coat that is part of some uniform but it is a funky coat. I said I don't remember you wearing that—where did you get it? Ben said that he had it a long time. Then I realize, it is the same theme, I've been negligent and for six years he has been living with my parents and I have somehow ignored him and I had this terrible feeling of how did I let this relationship go—we used to be so close and how did I let this go!

This is like the dream I have had before. Usually it is much worse, where he has been dead but somehow not dead. In this dream he has been at my parents and I feel guilty that I haven't kept up the friendship and then when I wake up I'm always relieved that actually he's dead. I've had these dreams before where I'm in an airplane and flying somewhere and suddenly we're really low but we're not. We are much lower than we should be, I think that is just anxiety but I think . . . I think it is funny because in the dream, the part where I say to my brother not to watch the car—that it's going to crash,

reminded me somewhat of Ben's protective stance towards me. I felt when he was dying he tried to shield me a little bit from it. I really hate that particular dream—that was a more benign version of the dream, but I feel there is a piece of it I've never quite understood, because it combines sort of regret and guilt and loss—I think those moments of longing are kind of mourning.

I know what the connection is in this dream; the issue of not being in touch with Ben for six years and what is my responsibility to my brother, is connected to issues with my boyfriend and what is my responsibility if I were to breakup with him, would he fall to pieces, you know that sort of thing. I think there is that element of wanting to shield him from the some kind of trauma—also wishing he were my brother, probably. Rachel continues: Yes, or that, more like him or that somehow . . . I feel my boyfriend is . . . I mean he is alive and around so he is very available to spend time with and sort of wishing that my brother was available to spend time with.

Rachel talks about imagining the three of them together: I have tried to imagine it. An interesting thing happened over the weekend. We were at my parents house for the weekend and my older brother was home and my sisters were home too. My dad gets along with my boyfriend really well they have similar interests. My dad was talking with M jabbering away. Meanwhile my other brother, I think was probably resenting my boyfriend's rapport with my father and I had this flash of thinking, this reminds me of Ben and my other brother and my dad because Ben was always more intellectually compatible with my father and my other brother and then my dad accidentally called M (boyfriend) my brother's name. I heard him accidentally start to say his name instead.

There are just certain patterns that are so reminiscent of the older patterns. I have even slipped with both of their names and started to call my boyfriend, my brother's name and it is interesting that my father would, even though they're not really alike at all. I think that being home, the closeness between M and me is somewhat similar to the closeness of Ben and me and my other brother being sort of the third wheel, it's a familiar pattern. Rachel describes how her boyfriend and Ben are alike: they both have an interest in science. They are both a little pedantic—both interested in the arts. It is weird; M is going to be 36, my brother was 24 when he died, but I find I sort of increase his age—I

sort of update his age when I think about him, but really he was 24 years old. I wonder when M is 65 if my brother will have become 65 in my mind; but I don't know.

During the follow up interview, six months after Rachel's first set of interviews, I asked her how it has been to talk today, thoughts, or comments she wanted to share: Rachel commented that the follow up interview was much less intense than the first interviews. The place where we had originally met reminded her of her brother and she felt that contributed to a more charged atmosphere.

Rachel talks about the fact that her parents and older brother were going to come and see on the day of our follow-up interview: "I do know that my brother J and my mother were thinking of visiting me today. I was like 'oh no' I didn't want to see them after our interview, partly that is because I have seen them a lot lately. I ask Rachel why she did not want to her family at this particular time: Rachel: I don't know . . . I have noticed this incredible lack of response when I have mentioned that I have been in this study. I said something to one of my sisters and she responded like it was a terrible thing, like I was being subjected to something . . . I said something to my mom about my participating and I got no response. My brother had just called to say that they were not going to come and visit. When he called he asked me what I was doing today and I told him 'that someone is coming to my house this morning to interview me. I have been participating in a study of sibling loss' and he was like, 'uh . . . uh . . .' I mean do they think it is perverse that I would participate in this or . . . I mean, I just . . . I would think there would be some curiosity, but no. Rachel tells me that one of her sisters showed some interest in what Rachel was doing, asking her questions about the study.

Rachel continues talking about being interviewed: I feel I covered a lot. I feel it is actually so hard to describe it—just the whole process of loss and it being eight years down the road now. Sometimes it feels like another life event and sometimes it feels still very intense or sometimes it just feels unknowable, like that element of mystery. How is it that some people . . . what does it mean to be dead and how do people die . . . I wonder if it has changed my attitude toward death. (I ask how so?) We were talking in class, something came up in class about fear of death and I was thinking do I have a fear of death? I don't think so. I have never been really preoccupied with it. My mom told me about a friend of my brother's who had written a letter to her after his death. The letter

was about having known Ben and now that he has died it makes her less afraid of dying herself because he has gone before her. It makes death somehow more familiar.

I think I wonder when I am older, if I were sick, would I feel differently about it, would I have a fear. I guess fear of death is different than not wanting to die and I'm not sure what the fear is about for people. I have often thought that having this experience, it must have changed my feelings. Like if he could survive it, I could. I have read stuff where death used to be more integrated—I read something by Lewis Thomas; he was talking about medicine in the old days and when people died they died at home and then the body was there for a certain amount of time before they took the body away, so people sort of lived with death and the experience of death and I think I have had a little bit of that.

I ask Rachel her thoughts about knowing that we share this experience: It makes a big difference—I wonder if I was less explicit because of that, but I think that is not the case; I think it is probably more enhancing because I know that you basically have the gist of it and then I can elaborate. With some people you feel like there is no way that they can get the gist of it because it is so outside their experience. I do sort of feel I have developed this test of people, like how do they respond when I tell them in conversation. I feel it is a little unfair on my part.

I had met someone recently who had been an AIDS reporter for a long time. I said something about my brother; I mentioned that my brother had died and how old we were and he said that's terrible, that must have been really hard for you. I remember thinking later, it wasn't that an original comment on his part but I felt that it was a good response. People who draw a blank or if I say my brother died, if they don't ask me about how or why, I feel that is a bad response.

Even with classmates, there is a woman I have really grown not to like; I was thinking what is it about her that I don't like and in thinking about all the things I don't like about her I thought about how she is the youngest of five too, we'd been talking about that and then she told me she was an HIV counselor before she started graduate school and I said something about my brother and she just didn't register or acknowledge it and she never mentioned it again. Not that I expected her to explore it but there was no acknowledgment of it.

Another friend of mine who has had no experience of loss, was really responsive and imagined what that would have been like for her and told me about a friend of hers and then I feel this is one more thing she knows about me, part of the picture of me and there is a different comfort level for the person. Someone recently asked me about how many siblings I have and I said there are five kids in our family; two brothers, two sisters. I'm not going to bother mentioning that one of my brothers died eight years ago because it wasn't that kind of conversation. *(I ask Rachel why she doesn't say she has one brother.)* I can't say that really—because it doesn't feel true at all.

I ask Rachel what she makes of the test she has for people: I probably do it in general, a general approach. Maybe it's just one of those facts about myself; on the one hand you want to acknowledge the impact in your life but you don't want to use it as some kind of badge of courage. I was talking to a woman in my class and she told me her dad died when she was a kid and she was talking about her brother going through a crisis around graduating from college regarding this loss and someone saying to him that it had been a long time, implying why are you having these feelings now. The time variable is weird, it does get better in a lot of ways, but it certainly doesn't go away.

I met adults when Ben died that said 'oh my father died last year' or this or that and I would really minimize that in my mind. Now that I am thirty and my parents are getting older, I think about my parents dying and then I'm picturing that I probably have at least till I'm forty. I realize that I really minimize others experiences despite my own experience; it is so easy to minimize another person's loss. Now as I am getting older I can see—I think a lot about my parents dying and I wonder what that is going to be like. Just because we are older it doesn't make it less of a loss.

At the end of our interview I ask Rachel if she has a picture of Ben. She is delighted to get the pictures of Ben and we looked at them together. Rachel showed me a picture of him taken on the beach. The picture reveals his face and his upper torso. He does not have a shirt on, his face is young, attractive and healthy. I share with Rachel that it is a beautiful photograph. She tells me that she had thought about showing pictures to me and feeling glad to have the opportunity to have someone to show these pictures to. Rachel states that showing the pictures to me has in some way made this experience more real. She laughs slightly and says, "just when you think it couldn't get any more real."

I ask Rachel how she feels about having pictures that reveal his body: I have a series of pictures I took once when we were at the beach that I had reprinted after he died. He was really toned up from weight lifting and it is summer so he is in his bathing suit and I stared at them—like how could this be, it is just such a physical presence in the pictures.

Portrait of Sara

Sara was 25 when her 18 year old brother Josh was killed in a car accident on his way to a rock concert. At the time of his death Sara had been traveling in Europe, having finished college. She was taking time off to travel before getting a job. Josh was a freshman in college. Sara is the oldest of three children. Between Sara and Josh is Sam, who was 21 when Josh was killed. Sam was in his senior year of college.

Sara, Sam and Josh grew up with two parents, both of whom worked outside the home. Sara's mother worked full time as a social worker, and her father was the owner of a small business. Sara described being very close with her parents and her brothers at the time of Josh's death. Sara is now 35, married, and has a 13 month old son named, Jacob.

Circumstances of the death

Josh was killed in the fall of 1983. I was in Europe when it happened. My mother, at around the same time, had wanted to travel in Europe by herself. There was friction between my father and her and she felt like she needed to be by herself for while. She had married when she was very young, so apparently, my taking this trip by myself sort of served as something of a catalyst for her.

We had seen each other in Paris for a week and then we split up. The plan was to meet back in Paris, when my father joined my mother. I was planning on going home in early November. My mother had given me the name of the hotel where . . . *(Sara sighs heavily)* she was staying and my father was going to come and meet her, and they were going to spend a couple of weeks together. I went to Greece. I had been traveling in

Crete, and the day that I was planning on leaving, I had just gone into one of the cities and was going to do more traveling and called the hotel in Paris where they were supposed to be to tell them that I was not going to meet them and that they should do what they wanted to do.

I was going to go on to London which was where I was going to fly home from and I called there and got somebody at the hotel, and they said your parents aren't here but there is a message for you that you should call the embassy or call your cousin. I tried calling the embassy in Paris and got a recording that it wasn't a working number and then I called my cousin. All kinds of things were flashing through my mind.

I thought that something had happened to my mother, while she was traveling, or that something had happened to my grandmother. I guess those were my two main concerns. My grandmother was 80 at the time and in good health except that a few years before she had a heart attack . . . I called my cousins', I was alone, and I was told to call home. It was my cousin's wife and she didn't tell me anything other than I should call home. I asked her if someone was there, and she said "yes, they are there. They really want to hear from you." I was calling from this post office, I reached my father and then I think he called me back and asked if there was anybody with me and told me to sit down and didn't get any further than a . . . I don't even know if he said anything more than "Joshua." I guess he said that Josh was in a terrible accident, and I don't think he got farther than that. I guess I knew that if he were alive he would have said Josh has been in a terrible accident *but,* (heavy sigh) and I just felt completely numb. Then we tried to arrange how I would get home.

I know I spent a good part of the day trying to figure out how I was going to get to Athens. I spent part of the time figuring out how I would get to Athens and found out I couldn't get on a flight, and so I had to take this boat which left at night, in the evening, it was overnight, it was 12 hours. I spent the rest of that day wandering around, feeling a sense of absolute unreality. I mean here I was, still traveling, nothing objectively had changed for me. I remember walking out on this pier, along the shore, sitting there. I remember that I bought this little leather belt. I remember just mostly feeling like . . . like there was no correlation between a what was supposedly real and what was happening.

I guess my parents had called a couple of times and they arranged a flight for me. I got back to Athens, I remember taking the boat and there were all these people, and I didn't tell anybody that whole day and I had this whole boat ride and I didn't mention it to anyone. It didn't feel real to me. I thought that these people don't know me, how can I just tell them what happened to me.

When I got back to Athens, it was morning, and I had left my stuff at this hotel, where I had stayed. I first went to the American Express office, because I had talked to Josh at some point in my trip or written him and he said that he'd been meaning to write me a letter, so I went to see if there was a letter there, and when I got there two things happened; first, there was no letter but there was a cable or wire saying call home but even before that . . . It was early in the morning it was 8:00 when I got there the office wasn't open yet and there were some tables set up outside at this cafe, that was on the ground floor of this building.

Previously, when I had been on Crete I had met this family of Americans, this man and his wife and their two young girls. I had spent some time with them, had dinner with them. When I got to the American Express office that morning he was sitting at one of the tables outside the cafe. We said hello, and he asked me how I was, and I said I was terrible; I told him what had happened. He was the first person that I had told.

He was kind of a bearish guy and he just grabbed me and hugged me. It was amazing to me, I just felt like here was this guide and someone had just placed him there to sort of help me along in this. Then I went to the hotel where I had left my stuff and walked in and there were a lot of English speaking people there. They all told me to call the American embassy. My parents had placed an announcement in the Herald Tribune, they had really done this all out search for me to call home.

Going Home.

My parents and Sam met me at the airport. I don't think I really believed it until that moment that Josh had actually died. I somehow expected that they would meet me and it would be all smiles and it would be a horrible joke and we would all wake up soon. It wasn't until I got home that I learned about the details of the car accident. Josh had been with his friends and had gone to a rock concert and they were taking turns driving, it

was late at night and they had traveled some distance to go to the concert. He had done his stint at the wheel and he was in the passenger seat, all of them asleep, he was asleep and the person who was driving was asleep and they went off the road and hit a truck that was parked on the shoulder and none of the other kids were injured.

There was major brain damage and he'd lost a huge amount of blood and um . . . (sigh) and they rushed him to the hospital. I think he was in the hospital for two days before he died. It was a full week from the time of the accident to contacting me in Europe. My mother had flown home immediately and he died while she was in flight. But I guess it was two days that he held on . . . My father or my brother had been doing this constant vigil and at some point decided to go out and get something to eat and he died when that happened. He just died. He was on a respirator and he wasn't living on (sigh) his own . . .

Funeral Arrangements

First, they all waited, I'm Jewish and traditionally you have a funeral within 24 hours, they waited till I came back from Europe. I went to see his body at the funeral home. (Sara speaks with hesitation). I guess that was the night before the funeral. My parents presented it as an option and kind of talked about how it had been for them to see him. They may have told me that it was helpful for them, but I don't know if I'm just remembering that through my own experience. I guess they did in some way.

My grandmother, who was the only grandparent I knew growing up and had lived with us for a number of years, was there at the time and she had clearly said that she didn't want to. I went . . . somehow I don't remember my father being there when I went I just remember my mother and Sam being there but I'm not sure. I remember being terrified, feeling a little weak. (sigh) I felt a little bit of distance from myself. I'd never seen anyone dead before, and I actually don't think I've seen another dead person since then either. I had never seen anyone dead before, well he was actually the first person really close to me who had died. I hadn't been to any open casket funerals. (Sara sighs heavily) I remember my mother saying that this was one of the hardest things I would ever do in my life, if you can do this, you can do . . . But it was actually, it was very

strange but it was also very, very helpful. It helped really concretize it and it was very real, I could see, and I also really felt that it wasn't Josh anymore.

He had some weird kind of make-up over his mouth, he had some bandage on his head, (pause) but I didn't feel like I was in his presence. I felt like his body was there and it was very bizarre, it was so . . . lifeless but I didn't feel like he was in there somewhere. I'm really not a great believer in God but that there is something, a spirit that is separate from a person's body and Josh's spirit just wasn't there. I mean maybe it was extinguished or whatever but it didn't feel like him, it just felt like, I knew he was real, that he had been real in my life, and that he was going to continue . . . I mean I still sensed him in all kinds of ways, and this was not all of him. Time gets so distorted in those kinds of moments. I don't remember crying then, and I don't think I did at that time. I'm not sure. I remember my mother touching this place on his chest, and touching his arm or something. I don't think I touched him. I did so much crying, I think I cried when I was on the phone with my father, it was also like this, no, no, what are you talking about, kind of disbelief. I don't think I cried again, I think I did cry when I ran into that guy in Athens.

The rabbi came over to the house that night and talked about what to expect and what was going to happen, and what we were going to do at the service. We had to make a choice about who wanted to speak. I guess, . . . both my parents and Sam spoke at the funeral. Somewhere in there I know that I started crying, it's funny I really don't remember that particularly very well. I think I felt so shell shocked first of all, I mean I don't know if I had more time, if I might have thought about speaking I was just, I was jet lagged, I was just kind of assimilating I felt like I couldn't possibly, I didn't have any words and I couldn't possibly do something external like that. I was still trying to feel whatever I was feeling at that moment.

The funeral was big, a lot of people came. The chapel was full. Some friends of mine came who I hadn't seen in a long time. It's hard to remember all the details. I remember feeling like I would never, all of it would never stop feeling this sharp. It really has gotten somewhat faded. (heavy sigh) I think we did something that was kind of amazing. The four of us really were supporting each other, as though, I mean literally, kind of leaning against each other, holding each other up. What seemed difficult later on,

for me anyway was . . . was feeling like we didn't all feel the same way, we didn't all feel the same thing, it wasn't the same for all of us. However, I think we did have this real ability to pull together in this crisis and hug each other a lot and hold each other.

Sara discusses her feelings of closeness to her brothers:

I guess I was closer to Sam; Josh was just 18. He had a harder time of it in some ways than either Sam or I had in different ways. Josh had smoked a lot of pot in high school; he had these constant arguments with my parents. I think his relationship was more complicated with them. He was just starting to come into his own. He was a very, very sweet person, not a malicious person at all, very loving, very sweet. It's kind of a inadequate word, but he was very affectionate, a very gentle person.

He and Sam had a very rough time of it, where they had really (heavy sigh), knocked heads a lot. Sam was really impatient with him, and was bigger than him. Josh was smaller and slighter, and I think they were also just starting to find that they had common ground, feeling the promise of that. I guess I was closer in some ways to Sam. It's funny, there is nine years between my husband's older sisters who are twins and him and one of them always talks about how he was her first baby, which is infuriating for him but there was a certain kind of parental feeling I had for Josh. It was a different kind of relationship for me with Josh in that there was enough of a gap that I really did diaper him, I was seven years old when he was born. I babysat for him, there was a certain kind of maternal feeling that I had toward him. We were just getting to the point where he could sort of talk about stuff with me and we shared things.

Sara talks about what Josh was doing before he died:

I was away that summer starting in July, I think I saw him briefly, but then I went off. I think I saw him at the very end of July. He had worked in my father's business that summer and apparently had just felt great, he was doing a lot of physical labor, he was kind of strong, and tan, and just in general feeling more confident. Then he went off to school and was doing OK. My father last saw him at a cousin's barmitzvah, sometime in late September or early October.

Josh and Sam had talked about going rock climbing together, or they had gone rock climbing together or something, so they were kind of doing OK together and he was doing OK in this new environment at school. I think actually in terms of his relationships with people and people's relationships with him and the family there was much more a sense of peace and resolve than there had been in quite a while.

Sara returns to talking about the funeral:

The funeral was very crowded, lots of people and um . . . I guess they spoke, and I just remember being at the cemetery and a . . . I guess we had started by throwing a shovel full, of dirt on to the grave, and someone, I don't know who, my mother or Sam decided we were going to fill this grave up ourselves and we did. I would say that Sam, and my mother, I remember, nearly knocked over her 80 year old Uncle, she elbowed him out of the way, he had the shovel for too long, it was her turn, Sam just went into this kind of fury, I remember him taking off his shoes and socks, and this was November, and just furiously shoveling dirt.

I think we also did something where my father had brought roses and we each dropped them into the grave. Then we started the whole process of sitting Shiva and there were just people around all the time for days and days and baskets of fruit ad nauseam. One of the things I kind of think we did right is that we just always talked about him and I think a lot of families really can't deal with the mention of the person's name. It felt important to realize that he was part of our lives and that talking about him was a way of sort of keeping him alive for us. Today it really doesn't feel charged to talk about him, and I feel kind of lucky about that. We joke about him or talk about some funny story or painful time or whatever, it feels pretty easy that way.

Sara talks about how she felt after Josh's death:

I had been in the middle of making a transition. I had no structure in my life when this happened. I had no place that I was living; I wasn't working. I was done with college. Sam ended up taking the rest of the semester off. I ended up just staying at my parents house. I remember having this conversation with my mother asking her if it meant that I loved Josh any less because I didn't feel like my life was shattered. I was partially asking

because I think I just needed to say it, but I guess I knew in some way that it was true, but I was conflicted about it. When I look back on it I wouldn't say that my life was shattered, but I sure as hell was paralyzed for a long time. I feel like I basically got stalled. I came home and was derailed. I just hung out (heavy sigh); I became somewhat reclusive. It took me a while before I could start to look for work and look for a place to live.

Sam was also home for part of that time. We spent a lot of time hanging out together. We did a little bit of traveling, I went to New Hampshire, and saw some friends. I went with him on a field trip that had something to do with his senior thesis that he was trying to finish up. I finally moved in March and I moved in with a friend and started a job in April. I worked in an arts organization, I was their program coordinator.

Sara talks about her participation in a grieving workshop six months after Josh was killed:

My parents had done a workshop with E. Kubler-Ross, really early on, I mean when I think about it, it must have been the end of February. They really recommended that I do it and that Sam do it. I did it in April. It was in New Hampshire. They wanted us to do it. I think they felt that it had really helped them, and they are much more workshop attendees than I am. I am much more skeptical. I just did it though. At that point it had been about six months since he had died. (heavy sigh)

The workshop was very good. It was very intense. It was for five days. It was very much experiential. Sam never did it. Dr. Ross has an amazing presence. Some of it was didactic; she talked about her understanding of the stages of dying and death and how people react to it but really what it was, was an experiential workshop that was for people who were dying, friends or family members of people who were dying, or who had died and who were grieving, professionals who worked with the dying.

The whole premise was that you needed to work out your unfinished business with the person who had died. It was really about letting go, getting in touch with what you were feeling, and then expressing it. A lot of it was based on literally taking rubber hoses and hitting them against mattresses and phone books and stuff to just get out of your head and let your emotions run their full course. You watch people doing this one at a time.

Even though there were moments when I felt very voyeuristic and very strange, it was a very supportive atmosphere. It felt very safe and really the purpose of watching other people besides kind of lending your support, is that it helped you diagnosis yourself.

Her main idea is that if you feel an emotion for more than 15 seconds, that means you have unfinished business. If you are angry and you use that anger as a catalyst for change or you express it, you let it go and it dissipates. If there is something there you hold on to you haven't worked it out and so if in watching someone else you start to feel something, empathy, or if they are crying, or you start crying, it's a real sign that something is going on for you and so it brings people closer to their own feelings.

I didn't do my own work until pretty late in the workshop because I was shy about it and self conscious. I felt like there were other people who had much more horrific stories and things to work out and somehow they deserved to do that more. I did whatever I did at the time and it was helpful; it was definitely helpful, and I spent the whole next day walking around with a lump in my throat and feeling like I needed to do so much more and didn't really have the opportunity. There was one woman there who I really liked whose brother had died nine years before and she really identified with me and I thought God, nine years and she's still . . . and it's still alive for her, and it's such a long time. This past October was nine years that Josh died. And I realized it's not as close to the surface, it's not as wrenching, the pain is not as searing as was. But a lot of it is still certainly there.

I had been scared about doing the workshop. I was scared but I also felt that anything that was actually going to help me, I was willing to do at that point. The idea of therapy didn't appeal to me. I didn't feel like what I needed to do was to sit and talk about it. I just felt like what I was feeling had nothing to do, with sitting around and talking about it. What I was feeling was inexpressible. It was like a pressure on my chest. I felt like I just needed to go through what I was going through. I didn't need to get to some deep inner core through therapy. I felt like I was feeling my core all the time. I just didn't feel like I wanted to sit and turn it into words in that way.

Sam and I had been very close and I remember around June spending time with him and feeling like he was not very receptive to talking about the experience I had at the grieving workshop. I felt like I had to be careful talking about it. He was very skeptical. I

remember that we went out to dinner and got into a huge fight over it. He asked me at the time if made me feel better, and I told him that it had helped me. He told me then that he wasn't sure if he wanted to feel better.

I think Sam held on to that feeling for a long time. I think he probably still wrestles with that feeling. I believe he felt like he had to think about Josh every single day, and that if he didn't or if Sam went on with his life that he was betraying Josh. I think that Sam is more encumbered about Josh's death, but he has gone on to live his life. He is married and he is finishing medical school. I think one of the reasons he is more encumbered is that his relationship with Josh was much more complicated than mine was and I think some of the differences are due to just the difference in our personalities. Sam and Josh were closer in age, they fought a lot. I think Sam feels a lot of guilt about what his relationship was like when Josh was alive. I think his guilt is about more than just surviving Josh. They were becoming friends, but they weren't really there yet.

I think Sam's feelings about Josh's death come back for him in a very immediate way. I think there are still a lot of things that Sam is afraid to feel about Josh. Recently my grandmother's sister, who had just turned 90, died. Sam had been on call, and drove to the service and the burial. When we got to the cemetery, and started to add dirt to the grave, he just started sobbing, shaking uncontrollably. We were very near to where Josh is buried, as it was in the same cemetery. Being in the cemetery brought it all back for Sam.

Sara talks about the anger she felt after Josh's death.

I had this recollection of how, the night of the funeral, or the day of the funeral, I remember sitting Shiva and the house was full of people, and the Rabbi came over to my parents house and I think I had been sitting on the stairs. He had come to say the Kaddish which is the prayer they say, and I remember just walking out of the room because I was so angry. The whole prayer is this ancient Aramaic prayer, saying how much you praise God, extolling God's greatness and I just thought this is a bunch of crap. I personally have never been a big believer in God, and I thought who is this God anyway who does something like this. Talking or responding to God's greatness didn't seem the way we should respond to this loss.

I think in some way the friends that were the closest to me had the hardest time after Josh died. I felt like they felt so inadequate about how to deal with me. I was either being treated with kid gloves or people didn't know how to connect with me, and I felt as if I was taking care of the people around me who were trying to take care of me. I wanted to have people meet me where I was in that moment. It maybe kind of unrealistic but that's what I wanted and I wanted people to be normal with me and not look at me like I was in agonizing pain all the time. I felt like I was able to laugh through whatever else I was feeling.

I think it was easier for people to deal with me being sad, hurting deeply, depressed, rather than being angry. I think about how my parents and Sam and I reacted in anger in different ways at different times. I can remember my mother being angry, and I remember there being this hole in our kitchen wall at my parents' house and either my father or Sam put it there and I am pretty sure that it was from the time after Josh was killed. Either my father or Sam smashed his fist through the wall.

I think Sam was just generally angry. I think in our family it hasn't really been acceptable for me to be angry. It is perceived as though I am intolerant or rejecting. It is incredibly hard for my parents if I express anger with them, and I went through a difficult time with both of them about the expression of my anger after Josh was killed. I think anger is a really important part of what happened in my family and something that as years have passed I haven't really focused on a lot. I know that at a certain point I felt like we had really pulled together a lot right after Josh died. We had supported each other, we were like an organism, one would move this way and the others would come and shore it up, it was an amazing experience for a period of time. The period lasted maybe three months. We had taken a trip together in December and by then it was starting to shift for me in that we weren't all in the same place. There were differences in the way we felt, the way we were responding, where we needed to go and how we needed to live. Throughout all of this and I started to feel that somehow in this closed system what I was feeling wasn't acceptable. It wasn't acceptable to say "I don't need you in the same way" or "you can't do it for me" or "your not feeling the same things I am." I had been very close with my parents and I felt like my trip to Europe and my decision to

move were attempts at a certain kind of independence from them, and gaining a sense of my own power, and Josh's death and moving back home had set me back.

I remember when they took me to college, the first day, them leaving me there, and my thinking, hey, where are you going. It was sort of a panicked feeling. When I went back home after Josh's death I started to feel like what they really wanted was to pull me back in, because I had been at home and we had needed each other so much. I don't think this was conscious to them, but they wanted me to be there as their girl, their daughter, their little girl at home. I needed to pull away, and I think in some way I needed to do it with some force and not be sucked back in.

It was a paradox that I started to feel very distant at the same time I felt close to my parents. We had gone through this incredible thing together, suffered this amazing loss together and somehow after a period of time I was starting to feel really isolated, like nobody could really bridge this isolation and my family couldn't either. They thought they could still talk as a "we", and I was feeling less and less like there was a "we."

Sara talks about her transition to getting married and having a child:

I had known my husband, Noah, before we dated. We had mutual friends and had been at parties together. It was a little over two years after Josh died that we got married. I know that Noah feels pretty close to my parents, and that he really loves them, but I think there were also times when he felt distressed by how they acted towards him before we got married. My parents would say things like, "our son", "our new son", referring to Noah and he felt like he was not their son. They had one living son and they had had another son. Noah felt like they were looking to him to replace Josh.

I felt with Noah a remarkable sense of safety and acceptance and freedom. It was amazing to me and still is. I think I was in general though, pretty guarded and it took a long time to trust people and it still does. I don't remember the first time that I told him about Josh but it must have been early on. At that point it was still very recent. I do know that when I told him it didn't feel like it jolted him or created any distance between us, which I still feel is very amazing.

I remember being at the cemetery shortly after my great aunt had died, with her plot very near to where Josh is buried. I wanted Noah to see his grave and before we got

married we went there and we were talking and I felt like saying, to Josh that there is this man who I feel deeply for and if only you were here instead of this stupid rock—you could be standing here and meeting each other face to face and you would really like each other. It is still very strange to me that Noah doesn't know Josh, even though he knows a lot about him, he never knew my family with Josh there.

What I had wanted from my friends after Josh died, the feeling that whatever I was feeling would be okay with them, that's what I felt with Noah about everything in my life, when we got together, which felt like such an amazing gift. If anything, he still encourages me to feel, where I might wish to turn away or deny or suppress what is going on. He really encourages me to be expressive and to feel it and not to hide from it and he still helps me in that way a lot.

Sara talks about how Josh was in her thoughts when she was pregnant:

Josh was in my thoughts a lot when I was pregnant. I felt like he was going to be an uncle and how much I would have loved for Josh to know my son. It was never a question for me that we would name a child after Josh. Josh was present in my thoughts because of the whole naming process. During my pregnancy my parents told me they went out to the cemetery and it was a day they couldn't get in. Where he is buried is kind of near the edge of the cemetery, close to this fence along the side of the road. They pulled the car over to the edge and looked over and talked to him about having a nephew named after him.

The other thing that happened when Jacob was born was that there were some serious complications with his birth. We didn't really know what was going on with him. His systems were kind of depressed and then they brought him into me for less than a minute—he was swathed in all these blanket and then took him to ICU-neonatal where he spent five days. I think it was very much precautionary. They were doing all these tests to make sure that he didn't have an infection. I was discharged 2 days before he was discharged and then we spent all the days, 12 hours or more in the ICU Neonatal unit.

I spent all that day imagining all sorts of horrors and the medical staff was being very guarded in what they were saying. I was really afraid that he was going to die. Somehow before Josh died, I felt I had been blessed but since that time . . . well I felt

something was bound to go wrong. I remember saying something to Noah about Jacob's name and having the feeling that he was going to die because he and Josh were linked by name.

We had another frightening time when Jacob was 11 months old. He had very abnormal blood tests, where they had to be repeated several times, the doctors were very concerned, and we thought he either had very serious lead poisoning or that he had leukemia. It turned out that he was fine and did not have anything serious but we were so afraid of losing him. I thought how everything just felt so very fragile. There is the feeling of a loss of innocence. Noah will go out and walk the dog and take a long time, and I will worry that something has happened to him. Or if he is going to be driving for long time I remind him not to push too hard, if he is sleepy, to pull off the road. I learned when Jacob was born and when he had the abnormal blood tests, it sort of plunged Noah and I into being parents. I felt that through those times that I had begun to understand something about the difference between losing a child of your own and losing a sibling. It is different. I'm not diminishing my feelings about losing Josh, but it is different as a parent.

Early Memories of Josh:

I have a memory of taking care of him and diapering him. Life is full of so many moments. The most difficult memory or the hardest is easy to answer. Josh went through a time where he did a lot of lying and petty stealing, smoked a lot of marijuana. It was frustrating and hard for my parents. By contrast I basically didn't make waves, I was the good girl, my brothers hated the fact that I had never broken any ground for them. Sam went through probably a kind of standard rough time. For a few years he was very sullen and also smoking a lot of pot and being argumentative, but then kind of worked himself out of it.

I was home but not living at home, I think I was out of college, so maybe Josh was 15 or 16 and he had taken some money from my father. They had a huge fight and my father accused him of stealing, and I guess Josh admitted that he had stolen the money. He was crying and I remember him walking, he had been in the shower when the fight started. He had a towel wrapped around him and somehow—instead of having it wrapped

around his waist he had it over his shoulders, like a blanket and it hurt me so much that he was crying, obviously ashamed and humiliated and I didn't know what to do, it was horrible. I felt like he was really hurting and it was part of this complicated family dynamic and it was just terrible.

I think, going back to his relationship with Sam, Sam had no patience with Josh and the lying and stealing. He didn't understand it. He thought it was a stupid thing to do. He had a certain disdain for Josh. I think that was changing but it was there for a long time. To some extent I think what Josh went through was in the realm of normalcy. Sam and I spent a weekend together recently and we were talking about some of these feelings in our family.

I felt that there wasn't really room to disagree or to rebel in some way. Sam, for all of his kind of more vocal rebellion at age 14 or so, now feels like he somehow can't disagree with my parents, doesn't want to fight. Somehow there's got to be this harmony or everything is not okay, which I feel as well. Certainly since Noah and I got married I have made major strides in being able to say my needs are different from yours. I am different from you. I think for Josh, he felt very insecure. I think he felt like he couldn't live up to their expectations, couldn't live up to what Sam and I had been, academically.

The best time, my favorite time, I told Noah the other day, I don't really remember how old he was maybe six or eight. I took him to the Children's Museum and we were looking at Picasso's Guernica, because I had taken improvisational drama classes and dance. I was talking to Josh about what it made me feel. It was just a nice memory that recently came to me.

Sara talks about mourning and missing Josh:

I think there are times when I feel Josh's absence in a very pronounced way. There are just times when it hits and sometimes out of nowhere. I just miss him and I think, why isn't he here—its so stupid that he is not here and he would be old now—he would be in his late twenties. He somehow would have weathered all the stuff with our parents, he would have weathered college and gone through whatever he needed to go through. I want to just know him now, and it just seems really unfair, and I miss him and there are times when I just feel that with a . . . I guess that's mourning.

When Noah and I got married, we had a chuppah and had poles that people held and we actually set it up so that we had two poles on one of the corners and Sam held both of those poles so it was like there was one there for Josh to hold. The rabbi alluded to it during the ceremony; the people closest to us knew it was about Josh.

Although the five other surviving siblings will only have their stories told in part, they too conveyed deeply moving accounts of how their sibling died and how their life took shape after such a tragic event. I include here a brief description of each of those women, family composition and how their sibling met an untimely death.

Descriptions of Other Subjects

Maggie

Maggie was 29 when her brother Sean, age 19, was brutally murdered along with one of his roommates, one escaped and the other survived but is now severely brain damaged. A psychotic man had escaped from prison, and broke into Sean's apartment while he and his roommates were out. This man was waiting for them when they returned. Sean was strangled to death. There were eventually court proceedings and a lawsuit but Maggie's family chose not to be involved in the legal proceedings. At the time of Sean's death Maggie was working full time in the mental health advocacy field and had planned to start graduate school which was postponed indefinitely after Sean's murder.

Maggie is the oldest of four children. She has a sister Bridgett, who is just 18 months younger than her. Maggie's brother John, is four years younger than her and then there was Sean. Maggie and her siblings grew up with two parents, her father was an academic and an administrator, and Maggie's mother was a full time housewife. Maggie was the only one of her sibling's that pursued graduate school. Maggie describes being

close to her siblings now and when Sean was killed. At the time of his death they all lived close by and spent a lot of time together. Five years after Sean's death Maggie met a man, fell in love and married. Maggie and her husband do not have any children. Maggie is now 49 years old.

Rosa

Rosa had just turned 29 when her older sister, Lena was murdered. Lena had befriended a young man who did odd jobs for her and her husband. Lena and her husband had met this young man in a resort town where they went on fishing and sailing trips on the weekend. The young man was destitute and in need of kindness Lena thought at the time. Lena's family became concerned about Lena helping this man out; their fear was that he was mentally unstable. It turned out to be the case. He became obsessed with Lena and stabbed her to death in her apartment about six months after their meeting. He was eventually apprehended and spent many years in jail for the murder.

Lena was two years older than Rosa, she was 31 at the time of her death. Lena was the second born of four girls and Rosa was third. As a child, Rosa lived with her two parents, her sisters and other extended family members in a South American country. Both parents were educated, professionals who worked in the field of medicine. When Rosa's parents married, her mother ended her professional career to stay home and begin having children. Rosa and her sisters were all born fairly close together, separated by no more than two years. Rosa grew up in an affluent home. Rosa's parents emphasized the importance of education and the development of language. Rosa was able to speak several languages by her mid adolescence. She and her sisters attended college and all have professional careers.

Rosa's mother is now 81 and still lives in the house where Rosa was raised. At the time of Lena's death, Rosa had been living in the United States and was working and attending classes in graphic design. She had been planning to return home for a visit and vacation when Lena was killed. Rosa is the only one of her sisters who came to live in the US and became a US citizen. Presently, Rosa's younger sister lives with their mother, and the oldest sister lives in Europe. Rosa is 49, married, she does not have children and she works full time as a psychologist.

Suzanna

Suzanna was 31 when her brother Aaron was murdered. Aaron was 27 at the time of his death. Aaron was supposed to have met a friend for dinner and never showed up. Eventually the friend became concerned and called Suzanna. After 24 hours a missing person's report was filed. It took the police four days to find Aaron's body, which had been badly beaten; he was strangled to death with a piece of rope. Aaron had been mugged by three adolescent boys, he was bound and gagged and thrown into the back of his car. They robbed Aaron's apartment and then drove around with him in the car and eventually killed him. They abandoned the car and his body in a parking lot. There was a lengthy trial and all three young men were convicted and are serving a minimum of forty years in prison. Suzanna and her family were very involved in the police investigation and in the court proceedings.

Suzanna is the oldest of four children; she had one brother and has two younger sisters, Beth and Ann. Suzanna and her siblings were raised in a Jewish, middle class home in the Midwest. Both parents held professional degrees and worked outside the home. Suzanna describes her parents' marriage as long and "very solid." Suzanna and her

siblings all went to college and to graduate school. She described her relationship with Aaron as very close. They had shared an apartment together for several months during the time that Aaron was in graduate school. During the winter holiday just before Aaron was killed they had visited with one another and spent time with a group of their mutual friends. Suzanna stated that she and Aaron had grown much closer as they had each moved into early adulthood and into their own professional interests. Aaron was working in the fields of law and finance and Suzanna had been working as an art therapist but was in graduate school for a doctorate at the time of Aaron's death. It took Suzanna some time to finish her doctorate. Ten years after Aaron's death, Suzanna married and had a child.

Jenny

Jenny was 31 when her younger brother Mark, age 26, shot himself in the head in his bedroom, of his parents' house at seven o'clock in the morning. Jenny's parents were awake and getting ready to start their day when they heard the gunshot. Jenny was two hours away by plane from the small Midwestern town where her parents and brother lived. Mark was rushed to the hospital and was put on life support in order to save some of his organs for organ donation. Jenny arrived in the afternoon and was able to see mark before he died. Jenny stated that Mark had been depressed and she and her other siblings suspected that Mark might have had a problem with Cocaine abuse. Jenny, Bruce and Cecile attempted to get Mark help and had convinced him to enter psychotherapy. He was in treatment at the time of his death. Jenny's older sister was living near their parents and her other younger brother was traveling in Europe at the time of Mark's death. It took several days to reach him and tell him of Mark's suicide.

Jenny is the second of four; Cecile, Jenny, Bruce and then Mark. Jenny felt closest to her brother Mark and felt that Bruce and Cecile were more aligned with one another. Jenny grew up in the Midwest, her father was a business executive and her mother stayed home full time. All the siblings went to college. Jenny pursued graduate studies. At the time of Mark's death Jenny held a very prestigious job in her field. Five years after Mark's death Jenny's mother died of cancer. Since Mark's death Jenny made a radical career change giving up a high-powered, prestigious position, to become a minister. She is a lesbian and has lived with her partner for the past ten years.

Deborah

Deborah was 18 when her 21 year old brother, Howard, suffocated himself by tying a plastic bag over his head. He killed himself in his bedroom of his parents' home. Deborah's mother found him early the next morning, dressed all in black, lying on his bed. Deborah happened not to be at home at the time of the discovery as she had stayed out over night with her friends. Howard had made previous suicide attempts and had at least two psychiatric hospitalizations. Deborah described him as mentally ill and stated that he was sometimes violent at home. At the time of Howard's death, Deborah was in the middle of her first year at college. Deborah described times during high school when she felt close to Howard but she also felt their relationship was a difficult one due to Howard's psychological instability. In retrospect Deborah felt her parents were very protective of her when it came to knowing about the seriousness of Howard's troubles.

Deborah is the third of three children. She primarily grew up with her mother, her step-father and her brother Howard. Deborah has an older brother who is institutionalized and had very limited contact with him growing up. She also has a half-brother. Deborah

had no contact with her biological father as he abandoned the family when she was an infant. Her mother worked full time as a teacher and her step-father is a pediatrician. Between the ages of 10-15 both Deborah and Howard attended the same boarding school. During Deborah's participation in this project she married a man she had met three years prior, and shortly after her follow up interview, she and her husband relocated to the town where the boarding school is that Deborah and Howard attended as children. She is 27 years old and now works there as a special education teacher.

Presentation of Salient Themes

The death of a sibling in early adulthood leaves the surviving sibling with a complicated experience to sort out, organize, and come to understand. The surviving sibling will have to face sadness, anguish, anger, resentment, guilt, longing, and acceptance at how their life is irrevocably changed by this loss. There are many ways to describe what the experience of losing a sibling feels like. It feels differently at one year after the death than it does at ten years after the death. However, the pain and significance of the loss are evident many years later, it recedes but does not go away, and for some the sadness is always close at hand, a constant, a steady presence in the surviving sibling's life.

The Subjective Experience of Losing a Sibling

In Rachel's story of losing her brother to AIDS, she describes so poignantly what it feels like to her to have lost Ben:

> "I remember my biggest feeling was . . . like it's hard to describe . . . like this is my brother and I've grown up with him and then we end up in the same city and it was like, I felt so close to home, I mean, I guess more than I imagined it would with another sibling or my parents . . . like he was so much a part of my world in an ongoing way that I just felt this . . . it's like finding

out, well after June the sun is going to stop rising and there will be this different planet in the sky, it was like that, it was something like that, it felt like something so basic was being taken away. I don't know what the word for that is."

Sara describes the sense of "unreality":

"I spent the rest of that day wandering around, feeling a sense of absolute unreality. I mean here I was, still traveling, nothing objectively had changed for me. I remember walking out on this pier, along the shore, sitting there. I remember that I bought this little leather belt. I remember just mostly feeling like, like . . . there was no correlation between what was supposedly real and what was happening."

"What I was feeling was inexpressible. It was like a pressure on my chest. I felt like I just needed to go through what I was going through. I didn't need to get to some deep inner core through therapy. I felt like I was feeling my core all the time."

Nine years after Josh's death Sara states:

"This past October was nine years that Josh died. And I realized it is not as close to the surface, it's not as wrenching, the pain is not as searing as it was, but a lot of it is still certainly there."

After 17 years Maggie conveys what it has felt like to lose her brother Sean:

"You wonder if you could die from crying—it seems possible at that stage. Some part of me really wanted to just make it feel less bad after all these years . . . there is always a sense of sadness. It just felt so hard and so big. At that point I felt I would never get over it. It is like you are going to be depressed for the rest of your life."

Rosa describes the pain of losing her sister,

"I just had to try and push it away from my mind . . . she just disappeared into this incredible black hole, and I realized the strength of the pain. The only thing that I have to fill up that hole is a newspaper photograph of her dead and some newspaper clippings. Those are the things that fill that very painful place—so I turn my face away and I don't think about it."

Although these siblings found words to describe what it feels like to lose one's sibling, it was not an easy task. The internal experience of this pain is such that it seems indefinable. The pain of this loss can be raw, and unprocessed. There also seems to be the

sense that it is neverending. For siblings that are emotionally close to one another it is a loss that shifts their world in such a way as could be compared to finding out that the planets will no longer exist as we have known them for millions of years. The bond between siblings is felt to be permanent, constant, familiar and known. When it is undone by death, the surviving sibling is left with pain that at times is unceasing, is powerfully disorganizing and never to far from their emotional reach.

Safeness in the World

As a result of their sibling's death, the surviving sibling can come to feel that their world is not safe, that they too will befall a premature, painful death. Something so unexpected has happened, something that is out of the natural order of life. It leaves the sibling feeling as if anything can and will happen. Rachel saw her young, and very healthy, older brother Ben, deteriorate quickly to someone who was dying in a hospital bed. Rachel expressed feeling scared that she too had contracted AIDS, that something terrible would happen to her. Rachel states:

> ". . . I would walk out of my building, I kept thinking that a piece of brick could fall on my head and I could die. I just had this heightened sense of anything can happen to me at any time because look at my brother. He was a perfectly healthy 24 years old, and suddenly he's sick with something we can't cure."

Rosa, Maggie, and Suzanna all experienced feeling afraid that they too, would meet great danger as their siblings had. Their siblings were murdered. The violence and horror pervaded Rosa's, Maggie's and Suzanna's life. Rosa became afraid of clients she was working with, Maggie felt terrified that her brother's killer would come after her and her siblings and Suzanna became afraid of being alone in her apartment. As an art therapist, she too began to feel afraid of some of her clients.

The sense of unsafeness in the world is certainly intensified when the sibling is murdered violently. These siblings had great reason to be afraid. This lack of safety, the precarious feeling that these siblings described, that anything could happen to them, is a reflection of how shattered their world becomes with the death of their sibling. An inconceivable act, something unthinkable has occurred and it leaves the surviving sibling believing that it will happen again to them. This feeling of unsafeness is reported in the literature on childhood sibling loss. Children worry that they too will meet an early death (Rosen, 1986). This aspect of what happens when a sibling dies seems not to be unique to just children, in spite of the more mature cognitive and intellectual capabilities of a young adult. They too feel afraid and insecure about the world being a safe place.

The Mourning Process

What does it mean to mourn the death of a sibling? What form does this particular mourning process take for a surviving sibling in their early adulthood, when the death occurs? These siblings each described their thoughts about what their own mourning process was made up of, what thoughts, actions, feelings, they considered to be a part of their mourning. In some cases the question of whether or not they still felt they were mourning was addressed.

Although Rachel described feeling like the "immediate mourning" the shock, the frequent crying was completed, she describes being surprised at how sharp her sense of loss can be eight years after Ben's death. Rachel also expressed discontent with stage theories of mourning, as if one completes them and then what one feels is occasional sadness. She does not feel this captures her experience of loss. Rachel still experiences the wish for reunion. Imagining she still sees her brother on the street is a reflection of

that wish. She wonders how it is that she is in this world and friends of Ben are still here but how is it that Ben is not here anymore?

The particular elements of mourning for Rachel that she feels most aware of are the feelings of missing and longing. These feelings are part of the process that she feels don't change. She misses Ben in many areas of her life. She states:

> "I miss that, having Ben to be able to go together. Sometimes when I take the train back from being home, my mom will drop me off at the train station and I'll sit on the platform and miss him and feel like, he could have been there, *as if his not being there is still one of two options, instead of the only option."*

What Rachel acknowledges as changing over time is how long the missing feelings last when she experiences them. Rachel describes feeling a force that keeps her thoughts and memories of Ben from getting too far away from her subjective experience. As Rachel states: "There are plenty of times when I'm not thinking about him in the least. I don't feel the loss resonating anywhere and there are times where it feels very immediate. I think that is mourning. I think those moments of longing are a kind of mourning."

Sara too, acknowledges that the missing feelings she has for her brother speak to a kind of mourning, even nine years after Josh's death. Sara describes missing Josh, and is able to imagine that he would have "weathered" what he needed to in terms of his relationship with their parents. Sara can imagine that he would be past that, he would have completed college, he would "be old now—he would be in his late twenties." Sara recognizes that the fact that she does not have this opportunity to be with Josh in this way, is unjust. She misses knowing and longs to know what he would be like, what kind of man he would have grown into. Nine years later, mourning for Sara is when she misses Josh in this way.

Maggie, by her own admission, felt that her mourning process went awry. She speaks about feeling stuck for the first few years after Sean's death, not being able to move forward in her life. She describes with some difficulty how she knew something was wrong in her mourning:

> "I didn't know it for a very long time. I can't be very articulate about this because it's one of those things that I know, but I have never described it to anyone before. I probably knew within the first year of his death that I wasn't getting over it—somehow the way I should, although another part of me felt like there is no road map for this, I didn't know how you were supposed to feel. It didn't seem strange that I felt so dreadful because that seemed so natural. After a couple of years however, when it didn't get better, I started thinking this is pretty bad and I just sort of pushed it into the background and relentlessly went on with my life, which also coincided with meeting and falling in love with my husband. So you can easily be happy and sad at the same time."

Maggie states that the weight of how badly she was feeling became too burdensome to carry. She felt that her mourning was incomplete, and at times, extreme. It was at this point in her life that she decided to enter psychoanalysis. Maggie stated unequivocally that she believes the grief over losing her brother is a "life-long grief."

Jenny was 31 when her younger brother Mark committed suicide by shooting himself. Jenny talks about her mourning process in the first six months after Mark's death:

> "In the immediate period, within the first three months after Mark's death, my partner at the time made a comment to me about how worried she was about me, that this (my sadness) had been going on too long . . . I think that at the time I probably wasn't very fun to be around, I didn't feel like going out and I think my grieving was hard for her. I felt like people wanted me to get back to normal. I remember thinking, questioning,—is this abnormal, should I be snapping back? Eventually, about a year after he died I decided to go into therapy. It was such a relief. I think that probably the first three months of therapy I just remember crying and crying and crying. A lot of it was around my brother and then maybe after six months or so, I think that receded somewhat and I began talking about other kinds of issues.

I know that I was sad; I think I probably had this question of, is this unnatural, am I grieving too much? Looking back on it, I think I wanted someone who wasn't afraid, who would just kind of sit there and listen to me talk. Since I was paying for this I think I felt like, I can talk about this as much as I want to. There are just lots of issues around the whole thing. One of things that was just so hard for me to deal with was this idea that one minute your life is one way and the next minute it is totally changed.

There were lots of things like that I needed to process. My therapist helped by saying that however long my process takes, that's how long it takes, that I didn't need to compare myself to others. I don't think I was having a huge reactive depression to it—it was two years later, I think I wondered, should I still be thinking about my brother? My therapist helped me a lot with that. I would certainly say that everyone's grief is their own, and it's all different. Who knows how long grief goes on. It's like it goes in spirals, you go around and around again. I think I'm sure on some level I will always be mourning. I doubt that it will ever go away."

Suzanna shares her thoughts about her mourning:

"It is so timeless—I don't know that I have put it together—I think I mentioned before that early on the main thing that I needed to do was be very angry. That is the most work that I did in therapy. The therapy that I am currently in, well, it is a question of bringing myself to talk about the painful stuff, it is very hard because it is so painful to talk about and even now there are things that I haven't gone over—it's a process that isn't finished.

There is a lot of unfinished business that I haven't dealt with: mourning the loss of what was there before the death. The death overshadowed that and another piece that I've worked on a lot in therapy is how my overattachment and overworrying about my parents has interfered with my own mourning process and my own life and that is a more general thing and specifically in relationship to my brother and his death.

My husband recently graduated from a master's program and I was watching my parents and feeling overwhelmed by their pain, and whatever my own personal, private thoughts are about Aaron not being there at this time in my life were noted but overshadowed when I looked at the pain in my parents' faces. When I come to certain junctures in my life where I am thinking about my own future, I want to bring him with me into the future. Time is very fluid around mourning because it is so tied to my subjective condition around how I'm feeling about Aaron. It is not at all tied to real time because it is out of the continuum of things in life that happen in linear order . . ."

Rosa, at the time her sister was murdered, was also having tremendous difficulty in her first marriage. The death and subsequent mourning of her sister and the dissolution of Rosa's marriage overlapped. Rosa talks about this time:

> "I felt petrified and I was trying to pull myself together that year after her death and I just had to try and push it away from my mind. I was devastated for the first six months after Lena's death. In July I remember that I began to get out a bit more than I had been and I just said to myself 'this is ridiculous, I don't want this anymore, that's it.' I can't stand being so down. I mean, I can't be involved in this pain anymore, that's it. So mourning the end of my marriage and the loss of my sister got mixed up and I don't know which one was flattening me the most.
>
> It (the death of her sister) was private and not the kind of thing that people want to know about. I thought Americans don't want to hear about unhappiness. It was too painful. I didn't want to put that on people. I just don't tell people the painful things. I never do. I have people who have known me for years, who are good friends of mine, they don't now what happened to my sister. I don't discuss it. I don't talk about it. We can't bring her to life.
>
> . . . for a number of reasons I didn't deal with it as deeply and as fully as I could have at the time—as I should have at the time. I couldn't because of what was happening in my marriage and because I had to survive—there was only so much I could handle. I had to survive and the thing with my marriage was just pressing. I just got dumbfounded, I just got too overwhelmed. Two years after Lena's death I decided to go to college. I quit my job and went to school full time. Nobody in my classes knew about Lena. I didn't tell anybody about it, I was already trying to understand, to metabolize it in some way, to cure myself.
>
> My sister will bring up Lena's death sometimes and I get embarrassed and I want her to shut up. I don't want her to bring up these feelings—I feel like this is something, it's enough already, it is too intense, leave it alone. Don't wake it up."

Deborah describes a kind of liberated feeling after her brother Howard died. She described feeling free to transfer to a better university, one that her brother had said he would get into before she would, and Deborah began to diet and exercise with a vengeance and lost a significant amount of weight. Howard had also teased her about her weight.

"I started to be a different person, that's what happened—like I got in touch with myself and started exercising and running and doing all kinds of things. I never knew I could look like this. Getting in touch with the sadness, getting in touch with the anger—I had none of those things for the first five years after it happened—I had nothing, lack of feeling, absence of feeling about it and a real fear of thinking about it.

A few years after his death I had an assignment in one of my classes to put together a time line of my life. I put together this photo album, and I realized that there were only two pictures of Howard in the entire album. One is right before he killed himself and the other is a picture of him from when he was in the army. It didn't occur to me at that time to ask my mother for pictures of him from childhood; I have nothing there. I think that's significant because I never even noticed that I didn't have any in there. It's filled with me and my friends and my life which was really completely separate from his. It was sort of denial, that's how I'm interpreting it, that I wasn't really—that I had sort of . . . I didn't forget about him but I pretended that he didn't exist for a while.

With my parents, there was no conversation about sadness or feelings or missing him or anything like that. They have never brought it up; I have brought it up a couple of times. I think it's really important to talk about it. I wish they had opened up conversation right after it happened, or at least allowed me to—given me that opening.

I think that I am far from done in terms of my mourning. I think I've made a lot of progress, at least beginning to allow myself to feel the sadness that I should have felt a long time ago. It was a horrible thing and I just never allowed myself to feel that way . . . I mean the suicide issue is not really relative but in his case he was just an unhappy person that it was like he was free, in a way. I wasn't in touch with the unhappiness, don't get me wrong, I was in touch with the annoying things about him, but we did have a few really close conversations and I knew that there was nothing here for him. In his eyes, there was nothing here for him. I feel very differently now and I'm very sad about that, just knowing that he could have been helped and I don't know how much my parents made that help available to him or helped him to see that there was help available. I don't know how many people he did speak to about it, those questions are still unanswered . . ."

For each of these surviving siblings their experience of mourning is unique to who they each are, unique to their family and family dynamics, and unique to who their sibling was to them and the particular kind of death that occurred. Each of these surviving sibling's faced in some way whether their mourning was "normal" or "abnormal",

whether they were grieving too long, and wondering if in fact the grief they feel for their deceased sibling could be with them throughout their entire lives, in some way.

Maggie, described knowing that something wasn't right in terms of how she was dealing with her brother's death. She accepted the fact that feeling badly for a long time was part of the package but it reached the point where Maggie felt burdened by her pain. There was the sense that she could not move forward in her life. As she stated, she "relentlessly" pushed the pain into the background. Fortunately for Maggie, she also came to know that this kind of profound pain and disruption in one's world can't and doesn't stay in the background, no matter how hard one tries to keep it there.

Rosa's experience of mourning was also one of being overburdened. She felt she had too much to cope with in terms of losing her sister and the dissolution of her marriage. The fact that they coincided for her meant that the mourning of her sister's death got interrupted. She was not able to tolerate and endure the sadness of the death, in her own words, "I don't want this anymore, I mean I can't be involved in this pain anymore . . ." Rosa acknowledges that she was unable to deal with the loss of her sister in as deep a way she should have. To her, it seemed that deep mourning, and the time that it takes, were synonymous with not being able to survive.

I would suggest that Rosa's mourning process is impeded. Her desire to push it away, her choice to not talk about the death of her sister, even to people with whom she is close, the feeling she has that she can't bring her sister to life even if it is just by talking about her, I believe suggests a deep resistance to the sadness and pain that is involved in mourning. Rosa longed to be "cured" of something that is incurable. Her wish to make sense of the death and to have it be "metabolized" in some way only two years after it

occurred is premature. I do not believe that it is possible for such an event to be metabolized in that short a time span.

Rosa's earlier comments about her subjective experience of what it felt like to lose Lena also speak to an impeded mourning process. Rosa spoke about this incredible emptiness, a black hole, that is only filled by some newspaper clippings about Lena's death. Clearly, Rosa had a more difficult task of mourning due to the violent nature of Lena's death, and not having seen Lena's body after she died. But to feel such a profound emptiness inside, this sense of not wanting to "wake it up", feeling angry and embarrassed when her sister tries to speak about the death, is indicative of mourning that has been precluded. Memories of her sister, talking about her with friends or family, the feeling of being able to bring her to life, these would be attempts to preserve the connection to Lena and I believe could eventually fill that emptiness.

Both Rosa and Suzanna's descriptions of their mourning suggests that re-telling of the trauma of the violent death of their sibling has been an extremely difficult aspect to cope with. The violent nature of the deaths has no doubt made the mourning process more difficult (Bank and Kahn, 1982). Suzanna, like Rosa, does not talk often about Aaron, except with her family, partly because of how painful it feels to her but also because she feels the need to protect the memory of who he was. Suzanna describes the feeling that people don't know what to say or how to react and that it feels safer to her just not to talk about Aaron. She states:

> "I think what I've found is that people don't know how to deal with it and even people that I feel comfortable with, won't say anything or they will change the subject and I think I feel that is such a painful or vulnerable aspect of my experience and this may seem like a strange thing to say but Aaron—or my memory of Aaron—is so precious to me that I don't want to just share it with somebody who is going to trample on it by not understanding or noticing."

Suzanna admits that even now, ten years after Aaron's death, it is still difficult to talk about the painful aspects of losing him. In her own words, "it is so painful to talk about and even now there are things that I haven't gone over,—it's a process that isn't finished." Suzanna recognizes that the pain is overwhelming, but she also feels hindered by her parents pain, and that this as well, has interfered with her mourning. When she looks at the pain in her parents faces, it seems as if there is no room for her pain or feelings about missing Aaron in particular, at important junctures in her life. This is a phenomenon that is reported in the childhood sibling loss literature but is not restricted to just child surviving siblings. As Suzanna describes, she is all too aware of her parents pain and does not wish to burden them with more. Studies on childhood and adult sibling loss, report that children and adult surviving siblings can become preoccupied with their parents' pain and don't want to add to it (Fanos, 1987; Rosen, 1986; Muxen, 1990, Morse, 1984).

Deborah, although initially felt a kind of freedom after her brother died, she too began to realize that there were aspects of mourning Howard's death that she has not yet worked through. Her significant weight loss, gaining her parents' approval and attention, and transferring to a better school all took place after Howard died. Deborah in some way was able to stand out in the place that Howard and his psychiatric illness had occupied for many years. There may also have been a sense of relief after the death that the family felt, having spent many years of dealing with Howard's serious psychological problems.

Deborah states that she had a "lack of feeling", she was unaware of feelings of sadness and/or anger after her brother killed himself. In Deborah's family there was almost no conversation about Howard's death. Her parents did not talk about or share their sadness nor did they encourage Deborah to share her feelings. What ensues from

this behavior is the unspoken rule of silence about the death (Krell and Rabkin, 1979). The message that silent parents convey loudly and clearly, is that they are so grief stricken and cannot bear to talk about what has happened, nor can they bear to hear about the pain and grief that their surviving child is experiencing. The literature on childhood sibling loss demonstrates that children are obedient, respectful and loyal to their parents when it comes to remaining silent so as not to burden them with more unbearable anguish (Krell and Rabkin, 1979; Rosen, 1986; Demi and Gilbert, 1987; Fanos, 1987). The fact that Howard committed suicide plays a key part in this silence as there is usually more of sense of shame and guilt about this cause of death (Morse, 1984).

After the first interview Deborah had for this study, she realized in re-telling the story of his death, how many details she did not know. This was quite a striking realization for Deborah. There were things she didn't know about his psychiatric problems, about his hospitalizations, the stress this caused her parents and there were details of his death that had been kept from her. For Deborah, the "lack of feelings" caught up to her. Deborah gained back the weight that she had lost, and began to notice that she was becoming extremely accident prone, and falling, often hurting herself seriously. She also began to experience difficulty in a student teaching job she had, five-six years after Howard's death. It was at this time she entered psychotherapy. Deborah, like Suzanna, expresses feeling that she is "far from done in terms of mourning." She realizes in retrospect that if she had felt like she could have talked about Howard's death with her parents that it might not have taken so long for her to become aware of the sadness she can now feel.

Jenny, seemed not to be afraid of her grief, mourning and sadness over her brother's suicide. In spite of people in her life conveying to her that she should "snap

back" she questioned whether or not that should be the case. Jenny was supported by a therapist who, to her credit, suggested that however long Jenny feels the grief and mourning, is how long it takes. Jenny also raises an important point in her comment about wanting to talk with someone who would not be afraid; someone who would not be afraid of her pain, sadness, anger or any other emotions that she might experience. The sense of having someone who can tolerate the grief, and tolerate the re-telling of the circumstances of the death, is critical to the unfolding of the mourning process, and is perhaps a key factor in a mourning process that will not become impeded. Sadly, often times it is not the parent who can be that person for the surviving sibling. Jenny too feels that mourning can go on for a long time and doubts, that one is ever finished. In Jenny's eyes mourning is a spiral-like process, she keeps coming back around to it.

Making Meaning and Transformation from the Death

In the process of mourning hopefully there comes a time when the surviving sibling strives to make meaning of the death of their sibling. The surviving sibling strives to understand what it means in her own life that this death has occurred, and she attempts to understand what lessons there are to be learned and gained from the death. This can be a difficult place to reach in one's mourning. Implicit in this aspect of unimpeded mourning is an acceptance of the death that one does not come to quickly or easily.

Jenny, speaks about what meaning she has derived from her brother's death:

> "In the moment that I knew he had died, I thought there must be something here other than the body? From that moment, I feel like it changed the entire orientation of my life as far as my interest in one's spirit and it started me on a completely different path. I was on this fast track at my job and I was really doing well and I probably would have spent my whole life there and then retired. It took me a long time after Mark died to connect this feeling that life was fleeting and you have to do something with it, with Mark's death.

> I just started to think about how I didn't want to spend the rest of my life pushing papers around, so I left my job. I went into business for myself, I moved, and I felt that I had never been as creative and resourceful, and I was having much more fun. I felt that I was making connections to new spiritual levels. I feel this is directly connected to Mark's death and the question of what happened in the moment that he died.
>
> There was something very freeing, to me about his death. It was like the worst thing has happened, and when the worst thing happens then you are free, you don't have to worry anymore. Of course, something worse could happen but it is like you know you survived and you know you are going to be able to survive again and in some strange way that freed me up not to worry about stuff anymore. I have day-to-day anxieties but on a deep level I don't feel like I have to be afraid."

After giving up her job, and moving, she began to think about what it was that she wanted to do with her life. She began volunteering for a variety of organizations, nursing homes, visiting people who were incarcerated, and she came to the realization that the work of a minister felt closest to what she wanted to do, how she wanted to spend her time. Jenny went to a seminary program, and graduated. During her training she chose to work in a hospital as a hospital chaplain:

> "I was very drawn to that but I think it had to do with working through again my brother's death. I did the hospital work with great gusto, I loved being on call in the hospital, I was really good at the crisis situation because I wasn't scared of it. They say that every minister is always repreaching one sermon. My sermons always have something to do with being who you are and responding to the call to be who you are—call, not in a religious sense, but the larger kind of calling, vocational, what it is you want to do with your life, that is my sermon."

From Ben's death, Rachel spoke about a growing awareness of the things in life that one has no control over, and having the awareness that such events will happen. Rachel too, feels cognizant of not wasting time in one's life because one never knows what is waiting for them. The freedom to speak what is on one's mind, to "cut to the chase" as Rachel stated, is something she feels more entitled to act on since Ben's death. Rachel feels that the sense of what happens to us in life is to some extent a gamble. She

also came to feel that the severity of her brother's illness and the speed with which he died, helped her to know how to prioritize what is important to her and in her life. These are lessons Rachel feels she learned from her brother's death.

> ". . . I think experiencing his death when I was young and he was young, in some ways I feel, I have more determination to make sure I do what I want with my life. I think I am more conscious of time than people who don't have this experience. In terms of an overall shaping of my life, I think that my sense of time has changed, it definitely changed after Ben died. Before he died time was just time, it went along but with an experience like this, he got sick and deteriorated within three to four months. The power of the passage of time and how that can change things was really impressed upon me in a way that I really don't think would have been otherwise."

Sometimes there is a struggle to make meaning of the death, to understand what lessons one can learn from the premature death of one's sibling. The lessons can be clear and distinct as they are for Rachel and Jenny or they can be subtle, and still in the process of developing for the surviving sibling. Making meaning, making sense of the death can in some cases simply be about creating a place for the memory of the deceased sibling, acknowledging not only that the sibling existed, that he or she held a distinct place in the surviving sibling's life, but also recognizing that the sibling is gone.

Maggie and her siblings, without their parents, come together once a year, usually every May to be together, have champagne, and good food, and it is a tradition to them to toast Sean, who could not be there with them. Maggie states that they usually have a sad, tearful period, remembering Sean and then spend time talking about each of their lives and what is currently happening in them. This is clearly a time for the three of them as siblings to be with one another.

> "What my sister and brother and I do that I like a lot—about ten years ago my brother came up with the idea as an annual sibling get together in the spring. We expressly chose not to invite out parents to this, it is our chance to gossip about our parents and do those things that kids do when they get together. We have a picnic, we spend the day together, with exquisite food and expensive

> champagne. My brother opens the first bottle of champagne, pouring it, it's like a ceremony—we click our glasses and he says, 'Here's to Sean who couldn't be here today.' We all sit there and everybody gets tearful and there is silence, sometimes we weep."

Maggie too, like Rachel and Jenny has come away from the loss of her brother with the feeling that life is fragile, anything can happen, at any moment. Maggie states:

> "It dulls a certain thing. It gives you the experience of what it is like to be in our 70's or 80's where you begin to cope with death as a very factual aspect of daily life. It gives you a fragile feeling about your own life and I think that what it does is give you a precocious experience. It is a gift almost; a rather profound early understanding of the fragility of life and that life is a crapshoot. In some way, I was less afraid to tell my husband, early in our relationship, that I loved him and not to run away as I ordinarily would have done."

Sara, also feels this fragility in her life. What was striking to her as well is that she is aware of this feeling even nine years after Josh's death. She feels most aware of the fragility in terms of her own child. She described several instances, first when he was born, Sara had a difficult delivery and as an infant in which he had some questionable blood results that alarmed Sara and her husband. Sara became afraid that because she had named her son for Josh, that now he too would be taken from her. Sara has been able to make a place for Josh's memory in her life. She wanted to acknowledge Josh's absence at her wedding, which she did by having her brother Sam hold two poles for their chuppah, and Sara named her son Jacob in Josh's memory. Surviving siblings need to create a place for the memory of the sibling, acknowledging both the existence and absence of the sibling. This is in the hopes of maintaining an important connection to the deceased sibling.

Being able to recognize what can be gained or taken from such a tragic event and acknowledging the memory of the sibling requires that there is an acceptance and integration of the death. How to make peace with something that is so senseless, and that

does not lend itself well to being comprehended is an aspect of the mourning process that requires time. For the surviving sibling to be able to ask, "what can I learn from this, what is gained, where is the meaning in this tragedy?" I believe implies a recognition and acceptance that their own life must and will continue without their sibling, and that perhaps they have even benefited in some way from the death.

Being aware of one's mortality, being cognizant of what one wants to do with one's life, knowing that unexpected events, events out of one's control, can happen, having a profound understanding of how fragile and precious life is and bearing that wisdom always, these are meanings that surviving siblings have derived from the death of their sibling.

Survivor Guilt

To be able to recognize the positive aspects, and the creativity that can grow out of acceptance of the death, means that one's guilt for having survived is not permeating their life. This is not to suggest that the survivor is free from guilt, only that it is not pervasive, that there is some degree of awareness of survivor guilt and that the surviving sibling is able to step back and reflect on not only what is sad and what causes her to feel guilty, but also what can be taken away that is helpful, and life affirming.

In this exploration the surviving siblings spoke about the various ways in which they each experience survivor guilt. Jenny acknowledges being aware of her guilt over many things, in terms of her brother's death. She states:

> "I certainly had a lot of guilt about a lot of things having to do with Mark's death. I am not sure if I know what is involved in survivor guilt, I don't think I felt guilty about being alive and my brother being dead, but I took on something that certainly is and must be a manifestation of that, which was this feeling that now I have to live out the most full life possible to make up for his not living."

Although to some, how Jenny interprets her guilt could be experienced as burdensome; to always have the need to live life to the fullest to make up for the deceased sibling's life. Jenny seems not be burdened and was able to derive a great deal of clarity in terms of her work and how she wanted to live her life.

Rosa acknowledged that in the first year after her sister was killed that she had many thoughts about wishing it had been herself instead of Lena. Rosa compared her life to her sister's and felt that given her troubled marriage, she did not have as much to live for as Lena did; Lena was deeply in love with her husband, they had planned to have children and Lena's career was developing rapidly. In Rosa's eyes, Lena's life was full and worth living. Rosa came to feel, by comparison, that she did not have a life that was worth much and that it should have just been she who died.

> "I had lots of thoughts at the time of her death that I wished it had been me—I was so depressed, I felt like I had nothing to live for that first year after her death. At the time I thought, here is Lena, she has a husband who loves her, she wanted to have kids, she has a place in the family, I had moved away and I felt so disconnected and my marriage was falling apart, I felt like nobody would miss me, I even felt like it would have been easier on my mother."

Rosa's earlier statements about her mourning process, her inability to endure the pain and sadness, the emptiness that she feels, the experience of not being able to talk about Lena's death, the anger and embarrassment she feels when her sister tries to talk about the death, her wish to be "cured" of the pain and mourning, I believe these feelings to be reflective of guilt, guilt that has existed much longer than just the first year after Lena's death. In Rosa's anger and embarrassment she does not want to be reminded of the pain, but on a deeper level to be reminded that Lena is gone and to talk about it reinforces that it was not Rosa who got killed but Lena. Rosa seems extreme in her insistence that Lena and her death not be acknowledged, not be present in Rosa's life in

some way. To keep Lena's death so deeply private can be interpreted as an attempt on Rosa's part to defend against the guilt she feels for having a life, for surviving. Her uncompromising stance suggests a strong, impermeable wall constructed so as not to feel burdened and aggrieved by survivor guilt.

For Deborah, it was not until she began to be aware of having feelings about her brother's suicide that she began to gain the weight back that she had worked so hard to lose. She also began to have accidental falls, sometimes hurting herself seriously.

> "I had all these conflicting feelings, feelings of relief, feelings of grief and guilt, that's where there is a real problem; probably why I turned off my emotions completely about his death for several years because it was a very conflicting thing.
>
> I can remember feeling dazed and angry, I have an association with falling as being out of control. Interestingly, I didn't fall before my brother killed himself, I don't know if there is an association there or not." She continues: "I think, I don't know where the difficulty stems from or even when it started; I think it started after my brother's death, that I don't deserve to feel good, and that I have to please everybody. I don't deserve going to a good university, and I don't deserve to be thin."

Deborah also struggles with her guilt feelings about the fact that Howard had a mental illness and that he committed suicide. Both of these factors are an added burden.

> "I guess I try not to think about the last conversations that Howard and I had because then I get these guilty feelings about it, like I should have known something. Now as a teacher I would have definitely said he's depressed, but at the time I just thought he was . . ." (Deborah does not finish this thought).

Rachel's feelings of guilt for having survived are captured in the recurring dream she reported having and continues still to have. The dream reveals her wish for reunion with Ben. In the dream somehow, Ben did not die but has just been gone or away and Rachel has been neglectful of him. She didn't know that he wasn't dead, and there is a sense of panic over how she could not have known this. She worries in the dream that she will have to go through his death all over again. There is a deep dread about this. In

talking about her thoughts about this dream she states that there is this feeling of guilt over not noticing that he wasn't dead. "Something happened and we thought he had died, and we dispensed with him, and now it turns out he's not dead. That part is dread, and also to know he was distorted, and I am going to have to deal with him and possibly deal with him dying again."

Prior to one of Rachel's interviews for this study she had a version of this dream where her life is in danger, the plane she is on is going to crash, but it doesn't. Ben appears in the dream and again Rachel realizes she has been negligent for the past six years, Ben has been living at home and Rachel has ignored him. She feels alarmed at the thought of having let their relationship go. Rachel stated that when she wakes from this dream she always feels some sense of relief that Ben is actually dead.

This dream captures the self-punishing aspects of survivor guilt. First Rachel's own life is in danger of ending in a plane crash, she too must suffer along with Ben. When this does not happen and Rachel realizes once again that she has neglected Ben, she chastises herself for having been negligent, for not paying attention to him. There is also an element of self-punishment in her having to go through Ben's illness and death again and again. Each time she has this dream it serves as a reminder that she failed him in some way and that she must suffer the grave consequences of watching him die all over again. This dream is also a reminder to Rachel that she was spared having a terminal illness, she was spared a premature, and painful death. The disease took her brother Ben, not her. Rachel addresses the relief she feels upon waking that Ben is dead, the ordeal of his illness and death are over. Another prominent theme in this dream related to survivor guilt is that before Rachel realizes that Ben didn't die, she in some form has been going

on with her life, until she suddenly realizes that she should not have been living her life but caring for Ben.

Sara, in her talking about guilt, wonders if it means that she loved Josh less for not feeling like her whole life was shattered by his death. Implicit in her curiosity is the question of, is it acceptable to go on, to have joyful things happen, to have and build a life that can't and doesn't include Josh?

Maggie and Suzanna too, speak to this issue, of feeling badly, feeling responsible and not feeling entitled to things, events, and relationships that would give the sibling happiness, give the sibling the feeling that they are worthy of having joy. For such a long period of time it seems that moving forward with life, accomplishing goals, realizing aspirations, having pleasure, feeling happy, all of these aspects of life become harder to achieve, harder to realize. It can seem to the surviving sibling that to meet goals, realize dreams, to have happiness is to also negate or deny the deceased sibling's existence and death. These do not have to be mutually exclusive but guilt can make it seem as if they do for a very long time. The toll that survivor guilt takes on the surviving sibling can be great in early adulthood as well as in childhood.

Early adulthood is a developmental period marked by the setting of goals and dreams and beginning to realize them or at least laying the foundation to help them come to fruition. Going to college, beginning to have some awareness of one's career path and goals, psychological and physical separation from one's parents continues and can become more defined in early adulthood, especially as the young adult starts to have serious, lasting intimate relationships. Early adulthood is a very important period in one's development and meeting the developmental challenges of this period will be difficult in the face of losing a sibling and the survivor guilt that follows. Instead of the young

adult's life being defined by a sense of himself or herself as competent in the world and by reaching important milestones, it is often the case that this period is defined by guilt, underachievement, a sense of incompletion, and an inability to move forward in life. For some, this is clearly marked by the need to return home to their parents after the death of their sibling.

Each of these surviving siblings expressed feelings of depression, feeling like their life was put on hold, feeling stuck. There was the feeling of not deserving good things, not deserving of accomplishments; completing college, going to graduate school, being successful in work and intimate relationships. In a time that should be marked by pride over such milestones, it becomes increasingly difficult to have positive feelings if what is in the foreground is guilt for even having a life, guilt for not dying with, or instead of one's sibling.

Parents: Can They Help?

When a sibling dies whether in childhood or adulthood the entire family suffers this loss. The question of the parents ability to help their surviving children with this trauma has been addressed in the literature on childhood sibling loss. In general, parents have great difficulty meeting their surviving children's emotional needs as they themselves are completely overwhelmed by their own grief (Fanos, 1987; Rosen, 1986). Children too, do not want to burden their parents anymore than they already are, and yet need an empathic environment in order to begin to understand their feelings about losing their sibling. What children need from their parents when a sibling dies is, I believe, not so different from what the young adult needs who faces this loss.

Each of the surviving siblings in this exploration articulated their thoughts and feelings about how capable or incapable their parents were in helping them emotionally deal with the loss of their sibling. These siblings speak to what their parents were able to do that felt helpful and supportive, and what did not.

Suzanna spoke about the decisions that her parents made with regard to Aaron's body and his funeral arrangements as very important and powerful. Suzanna stated that as a family they decided to see the body, the body was brought into the synagogue where just the family members were. Aaron's body had been clothed in a white robes. Suzanna described feeling like they were able to cleanse Aaron and his body of the violence that he had met in his death. Suzanna stated:

> "They put his body in white robes and they brought the casket into the front of the synagogue so it was in front of us, and it pulled him back into us again in some way. It was a very powerful feeling—like it had washed him of all that horrible violence, in some way he got pulled back into some sense of us."

Sara talked about things that her parents did that she initially found comforting and helpful to her. One very important suggestion that Sara's mother made to her was to view Josh's body. Sara remembers that her mother told her it would be one of the hardest things she would ever have to do, but that she could do it. Although Sara thought at the time it would be strange to do this, in retrospect came to believe that this was in fact helpful in making Josh's death real to her.

The immediate time after Josh's death, Sara felt that her family really pulled together in a very close way that was beneficial to Sara. She described the feeling of each of them literally leaning against one another, "holding each other up." Sara was also able to recognize that there came a time when her own emotional needs changed and that that was difficult for her parents to accept. Sara began to feel that her family was a "closed

system" and that how she was feeling was unacceptable. Having returned home after Josh died, was helpful to Sara for a period of time but she eventually wanted to think about leaving and trying to put her own life back in some kind of order.

> As Sara states: "It wasn't acceptable to say 'I don't need you in the same way' or 'you can't do it for me' or you are not feeling the same things I am.' I had been very close with my parents and I felt like my trip to Europe and my decision to move were attempts at a certain kind of independence from them, and gaining a sense of my own power, and Josh's death and moving back home had set me back."

Like Sara, Rachel too addresses the difficulty of when the adult surviving child/children begin to feel different emotions at different times and also the sense of not knowing what feelings it will evoke in their parents if they talk about the deceased sibling at any given moment. Rachel spoke about the fear she felt in the first few years after Ben's death, fear that if she brought him up in conversation, she did not know whether her mother would begin to cry or whether her father would retreat into silence. This phenomenon of uncertainty, of not wanting to upset the parent, the unpredictability of the situation creates anxiety in the surviving sibling and complicates their distressing feelings further. As in Rachel's case, she wanted to be able to talk about Ben, but at the same time, the uncertainty of how this would make her parents feel, caused her to hold back.

The protective stance toward the parents is something that Suzanna addresses as well. Previously mentioned in Suzanna's description of her thoughts about mourning she mentioned how she is able to see the pain in her parents face and how overwhelming it is for her. She comes to feel that it detracts from her own feelings about Aaron. In this moment Suzanna is compelled to attend to their pain. In the first six months after Aaron's death, Suzanna and her sisters were determined never to have their parents spend a weekend alone. Usually one or two of them would fly home on the weekend to be with

them. Suzanna stated that she felt intensely concerned about their pain, wanting to lessen it, even just a little. Although this was undoubtedly helpful and comforting to her parents, their pain and grief overshadowed Suzanna's. Suzanna's need to attend to her parents' pain and mourning could have emanated from them but Suzanna may have also focused on them as a way to not deal with her own intense anguish about Aaron's death.

Rosa described feeling burdened by her mother who completely withdrew and was not able to attend to anything or anyone for several months after Lena's death. For two months Rosa took care of family matters and then returned to her home where she was for the most part unsupported and left alone with her pain and grief. Deborah, too was alone and burdened by her parents silence about Howard's death. She came to realize that this was certainly not helpful and in significant ways encumbered the mourning of her brother's death.

For parents who lose a child there is perhaps nothing more excruciating in life. For the surviving children in the family we know that they have deep pain and sadness over the death of their sibling for a long time. We also know that the surviving sibling experiences many emotions about the death, that change with time. What their emotional needs are in connection with the death within the first year will be different from what their needs will be five or more years after the death. In that early time it is helpful to have parents, as best as they can, to make decisions about funeral arrangements, handling of the body, planning a memorial, taking care of the surviving adult children, even if that means inviting them to return home. This can be experienced as comforting and safe, not only to the adult children but to the parents as well. But as Sara described, she began to feel like there was only a "we" in her family and with her parents. She wanted to separate

from that and begin to understand on her own what her life would be like without her younger brother.

What is painfully evident when parents cannot provide the empathic environment needed by their adult child or children is that the surviving sibling has trouble coping with the loss, and more importantly, the mourning process can become impeded. Child or adult, the need to be able to talk with the parent about the loss is paramount; whether it is remembering a funny moment when the sibling was alive or whether it is recalling something about the death, or simply wanting to say that they miss their sibling. The young adult surviving sibling is acutely attuned to the pain their parents feel, as are children. The desire and loyalty to spare them further agony runs very deep.

Participation in this Study: Telling their Parents

Wanting to spare their parents pain was apparent in relation to the surviving sibling telling their family that they participated in this study. Rosa states that she would never want to upset her mother by bringing up Lena's death. For Rosa, she couldn't even contemplate telling her sister or mother that she participated in a project such as this. "My mother, I hesitate, in just opening up things that might agitate her because I want to spare her." Rosa completed her set of interviews without sharing it with her sister or mother.

Suzanna told her parents with some sense of trepidation:

> "I had decided to participate and I decided I was going to tell my parents about it. It was clear to me that I always felt that I didn't want to bring it up, because if I bring it up I know they are going to start to feel bad, which they do. That's the fear that I have, but they feel the pain anyway. They think about it all the time. When it got to the point in our phone conversation where I either had to hang up or tell them, I realized I had been putting it off the whole time. I told my mother at the end of our phone call and it led her to begin talking about Aaron's death and how she basically only talks to my father about it and I told her that I hardly ever talk to anyone about it."

Rachel described with anger the lack of response she received from her mother and her siblings when she told them that she was participating in this study. Rachel noticed an "incredible lack of response when I have mentioned that I have been in this study." Rachel stated that one of her sister's responded as if it was a terrible thing that Rachel was doing this. Her brother also expressed very little interest to Rachel about her participation. "I don't know, it is almost like . . . I mean do they think it is perverse that I would participate in this? I would think there would be some curiosity, but no."

Given the lack of communication in Deborah's family, she hesitated to tell her mother of her participation.

"I think I just blurted it out. We were just sitting there and I said, 'mom, I'm participating in this study and I thought I'd tell you about it.' And I just told her. She just turned to me and said, 'good', that was it, nothing else, in her style." Deborah experienced anxiety about telling her mother and then came face to face with her mother's uninterested attitude towards Deborah's participation. Deborah stated that she wished her mother would have asked her some questions, inquired about how she was feeling, what it felt like to talk about Howard's death.

Telling their parents about participating was not something that came easily to these surviving siblings. They experienced anxiety about telling them. The need to protect their parent from potential pain hindered the surviving sibling. In the desire to share this experience with their parents was their wish for validation, and affirmation for choosing to look further within themselves to gain more understanding about losing their sister or brother. It was important to these surviving siblings to receive that from their parents, and yet it seems to have been difficult for the parents to grant them support and approval.

Reflections on the Interview Process

Having the sense that someone understands their experience, and being given the opportunity to talk about the loss of their sibling is, I believe, what brought these surviving siblings to this project. As well, perhaps participating was seen as a way to acknowledge the life they had with their sibling and honor their memory. Rosa shares her thoughts about participating:

> "Having been interviewed, I have been thinking about my sister much more and in a more organized way than I have for a long, long time. I didn't think about her a lot or discuss her. Now, it is coming back and I am thinking about it more systematically and a little deeper. I was afraid at one point that I would have a transferential reaction to you and project my longing for my sister on to you and begin to have affectionate feelings towards you. I understand more in the sense that you share the experience with me. We have that sense of kinship.
>
> It makes me sad a little, but it is par for the course. I offered to talk to you about it. I asked myself, what am I getting into, why am I doing this? But I guess it was something that I needed to deal with. I saw this project as a chance to deal with the feelings. It's like a support group in a sense, this was something I wanted to do."

Jenny recalls when she saw the advertisement for this study:

> "When I saw the notice there were two things that I immediately thought of. I had just finished my thesis in which I interviewed people and I was grateful to those people for taking time, so I kind of thought I could do this—like returning the favor of what they had done for me. The second thing was that it is still something that is a part of my life, that I don't talk about that much, and I wanted to have the chance to process it again."

Deborah talks about her feelings about participating and what she feels she has gained:

> "I found myself a little anxious about not saying everything I needed to, so I felt driven to think of everything I could possibly think of to include, for you as well as for me. I asked my mom if I could talk with her about Howard. It is something I hadn't done before. I just decided one night to ask. She was very receptive to it. We actually spent a little while talking about the wedding plans first to break the ice and then it was just kind of natural, she asked me what I wanted to know about Howard.

I felt like, why haven't we done this before? This is really easy and in fact she did most of the talking. I sort of forgot what my questions were. I began by telling my mom that I didn't remember everything and that when I had spoken to you about certain things, I found that there were big blanks and that it embarrassed me. Such a serious event—how could I not know what the details were, that was really shocking to me. I don't know what our discussions have done but I know they have done something and this has all come into play, I feel liberated in a lot of different ways."

Maggie talks about her feelings after being interviewed:

"I have been really aware of feeling a certain kind of sadness that I'm familiar with but haven't felt in a couple of years. I became aware even during our last interview that I was being really vague and meandering and I realized afterward that is a typical defensive style of mine and I was defending against opening it all up again. I really thought in reflecting on the interview that it opened some things up that are always there but that I hadn't been aware of working quite so hard at keeping covered lately."

Suzanna shares her thoughts:

"I just sort of thought that participating was not something that I would say no to. I had some positive feeling about the idea of having the opportunity to think and talk about it and possibly talk with someone who had gone through something similar, which is not often the case. I've talked about it in therapy a lot but there is a limit to what happens in therapy . . . it sort of happens in chunks, and I just really hadn't talked about it in a while. I thought this was good timing because I'm going to my graduation ceremony in June and it is times like that that my brother comes up a lot in my mind.

It felt very good in a way because of the whole idea of talking to someone who was interested in hearing about it and who understood what I was talking about, which most people don't, and that felt really good. I realized that this process is divided up into two things for me; one is about my brother and the other one is about you, the relationship that I feel between us and obviously the latter is a lot more pleasant to deal with. I guess this is the last interview and I guess it is hard, I leave and I feel sad and I have been feeling very sad about my brother not being able to see all the things I am going through lately. I didn't expect to feel so sad. I don't know if good is the word, but it felt necessary to be to be able to have a place where I could come and be that sad about Aaron to someone who would understand."

In Rachel's story she address her feelings about the interview process. It was helpful to her to feel a sense of validation of her experience, that she was talking with someone who would understand her thoughts and feelings about losing Ben. She also

does not deny the difficulty of "dredging things up" as she put it, as a result of participating. Rachel describes this painful aspect like an open wound that is in need of salve. She sometimes feels that it is difficult to describe Ben's death, sometimes it feels like another life event, but then there are times for Rachel when the whole process of loss just seems "unknowable."

What is evident from the comments of these surviving siblings is their need to talk about what happened to them and to their sibling; not only to talk about it but to talk about it with someone whom they perceive as capable of understanding their feelings, and thoughts. Clearly, knowing that the author of this study had lost a sibling made it easier for them to agree to participate and agree to remember their pain, anger, sadness and longings for their deceased sibling. Their longing for their sibling was perhaps reflected in their comments about having close feelings for their interviewer.

These siblings participated so that they could work through the loss again, process those events again, as many as ten to seventeen years after the death. The surviving sibling wanted the chance to have their subjective experience recognized, to feel known, to remember who their brother or sister was to them, how he or she made them feel, and to know, and accept what it means to live their life without their sibling.

CHAPTER FIVE:

DISCUSSION

For the sibling in early adulthood the sudden, untimely death of a brother or sister is a sorrowful circumstance. The pain and significance of the loss of is felt to reverberate throughout the surviving sibling's life many years after the death. This exploration has illustrated that it is a complicated experience to mourn and comprehend. What has also become evident from the stories that these surviving siblings told, is that to mourn the death of a sibling takes along time. The surviving siblings who agreed to partake in this endeavor were close to the sibling who died. The bond they shared is revealed in the sadness they expressed, in the meanings they take from the death and in the simplicity of missing their sibling.

Significant Findings

The narrative data presented provided the material from which the findings are derived. The significant findings are as follows: 1. Mourning the loss of a sibling in early adulthood is a process that unfolds slowly, over time, and seems not to be characterized by an end point, or point of resolution. It is a process that requires resynthesis, and working through at different times in the surviving sibling's life. 2. Manifestations of survivor guilt were evident five or more years after the death. What is significant to the surviving sibling in early adulthood is the self-punishing aspect of survivor guilt with respect to meeting the challenges of this developmental period. 3. Overall, surviving siblings experience their parents to be limited in their emotional availability and attunement to their psychological needs. 4. After the death of a sibling, it is eventually possible to derive meaning from the loss. Surviving siblings become acutely aware of

their own mortality, the fragility of life, they are able to accept that many events in life are out of one's control, and feel skilled in their ability to prioritize what is important to them.

1. Mourning the Loss

One of the primary aims of this study has been to understand more about what it means to mourn the loss of a sibling in early adulthood. An important aspect of the loss that was revealed in the words of these surviving siblings was that they felt that mourning took a long time. One sibling expressed not even being able to begin to mourn until five years after the death, another sibling expressed feeling that at even eight, nine years after the death, there were still aspects of the loss to process, understand and mourn.

Why does it take so long to mourn the loss of a sibling? There are several factors that contribute to this aspect of sibling loss. First, the bond that develops between siblings is complex. It is a bond where the potential for warmth, empathy, and support is great. However, from a very early time it is a relationship that evokes many conflictual feelings. The envy, jealousy, hatred, and competition that exists between siblings engenders deeply rooted guilt and ambivalence that is not easily grasped or easily dispensed with. The early aggressive emotions towards one's sibling coupled with the guilt and ambivalence create a complicated set of feelings to be understood in the event of the death of the sibling.

A strong identification with and idealization of the deceased sibling further complicate the process of mourning. As Bank and Kahn, (1982) have noted, siblings who are strongly identified with one another either positively or negatively will undoubtedly have a longer and more difficult mourning process to endure. What is difficult is the deidealization of the deceased sibling that must eventually come to pass. Klein (1940) has

noted that part of the mourning process must include coming to know that the lost object was loved and trustworthy and capable of error, capable of dying and hence, not perfect. If the deceased sibling was looked up to, idealized by the surviving sibling, it will take time to come to understand that the sibling had faults, was not perfect, and yet could still be revered.

Arriving at this realization is a difficult task and perhaps made more exacting by the demands of early adulthood. Early adulthood is a time when one needs others to look up to and model. It is a time when mentoring is important. If the sibling who died served those functions for the surviving sibling it leaves him or her in an even more precarious and vulnerable place. The surviving sibling is without direction, is without the person whom they thought they would rely on to help them with the tasks of early adulthood. To mourn this aspect of the loss, and also come to understand that the deceased sibling had imperfections and let the surviving sibling down in ultimately the worst way, by dying, it becomes clear why the mourning process takes a long time.

Another factor that contributes to the time involved in mourning a sibling is the fact that the sibling who dies is relatively close in age to the surviving sibling, that is to say they are likely to be peers. This is also an aspect that makes the mourning of this loss different from mourning the loss of a parent. It is in the natural order of life to anticipate that parents die before their children and that one's sibling would be with them till the chronological end of life. When this does not occur it is a disruption of great magnitude. As Suzanna stated, referring to her process of mourning and what has made it so difficult, "It is not at all tied to real time because it is out of the continuum of things in life that happen in linear order . . ."

One cannot overlook the circumstances of how the sibling died in connection with the mourning process. The surviving siblings in this study who lost a sibling by violent murder have a higher degree of trauma to be psychologically processed and integrated. Bank and Kahn, (1982) also observed this to be true in their sample of surviving siblings. Under these circumstances of sibling loss, there is a murder investigation and perhaps a trial to withstand. Surviving siblings feel afraid for their own safety. As in Maggie and Suzanna's experience, the families never retrieved from the police meaningful possessions that belonged to the deceased sibling. This only adds to the tremendous despair they already feel.

Noteworthy, is the importance of the surviving sibling being able to re-tell, and remember the traumatic events under which their sibling was killed. Rosa and Suzanna both spoke about how difficult it is to talk about the details of their sibling's murder. Both are also acutely aware and sensitive to people not being able to tolerate hearing their story. Re-telling and remembering are both critical to the mourning process. It becomes a more difficult process when the sibling feels limited as to who they can talk with about the death.

These surviving siblings all felt in some way that they were not finished mourning, that mourning and grieving the loss of their sibling was something that would always be present in some form in their life. The longevity of their grief is perhaps a distinct aspect of this experience and one that prior research on sibling loss has supported (Haase, 1989; Muxen, 1990; Cain et al., 1964). Lehman et al. (1987, 1989) and the Report by the Committee for the study of Health Consequences of the Stress of Bereavement, (1984) also support the overall notion that the mourning process can take considerably longer than was previously thought and still not be considered problematic or pathological. The

words of these siblings convey that eight, ten, or seventeen years after the death, they continue to process what happened to their sibling and to them.

For the siblings who participated in this study, it had been at least five years since their sibling had died. Implicit in this selection criteria was the notion that perhaps a kind of mourning was still in process five or more years after the death. A mourning process that is not characterized by the elements of early grief such as the raw emotion, shock, denial, anger, and weeping, but a more subtle process. One that is not grounded in relinquishment of the tie but a process that is about maintaining the tie, finding ways to mourn that maintain the connection to the deceased sibling. How are we to understand the force that Rachel described in talking about her brother Ben that keeps the memories of him close to her? For Sara, how do we explain that nine years after Josh's death she is taken aback at the quality of how she misses him? Or Suzanna's feeling like there is more to process and mourn nine years after her brother's death and the longing that is evident in these surviving siblings' words?

How these surviving siblings describe their mourning process at this juncture in their lives, reveals several key aspects of the process that can help us to understand and conceptualize what latent, unimpeded mourning looks like after the acute period has passed: the wish for reunion, moments of missing and longing, memories that are experience near, the sense that this later mourning has a timeless quality to it, that one keeps coming back to these feelings, to resynthesize them again and again. The surviving sibling continues to have ongoing difficulty in accepting the finality of their sibling's death. The capacity to imagine the deceased sibling in the future, or with the surviving sibling presently in his or her life, feeling as though the deceased sibling can be brought to life by talking about him or her, through descriptions of memories, keeping momentos

that belonged to the sibling, and being able to derive meaning from the death, these are aspects of mourning that continue many years after the death. They evolve over time and are the psychological aspects of mourning that are in service of maintaining the connection to the deceased sibling.

These particular elements of mourning do not preclude moving forward in one's life, they are not inhibiting to growth and development. These aspects aid in sustaining the tie to the deceased sibling and also reflect that the surviving sibling has been able to internalize the qualities or characteristics of the sibling that foster growth and development of his or her sense of self. By mourning in this way the surviving sibling is able to maintain what Rubin (1984) refers to as an "active relationship" between the representations of the deceased and the surviving sibling's self representations. To be able to mourn in this way I believe reflects the ease and fluidity that Rubin (1984) proposes must characterize the relationship between the bereaved's self representations and the representations of the deceased. When internalization of the desired qualities and characteristics of the deceased sibling does not develop and there is not an active, fluid relationship between the surviving sibling's sense of self and the representations of the deceased sibling then it can be said that the mourning process is impeded.

If the surviving sibling is unable to talk about the sibling and the aspects of his or her death, or is unable to derive meaning from the death, or cannot tolerate sadness, or the wish for reunion, missing, and longing for the deceased sibling, then the mourning process is encumbered. When the feeling of keeping the sibling and the death so deeply private is paramount, I believe this points to a profound reluctance on the part of the surviving sibling to express and endure affects that are deeply painful but must be tolerated. When the surviving sibling cannot allow herself to imagine the sibling with her,

in her life presently, or imagine what the sibling might be like, what he or she might be doing, or how the two would be with each other now in the present, then it can be said that an active and fluid relationship with the memory of the deceased sibling is not able to be maintained and is indicative of mourning that is impeded.

Psychologically, what is involved in the work of mourning many years after the death of the sibling is clearly different from the early, acute mourning that occurs in the immediate period after the death. The notion of mourning being complete, the tie relinquished, psychic energy renewed and rechannelled, does not capture what it means to mourn the loss of a sibling in early adulthood. There is no argument that the acute period passes and that if one cannot get beyond those raw emotions then what results are the pathological responses previously discussed. But for the surviving sibling who is to live with this death, integrate it into her life, and reflect on who her brother or sister was to her, many years after the death and still conclude that she is mourning in some way, and convey that it feels as if it is something that is life-long, or a process that one comes back to again and again, or that it is like a spiral, as Jenny described, then we must think about this phase of mourning as not having a distinct end point. Instead, it must be thought of as an unfolding process one in which ideally all aspects are eventually conscious to the surviving sibling. It is in knowing when one misses or longs for their sibling or knowing that the wish for reunion is present or in being aware of how others remind one of the deceased sibling, it is in these aspects being conscious that the sibling can maintain a connection, find peace, derive meaning and mourn in a way that is not burdened with repeating and searching for something that can exist inside of them.

2. Survivor Guilt

The sibling bond in early childhood has been described as one where envy, jealousy, unconscious death wishes, and competition, all play a part. These feelings engender guilt and ambivalence, albeit, usually unconscious. The relationship changes with time and these aggressive aspects recede somewhat. It is certainly possible to go through life without being fully aware of one's early hatred, and envy or one's wish for triumph over one's sibling, and in turn, not be aware of ambivalent or guilty feelings. However, should the sibling die in childhood or adulthood, it will be near to impossible for the surviving sibling to come away untouched by profound guilt and ambivalence because of these early, primitive unconscious feelings about one's sibling. They are the genetic connection to understanding all the forms that survivor guilt takes in the surviving sibling whether young adult or child.

The literature on childhood sibling loss supports the idea that surviving siblings experience intense feelings of guilt long after the sibling has died. Cain et al., (1964), noted how children experienced profound feelings of guilt over their sibling's death five or more years after the death. Children express feelings that they caused the death, they wish it was them instead of their sibling who died, some children feel as though their parents have this wish as well (Schumaker, 1984). Sometimes it is difficult to convince the surviving child otherwise. Cain et al., (1964) reported that children exhibit depressive withdrawal, accident-prone behavior and punishment seeking behavior all of which are the manifestations of the guilt they feel. Survivor guilt for children is pronounced as it is for adults who lose a sibling in early adulthood.

The surviving siblings of this study all expressed feelings of guilt many years after the death of their sibling and addressed how it affected their lives. Jenny spoke of feeling

the need to live as full a life as possible because her brother Mark was robbed of that opportunity. Rachel continues to feel guilty and punishes herself with the recurring dream previously discussed. The dream is a reminder that she failed her brother Ben, and she must suffer through his illness again and again. Rosa expressed being aware of her guilt in the first year after her sister's death but now cannot tolerate the anguish of her survivor guilt. As with any sample there were individual differences in how they experienced guilt and the ways in which they each attempted to cope with it and understand its place in their subjective experience.

The role that guilt and ambivalence play in obstructing the mourning process is key. Early psychoanalytic writing suggested that any guilt and ambivalence towards the lost, loved object was denotative of pathological mourning. Eventually, the notion that guilt and ambivalence could be present in normal mourning was accepted. Horowitz (1990) and Krupp et al., (1986) suggest that the more ambivalence in the relationship then the more difficult the mourning will be. For siblings who lose a sibling it is not a question of whether or not the relationship was characterized by guilt and ambivalence. Guilt and ambivalent feelings are intrinsic to the sibling bond. The extent to which mourning becomes impeded is dependent upon the degree to which these feelings are conscious to the surviving sibling and whether or not the surviving sibling knows what form they take in her subjective experience. This is a very difficult aspect of mourning the loss of a sibling. It is hard to accept the guilt one has for perhaps prior unresolved conflicts with the deceased sibling and to add to that, guilt for not dying, for surviving and having a life to lead, hopefully a life that can be filled with ambition, purpose and peace.

Unconscious guilt is a very powerful organizer of behavior. Surviving siblings who lose a sibling in early adulthood are vulnerable to significant delay in meeting the developmental tasks of this period. Without understanding the depth of their guilt and what form it takes, whether it is in sabotaging potential achievements, underachievement or somatic symptom formation, it will impede their ability to mourn the loss in such a way that enables the surviving sibling to maintain an active connection to the deceased sibling. If guilt and ambivalence remain unconscious, internalization of desired and cherished aspects of the deceased sibling will be prohibited.

For guilt and ambivalence to come into conscious awareness not only takes time, it may require the setting of psychotherapy or psychoanalysis to help the surviving sibling uncover and understand how these feelings affect the quality of life they are striving to have in the face of this loss. Given the despair and isolation that not only the surviving sibling feels, but the parents as well, in the face of losing a child, it is doubtful that the parents can help the surviving sibling come to terms with these deep and complicated feelings towards the deceased sibling as they themselves are faced with overwhelming and perhaps crippling guilt.

3. The Role of Parents

The role that parents can play in helping their remaining children deal with the loss of their sibling is limited. Parents who are able to display competence in the immediate period following the death in terms of decisions that need to be made with regard to the funeral, the body, the burial, and even offering a return home for a period can be felt as helpful to the surviving sibling.

After this early, initial period it becomes increasingly more difficult for the parents and surviving children to be emotionally in sink with one another. Surviving young adult children become all too aware of wanting to spare their parents more pain and burden. This is at the surviving sibling's emotional expense. The surviving sibling feels the need to protect her parents, she feels overly concerned with not wanting to upset her parents by expressing whatever feelings she is having at the time about her deceased sibling. The idea of turning to her parents to provide the empathic environment that is so needed becomes ladened with anxiety, fear and shame.

Anxiety and fear that her needs will not get met, and in trying, she will upset, anger or sadden her parents more than they already are. For siblings whose parents demand a silence about the death, the desire to speak to about it can leave the surviving sibling feeling ashamed. As was previously described by Rachel, in telling her family that she was partaking in this endeavor, she felt her family to be unresponsive, and at the same time left her feeling as though there was something the matter with her for wanting to share her experience of losing her brother Ben.

Anxiety, fear and shame leave the surviving sibling feeling alone with a complicated set of feelings. The extremely important need to talk with the parents about the deceased sibling goes unmet. It can be argued that perhaps other siblings or friends or a therapist could be called upon to lend the needed support. The importance of supportive others is not to be dismissed. However, I believe that parents hold a very particular place and function in this death and that the emotional needs of the surviving sibling are not so easily met by others, even if they are available and supportive.

Others outside the family do not share the sense of history and sense of knowing the deceased sibling that exists within the family. Adult surviving siblings want their

parents to help them with this loss, help them understand the incomprehensible, help them understand that they weren't responsible, or that they will not get sick, or that something bad will not befall them. Surviving siblings want their parents to make the world safe again for them, to reassure the surviving sibling that they, the parent, can tolerate all the feelings they have even if it means intense sadness and despair. It is truly one of the saddest aspects of this loss, that surviving siblings have deeply felt needs for their parents and yet parents have also suffered what is perhaps the gravest loss of their life which prevents them from being emotionally present and attuned to their surviving children.

4. Creating Meaning from the Death

How does one arrive at the place of creating meaning from this loss that is so hard to fathom and brings with it such sadness and anguish? To say it simply, it is a long and painful journey to get to that place. For some surviving siblings this question would seem pointless as they are left to feel that no meaning can be derived from something that initially feels so senseless and out of order, out of the natural course of time. They defend against thinking about this question. Other siblings struggle with this question.

In order to feel that one has been able to create meaning from the death I believe speaks first to a mourning process that is not impeded or burdened. Being able to create a place for the deceased sibling, and acknowledging that something helpful, and meaningful is gained from their death reflects a fundamental acceptance that the surviving sibling's life has worth. The sibling is able to know that her life must continue and have meaning even though her sibling was denied this chance. For those in the

surviving sibling's world, they will need to be patient and know that it takes time to come to this realization.

It is not always possible to reach this place. Mourning that is burdened with unconscious guilt, can prevent the surviving sibling from coming to understand that there is meaning to be created and taken from this death. Being able to make meaning from the death requires that one is fully able to acknowledge the guilt and know deeply how it takes shape in the surviving sibling's life. This is the juncture that enables one to derive and experience a creative force that is borne out of a deep understanding of one's internal experience of this loss.

Hypotheses Generated from this Exploration

A number of hypotheses have been generated from the narrative data of these surviving siblings. 1. What has been made clear from this study and others is the critical role the parents have in helping surviving siblings mourn the loss of a brother or sister. The more capable the parents are of tolerating their surviving child's feelings about the deceased sibling and his/her death, the less likely that the mourning process will become impeded. If the surviving child is encouraged to talk to the parents about the sibling, to keep momentos, to remember anniversaries, to express whatever feelings he or she has about the deceased sibling then the mourning process can unfold in such a way that is in service of maintaining an important and often needed connection to the deceased sibling. 2. For surviving siblings whose parents insist on silence about the deceased sibling and the circumstances surrounding the death, this creates profound impairment in the mourning process. Such that the surviving sibling may feel completely incapable of mourning the death even many years later. The more silent and withholding parents are

about their feelings about the death the more difficult it will be for the surviving sibling to mourn. The sibling in this family will be more likely to feel a sense of shame about the death. 3. In the event that the parents are unable to provide the needed empathic environment for the surviving sibling, then supportive others, including the therapist/analyst will need to be relied upon to offer the necessary emotional holding. The surviving sibling who is able to rely on others, or enter treatment for this specific reason is likely to be better able to mourn the loss of a sibling than the surviving sibling who is without supportive others or who does not enter psychotherapy or psychoanalysis. 4. Early adulthood is a period in which losing a sibling can make meeting the developmental tasks more difficult. If the sibling who died was idealized, looked up to, was perhaps a potential mentor, then in the face of the this loss meeting the tasks of this stage will be made more difficult than for those siblings who did not rely on the deceased sibling in that way. 5. Being able to see the body of the deceased sibling can help to make the death concrete for the surviving sibling even if the body suffered harm or damage as a result of the death. Siblings who see the body either before burial or cremation are better able to assimilate the horror, and shock of their sibling's death than those siblings who, for whatever reason, do not see the body.

Limitations of this Study

There will always be limitations to exploring a human, emotional experience. When one wishes to gain a deeper understanding of a particular phenomenon there are of course many ways to achieve that goal. This exploration was designed to further our understanding of sibling loss in early adulthood. The design of this study enabled one to gain a deeper knowledge of the subjective experience of the surviving sibling and what it

means to mourn the death of a brother or sister. This kind of undertaking was intended to reveal aspects of emotional experience that require time on both the part of the researcher as well as the subject.

The qualitative exploration appropriately involves a small sample. This can be interpreted as a limitation due to the fact that one cannot then generalize to the larger population. One can only suggest that the qualitative findings are representative of the experience being studied. A limitation of the present study related to the sample is that only female subjects participated. Although attempts were made to have male subjects participate, this was not realized. It is suggested in prior research on sibling loss that there are differences with respect to gender and grieving (Muxen, 1990). This was a significant loss and limitation to the present study to not be able to explore the feelings of both men and women who lost a sibling.

Another limitation of the present study is the reliance on retrospective data. The siblings of this study were recalling events that happened five or more years prior to being interviewed. Events are forgotten, remembered in ways that may be different from how they actually occurred, and one cannot dismiss that with emotionally charged and painful material that one's defensive style will affect how one remembers.

The subjects in this study were volunteers. When this is the case one must keep in mind the question of why someone chose to participate and why someone chose not to participate. The researcher can only speculate as to why subjects would not participate. Given the nature of this study, the time commitment involved in terms of the interview process, and the potential to feel emotionally distressed by remembering, and re-telling the experience, these aspects were likely to have prevented surviving siblings, both male and female, from participating. For those who did choose to participate it is clear that

they believed that the experience would be helpful to them. The siblings who were involved in this study desired the opportunity to talk about the loss with someone whom they felt could understand the experience.

Due to a variety of constraints it was only possible to interview one sibling in the family. It would undoubtedly have been advantageous to have interviewed other surviving siblings within the family to gain a richer understanding of this experience, to observe the similarities and differences that exist between them with respect to the loss.

Implications for Future Research

Future research, both qualitative and quantitative, on sibling loss would benefit greatly from involving more than one sibling in a family. It would deepen our understanding of what it means to lose a sibling in childhood, adolescence, or adulthood to have multiple perspectives on the loss and, to observe what is different and similar between siblings. In the best of situations it would be tremendously helpful to have not only surviving siblings but the parents as well participate in future explorations of sibling loss.

It is clear that parents are faced with an overwhelming situation in losing a young child or an adult child. They need help with their own grieving and in attempting to find ways to help their surviving children deal with this devastating loss not only in the immediate period after the death but years later as well. It could prove helpful to have future research designed as treatment/intervention studies that involve the offering of psychological services both for the surviving children and parents but with a particular emphasis on helping the parents help their surviving children mourn the death.

Future research on sibling loss in adulthood needs to continue to examine the role that supportive others can play in helping the surviving sibling mourn the loss. It would be of interest to examine who, if the parents are unavailable, the sibling turns to, what was felt to be helpful and why.

In this exploration there were differences among the siblings with respect to decisions that were made regarding the body of the deceased sibling. Several siblings had contact with the body, that is to say, the saw it, and touched it, before burial. The other siblings did not have contact or see the body before the cremation took place. The siblings who had contact reported that they felt it was helpful in making the death concrete. Future research on sibling loss that addresses the issue of handling the body, whether to cremate or bury and whether or not to see and have contact with the body, could prove helpful to parents who must face these painful decisions.

Clinical Implications

The findings from this exploration can provide a deeper understanding of what it means to lose a sibling for the clinician who may have surviving siblings as their patients. Of the utmost importance in the clinical setting is that the therapist needs to be able to tolerate the complicated feelings that arise from this experience. The surviving sibling will need to feel that the therapeutic setting is a place where she can remember and re-tell the aspects of the loss that are excruciating. The surviving sibling needs to be able to experience the therapist as someone who can tolerate not only the horrific aspects but also the sadness and anguish as well. The clinician needs to be mindful that this will take time.

Surviving siblings are acutely sensitive to the feeling that people don't really want to listen to what this loss feels like for them or that it feels burdensome to talk about the experience. It will be important for the therapist to be aware of any resistance on his or her part to hearing this material and in so doing confirming for the sibling that it is a burden to listen to the feelings and thoughts the surviving sibling has about the death of her sibling.

The treatment setting can provide the surviving sibling with the empathic environment that is necessary for the mourning process to unfold. The clinician needs to be attuned to the surviving sibling's ability to maintain an active connection to the deceased sibling. What is the quality of the memories the surviving sibling is able to have, do the memories provide the feelings of connection and warmth, are they sustaining to the surviving sibling's sense of self? Or do the memories of the deceased sibling create apprehension, self-doubt, a sense of inadequacy, or evoke the feeling that the surviving sibling isn't worthy of having a life filled with purpose and even happiness? These are the questions that the clinician must think about in terms of evaluating whether the mourning process is impeded or not. The therapeutic setting can help the surviving sibling to understand what is painful and complicated about the loss of a brother or sister. It can also help the surviving sibling come to know that she can move forward in life. The therapist can serve the very important functions of metaphorically holding the surviving sibling, perhaps serve as a mentor, and be a supportive, empathic other so that the surviving sibling can understand, mourn and integrate the profound sadness of having to live a life without her brother or sister.

APPENDIX

INTERVIEW GUIDE

Demographic Information

Name

Address

Age

Age when sibling died.

Level of education

Family Composition

Description of family, including birth order of siblings, ages of family members, level of education of family members, professions.

Circumstances of Death

What were the circumstances of the death?

Where was the subject at the time of the death?

How was the subject told of the death and who told the subject?

Did the surviving sibling see, touch or have contact with the body of the deceased sibling?

If so what was the nature of the contact?

If the deceased sibling was cremated, did the surviving sibling have contact before the cremation took place?

If the deceased sibling was cremated, how were the ashes disposed of?

What were the funeral arrangements? How involved was the subject in these arrangements?

How long was the subject's daily routine and activities interrupted?

Describe, if any, changes in living arrangements that took place as a result of the death.

The Mourning Process

What were your immediate reactions after you were told?

What were those first days and weeks like?

Is your memory of that time clear or does it feel vague and difficult to remember?

What was the first year after the death like?

What were your thoughts and feelings about your sibling during that first year?

Who did you depend on for support during this time?

Did you feel that you could go to your parents for emotional support?

Were your parents able to comfort each other and offer comfort to you?

Did the family grieve together, openly?

Were you able to talk with your other siblings about the death and your feelings?

How do you feel about your sibling's death now?

How have your feelings changed?

How do you think about your sibling now?

What do you imagine might be different about your life if your sibling were alive today?

How do you feel the loss has influenced your relationships, values, attitudes towards death, career goals or aspirations?

Do you feel that anything positive has come from your experience.

Description of Relationship with Sibling

What was your relationship like with your sibling, during childhood, and adolescence?

Memories

What are your earliest memories of you and your sibling?

Describe a memory of you and your sibling when you between the ages of 12-13?

Describe your happiest memory or time with your sibling?

Worst memory or time with your sibling?

Dreams

Do you have dreams of your sibling?

Do you have recurring dreams of your sibling?

Describe one of the dreams that you have had of your sibling.

Psychotherapy

If currently in psychotherapy, did you enter treatment before or after the death of your sibling?

How have you talked about the death with your therapist?

Other

Is there anything that you would like me to know that we haven't already talked about?

How has it felt for you to participate in this research project?

INFORMED CONSENT FORM

The purpose of this study is to explore the subjective experience of losing a sibling in one's early adulthood. I am particularly interested in how the tasks of early adulthood have been affected by this experience and how you feel this experience has affected your life.

Surviving siblings who have lost a sibling between the ages of 18 and 35 are being asked to participate. I plan to meet with each subject for two to three tape recorded interviews, each lasting approximately two hours. The interviews will occur over a period of several weeks.

TO PARTICIPANTS:

I appreciate and respect your willingness to participate in this research project. Given the sensitive nature of the topic I am aware that during the interview process painful feelings may emerge. Please understand that you are free to refuse to discuss anything that causes you discomfort. After the research is completed I plan to meet with you again to discuss the findings. At that time, or at any time after the interviews, I will be available to meet with you about any additional concerns that you may have as a result of this reflective process.

All research data will be strictly confidential. In the event of publication and/or presentation all identifying information will be changed and pseudonyms will be used to preserve anonymity.

Please sign below indicating your understanding and willingness to participate in this research project. Thank you.

Elizabeth H. Pike, M.Ed.
Doctoral Candidate
Clinical Psychology
City College, C.U.N.Y.

TO BE COMPLETED BY PARTICIPANT:

I have read the above statement and understand both the purpose and procedures to be used in this study. I agree to participate in this study as described.

SIGNATURE _____

ADDRESS & PHONE NUMBER:

_____

_____

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