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Sibs Remembered: Online Support and Resources for Bereaved Siblings

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SIBS REMEMBERED: ONLINE SUPPORT AND RESOURCES FOR
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PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY

BY

CANDACE BECK, Psy.M.

IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY

Dayton, Ohio   September, 2012

COMMITTEE CHAIR: Cheryl Meyer, Ph.D., J.D.

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WRIGHT STATE UNIVERSITY

SCHOOL OF PROFESSIONAL PSYCHOLOGY

June 27, 2011

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **CANDACE BECK** ENTITLED **SIBS REMEMBERED: ONLINE SUPPORT AND RESOURCES FOR BEREAVED SIBLINGS** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

_____
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Abstract

The relationship that exists between siblings is unique, significant, and often lifelong, and to lose a sibling to death impacts the surviving sibling for a lifetime. There are many factors that can affect the bereaved sibling's grief responses, such as developmental factors, funeral attendance, cause of death, family dynamics, and time since the death. Interventions for the bereaved include individual, family, or group therapy, and support groups. Unfortunately, surviving siblings are often the "forgotten mourners" who are not connected to supportive services, and/or the community is lacking in programming for assisting bereaved children. Given the unique aspects of sibling bereavement and the limited resources that may be available to these youth, it seems necessary to consider ways to expand the availability and accessibility of support and coping resources that youth can utilize to promote their resilience. It is argued that the Internet can provide an appealing means to provide youth information, resources, and connection to other bereaved siblings. This paper presents the contents of a website, Sibs Remembered, developed for adolescents to help them understand their grief process, learn effective ways to cope, memorialize their sibling, and connect to others who share their pain. The website contains pages that list common grief reactions, celebrities who had a sibling die, songs and movies dealing with grief, activities for anniversaries and birthdays, and journal ideas. Limitations and future directions for providing online support are also discussed.

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Acknowledgements

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Dedication

This project was completed in memory of my brother, Isaac Joseph Lones, who was full of life

and laughter throughout the 15 years of his life here on Earth. He touched the lives of many

while he was alive, and continues to leave an imprint on my heart that will be forever present. I

dedicate this project to my family, particularly my four other siblings, Amber, Heidi, Zack, and

Kylie, as well as to all those individuals who have been impacted by the death of a sibling. May

you feel free to grieve, find courage to love others deeply even though it's risky and can hurt,

experience comfort and hope, and use your experiences to help others.

Chapter 1

Statement of the Problem

The relationship that exists between siblings is one that is unique and significant. Beginning in childhood, the sibling relationship typically lasts longer than any other familial or nonfamilial relationship (Moss & Moss, 1986). Siblings often have more than parents and other family members in common; they share common traditions, events, and memories which create an emotional bond between them (Davies, 2003; Moss & Moss, 1986; Stahlman, 1996). This shared emotional bond can then facilitate the process of identity formation and the development of the self, especially during adolescence (Bank & Kahn, 1982). Sibling relationships are also distinct from other relationships in that they are ascribed by birth or legal action, rather than earned. Therefore, the sibling relationship is a never-ending relationship, and even when a sibling dies, the deceased sibling continues to be considered a sibling (Davies, 2003).

Sibling relationships serve important functions in an individual's social development. Brothers and sisters are often viewed as role models for each other, and they can provide a venue for practicing social skills (Stahlman, 1996). Life skills related to cooperation, negotiation, competition, and empathy are also developed within the sibling context (Nadelman & Begun, 1982). Furthermore, siblings can be an ongoing source of social support. While peer relationships tend to be more fluid, sibling

relationships often remain a constant, thus providing lifelong companionship (Bank & Kahn, 1982). In fact, Kahn (1983) asserts that the trust and interdependence between siblings, particularly later in life, is one of the most significant types of relationships to experience. Thus, to lose a sibling to death during childhood can rob the bereaved sibling of a childhood companion, lifelong friend, and relational bond that offers something which cannot be matched by other interpersonal relationships (Davies, 2003).

While there are many positive aspects of the sibling relationship, negative features also exist within this family subsystem, making the relationship a complex one. Conflicts and rivalries are bound to occur due to individual and age differences between siblings, jealousy, selfishness, and attempts to gain parental attention and affection. While such conflicts may be resolved or minimized as the siblings and the relationship mature, this potential resolution does not exist when a sibling dies, and can leave the surviving sibling with feelings of regret and sorrow for actions that were or were not done (Davies, 2003; Hogan & DeSantis, 1992).

It is estimated that 1.8 million individuals in the United States will experience the death of a sibling by the time they are 19 years old (Hogan & DeSantis, 1996). Given the distinctive, significant, and complex nature of the sibling relationship as described above, such a loss could have a profound impact on the surviving sibling, particularly when the death occurs during childhood. While the death ends a life, the sibling relationship continues on where the dead sibling is still referenced and/or remembered as a brother or sister (Stahlman, 1996). Death does not change the fact that the sibling existed, had an influence on his/her sibling, and will continue to have some kind of influence despite his/her death. However, the impact of a sibling's death on the surviving child has been

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an area of minimal empirical focus until the 1980s. Prior to that, researchers interested in

child bereavement primarily focused on the influence of a parent's death in a child's life,

or examined the impact of the death of any loved one in general without considering the

unique aspects of one type of death versus another (i.e., parent versus sibling).

Researchers have now established that the death of a brother or sister not only impacts

the surviving sibling for a lifetime, but have also determined that sibling bereavement has

some distinguishing features that affect the course of bereavement differently than the

death of a parent (Worden, 1996). These features will be discussed in greater detail in the

subsequent chapter.

Given the impact of a death on a child, interventions have been developed to

provide support to youth as they process through their grief. Although individual and

family counseling are sometimes utilized, one of the most popular methods of

intervention is a peer support group. Participation in a peer grief support group allows

youth the opportunity to meet with individuals who share similar experiences, and

facilitates the grief process through various grief-related games and activities. Although

these methods of providing support to bereaved siblings are beneficial, many surviving

siblings are not able to access these services due to geographic, familial, and personal

factors, which will be reviewed in this paper.

Purpose of Project

Based on these limitations, the purpose of this project is to expand the availability

and accessibility of support and coping resources that youth can utilize to promote their

resilience following the death of a sibling. This will be accomplished through the creation

of a website designed specifically for bereaved siblings.

Chapter 2

Literature Review

The death of a child usually occurs within the context of a family unit, and historically, studies about this type of death have focused on parental reactions since the loss of a child has been described as one of the most devastating and unnatural types of loss (Davies, 2003; Stahlman, 1996). Although some researchers began to investigate a child's concept of death in the 1930s (Anthony, 1939; Nagy, 1948; Schilder & Wechsler, 1934), interest in child bereavement did not grow until the 1960s and 1970s. Following World War II, a rise in adolescent delinquency occurred, and theorists speculated that there was a relationship between loss experiences and such behavior (Lamers, 2003). Therefore, from the 1960s to the early 1980s, researchers considered the capacity of a child to mourn (Bowlby, 1963, 1980; Wolfenstein, 1966) and attempted to determine if the death of a close relative during childhood led to delinquent behavior during adolescence (Shoor & Speed, 1963).

Bowlby (1963, 1980) observed that many of the delinquents he studied had lost parents within the first 5 years of their lives, and subsequently began to study young children's reactions to the loss of their mother. He observed that the children displayed sadness, withdrawn behavior, and symptoms of depression, concluding that even young children mourn. Additionally, Shoor and Speed (1963) evaluated twelve cases in which

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delinquent behavior followed the death of a parent and noted that such a loss could result in a pathological reaction, such as delinquent behavior or a psychiatric syndrome. They also found that therapeutic intervention aimed at creating an environment where a normal grief process could be experienced helped decrease delinquent behavior.

Most of the early writings on child bereavement were authored by psychiatrists and subsequently focused on pathological reactions to death. In addition to studying the connection between childhood loss and delinquency during adolescence, they described other clinical manifestations of loss, and specifically observed that several patients manifesting severe adult depression and psychosomatic symptoms had also experienced the death of a family member during childhood (Beck, 1963; Birtchnell, 1970; Dizmang, 1969; Brown, Harris, & Copeland, 1977). Because the authors on the topic were psychiatrists and the individuals being studied consisted of psychiatric patients, little was known about how grief could be normally processed and resolved. Furthermore, the earliest researchers in childhood bereavement often focused on the death of one or both parents rather than the death of a sibling because parental death was viewed as highly detrimental to a child's physical and psychosocial survival (Rando, 1988).

Overview of Sibling Bereavement

The purpose of this section is to provide a historical overview of the study of sibling bereavement. Therefore, the articles referenced within this section will be described in further detail in later sections of this paper.

The first published article explicitly referencing sibling bereavement was written by Rosenzweig and Bray in 1943. The authors discussed the pathological effects of experiencing the death of a sibling, particularly considering the connection between sibling bereavement and schizophrenia. They observed that males who were diagnosed with schizophrenia were twice as likely to have a history of losing a younger sibling as patients with other diagnoses, such as manic depression, or control participants. However, no other articles on sibling death appeared until the 1960s, and even then, only four papers were published (Cain, Fast, & Erickson, 1964; Hilgard, 1969; Pollock, 1962; Rosenblatt, 1969). These articles focused on disturbed reactions following the loss. The topic of sibling bereavement remained an area of limited discussion throughout the 1970s, as evidenced by the publication of only five articles (Binger, 1973; Blinder, 1972; Krell & Rabkin, 1979; Nixon & Pearn, 1977; Tooley, 1973). Similar to the topic of child bereavement in general, several of these papers were published by psychiatrists and continued to focus on pathological outcomes following loss.

Although there was limited consideration of the impact of the death of a sibling throughout the 1960s and 1970s, during the 1980s, a growing interest in the health and well-being of children among nurses, psychologists, social workers, and schools led to an increase in the number of publications on sibling bereavement (review by Davies, 2003). Whereas prior papers had been solely published in psychiatric journals, articles on the subject were now appearing in journals such as *School Health, Death Studies,* and *Children's Health Care*. In the first publication of the decade, Zelauskas (1981) completed a brief review of the literature on sibling bereavement. He highlighted the

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need to attend to this population of grievers as their experiences are often overlooked and neglected, as the focus of support tends to be on the grieving parents.

Throughout the 1980s, some research continued to focus on the pathological reactions of sibling death (Balk, 1983; Demi & Gilbert, 1987; Rosen & Cohen, 1981; Van Eerdewegh, Clayton, & Van Eerdewegh, 1985). However, the particular responses of adolescents to the death of a sibling also became a focus of attention. Many authors (Balk, 1983; Fleming & Adolph, 1986; Martinson, Davies, & McClowry, 1987) considered the impact of sibling death on an adolescent's self-concept, school performance, and mental health. Additionally, researchers in the field of child bereavement considered different factors that could influence bereavement reactions and outcomes, such as the closeness of the siblings (Davies, 1988a), cause of death (Adams & Deveau, 1987; Brett & Davies, 1988; Davies 1988b; Eth & Pynoos, 1985; Mandell, McAnulty, & Carlson, 1983; Parkes, 1987; Stephenson, 1986) funeral attendance (Davies, 1984; Fristad, Cain, & Bowes, 1988; McCown, 1984; McCown & Pratt, 1985) , time elapsed since the death, (Davies, 1984, 1987; Hogan, 1988; Payne, Goff, & Paulson, 1980; Rosen, 1986), and family environment (Davies, 1988b; Demi & Gilbert, 1987; McCown & Pratt, 1985; Pettle Michael & Lansdown, 1986).

During the 1990s and up to the present year, the literature on sibling bereavement has continued to expand. Researchers continue to document the impact of specific types of death, such as suicide (Cerel, Fristad, Weller, & Weller, 1999; Cerel, Jordan, & Duberstein, 2008; Gallo & Pfeffer, 2003) and sudden death (Forward & Garlie, 2003; Patrick, Beckenbach, Webb, & Ziomek-Daigle, 2007) on family members to determine how reactions may differ based on type of death. Additionally, while some authors have

noted the specific effects of sibling death on younger children (McCown & Davies, 1995), others have remained focused on describing the process of adolescent sibling bereavement (Balk, 1990, 1991; Fanos & Nickerson, 1991; Hogan & DeSantis, 1992, 1994; Hogan & Greenfield, 1994). Developmental factors related to a child's understanding of death and the impact of a sibling's death has also been discussed in recent literature (Davies, 1999; Kaplan & Joslin, 1993; Speece & Brent, 1996; Webb, 2002).

Many authors have also written books that document the impact of bereavement on young people, provide guidelines for professional helpers, and highlight the need for additional research in the field (McCarthy & Jessop, 2005; Nolen-Hoeksema & Larson, 1999; Davies, 2003). In 1999, Davies published, *Shadows in the Sun,* which specifically focused on sibling bereavement and compiled research and her own clinical experiences to provide a conceptualization model of sibling bereavement.

Studies on child and sibling bereavement have also shifted from describing general negative reactions that follow death to evaluating specific factors that facilitate coping and resilience, and to documenting positive personal changes that may follow a death (Davies, 1991, 1999, 2002; DeSantis, 1994; Hogan & DeSantis, 1992, 1994). Furthermore, researchers within the area of child bereavement have increased their focus on developing and assessing the efficacy of intervention programs for bereaved children as outcome data has become essential for obtaining funding for these programs. However, information regarding interventions specifically related to sibling bereavement is minimal, and is identified as an area in need of further attention within the literature.

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Responses to the Death of a Sibling

Early literature documenting the impact of sibling death on the surviving brother/sister focused on disturbed reactions following the loss, as many researchers and authors were psychiatrists writing about their patients. One of the first to look at sibling bereavement, Pollock (1962) analyzed data from 380 of his psychiatric patients with a history of parent or sibling loss that occurred prior to the patient's nineteenth birthday. Of those patients who lost a sibling, 2.7% were females, while 7.6% were males. The majority of the female patients had lost an older brother, whereas most of the male patients had lost a younger brother. Pollock did not attempt to conclude that the loss was the causal determinant of the psychiatric symptoms presented by the patient, as not all persons who experience a death develop severe pathology. He did, however, believe that his data suggested that parental or sibling death has some effect on the surviving person's personality development, and this event, in conjunction with other factors, played some role in the development of psychiatric illness. He further speculated that maybe female patients had increased conflicts with their older male siblings, whereas male patients had more conflict with younger male siblings, which may have contributed to a more pathological grief reaction.

Rosenblatt (1969) presented a case study of a 6-year old boy who was preoccupied with his sister's death. The young boy was also displaying aggression and psychosomatic symptoms, but with brief therapy, was able to resolve his grief. Blinder (1972) further highlighted the impact of sibling death using three case studies. Specific reactions that were problematic for the youth included somatic complaints, anxiety, poor school performance, social withdrawal, and negativism. In each of these cases, such

reactions occurred immediately and continued two and three years post-death. Cain, Fast, and Erickson (1964) also examined reactions following death, but reported on several children and found that approximately half of them suffered from excessive guilt that in some cases led to depression, preoccupation, suicidal thoughts, and acting out behaviors.

The most commonly reported responses to sibling death found in the literature, historically and currently, were depression and symptomatology related to depression, regardless of age (Balk, 1983; Bowlby, 1963; Birtchnell, 1970; Demi & Gilbert, 1987; Hogan, 1987; Koocher, 1983). Specific symptoms noted included loss of appetite, nightmares and other sleep disturbances, poor concentration, feelings of powerlessness and helplessness, and decreased self-worth. Other reactions, such as denial, fear of separation from loved ones, guilt, anxiety, sadness, and anger have also been documented (Rosen & Cohen, 1981; Van Eerdewegh, Clayton, & Van Eerdewegh, 1985).

Research has demonstrated that younger children often regress behaviorally following death, exhibiting behaviors such as bed-wetting, thumb-sucking, temper tantrums, or clinging (Vida & Grizenko, 1989). Furthermore, Hutton and Bradley (1994) and McCown and Davies (1995) reported that children between the ages of 4 and 11 are more likely to be stubborn, irritable, and argumentative following the death. Dent, Condon, Blair, & Fleming (1996) found that the majority of surviving siblings between the ages of 10 months and 15 years old experienced some behavioral change from six months to two years following the loss. While aggression was the most commonly reported behavior change, bed-wetting, lying, withdrawn, and clingy behaviors were also noted, as were concentration and difficulties relating with peers. Socially, bereaved

siblings have indicated feeling 'different' from peers, as they feel more psychologically

mature because of their unique insight into life and death (Davies, 1991). Subsequently,

they have been found to be more socially withdrawn, and have lower social competence

because they may withdraw from their peers at a time when this social interaction is

critical for social development (Birenbaum, 1990, Davies, 1991).

Much of the sibling bereavement literature has specifically focused on grief

responses and processes of the adolescent. Fleming and Adolph (1986) developed a

conceptual framework of adolescent bereavement that integrated theories of adjustment

to loss and theories on ego development, suggesting that an adolescent's grief reactions

are unique and partially based upon the developmental phase s/he is in. Within this

model, they defined adolescence as the years from 11 to 21, and described tasks or

conflicts that an adolescent would face in each of three stages spanning three years. The

response of an adolescent to a crisis event, such as the death of a brother or sister, would

then be partially determined by the stage he/she is in and the tasks of that stage. For

example, if the death of a sibling occurred between the ages of 11 and 14 when the task

of emotionally separating from the parent is supposed to be occurring, the death may

result in a developmental arrest to where that task is avoided or delayed. Similarly, if the

death happened between the ages of 14 and 17 when the adolescent was attempting to

gain mastery, control, or independence, or between the ages of 17 and 21 when the task is

to establish a healthy level of intimacy and commitment with others, the surviving sibling

may experience difficulties with accomplishing these tasks.

In looking at specific symptoms following a death, Balk (1983) interviewed 33

teenagers between the ages of 14 and 19 whose sibling died to inquire about their grief

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reactions. Common immediate reactions to the death included depression, anger, numbness, loneliness, shock, confusion, guilt, and fear. However these symptoms had decreased by the time of the interview (mean 23.6 months following death). Some participants also initially experienced hallucinations (seeing or hearing dead sibling), disrupted eating and sleeping patterns, and frequent thoughts about the deceased sibling. The majority of participants also reported that grades and study habits declined following the death, but had returned to normal levels by the time of the interview.

The results of Balk's (1983) study in the area of self-concept are of notable significance. On the self-concept measure, scores suggested that bereaved adolescents were as adjusted as same-age, same-sex control groups. However, bereaved adolescents placed higher importance on religion and perceived themselves to be more personally mature. These findings are consistent with the results of other research that measures self-concept and bereaved adolescents (Davies, 1991; Martinson, Davies, & McClowry, 1987). Most importantly, these studies provide data from community samples (rather than psychiatric patients), thus describing grief responses from a nonpathological viewpoint, and demonstrating how sibling death can provide an opportunity for psychological growth.

Studies during the 1990s on bereaved adolescents' reactions to sibling death have continued to focus on the death's impact on self-concept. Balk (1990) analyzed the data of 42 adolescent siblings 4 to 84 months following their brother/sister's death and observed a relationship between the adolescent's grief reaction and level of self-concept (high, low, or average in comparison to the norm group). During the first weeks of the death, siblings placed in the low self-concept group exhibited depression, fear, suicidal

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ideation, sleeping difficulties, and preoccupations with thoughts of their deceased sibling. Over time, they felt less angry, but more confused than individuals in the high or average self-concept group. In contrast, individuals in the high self-concept group initially experienced confusion and decreased appetite, but over time, less grief symptoms were reported than for any other group. Finally, those siblings who fell within the average self-concept category felt angrier during the first few weeks of the death, and continued to experience higher levels of anger, loneliness, and depression over time.

In a similar study, Hogan and Greenfield (1991) studied the relationship between self-concept and the intensity of grief symptoms. They studied 87 adolescents aged 13-18 who had experienced sibling death within the past 18 months to 5 years, and divided these adolescents into mild, moderate, and high levels of intense symptoms of bereavement based on adolescent ratings on the Hogan Sibling Inventory of Bereavement (Hogan, 1990) instrument. They found that low self-concept scores were related to high intensity of grief, moderate self-concept scores were related to moderate intensity of grief, and high self-concept scores were related to low intensity of grief. Hogan and Greenfield (1991) concluded that there is an association between lower self-concept and the experience of prolonged, intense symptoms of grief. Based on the results of this and previous studies, it is unknown if the intense grief reactions are causing a lower self-concept, or if an adolescent with a lower self-concept is more vulnerable to experiencing more intense grief reactions. Determining the direction of this association will have implications on identifying more at-risk populations and in treatment approaches with bereaved siblings. For example, if the intense grief reactions are causing the lower self-

concept, addressing the grief would be first priority in treatment as it would be likely that improved self-concept would naturally occur with a reduction in problematic symptoms.

In summary, research has demonstrated that the death of a brother or sister does indeed impact the surviving sibling. Although individuals can differ to some degree in how their grief manifests behaviorally and emotionally, across age groups and time, sadness, depression, fear, guilt, and withdrawn behaviors appear to be the most commonly reported grief responses. It is critical to understand the grief processes and responses of bereaved siblings so that intervention programs know when and how to provide support to these youth.

Factors Affecting Reactions to Sibling Death

In addition to looking at the grief responses of youth who experience the death of a sibling, researchers in the field of child bereavement have considered different factors that could influence bereavement reactions and outcome, which can also help determine the types of interventions needed. For example, Davies (1988a) found that closeness between siblings (as measured by shared life space) affected bereavement outcome such that surviving siblings who were closer to their sibling prior to death experienced more internalizing behavior following death. More specifically, the surviving sibling experienced feelings of loneliness, anxiety, and depression. Other factors affecting bereavement reactions that have been discussed within the literature include developmental factors, funeral attendance, cause of death, family dynamics, and the amount of time elapsed since the death.

Developmental factors.

The higher incidence of externalizing behavioral problems amongst preschool and school-aged children reviewed earlier may be explained by developmental factors (Davies, 1999; Webb, 2002). Children gradually progress from immature to more mature understandings of death, and it is not until around 7 to 10 years of age that children tend to understand the irreversibility, finality, and universality of death (Nagy, 1948; Speece & Brent, 1996; Wolfelt, 1983). Many scholars within the field of child bereavement apply Piaget's (1955, 1972) theory of cognitive development when explaining a child's understanding of death. Children between the ages of two and seven tend to exhibit magical thinking and egocentricity where reality is distorted. Despite logical contradictions, the child believes that s/he causes everything to happen. Therefore, children at this age may believe that they are somehow responsible for the death (Kaplan & Joslin, 1993) and act out behaviorally in an attempt to regain control and attention (Davies, 1999).

Between the ages of seven and eleven, a child's cognitive capacity is improved and s/he may begin to understand that death is final and universal. However, from the child's perspective, the act of dying tends to remain limited to people who are old and weak. The death of a sibling can threaten the surviving sibling's sense of security as s/he must begin to face her/his own mortality (Webb, 2002). Furthermore, between the ages of six and eight, the concept of death is mystified and unrealistic, such that children may think that aliens, angels, and ghosts cause their deaths (Nagy, 1948). Once the child reaches the age of nine or ten years old, s/he begins to develop a more realistic understanding of death (Webb, 2002). Because of the limited cognitive development of

children, they tend to lack the ability to understand and verbally express their pain when losing someone, thus increasing their likelihood of acting out behaviorally (Davies, 1999).

According to Piaget (1972), the stage of formal operations usually begins around the age of 11 or 12. At this point, the child is able to engage in logical and abstract thinking and understands the finality of death. Consequently, the withdrawn, depressed, and internalizing reactions of this age group may likely stem from this increased understanding of death (Baker & Sedney, 1996). Additionally, there is a strong psychological need to "fit in" with peers during adolescence, and therefore, feelings of grief may also be internalized in an effort to appear normal. Unfortunately, the adolescent may feel unable to safely express his/her feelings to friends because he/she does not want to be pitied, teased, or excluded because the friend perceives the relationship as less fun or more burdensome. The adolescent may also be reluctant to talk with family or receive condolences from them because he/she is developmentally in the midst of trying to individuate from family, or may be trying not to overburden family members as they are also dealing with their own grief. Consequently, he/she may turn to drugs, alcohol, and other risky behavior (i.e., reckless driving, unprotected sex) to escape from feelings of depression and loneliness (Baker & Sedney, 1996).

Funeral attendance.

Research on the impact of funeral attendance on behavior has produced mixed findings. Although McCown (1984) and McCown and Pratt (1985) found that younger siblings (preschool age) who had attended a funeral or memorial service displayed more behavioral problems within the first year following the death than siblings who had not

attended a funeral, Weller, Weller, Fristad, Cain, and Bowes (1988) indicated that there

were no ill effects for school age children. Most theorists and interventionists within the

field encourage funeral attendance, as anecdotal evidence has indicated the contribution

of this ritual in gaining understanding and closure of the death. The funeral service can

allow the bereaved the opportunity to say goodbye, gain a concrete basis for their grief,

stimulate emotions and grief work, dispel fantasies, and reduce a person's denial of the

death (Dyregrov, 1991). However, practitioners highlight the importance of preparing

the child for what to expect during the service and allowing the child to determine how

much he/she will be involved in the service (Davies, 1984, 1995a, 1999; Dyregrov,

1991). This entails providing the child with a detailed description of the following: what

the room will look like (i.e., flowers, candles, etc.); how the body will look and feel

different, and be displayed (i.e,. pale, casket, urn, etc.); how people might react (i.e.,

intense crying, silence, etc.); how they might feel (i.e., sad, somewhat anxious,

overwhelmed); and the progression of the viewing and/or service (Dyregrov, 1991). It is

further recommended that the sibling be accompanied by a trusted adult other than the

parent so that the sibling can have someone who can offer explanation, support, and the

option to leave or take a break if necessary (Dyregrov, 1991).

Cause of death.

Another factor that impacts how bereaved siblings grieve is the cause of the death

(Bowlby, 1980). Prior to and throughout the 1980s, most of the literature either did not

control for cause of death or focused on describing outcomes to death from cancer

(Adams & Deveau, 1987; Binger, 1973; Davies, 1988b). For example, Binger (1973)

discussed the responses of siblings to the death of their brother or sister from leukemia

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and found that sleep disorders and feelings of guilt were common amongst the siblings. Davies (1988b) conducted a study in which she compared the family environments of families who had a child die of cancer to normative families and distressed families (i.e., alcoholism delinquent family member, etc.), and evaluated the relationship between family environment and sibling bereavement responses. Thirty four families who had a child die within the past 2 to 36 months completed the Family Environment Scale (FES; Moos & Moos, 1981) and Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1993). She found that FES scores of the bereaved families were similar to normative families and better than distressed families. Many of the bereaved family members reported higher cohesion and religiosity, which had resulted from being faced with the illness and death. The findings further suggested that bereaved siblings displayed fewer behavioral problems up to three years post-death if they had families who were more cohesive and who placed greater emphasis on religiosity. These findings suggest the importance of the family environment in mediating the impact of this type of death.

Research on cause of death has now shifted to comparing and contrasting the impact of an expected death, such as from a terminal illness, to an unexpected death, such as that resulting from sudden infant death syndrome (SIDS) or suicide. While an expected death may provide an opportunity for the survivors to say goodbye and prepare for the death (Parkes, 1987), a sudden and unexpected death leaves no time for mental preparation, raises anxiety, and can threaten a person's sense of security (Eth & Pynoos, 1985; Stephenson, 1986). However, even with expected death, Brett and Davies (1988) noted that preparation does not always occur because siblings tend to cling to the hope that the ill sibling will recover. Moreover, the stress of having a sibling who is ill and

requiring significant amounts of attention tends to decrease the sibling's ability to cope with the death, making him/her more vulnerable to experiencing disrupted family relationships and emotional distress (Adams & Deveau, 1987).

Despite this consideration, sudden and unexpected death tends to pose different types of issues that affect bereavement. Sudden death tends to have a stronger impact on adults, which typically leads to less of a focus on the surviving child/ren (Dyregrov, 1991). Families who experience sudden death also typically display marked protective mechanisms, such as withdrawal, denial, and fantasied thinking (Blinder, 1972). Family members also usually experience more guilt, as a sudden death is more likely to be viewed as preventable, thus leading to increased blaming responses on family members (Blinder, 1972; Stephenson, 1986). Consequently, the ability of the surviving child and family to resolve such issues can impact bereavement outcome. Additionally, sudden or unexpected deaths are often characterized by traumatic aspects that tend to be hidden from children (Dyregrov, 1991). For example, adults may be more concerned about telling a child that a death occurred by suicide or resulted in significant damage to the body. When the truth is not shared with the child in a way that is developmentally appropriate, the child will then struggle to understand and resolve the death (Dyregrov, 1991).

More recent studies of the impact of sudden death (Forward & Garlie, 2003; Patrick, Beckenbach, Webb, & Ziomek-Daigle, 2007) on siblings and the family support these earlier findings, indicating that violent and unexpected deaths can place a surviving child at greater risk for developing problems, such as anxiety, depression, and post-traumatic stress disorder (PTSD). Within the realm of sudden or accidental death, studies

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have primarily examined death by suicide (Cerel, Fristad, Weller, & Weller, 1999; Cerel, Jordan, & Duberstein, 2008; Gallo & Pfeffer, 2003; Stephenson, 1986) and SIDS (Mandell, McAnulty, & Carlson, 1983). Stephenson (1986) speculated that siblings who experienced the death of a brother or sister by suicide are at risk for developing disturbed reactions because they not only have to cope with the loss, but also have to handle potential feelings of rejection by the dead sibling, and face the negative social stigma associated with suicide.

In another study comparing suicide bereaved children to children bereaved from other causes, suicide bereaved children were more anxious, ashamed, and angry, but showed no differences in sadness, guilt, or psychosocial functioning (Cerel, Fristad, Weller, & Weller, 1999). It should be noted that this study only examined parental death by suicide, and therefore, may or may not be applicable to siblings who face the suicide of a brother or sister. In the only study to date that exclusively evaluated bereaved siblings' responses to suicide, these siblings were more likely to experience new-onset depression than a control group (Brent, Perper, Moritz, Liotus, et al., 1993). However, in a follow-up study (Brent, Moritz, Bridge, Perper, et. al., 2006) in which the suicidally bereaved siblings were followed up to 3 years post-death, bereaved siblings did not display an increased risk for developing depression, PTSD, or other psychological conditions. However, they did exhibit a prolonged level of grief symptoms. It appears that, while death by suicide is a type of sudden and unexpected death, this type of death could potentially result in sibling grief responses and outcomes that are unique to suicide. Clearly, more research within this area is needed.

In a study of sibling reactions to SIDS (Mandell, McAnulty, & Carlson, 1983), mothers indicated that surviving children exhibited regressed behaviors in the area of toilet training and feeding behavior, although changes in sleep patterns and social interactions (i.e., withdrawal, aggression, clinging to mother) were the most common responses. Given the types of behaviors exhibited by young children in general following the death of a sibling, there do not appear to be unique responses by siblings to SIDS.

Family dynamics.

The influence of the family environment on sibling grief has also been a factor that has received attention in the bereavement literature. General research on families has documented the importance of the family unit in promoting the healthy development and adjustment of children (Billings & Moos, 1982; Murphy, 1974). More specifically, children with families who are cohesive, well-organized, and promote open communication with low conflict tend to display fewer emotional and behavioral problems in general (Moos & Moos, 1981). Subsequently, Davies (1988b) applied this knowledge in assessing the environment of 36 families in which a child had died from cancer within the past 2 to 36 months to determine the relationship between these concepts and sibling bereavement response. Davies found that a high level of cohesion was associated with a low report of internalizing or externalizing behavior among the surviving sibling. In other words, youth whose families who were able to openly communicate and relate well with each other had lower levels of depression, aggression, and other problematic behaviors. Conversely, siblings whose families scored high on conflict were more likely to experience these symptoms and behaviors.

The same findings on the association between levels of cohesiveness, conflict, and expressiveness and bereavement responses were also reported by Balk (1981) and Balmer (1992). At the same time, Balmer (1992) also found that lower levels of adolescent attachment to parents were predictive of higher self-esteem scores and lower levels of insomnia and anxiety in bereaved siblings, but not control participants. He reasoned that it was a healthy adaptation for the adolescent to distance him/herself from grieving parents for a short time following the death. In addition, bereaved adolescents rated their mothers as more helpful than their fathers in dealing with grief (Balmer, 1992). They specifically indicated that their mothers were more willing to share their own grief, as well as memories of the deceased sibling, which helped them validate and normalize their own grief responses. Fathers were perceived as unavailable physically (i.e. immersed in their work) and emotionally (i.e. they did not verbalize grief and had restricted emotions regarding the death), thus leading adolescents to communicate less with their fathers about the deceased sibling. Surprisingly, Balk (1992) also found that surviving siblings were reported to be the least helpful family members in dealing with grief. Bereaved adolescents in his study reported an inability or unwillingness to talk to their other siblings about their grief, and felt alienated from them. Further analysis revealed that adolescents perceived their siblings as indifferent toward the death or unavailable because their sibling(s) showed little emotion or didn't talk about the deceased sibling (Balk, 1992). The quality of these sibling relationships prior to the death was also not measured, and may have accounted for some of these findings.

Within the domain of the family environment, the grief response of the parent(s) is an additional factor that may impact sibling bereavement (McCown & Pratt, 1985).

Krell and Rabkin (1979) noted the influence of the parental responses to the death on the surviving child, and labeled three different types of roles that the surviving sibling may be placed in as the family attempts to adapt to a new reality following the death. For example, families who live in guilt and shame about the death may be silent on issues surrounding the death or not talk about the deceased person. This often leaves the surviving sibling in a "haunted child" role where they are haunted by the unknown of the past and feel afraid of what may happen in the future. The role of the "bound child" occurs when the parent attempts to cope with the loss by overprotecting the surviving sibling, thereby creating a child who is overly dependent and ill prepared for life's demands. Finally, the living sibling may take on the role of the "resurrected child," adopting similar personality styles and interests of the deceased sibling in an effort to reduce the harsh reality that the individual is dead.

Two additional studies that directly examined the relationship between parental grief and sibling grief have produced contradictory findings. While Pettle Michael, and Lansdown (1986) found no relationship between parental adjustment and sibling adjustment in a study of families where a child died of cancer, Demi and Gilbert (1987) reported that the higher the emotional distress of the parent, the higher the emotional distress of the sibling. It has been suggested that the parents who reported low distress may have been denying the impact of the loss or suppressing their emotions. Subsequently, the surviving child learns to deny his/her feelings or fails to develop the ability to express emotion. If a parent is able to communicate grief and express emotion, this may send the message to the child that expressing grief is acceptable. This author would further speculate that generally speaking, when a parent is highly distressed, the

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child is more likely to also experience distress as their sense of security is shaken, and the parent may not be attending to the child's needs given his/her level of distress. More research is needed to better understand the relationship between parental grief and sibling grief, and the factors that may mediate such a relationship.

In their study, Demi and Gilbert (1987) also described and compared the actual grief symptoms exhibited by the parent and child and found no relationship. In other words, parents and surviving siblings differ in how they grieve. For example, while the parent may use intrusive thoughts of the deceased child to cope, the surviving child may avoid thinking about the death as a means of coping. Furthermore, children tend to express grief behaviorally, whereas adults may express grief through cognitions or emotions (Demi & Gilbert, 1987; Davies, 1999). Adults may be able to talk about their feelings surrounding the death and express emotions, such as crying, whereas children are more likely to express grief indirectly through their behaviors (i.e., aggression, withdrawal).

Time since death.

The amount of time that has elapsed since the death is another variable that influences sibling grief responses. Most researchers focus on the reactions of surviving siblings in the immediate months and one to two years following the death. Payne, Goff, and Paulson (1980) found that a higher percentage of children (36%) whose sibling had died only six months prior to the study displayed more problematic behavior than the siblings who experienced the death two years prior to the study (22%). Hogan (1988) also reported that adolescents displayed more problems in the first 3-18 months following the death than during the 18-36 months following the death. Although intense and

problematic grief reactions appear to decrease over time, the outcomes of several studies

suggest that siblings experience pain and loss related to the death several years later

(Davies, 1984, 1987; Rosen, 1986) and even as adults (Davies, 1999). Persistent

reactions included feelings of sadness and loneliness, dreams, and frequent thoughts of

the deceased sibling (Davies, 1987). When Davies (1991, 1995b) interviewed siblings up

to 28 years post loss, she found that siblings continue to experience periods of pain years

later. Feelings of grief (i.e., depression, psychosomatic symptoms, as well as reactions

noted above) tend to reoccur around the anniversary of the death, birthday of the

deceased, and age at which the sibling died (Davies, 1991, 1995b; Hilgard, 1969).

However, most siblings interviewed by Davies reported that the death experience had

also taught them to value the important things in life and promoted psychological growth

and maturity. Positive outcomes following the death of a sibling were also reported by

Martinson, Davies, and McClowry (1987). In a study examining the long-term effects (7

to 9 years post-death) of sibling death on the surviving sibling's self-concept, they found

that bereaved siblings scored higher in self-concept than the normative group.

Sibling Death versus Parental Death

Although it is difficult to compare one type of loss to another, experts within the

child bereavement field have questioned if, and how, the death of a sibling is different

from the death of a parent. Overall, it appears that the death of a sibling does not result in

more emotional or behavioral problems than the death of a parent, at least within the first

year post-loss (Worden, 1996). However, Worden (1996), a leading researcher and

author on parental bereavement, has identified 13 features or aspects of sibling death that

are different from youth who experience the death of a parent. He noted that bereaved

siblings tend to have parents who are experiencing more intense levels of grief, and for longer periods of time. This may result in parents who are emotionally unavailable or unable to parent consistently and effectively. However, unlike a child who loses a parent to death, the sibling may still have at least one parent who can function effectively and be available to the child. Although a bereaved sibling may be more likely to have at least one parent available to them, the death of a child can also increase marital tension and the potential of a sibling to face the impact of a divorce following a death. While the percentage of divorce following the death of a child varies by research study, most researchers agree that parents who divorce post-loss usually had tension in the marriage prior to the death (Worden & Monahan, 1993).

Another unique aspect of sibling bereavement is that youth who experience the death of a sibling compared to those who experience the death of a parent exhibit an increased awareness of personal death (Rosen & Cohen, 1981, Worden, 1996). When a brother or sister who is closer in age to the surviving sibling dies, the surviving sibling is confronted with existential anxiety regarding his/her own mortality. This anxiety may be manifested through somatic symptoms, the development of phobias, or risk-taking behavior (in an attempt to defy the fear and anxiety; Worden, 1996).

Siblings who lose a brother or sister may also attempt to replace the deceased sibling by taking on characteristics or interests of their brother or sister. This may be the result of the sibling placing pressure on him/herself to resemble his/her sibling in an effort to ease parents' pain (Hogan, 1988). Parents may also unconsciously steer the surviving sibling into this role to fulfill their need to replace the deceased child (Worden, 1996).

Although the death of any loved one may lead to a parent becoming increasingly protective and concerned for his/her child's safety, the death of a child is probably more likely to generate an overprotective parent (Krell & Rabkin, 1979; Worden, 1996). While this overprotection relieves some of the anxiety of the parent who feels responsible for protecting his/her children, such behavior can impede the development of a child, especially at the adolescent stage when autonomy and independence is craved and needed (Worden. 1996).

Unfortunately, another potentially devastating impact of sibling death on the surviving sibling is that the sibling may become the target for scapegoating (Worden, 1996). Following death, especially a sudden death, people may feel the need to place blame on someone. If a parent takes on responsibility for that death, but cannot cope with it, he/she may project that blame onto the surviving sibling.

The bereaved sibling may also have feelings that are unique to the experience of a sibling dying versus a parent dying. Some surviving siblings experience feelings of jealousy toward the deceased sibling (Worden, 1996). This feeling may particularly be experienced if the deceased sibling was sick prior to his/her death. In such cases, the surviving brother or sister may feel resentment and jealousy that his/her sibling received special or large amounts of attention. When these feelings occur, they can lead to feelings of guilt or anger following the death. Similarly, siblings may also be in competition with each other for their parents' attention and affection (Worden, 1996). When one of these siblings dies, the surviving sibling may feel initial relief that he/she no longer has to compete, but this relief often turns into feelings of guilt that he/she won and the other sibling died.

Another common feeling experienced by surviving siblings is that of 'survivor guilt' (Worden, 1996). The sibling questions, "Why not me?" Worden (1996) noted that this feeling is more likely to occur with sibling death than parental death, but did not indicate a reason for this occurrence. It is speculated that survivor guilt is related to the state of existential anxiety that the death of someone creates, as described earlier. Survivor guilt may also be more likely to occur because Worden (1996) also noted that a consequence of sibling bereavement may be that a parent believes the wrong child died. Although this feeling may not be directly communicated to the surviving sibling, the implicit feeling may be felt by the surviving sibling. This, in turn, may affect the child's relationship with his/her parent, and the parent will likely not be viewed as a source of support for the bereaved sibling.

Feelings of anger, particularly at parents, may also be experienced by youth who experience the death of a brother or sister (Worden, 1996). Some children may become unconsciously angry at their parents for not protecting the sibling, which may also result in anxiety that the parent will not or cannot protect him/her either.

A final feature of sibling bereavement that Worden (1996) identified as different from parental bereavement was related to the level and amount of support received following the death. In general, bereaved siblings tend to receive less support from others in comparison to youth who experience the death of a parent. He reported that within his research, he has consistently found that there is a greater tendency for nonfamilial members to focus on the grief and needs of bereaved parents or children who lose a parent, while the needs of bereaved siblings are often overlooked (Worden, 1996). This can leave the bereaved sibling feeling alone and invalidated.

In summary, the findings from all of the literature described thus far highlight several important points related to the grief processes of siblings. First, it appears that children who experience the death of a sibling have unique circumstances or aspects that may influence the grief process differently than a child experiencing the death of a parent. Research also indicated that a normal bereavement process is one that is ongoing, not one that ends in one to two years. Although the intensity of the pain and grief symptoms may lessen over time, the effects of sibling death will be experienced throughout a sibling's lifetime, and are not necessarily pathological. Many siblings report that the death provides a constant reminder of the value of life. These findings suggest that grief will never be resolved, nor will the deceased sibling ever be "let go." Rather, the surviving sibling will share a continued bond with the deceased sibling, feeling his/her sibling's presence for the rest of his/her life (Davies, 1999).

Coping

Given that bereavement is a normal and lifelong process, intervention and support should be aimed at facilitating coping versus resolving the grief. Hogan and DeSantis (1994) shifted the attention from describing general negative reactions that follow death to evaluating specific factors that facilitate coping. They analyzed written responses to questions posed to bereaved adolescents to determine the factors that help or hinder the ability to cope with the death of a sibling. They identified five factors that helped the adolescents cope with the death, including: self (i.e., inner strength/stress reducing activities); family; friends; social system (i.e., ministers, psychologists, organized support groups); and time. Categories that hindered the ability to cope included self (i.e.,

experiencing unwanted thoughts and feelings), family (i.e., conflict and seeing parental distress), and social system (i.e., insensitivity, gossip by others).

Hogan and DeSantis (1996) later proposed a theory of adolescent sibling bereavement that included a focus on the construct of personal growth through the death experience. Based on their research (Hogan & DeSantis, 1992, 1994) and that of others documenting the potential growth-producing aspects following the death of a loved one (Davies, 1991; Martinson, Davies, & McClowry, 1987), they developed five categories of personal growth that adolescents often report. The categories include: developing a new sense of reality that reprioritizes life; expressing a greater sense of love and responsibility for loved ones; perceptions that they are stronger, more optimistic about life, and have an increased ability to cope with life; developing a new faith or personal belief system; and feeling comforted by friends and family, and in turn, being able to help others through their bereavement process (Hogan & DeSantis, 1992). This theory signified a shift in the focus of bereavement researchers and theorists from describing and measuring negative aspects of a grief experience to identifying and highlighting the potential for individual growth and maturity in the face of such adversity.

Resilience

This shift from studying poor adaptation to good adaptation following the death of a loved one is a result of the increased interest and study of childhood resilience over the past 25 years (Goldstein & Brooks, 2005). As the number of youths facing stress, trauma, and adversity is increasing, there has a been a growing sense of urgency to understand risk and protective factors that contribute to the ability to overcome the developmental, emotional, and environmental challenges that may result from such

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experiences. In other words, researchers were interested in determining which variables influence the ability to overcome adversity, and applying this information when developing clinical interventions in an effort to increase the positive outcomes of youth (Goldstein & Brooks, 2005).

The term *resilience* has been defined in many ways, yet the general consensus among researchers in the field asserts that it refers to the ability to achieve positive outcomes in circumstances where adverse outcomes would normally be expected (Kaplan, 2005). However, debate ensues as to whether resilience is an idea, a concept, a theory, or a process, thus making it difficult to measure (Naglieri & LeBuffe, 2005). Furthermore, controversy remains as to what constitutes resilient behavior and how to best measure it because resilience is an outcome that is related to many factors (Alvord & Grados, 2005; Naglieri & LeBuffe, 2005). The list of protective factors that influence the ability to overcome adversity is large, but the determination of which variables best predict resilience and how such variables interact with each other is still unknown (Naglieri & LeBuffe, 2005). While earlier studies of resilience suggested that some children possessed "exceptional characteristics" or innate qualities that made them less vulnerable during stressful circumstances (Garmezy & Nuechterlein, 1972), current theorists argue that resilience results from possessing protective factors that are innate, as well as obtained from positive environmental factors, and is something that can be developed, learned, and fostered (Goldstein & Brooks, 2005; Masten, 2001).

Although there are many protective factors that influence resilience, most fall within three categories: individual characteristics, family environment, and social environment (Werner & Johnson, 1999). For example, at the individual level, easy

temperament (Epps & Jackson, 2000), good health (Lavigne & Faier-Routman, 1992), average to above average intellectual abilities (Wachs, 2000), and positive self-concept (Wachs, 2000) have been identified as protective factors. Some of the familial factors that have been studied and linked to resilience include the level of safety and stability in the home (Richters & Martinez, 1993), monitoring and structure provided by the parents (Steinberg, 2000), and ideal levels of attachment (Erickson, Egeland, & Pianta, 1989). Aspects of the social environment that appear to foster resilience include the availability of social support networks offered through teachers (Baker, 1999), churches (Taylor, Ellison, Chatters, Levin, & Lincoln, 2000), and professional organizations (Werner, 2000).

Generally speaking, researchers have measured resilience in terms of how effectively the individual is functioning in the environment despite adversity (Masten, 1994). The most comprehensive measures of resilience consider functioning in several domains: academic, emotional, behavioral, interpersonal, and intrapersonal (i.e., self-concept/esteem; Goldstein & Brooks, 2001).

Studies of resilience have often focused on children facing specific adversities, such as medical problems (Brown & Harris, 1989), poverty (Werner & Smith, 1982), parental divorce (Sandler, Tein, & West, 1994), mental illness of a parent (Rutter, Maugham, Mortimore, & Ouston, 1979), and learning problems (Svetaz, Ireland, & Blum, 2000). The study of resilience in children who experience the death of a loved one is a newly emerging field of study and according to several bereavement researchers, an area that is desperately needed to provide a more complete picture of children's bereavement reactions (Baker & Sedney, 1996; Silverman & Worden, 1993).

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Specifically, Silverman and Worden (1993) suggested that bereavement outcomes need to be conceptualized in terms of positive change and adaptation rather than focusing solely on the presence or absence of psychological problems.

Thus far, the study of resilience within the context of sibling bereavement is limited. As noted earlier, some researchers have documented the factors that affect bereavement outcome and facilitate healthy coping and adaptation (Balk, 1990; Davies, 1991, 1999, 2002; Hogan & DeSantis, 1994), but none have specifically defined or measured resilience as an outcome within the context of grief. Additionally, while factors that contribute to growth and adaptation in the face of adversity (i.e. resilience) have been identified, no empirical studies that solely focus on interventions that foster resilience in the sibling bereaved population have been conducted.

Interventions

Interventions for a bereaved child should provide a person or group of people who can offer support, reassurance and information in an environment where the child can express his/her feelings and emotions (Worden, 1996). The most common forms of treatment for bereaved children include individual, family, and group counseling (Worden, 1996). Individual therapy may be the preferred method for children who are exhibiting more severe emotional/behavioral problems as they may be disruptive to a group. Common techniques that are utilized in the individual setting with bereaved children include drawing, nondirective play and guided imagery (Worden, 1996). However, the effectiveness of individual grief therapy for children has not been studied. A review of adult studies of individual therapy for bereaved adults by Kato and Mann (1999) found positive effects for symptoms of post-traumatic stress disorder, but there

were no differences between the treatment and control (wait-list) participants on measures of anger, somatization, and social inadequacy.

Another method of treatment, family therapy, has been typically utilized following the death of a parent. The Family Bereavement Program (Sandler, Ayers, Wolchik, Tein, Kwok, Haine, Twohey-Jacobs, Suter, Lin, Padgett-Jones, Weyer, Cole, Kriege & Griffin, 2003) is the primary model for this method and works with the entire family by providing family therapy for bereaved children and their surviving parent/guardian, with the goal of modifying the risk factors that contribute to long-term maladjustment. Communication and problem solving are a major focus of this type of intervention. The program has conducted an outcome study that has supported the efficacy of the model (Sandler, et al., 2003). A family therapy model specifically addressing the death of a sibling was not identified in the literature.

Group therapy and community-based support groups have received the most attention in the literature on interventions for bereaved children. While group therapy is conducted by a clinician, a community-based support group is offered in a nonclinical setting, and may or may not be provided by a clinician. Many authors and practitioners within the field have noted the potential benefits that a support group can provide (Bacon, 1996; Corr, 1992; Nolen-Hoeksema & Larson, 1999). Support groups are typically founded on the premise that caretakers may find it difficult to function effectively and provide support following a loss, and therefore, the peer group is particularly valuable for children (Bacon, 1996). Children are more likely to accept and express their feelings of grief with other children who have also experienced the death of a loved one rather than with their typical peers. Support groups not only provide the forum to receive help from

others, but also offer the opportunity to help others, a factor that Balk's (1990) research found to facilitate coping and healthy adaptation. In addition to normalizing a child's feelings and reactions, support groups can educate the child on the concept of death and help him/her commemorate the life of the person who died (Bacon, 1996).

While the benefits of support groups have been widely discussed and supported by anecdotal evidence, empirical studies evaluating support group programs is limited, and meta-analyses that measure the effectiveness of group therapy or support groups for bereaved children have presented conflicting findings, resulting in debate over the effectiveness and necessity of treatment for bereavement. Tonkins and Lambert (1996) demonstrated the effectiveness of a short-term (eight-week) group therapy intervention for children who experienced the loss of a parent/sibling. However, a meta-analysis of 13 studies (12 of which used group therapy as the primary form of treatment) concluded that grief interventions did not meet the outcome criteria that psychotherapeutic interventions in general are required to meet to be considered effective (Currier, Holland & Neimeyer, 2007). Similarly, results of a review by Curtis and Newman (2001) of nine empirically based quantitative evaluations of community-based support group services for bereaved children revealed limited evidence of positive outcomes for children. This suggests that if grief intervention is effective, it has a small positive effect. Many explanations are offered for the lack of empirical support of group therapy for bereaved children, including methodological flaws in the studies, variability in participant selection procedures, lack of sensitive assessment tools to differentiate "normal" grief from pathological grief, and timing of the intervention related to the time of death (Currier, Holland & Neimeyer, 2007). When such design flaws are corrected, as in the Tonkins

and Lambert (1996) study, the findings support the use of grief interventions provided in a group format. However, additional well-designed outcome studies that control for such variability are needed, as are outcome studies that focus specifically on community-based support groups.

Of the limited publications that have been produced on intervention programs for bereaved children, only two have solely focused on interventions for bereaved siblings (Creed, Ruffin, & Ward, 2001; Potts, Farrell, and O'Toole, 1999). Both described weekend intervention programs for children whose brother or sister died from cancer or another terminal illness. The programs were aimed at connecting the child with others who had a similar experience and providing the bereaved child with a safe environment where thoughts and feelings about the death could be expressed. Follow-up interviews were conducted with the children and parents, and indicated that the intervention helped the child better cope with the death and increased the family's communication about the death.

Limitations of Current Interventions

While current methods of providing support and promoting resilience in bereaved children appear to be critical and successful, they are not all-encompassing and have limitations. For example, what if a child lives in a rural community where services are limited or nonexistent? Unfortunately, support groups for bereaved children are not offered in every community. Even when grief support groups are available in a community, there may be a limited number of bereaved siblings involved in the group. While it can be helpful to connect with any same-age peers who have experienced the death of a close loved one, there are unique aspects of grief that differentiate bereaved

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siblings from youth who faced the death of a parent (Worden, 1996). Therefore, it would

be beneficial for siblings to have other siblings to talk to.

If a grief support group does not exist in an area or is offered at a time that is

inconvenient for the family, the only services available to the child may be through a

mental health agency, if one exists within the community. However, the mental health

agency may have a long waiting list or the child may not qualify for services if his/her

behaviors are not severely impacting functioning. Insurance companies may not cover

services for bereavement, which may yield high costs to the family. Furthermore, there

continues to be a stigma with receiving mental health services that prevents some

families or children from seeking help. Additionally, individual counseling modalities

are limited in that the child is not able to gain validation from same-age peers or offer

help to other peers. These aspects have been identified as particularly critical in assisting

youth through their process of grief (Bacon, 1996; Balk, 1990).

In the case of bereaved siblings, the literature tends to describe them as the

"forgotten mourners." The parent/s may be so engulfed in their own grief that they fail to

recognize the surviving siblings' grief and/or follow through with support services.

Children who witness the devastation that death has caused their parents may seek to

make life easier and less painful for their parents by trying to hide their own grief

reactions. While the parents may think the surviving sibling is coping well, he/she may

be internalizing or suppressing his/her grief, and need support. Worden (1996) further

noted that surviving siblings are distinct from children who have experienced parental

death because they tend to receive less support from nonfamily members. When a child

experiences the death of a parent, others tend to show concern about the child's feelings

and welfare. Yet, when a child dies, people tend to shower the grieving parents with support, neglecting or "forgetting" about the grieving sibling. The surviving brothers and sisters then miss a critical aspect required for resilience in the face of adversity, which is the support of the community (Baker, 1999; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000; Werner, 2000).

Based on the literature review, the author of this paper argues that bereaved adolescents, in particular, may be resistant to seeking help through individual counseling or grief support groups based on the developmental tasks they are trying to achieve at this point in life. As described earlier, adolescents between the ages of 11 and 21 are trying to individuate from their parents and attempting to gain a sense of autonomy and independence (Fleming & Adolph, 1986). Therefore, bereaved adolescents may not acknowledge their grief to others, especially parents, in an attempt to prove that they can handle their problems independently. Furthermore, bereaved adolescents identify feeling 'different' from their peers, which is devastating to them given their need to fit in and belong at this stage. To attend a support group may highlight to them that they are 'different' and broken, and requires them to share intimate aspects of themselves with others that they may not be ready to do.

Rationale for Website for Bereaved Siblings

Given the unique aspects of sibling bereavement and the limited resources that may be available to these youth, it seems necessary to consider ways to expand the availability and accessibility of support and coping resources that youth can utilize following the death of a sibling. One plausible way to meet this need is to develop a website specifically for bereaved siblings.

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The Internet is a widely used tool for communicating and relaying information. Approximately 55% of American homes have high-speed internet connection (Fallows, 2005), and schools, workplaces, libraries, and community centers also tend to offer computer/internet training and access. It is also estimated that approximately 38 percent of households with incomes less than 25,000 dollars per year, and 52 percent of people living in rural areas utilize the Internet (Rainie, Reddy, & Bell, 2004). Thus, the Internet breaks down socioeconomic barriers to gaining information, and allows the ability to reach a large number of individuals through inexpensive means (Leach, Christensen, Griffiths, Jorm & Mackinnon, 2007). Both adults and children are online on a regular basis, and it is convenient given its 24-hour accessibility. The Internet serves as a means of connection for individuals who may be limited in their ability to leave home or whose local community may lack desired services or resources. For example, if a support group is not available in a person's vicinity, s/he may be able to use the Internet to communicate and receive support from others who are also bereaved. Given the benefits of the Internet, it appears to be a promising venue for offering supportive services to bereaved individuals.

Adolescents and the internet.

More specifically, the current generation of youth is highly utilizing technology as a means of communication and connection. The National Center for Education Statistics (2003) reported that in 2001, approximately 90 percent of youth between the ages of 5 and 17 used computers, and 59 percent of these youth utilized the Internet. They far outnumber adults in their use of social networking sites, such as Facebook© and Twitter© (Valkenburg & Peter, 2011). Children and adolescents spend a significant

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amount of time surfing the internet, chatting online, and posting photos and blogs.

Although there are risks involved with youth being online, (i.e., ability to access developmentally inappropriate information, to become a target for predators, etc.) it has been argued that use of the Internet provides youth with an opportunity to explore their identity, seek support and information about uncomfortable topics, and develop meaningful relationships with others (Valkenburg & Peter, 2009). Given that the Internet is the means through which the current generation seeks connection, information, and resources, it seems essential to utilize this method for intervening with bereaved youth.

The Internet seems to be particularly appealing for adolescents because of its anonymity, accessibility, and asynchronicity, or the ability to reflect on what one says prior to sending a message out (Valkenburg & Peter, 2011). Given these aspects of the Internet, adolescents feel more comfortable talking about intimate and even shaming topics (Schouten, Valkenburg, & Peter, 2007). Furthermore, adolescents who describe themselves as shy or self-conscious may also engage in more self-disclosure and interpersonal relationships on the Internet versus directly as online communication creates a sense of security and control (Valkenburg & Peter, 2011). As discussed previously, adolescents may find it difficult to talk about their grief, and a website that allows them the opportunity to anonymously explore any feelings they have at any time without stigma or personal barriers could facilitate their grieving process.

In addition to assisting with the grieving process, the Internet may also support an adolescent's psychosocial development. Steinberg (2008) noted that adolescents are in the process of accomplishing three important tasks that promote healthy psychosocial development. First, adolescents are trying to develop a sense of identity, of determining

who they are and who they want to become. Second, adolescents need to develop a sense

of intimacy, in which they learn how to initiate, maintain, and terminate close

relationships. Finally, adolescents are developing their sexuality. This entails adjusting

to having sexual desire, defining their sexual orientation, and developing the skills to

engage in mutually healthy and safe sexual relationships.

It is further noted that to accomplish these tasks, the adolescent needs to develop

the skill of self-presentation and self-disclosure (Schlenker, 1986). Self-presentation

involves the ability to selectively present parts of one's self to others, whereas self-

disclosure refers to disclosing more intimate aspects of one's self to others. These skills

are usually learned through direct communication with others. Through practice and

feedback from others, the adolescent learns what to share with others and how to reveal

information. It is also through meaningful relationships with others that a sense of

intimacy and identity is developed. Deeper relationships offer support and validation of

feelings and thoughts that can foster this identity.

Several researchers argue that the Internet promotes the development of self-

presentation and self-disclosure, thus contributing to an adolescent's psychosocial

development (Davis, 2010; Schmitt, Dayanim & Matthias, 2008; Schouten, Valkenburg,

& Peter, 2007). The bereaved adolescent sibling is not exempt from needing to develop

these skills, and the grief may pose additional challenges for them in developing these

skills. A website designed specifically for them that encourages self-exploration, deep

connection with peers with similar experiences, and self-disclosure is exactly what

bereaved adolescents need to foster their personal growth and resilience.

Existing sibling bereavement websites.

To date, there are four websites or pages specifically designed for bereaved siblings, so this was a fairly new endeavor. One website, SiblingSurvivors.com (www.siblingsurvivors.com), is exclusively focused on survivors of sibling suicide. This site allows the bereaved sibling to share stories and post blog comments. It also provides a summary of the important aspects of grief, and recommends books written for sibling survivors of suicide. Additionally, the site displays a resource link in which an individual can search for a local support group or other information related to surviving suicide. While this website is informative and provides a level of ongoing support, it is limited to only offering support for bereaved siblings who had a brother or sister complete suicide.

Another helpful website for bereaved siblings is SuperSibs! (www.supersibs.org). This website is bright and colorful and comprehensive in the information offered. SuperSibs! provides information about grief, contains links to summer camps, allows siblings to submit poems and stories, and has coloring pages and crossword puzzle activities for younger children. The website also has separate pages for children and adolescents that provide developmentally appropriate craft or book ideas. However, there are not many activities particularly relevant for adolescents. This site is also not exclusive to bereaved siblings. It is primarily targeted to siblings who have a brother or sister who has cancer or who has died from cancer.

The Sibling Connection (www.counselingstlouis.net) is another website for bereaved siblings. This site was authored by Dr. Pleasant Gill White through collaboration with The SiblingConnection©, a not-for-profit organization that is based in St. Louis, Missouri. The site lists several articles related to the grief process, and

provides lists of books, movies, and organizations that offer grief support. One of the highlights of this website is that bereaved siblings can submit personal stories, which are organized on a link according to the sibling's cause of death. The site is very informative and organized. However, the articles are somewhat long. While information pertaining to children, adolescents, and adults is available, it seems to lack the trendy look that might appeal to adolescents. The major limitation to this website is that it lacks an interactive component whereby adolescents can submit posts and comments, and provide ongoing support to each other.

Compassionate Friends© is an organization created to assist grieving families who have experienced the death of a child of any age. They offer local chapters around the United States that provide grief support groups to parents, grandparents, and siblings. Within their national website, they offer a page devoted to bereaved siblings (www.compassionatefriends.org/resources/grief_support_for_siblings.aspx). This page contains a poem about bereaved siblings, provides links to locate a local grief support group, and offers information about a national conference for bereaved siblings. They also provide a link to a national magazine created by The Compassionate Friends© that features a sibling column where questions can be posed. An online support community or live chat has also been established, whereby bereaved siblings can chat with each other online once a week. Furthermore, Compassionate Friends© has established a Facebook© page so that bereaved individuals can join and interact with other bereaved siblings through Facebook©. While this page offers an interactive component for bereaved siblings, unlike the Sibling Connection website, it offers limited information about grief or how to work through grief.

Based upon review of the current websites available for bereaved siblings, it was determined that they were limited in the amount of information provided, and the degree to which siblings can connect with each other for support. The goal of the current project was to develop a website that would appeal to adolescents and provides information, resources, and connection to other bereaved siblings all in one site.

As detailed above, the death of a sibling can be devastating in differing ways as it can rob the bereaved sibling of a childhood companion, lifelong friend, and relational bond that offers something which cannot be matched by other interpersonal relationships (Davies, 2003). Given this fact, it is important not to neglect this population of grievers, but to give them a place to receive support from others who can relate to their experience, as well as coping mechanisms for processing their grief. A website on the internet can provide such a space and has the benefit of being accessible to many youth anytime.

Chapter 3

Method

The construction of the website follows a template created by a graduate student of Wright State University, Sara Heitkamp, as she developed a website for her dissertation (Heitkamp, 2010). The steps for this template are outlined below, along with a description of each step as applied to the creation of this particular website.

Identifying the Purpose

The purpose of this website is to provide support and coping resources for bereaved siblings in an effort to enhance their resiliency through this circumstance. Unfortunately, surviving siblings are often the "forgotten mourners" who are not connected to supportive services and/or the community is lacking in programming for assisting bereaved children. A website geared specifically for youth has the opportunity to allow surviving siblings the ability to connect with others who understand their pain. A website can also provide support in a format that youth are comfortable with receiving and utilizing.

Target Audience

The audience targeted to utilize this website is youth between the ages of twelve and eighteen years old who have experienced the death of a sibling. It is hoped that adolescents will find this website useful in understanding their own grief process, learning ways to effectively cope with the death, memorializing their sibling, and feeling less alone and more connected with others who relate to their experience.

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Research process on existing websites

The development of this website entailed a search of websites that specifically target bereaved youth. There are currently no existing websites exclusively for bereaved siblings that provide education, resources, support, and connection all in one place, so this will be a new endeavor. Therefore, it was necessary to review websites on other topics, but that were geared toward the same audience. This process was critical for brainstorming ideas for the color, layout, and structure of the current website.

Establishing a schedule

The literature review on the topic of sibling bereavement was drafted and submitted in September of 2009. In September of 2010, the methodology and outline of the website was presented. The website will be completed and operational on the internet by June, 2011.

Website Architecture

To develop the layout and navigational abilities of the website, several sources of information were accessed. Family members and library or school personnel who have constructed websites were contacted for assistance and consultation. The author also participated in tutorials from these consultants to learn the basics of creating a website. Furthermore, WordPress© (www.wpdaddy.com) was utilized to find a free template for the website.

Web Design

Once the layout of the website was determined, the design of the site was created. It was important to consider colors, fonts, and images that would appeal to youth, as well as to create a site that would be relatively easy to navigate. Research on existing websites

for youth assisted with this process. The colors were carefully chosen so as not to be too dark and gloomy or too bright and cheery given the content of the website.

Development of content

The content of the website needed to be appropriate and user-friendly for youth. Headings consist of the same font and are available in a menu on the homepage to make it easy for youth to identify what they want and how to access it. Short, simple sentences and phrases that are readable to a third/fourth grader were used.

Given that the site is targeted for adolescents, graphic details and images were not included on the website. The website offers suggestions for books, movies, and songs related to grief. These suggestions will include ratings offered by the Motion Picture Association of America (MPAA; www.mpaa.org/ratings) as available. Any movie or song that includes explicit language or has a Parental Advisory caution or Restricted (Rated R) movie rating was not included on the site.

Publishing

Once the website was developed, it was ready to be published on the Internet for public access. A domain name was chosen and purchased online. After consultation with a webmaster, it was determined that GoDaddy.com© offered the best pricing for this service, as they offered an annual fee of $10.99. The domain name, sibgrief.org, was chosen because it was short, contained primary words that would be entered into a search, and was not being used. Then, a web-hosting service, Becktech©, was chosen.

Maintaining and Updating

 After a website is created and published, routine maintenance and updating should occur to keep the site working properly and offering the most current information.

This website is geared toward adolescents and information and trends change quickly. In an effort to keep youth actively interested and using the information, most of the pages will need to be continually updated or modified. In addition, because this website offers a partly interactive component whereby youth are invited to submit stories and poems, this information will need to be added to the site. In the future, this site could also develop surveys that youth respond to. To keep the site fresh and alive, questions or issues could be posed on the site whereby youth post responses. Lastly, as technology continues to advance, new applications and designs that are not currently available may add new possibilities for what the website can offer.

Outline of Website

The following is an outline of the website, Sibs Remembered (www.sibgrief.org). The main page contains a menu of the different topics covered on the website. By clicking on the desired link under the menu options, the person will then be directed to the page containing information on that topic. The main page also displays stories, poems, and other information that has been submitted by website consumers and approved by the web administrator. Archives of older postings will be available to open from a menu on the main page. Finally, the main page also contains links to Facebook© and Twitter©, which will allow the user to upload a link of the Sibs Remembered website or to share information from the website with others on their Facebook© or Twitter© account. Within this section on the outline of the website, headings that are indented once and boldfaced represent a heading that will be listed under the Menu options on the main page. Information listed underneath these headings can be viewed on the web page corresponding with that heading.

About.

The purpose for Sibs Remembered is to provide support and resources to individuals who had a brother or sister die. Siblings are often called the "forgotten mourners" as people forget how much they grieve after a death. Brothers and sisters share a close and unique bond. The relationship between them usually lasts a lifetime. When they die, the sibling(s) left behind feel their loss forever. Sibs Remembered is dedicated to remembering those who have lost a sibling through death, to give them a voice and a place to get support. Sibs Remembered is also a place where you can remember your brother or sister. They are gone, but not forgotten.

Sibs Remembered was created by Candace Beck, Psy.M., who has experience working with bereaved individuals. She currently volunteers at Oak Tree Corner for Grieving Children in Dayton, Ohio, where she helps lead support groups for kids and teens. She also assists with training and educating new volunteers on grief and helping. Candace is passionate about helping siblings, in particular, through their grief because of her own experience of her brother's death. Her brother, Isaac, died in a car accident on February 9, 2003, when she was 22 years old.

When my brother died, my world was turned upside down. I will never forget that day. When I heard that my brother died, I was numb. My sister was screaming and hysterical, but I couldn't feel anything for the first several minutes. I was in shock and denial. I thought, 'No way it's true. They have it wrong. He's only 15, he can't be dead. I just saw him two days ago and he was alive and playing basketball'. After it really sunk in that the news was true, I cried harder than I've ever cried before. I couldn't eat or sleep for days. What helped me through that time was my faith, and my family and

friends. Eventually, days since Isaac died turned into months, and months into years. The pain is still there and I miss him every day. I miss his laugh. I think about what he would be like now if he were still here. It's hard, but I'm surviving, and the pain does lessen over time. Somehow, you find a new 'normal'.

Candace Beck is a Doctoral Psychology student at Wright State University's School of Professional Psychology. She currently resides in the Cincinnati, Ohio area. Prior to graduate school, she attended the University of Cincinnati, where she obtained a Bachelor's degree in Psychology. She plans to continue to provide individual, family, and group counseling and therapy for bereaved individuals. This website was completed as part of her dissertation for Wright State University. If you would like additional information on sibling bereavement, please feel free to contact her by clicking on the Contact link on the homepage.

Grief.

After a loved one dies, we experience grief. Grief is sadness or distress. Some people think that after a person dies, we grieve for a little while, and then we move on. However, this is NOT true! Grief comes in cycles, or waves. Our feelings might be less intense at times, but we will still feel some sadness or loss at times for the rest of our lives.

Think of your experience of grief like getting a physical injury. At first, you are probably numb and don't feel much at all. Then, reality hits, and the pain is felt. It feels unbearable, like you're going to die. When you get help for your injury, you start to feel better, and your wound starts to heal. There may always be a scar there, and that area

may always be tender or sensitive. However, you find a way to keep living even though life is different now.

Here are some common feelings and reactions people have after a brother or sister dies:

-Sadness

-Shock

-Numb, can't feel any emotion

-Crying

-Denial (it didn't really happen; it wasn't my brother/sister)

-Guilt (it should have been me; I said something mean just before he/she died)

-Anger or Easily irritated (stuff that didn't use to bother me does now)

-Depression (don't want to do anything, don't want to talk to anyone)

-Alone, empty (my friends don't understand; I feel different now; I miss my brother/sister)

-Scared or anxious (who's next to die? Am I going to die?; feel on edge and restless)

-Grades drop or performance in sports/activities declines

-Indifference (who cares; life is short)

-Trouble sleeping

-Appetite changes (eat more or eat less)

-Stomachaches, headaches

-Trouble concentrating; thoughts about brother/sister (can't stop thinking about it)

-You feel like you see him/her everywhere you go (is that him/her-it looks just

like them)

-Dreams of your brother/sister

-Feel like you're going crazy

These feelings are pretty normal shortly after your brother/sister dies. You may have these feelings for weeks. After some time, these feelings or behaviors may be there, but are not happening as strongly or as often as they used to. If you are having these feelings and they don't start to lessen within a couple of months, you may need to get some additional help or counseling. Reach out to a trusted parent, family member, teacher, or other adult for help.

After a loved one dies, you might wish that you were the one who died. The pain may feel unbearable and you feel like you can't take it anymore. It is normal to have some of these thoughts and feelings. However, if you can't stop thinking about dying, or you start to think and plan for how you would kill yourself, these are signs that you need help. Talk to someone you trust. Get counseling. If you think that you are going to act on these feelings, call 911 immediately.

Coping with Grief.

Our feelings and thoughts about everyday life can overwhelm us, and after a brother or sister dies, they can then seem unbearable at times! Our feelings of sadness, anger, guilt, loneliness, and grief are like waves-they come and go. At times, they are really intense, and then we crash and our feelings are kind of back to normal. It is important to remember that your strong feelings in a moment will not last forever. When

you are having a tough time, here are some things that might help you ride the wave of that emotion:

Exercise.

Exercise has been scientifically shown to increase the chemicals in your brain that help you feel better. Exercise might also help you get rid of some nervous energy, which might help you sleep better.

-run, ride your bike, walk your dog, play a sport, dance or play active games on your Xbox©, Kinect©, or Wii©

Deep breathing/Relaxation.

Close your eyes and take 10 deep breaths. Breathe in enough air through your nose to fill your stomach. Then slowly breathe out through your mouth. This type of breathing forces your body into a more relaxed state. While you are breathing, imagine that you are at a calm spot, like the woods or beach. Tell yourself in your mind, "Relax, I can get through this."

Punch a pillow or punching bag.

Some people find this really helpful and some people say it doesn't help them at all; give it a try and see if it helps you blow off some steam

Read.

Listen to music.

Listen to your favorite songs, your sibling's favorite songs, or songs listed under the Songs link

Watch television or a favorite movie.

Call or visit a friend.

Clean and/or organize your room.

Surf the internet.

Bake or cook one of your favorite comfort foods.

Cry.

Do a project/activity.

You can get some ideas from Activities link or come up with your own!

Look at pictures or watch videos of your brother/sister.

Spend time with your family.

Play a game, help cook dinner, ask others about their day

Special Dates.

It is very common and normal to struggle more with feelings of sadness and grief around special days. This might happen on your brother or sister's birthday, death anniversary day, and at special holidays. You might feel sad when you turn the age your sibling was when he/she died, or during the year that your sibling would have graduated. Other moments of celebration in your life, like when you get your license, graduate, get married, or have a baby can also feel bittersweet. You wish that your brother/sister could share that moment with you or you think about how he/she didn't get the same opportunities in life.

On special dates, many siblings like to find a way to celebrate and remember their brother/sister's life and in a way, let their spirit live on. Here are some ideas for how to do this:

Make a birthday cake and sing "Happy Birthday" to your brother/sister.

Make your brother/sister's favorite meal to share with your family or friends.

Light a candle to burn all day in his/her memory.

Seek permission from your parent/guardian and only keep burning when you or someone is at home to monitor; use safety; you can also find special memorial candles that are safe to burn when you are not at home

Below are websites that sell memorial candles and battery-powered candles:

http://www.classycandles.com.au/files/products.php?cat=funeral

http://www.batteryoperatedcandles.net/

Take balloons or flowers to the grave.

Maybe have the same number as brother/sister's age or number of years they died.

Write a note to your brother/sister on a balloon or on a piece of paper placed inside the balloon and let it go.

Maybe every family member could write a message/send a balloon!

If your brother/sister died of an illness, participate in a walk-a-thon or race to raise money for a cure.

Print tee-shirts with picture of your sibling or name the team something that would represent your brother/sister

Do a fundraiser at your school, church, or in your community to donate money to an organization or cause that your brother/sister liked.

For example, you could talk to your school principal about raising Pennies for _____, the zoo if he/she liked animals, skate-park if he/she liked to skate, etc. and turn it into a competition to see which grade raises the most money

Do random acts of kindness on your brother/sister's birthday/anniversary.

Set up a food or clothing drive at school, etc. before the date and then pass out

food or clothing on the special date.

Pay for someone's meal at your brother/sister's favorite restaurant.

Hand out bags containing brother/sister's favorite kinds of candy to friends or

others at school; pass out waters or hot chocolate outside a store, etc.

Write a poem, story, song about or for your brother/sister.

Create a recipe book of your brother/sister's favorite foods and maybe include

some of your favorite comfort foods.

You could hand out copies to other family members or maybe even sell as a

fundraiser to raise money for a scholarship in your brother/sister's name or to

give to another cause.

Wear an article of clothing or jewelry that belonged to your brother/sister.

Plant a tree in memory of your brother/sister.

Start a club.

could be a club that does community service projects, particularly for a cause that

would honor your brother or sister.

Buy a birthday gift that your sibling would have liked and donate to kid in need.

Activities.

When something bad or sad happens in our life, it is important to process it. This

means that we need to think it through so that we can make some sense out of it, or find

some meaning in it. Stuffing our feelings inside of us and ignoring them will not help.

Eventually, we will explode!

Below are some activities and projects that might help you process your grief.

They can also help you honor your brother or sister!

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Make a memory box.

Decorate a box to fill with pictures or other special items you want to keep of your brother/sister.

Grief collage.

On one half of a poster board, draw pictures, write words, or cut out pics and words from magazine to represent how life was before the death; on the other half, use same materials to show what life is like now.

Photo collage or scrapbook.

Create a collage of pictures in a large picture frame or create a scrapbook of pictures and memories of your brother/sister.

Tribute to my brother/sister.

Create a poster that represents your sibling's life using magazines or drawings; their hobbies, likes, dislikes, favorite color, etc.

Write a song.

This song could be about your sibling, about your feelings, about how life has changed; visit http://www.ultimatesongwriting.com/ or http://www.howtowriteasong.net/ for help with this!

Collect quotes.

Search the web for inspirational quotes, verses, readings and record in a journal or book to look back at on those tough days.

Make up a dance.

If you are artistic, you could express your feelings through coming up with a dance; maybe even perform it in memory of sib.

Write a play or skit.

Could be about your life, your sibling's life, death, new life, etc.

Create a video or movie.

Biography about sibling's life; your life and feelings; watch

www.youtube.com/watch?v=h_JrfyYD27E for example; tips on how to make your video

can be found at: http://windows.microsoft.com/en-US/windows7/Make-a-movie-in-four-

simple-steps or http://www.wikihow.com/Make-a-Movie

Burn a DVD/CD .

Find songs/video clips that express your feelings or songs that your sibling liked;

Check out the songs page for ideas; steps to do this can be found at:

http://www.wikihow.com/Burn-a-CD or

http://www.ehow.com/how_2080954_burn-cd.html

Be careful not to use copyrighted material!

Design a website/memorial page.

In memory of your brother or sister; for help, check out:

http://www.make-website.com/kids-website.php or http://www.2createawebsite.com/

Movies.

Charlie St. Cloud (PG-13.)

This movie tells the story of Charlie St. Cloud, whose brother, Sam died in a car

accident. Charlie St. Cloud connects with the spirit of his brother after the funeral and

vows to keep his promise of practicing baseball with him every day. As time passes on,

Charlie is forced to choose between honoring this promise or moving on with his life.

My Sister's Keeper **(PG-13).**

This movie is a story about a girl, Kate, who has cancer. Her sister, Anna, was born specifically to donate a kidney to Kate when she needed it. However, Kate does not want to do this and ends up suing her parents for the rights to her own body. As the story unfolds, it turns out that Kate had persuaded Anna not to give her the kidney because she is ready to die. This movie shows how a family and siblings are impacted by a terminal illness.

My Girl **(PG).**

This movie is primarily about the summer adventures of two pre-teenage kids, Vada and Thomas. It talks about death as Vada's mother died while giving birth to her and her father owns a funeral home. Later, Vada is faced with the death of her best friend, Thomas. The movie shows how one can cope with the loss of loved ones and find ways to keep living.

Songs.

After your brother or sister died, you probably had so many thoughts and feelings. Sometimes it is hard to put these thoughts and feelings into words. You may feel so numb that you can't cry, even though you want to because it helps you feel better. People have told me that listening to songs about the death of a loved one can help them express what they are thinking and feeling. Here is a list of songs that others have found helpful:

Tears in Heaven – Eric Clapton

One Sweet Day – Mariah Carey and Boyz II Men

I'll be Missing You – Puff Daddy featuring Faith Evans

It's so Hard to say Goodbye to Yesterday – Boyz II Men

Who You'd be Today – Kenny Chesney

I Can Only Imagine – MercyMe (Christian song)

Homesick – MercyMe (Christian song)

Candle in the Wind – Elton John

Wish You Were Here – Mark Willis

One More Day – Diamond Rio

Never Gone – Backstreet Boys

I Will Remember You – Sarah McLachlan

Angel – Sarah McLachlan

My Heart Will Go On – Celine Dion

Wind Beneath My Wings – Bette Midler

Somewhere Out There – James Ingram & Linda Ronstadt

Untitled - Simple Play

Evanescence is an artist who has written a few songs related to the death of her

sister:

- *Hello*
- *My Immortal*
- *Even in Death*

Celebrities.

Sometimes we feel so alone in our grief. It can seem like no one else could

understand what we are going through. Here are some famous people you might know

that have also been faced with the death of a brother or sister whom they loved very

much. You can check out articles or videos to see what they have to say by clicking on the links next to their names.

Janet Jackson, Grammy award-winning recording artist and actress, is the sister of Michael Jackson. Michael died in 2009 of cardiac arrest. He was 51 years old. www.hindustantimes.com/I-think-of-Michael-everyday-Janet/article1-677602.aspx www.showbizspy.com/article/226162/janet-jackson-keeps-thinking-about-michael.html www.showbizspy.com/article/198886/janet-jackson-waits-for-michael-to-call.html http://www.youtube.com/watch?v=yoQ3FZD0b14&feature=fvwrel

Jermaine Jackson, singer and producer, is the brother of Michael Jackson. Michael died in 2009 of cardiac arrest when he was 51 years old. www.youtube.com/watch?v=w61-dVWW2wbg

David Cook, Season Seven 'American Idol' winner, had an older brother, Adam, who died in 2009 after 10 years of battling brain cancer. Adam was 37 years old. www.mtv.com/news/articles/1610512/david-cooks-older-brother-adam-dies.jhtml

Soulja Boy, rap artist, had a half-brother, Deion Jenkins, who died in a car accident in March 2011. Deion was 14 years old. www.mtv.com/news/articles/1660369/soulja-boy-mourns-brother-death.jhtml

Bret Hart, retired WWE/WWF championship wrestler, had a brother, Owen, who died. Owen was also a wrestler and died when he fell from the ceiling during his entrance at a wrestling event. Owen was 34 years old. www.dailymotion.com/video/x1yiwv-bret-hart-on-owen-s-death-sport

Jennifer Hudson, was a finalist on Season Three of 'American Idol' and is an Academy Award winning actress. In 2008, her mother, brother, and nephew were shot and killed. Her brother, Jason, was 29 years old.

Mark Ruffalo, movie and television actor, had a brother, Scott, who died of a gunshot wound in 2008. Scott was 39 years old.

Books.

When you are going through a painful time in your life, sometimes it helps to read books that talk about what you are going through and offer ideas for how to get through each day. Reading stories of others who have faced similar pain in their life can help you realize that others understand what you are going through. You are not alone. Here are some books about dealing with the death of a brother or sister:

For Kids (Elementary School Age).

The Empty Place: A Child's Guide through Grief by Roberta Temes

A boy describes the feelings of loss, fear, and guilt felt by himself and his friend Betsy after each of them experiences the death of a sibling.

Aarvy Aardvark Finds Hope by Donna O'Toole

Aarvy gets through his grief by hearing his friend Ralphy Rabbit talk about how he felt when his sister died.

My Grieving Journey Book by Donna and Eve Shavatt

Provides information, advice, and activities to help young people deal with the death of someone they love.

For Pre-Teens and Teens.

Children are not Paper Dolls by Erin Linn Levy

This book has pictures, poems, and stories of other kids who have lost a sibling. They talk about the different feelings they have, school, family, the funeral, and how to heal.

Today My Sister Died by Ronee Domske

An older sister talks about the death of her 3½ old sister in an accident. She explains the feelings she had and how to deal with the funeral, holidays, family pictures, and family after a loss.

Beat the Turtle Drum by Constance Green

Two sisters are great friends until one of them accidentally falls out of a tree and dies. The other sister talks about the guilt, anger, and sadness she felt after it happened.

Losing Someone You Love: When a brother or sister dies by Elizabeth Richter

This book tells true stories of teenagers who had a brother or sister die. They talk about the death, their feelings, and how they coped at school and home.

Straight from the Siblings: Another Look at the Rainbow by Gerald Jamplowsky

Has quotes and drawings from kids who had a brother or sister die. Talks about feelings like jealousy, guilt, and anger that might be felt after a death. Also talks about the love between brothers and sisters and gives hope for living with the loss.

Here are some more books about grief. They talk about dealing with the death of any loved one, not just a brother or sister.

Healing Your Grieving Heart for Teens by Alan Wolfelt

Offers 100 practical ideas for dealing with a death and all the changes it brings

Help for the Hard Times: Getting through Loss by Earl Hipp

Shares what grief is and how to grow and learn from your experience. It also offers quotes from teens who have dealt with the death of a loved one.

Grief Journey by Mark Scrivan

Talks about the feelings and pain of grief and how to get through the holidays and other difficult times.

Common Threads of Teenage Grief by Janet Tyson

Written by a school counselor and a few teenagers who talk about struggles faced, answer common questions about grief, and gives ideas for how to deal with life after a death.

Journaling.

Have you ever kept a secret? Sometimes this is so hard to do and we feel like we are going to explode if we don't get it out! Keeping a journal can give you a safe and private place to "explode" all of your thoughts and feelings about your brother or sister so that you feel better. When we write our thoughts and feelings down, we sometimes feel better because everything is not just bottled up inside of us. Writing things down can also help us organize our thoughts and gives us a record of things we want to remember. Journaling gives you the opportunity to look back years later and see how we have grown and changed.

How to Create a Journal:

-Get a notebook or journal. You can also create one by stapling several sheets of paper together like a book and making a cover for it. You could put a drawing on your cover or write a title, such as "My Grief Journal" on it. You might like to use colors that were the favorite color of your brother or sister.

Here are some ideas for what you can write about or do inside your journal:

- Draw a picture of something you liked to do with your brother or sister

-Write a poem or song about your brother or sister

-My favorite memory of my brother or sister was when…

-The thing I hate most about life now that my brother or sister is gone is…

-I wish I had said…. (to my brother or sister)

-No one understands….

-Since the death, my friends…..

-My family has changed since my brother or sister died…

-All about my brother or sister (write about what they were like – favorite color, music, hobby, food, tv show, movie)

-I hate when people say….

-What I miss most about my brother or sister is….

-The day my brother or sister died (write about how you found out, what were you feeling, what did your family and friends say and do)

-It's hard for me to admit this, but I feel angry or guilty since my brother or sister died because…..

-If I could ask or tell my brother/sister anything now, I would ask or tell…..

-Since my brother or sister died, I have learned….

-The best memory of my brother or sister was when…

-The worst memory of my brother or sister was when….

-What helps me the most when I am feeling really sad about my brother or sister is….

-Write about the funeral (what happened, what was the hardest part of that day, what were you feeling, did anything happen that you did not expect?)

If you really enjoy writing and want more ideas on what to write about, you may want to buy one of these journal books:

Fire in my Heart, Ice in my Veins by Enid Samuel Traisman

　-Journal where you can work through your grief by writing letters, songs, and poems.

I will Never Forget You: A Teen Journal of Love and Remembrance by Emilio Parga

-Journal where you can write about memories, the funeral, dealing with grief.

Out of the Shadows: A journal for teens who have someone they love complete suicide

-This journal is for teens who have had someone they love complete suicide. Includes facts and websites about suicide.

Links.

Specifically for Siblings:

Compassionate Friends

http://www.compassionatefriends.org/resources/grief_support_for_siblings.aspx

This page on the Compassionate Friends website provides specific resources for siblings; offers Online Support Community sessions that you can chat on every week; provides brochures and readings about sibling grief; offers a national magazine that has sibling stories and a sibling column called "Ask Dr. Paulson".

The Sibling Connection

http://www.counselingstlouis.net/

Specifically for people who had a brother or sister die; offers articles, stories, books, and movies that deal with death and grieving.

SuperSibs!

http://www.supersibs.org/

For kids who have a brother or sister who has cancer now or who died of cancer, but can be helpful for any kid who had a brother or sister die; can submit poems and letters; provides list of books and summer camps about grief; has a scholarship program for high school students who lost a sibling to cancer.

SiblingSurvivors.com

http://siblingsurvivors.com/

For sibling survivors of suicide; provides info and other resources; allows you to share your story; contains "inspire" jewelry for sale; gives links to suicide support groups that may be in your area.

For Grieving Kids and Teens:

GriefNet.org

http://www.griefnet.org/

Offers an online grief support group for kids and teens where you can ask questions and write your thoughts; also provides lists of books on grief.

National Alliance for Grieving Children

www.nationalallianceforgrievingchildren.org

Listing of support groups and other resources for kids, teens, and families.

Compassionate Friends

www.compassionatefrriends.org

Offers listings of grief support groups offered around the U.S.

The Dougy Center

www.dougy.org

Lists books, DVDs, and other resources for grief; also provides grief support

groups in Portland, Oregon for kids and teens.

Fernside Center for Grieving Children

www.fernside.org

Provides grief support groups for children and teens in Cincinnati, Ohio area; lists

books on grief.

Oak Tree Corner

www.oaktreecorner.org

Provides grief support groups for children and teens in Dayton, Ohio and

surrounding area.

Summer Camps for Bereaved Kids and Teens:

Comfort Zone Camp

www.comfortzonecamp.org

Online grief resources for teens and adults, info about free bereavement camps,

and lists of support groups.

Camp Erin

http://www.moyerfoundation.org/programs/camperin.aspx

Free bereavement camps offered all over the U.S. for kids who had a sibling or parent

die.

Chapter 4

Limitations/Future Directions

Now that this website has been developed, it will be critical to attend to issues related to marketing so that the website can serve its purpose of reaching many bereaved siblings. A primary goal in creating this website was to connect bereaved siblings to other bereaved siblings, which will be done indirectly by allowing individuals to identify with others through stories, poems, and comments submitted. However, for this goal to be accomplished, adolescents need to be aware that the website exists. Currently, few people realize this website is available given its beginning stages, and therefore, I must find ways to inform the public about this valuable and unique resource. It may be necessary to create cards or a pamphlet to distribute to physicians, schools, mental health professionals, grief support centers, funeral homes, and churches. There is also an annual grief conference sponsored by the National Alliance for Grieving Children, where I hope to present this information and website in 2012.

The current website was created with the intention of retaining its adolescent users, and providing ongoing support for them during their grief process. While it is hoped that the ability to post information and respond to posts will entice adolescent users to revisit the site, other strategies to maintain visitors will also be implemented. For example, many sites offer polls on a regular basis, in which readers submit their answers to interesting questions and revisit the site for the final results. Within the Sibs

Remembered website, questions related to bereavement can be posed for the adolescents to respond to. For example, following the death of a sibling, many adolescents are unsure of how to answer the question of how many siblings they have. Readers could be presented with options for how they would respond, and the final results will be posted within a week. Readers can also be encouraged to submit questions they have, and each week one question will be available on the weekly poll. This may create return visitors as the adolescent checks the site to see if their question has been chosen and answered. Another consideration would be to create a page that features a poem, story, or drawing of the month based on posts submitted. Adolescents may look forward to having their story highlighted at some point.

While the website currently offers many pages of information and resources related to sibling bereavement, there is a lot of additional information on bereavement that I hope to provide through this website in the future. For example, it would be beneficial to have a page devoted to providing information related to the funeral to reduce some of the anxiety surrounding this ritual. While each funeral ceremony may be somewhat different based on cultural, familial, or other situational variables, general information of what might be expected could be offered. More specific information about different cultural traditions and beliefs regarding death could also be provided. Furthermore, a page devoted to comments from adolescent readers about the growth producing aspects they have experienced through their grief process could be powerful in providing hope and inspiration to bereaved siblings. Bereaved siblings could also be asked to submit their favorite inspirational verses and quotes that could be available on the page. Finally, a page that helps adolescents identify when they might need additional

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support through a grief support group or individual counselor, along with what to expect when engaging in these services could be created.

Another future direction for this website would be to include an educational component for parents, teachers, and professionals about the unique aspects of sibling bereavement. Within these sections, an explanation of developmental factors that affect the grieving process would be outlined, and a list of common responses to the death would be provided. It would also be important to differentiate between normal grief reactions and those that may require the attention of a grief counselor. Specific ways in which parents and teachers can support the bereaved sibling and facilitate their grieving process would also be listed. For example, teachers may need to reduce the academic expectations of the adolescent for a few months following the death. Parents could gain awareness of tendencies to overprotect their remaining children, and gently be reminded to allow the bereaved sibling to continue to develop autonomy. Doctors or other professionals who work with children and adolescents could also benefit from this information. Pediatricians tend to be the first line of providers that parents seek help and counsel from when their child is struggling. This website could offer information about grief so that they do not overpathologize a patient who is in a normal state of grieving, and so they can offer some helpful suggestions to the family.

The website also has the potential to offer research opportunities within the field of sibling bereavement. As bereaved siblings share their feelings, thoughts, struggles, and process of grief through posts, researchers may be able to analyze the frequency and content of information to gain valuable insight about sibling bereavement. Additionally, researchers may be able to utilize the website to obtain participants for studies. A page

containing research opportunities could be developed so that researchers can provide information about a study they are conducting, as well as contact information if a person is interested in participating. The researcher would then be responsible for following procedures regarding consent according to the Institutional Review Board (IRB).

One limitation of this website is its lack of blogging capabilities. It has become regular routine for youth to communicate with others "live" through blogs and chat rooms. It would be ideal for the youth to have the opportunity to directly and immediately connect and chat with other bereaved siblings through the website. However, this would require legal consultation to determine how to handle issues that may arise concerning suicidality. It would also entail constant monitoring of the website to ensure that inappropriate content was not posted. While this was beyond the scope of this project, future consideration of how this service could be offered and managed could significantly enhance the attractiveness and usability of this website.

A second limitation of this project is that the website does not include a specific component for adults who have experienced the death of a sibling. A review of the literature and resources currently available to this population suggest that the need is present, but minimal attention has been given to the topic. Although the current website was developed to specifically target adolescents, most of the information and activities provided could be utilized by any bereaved sibling, regardless of age. A future project could entail creating another website or page on the existing website targeting the adult population with links that employers and spouses could access to gain insight on how to support the bereaved individual.

Another limitation of the website is its minimal use of images or pictures. Given the design of the webpage, it was determined that adding too many graphics would deter the reader from the content of the site. Moreover, adolescents have the opportunity to post pictures of their family or sibling, which will be visible from the main page. The readers also have the opportunity to view pictures that were posted in previous months under the Archives link of the main page. In the future, a page devoted specifically for pictures submitted by bereaved siblings could be developed. There is also an online resource called Virtual Memorials (http://www.virtual-memorials.com) in which individuals can create a memorial page of their loved ones. Within a "photo gallery" page on the website, a link to this site could be offered, and bereaved siblings could be invited to post the link to their virtual memorial on the photo gallery page for others to view. In addition to creating a page with photos, it may be beneficial to seek the opinion of adolescents visiting the site to determine if more graphics would enhance the appeal of the website.

A final consideration of this website is that it will need to continually be monitored and updated. Any story, picture, poem, comment, or response that is submitted will require approval so that inappropriate content is not posted. As new research emerges or links to other websites are modified or become obsolete, changes will need to be made to the site. Furthermore, as trends in designs and layouts change over time, the look of the website may need to change to maintain an appeal to adolescents. While the dynamic nature of technology requires this constant monitoring and updating, it is also a strength in that the most up-to-date information can be presented to a large audience in a way that is convenient and appealing to them.

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