

Backward shadow

Twenty-eight years since she lost her 30-year-old brother to carbon monoxide poisoning, **Tamar Posner** examines the effect of sibling death on surviving adults and the implications for psychotherapy

As a young adult I experienced the sudden and unexpected death of one of my brothers. In the years since that event I have wondered about the extent to which my experiences, then and since, have been unique or universal and I have asked myself many questions in an attempt to resolve that issue. Amongst those questions, one has consistently intrigued me: What has been the impact of a sibling's death on survivors' perceptions of childhood? To this I have since added: What might be helpful for psychotherapists – especially those who are not themselves survivors of a sibling death in adulthood – to understand so that their practice may be better informed?

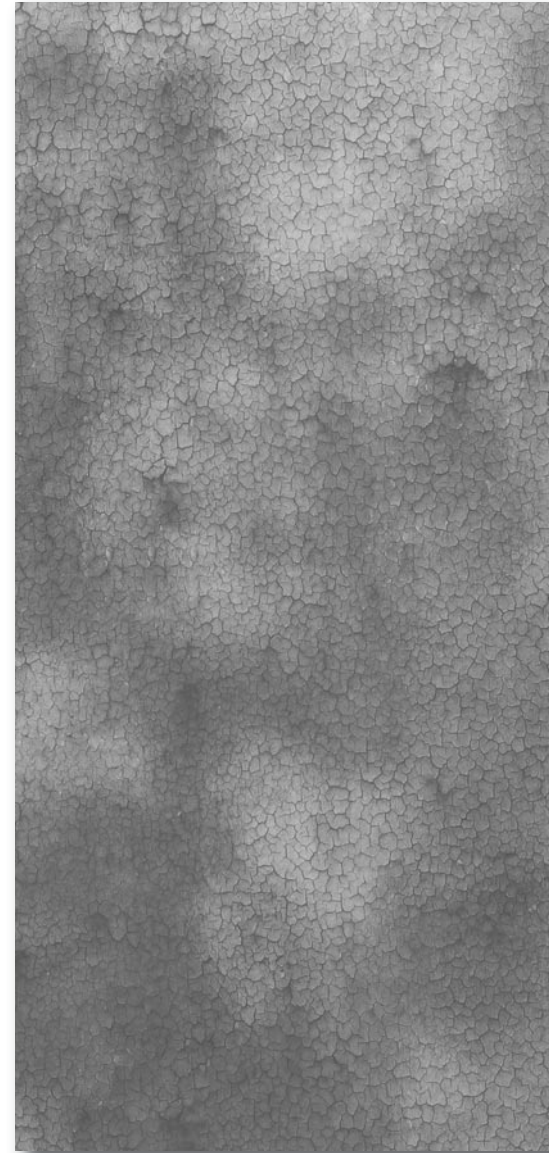
The requirement to submit a dissertation for an MA in integrative

psychotherapy and counselling provided an opportunity to widen the context of my questioning. I undertook a short study based on interviews with six people who had also lost a sibling, and reviewed such relevant literature as I was able to find. It is arguable that a research cohort of psychotherapy trainees, for whom a capacity for reflexivity is a prerequisite, might preclude the straightforward applicability of any findings from this study to a general and less contemplative population. However, it is my view that these considerations in themselves could usefully inform the practice of psychotherapy. Another factor taken into account when considering participants for this study was the high probability that inviting people to share with me recollections of

their brother or sister's death would stir painful memories. For this reason my interviewees were selected from training institutions requiring students to be in personal therapy for the duration of their training.

Resentment versus curiosity

I was just short of my 32nd birthday when my brother 'Joshua' – 18 months my junior – died from carbon monoxide poisoning. Of the immediate aftermath I remember little, apart from the fact that when Joshua died, my parents, my other brother and I retreated further into ourselves where we coped with our grief by ourselves, as best we could. I was left trying to contend with my grief for Joshua and a sense of helplessness in the face of my parents' suffering. I was capable only





of withdrawal in an attempt to protect myself from further pain.

It is now some 28 years later and for most of the intervening years I have carried my memories like some kind of shameful secret, a dark boulder sitting heavily behind me and blocking much of the view when I choose to look back. Since Joshua's death I have suffered other losses that have been devastating in their own ways but I have not experienced those events as challenging my very existence. When Joshua died it was different: my mother was the only one of us who ever spoke his name aloud in family circles and, when she did, it was often to voice some memory of him as a child. Bearing in mind there was only a year and a half between us, I had my own recollections of many of the

events my mother described and of my own part in them. And therein lay the problem: my mother's memories belonged exclusively to Joshua and were unable to accommodate anything I might have done, seen or said at the time. And so, when Joshua died, not only did I lose one of my brothers, but simultaneously, and shockingly unexpectedly, I experienced the eradication of an entire aspect of my identity. I saw myself as a strange and empty shell of an adult with no history and no substance. I retreated further behind my wall of silent resentment.

For many years I have been able to paper over that particular crack, by treading lightly whenever anything has taken me near it and by choosing to focus my attention on where I am

going, not where I have come from. However, recently, I have begun tentatively to explore more of my past and my resentment has gradually given way to curiosity: was my experience really so unique? If so, what made it so? And what are the experiences to which I am referring?

Disenfranchised grief

Disenfranchised grief is a term coined by Kenneth Doka¹ in the context of divorced spouses mourning the death of their former partners but often denied their grief because they were no longer perceived as having a 'legitimate' relationship with the deceased. However, as Doka came to realise, disenfranchised grief is equally applicable to other groups of people, for example: those who have suffered miscarriages or undergone abortions; children or the mentally impaired, who tend to grieve differently from the majority of adults or are perceived as unable to have an understanding of death.

That grief for a dead sibling should also fall into the category of disenfranchised grief may at first seem surprising. However, let us consider what happened to the man whose theories about the human psyche have been held in such high regard for so long, namely, Sigmund Freud. Freud was a firstborn child whose brother Julius, younger by less than a year, died from an intestinal infection at the age of six months. Not only is it probable that Freud's parents were emotionally unavailable to Sigmund in the immediate aftermath of Julius's death, it is also the case that by the time Freud was 10 years old, he had four younger sisters and another younger brother, all of whom were in competition with him for his parents' attention. Given this history, it is perhaps understandable that, for Freud, rivalry and a desire to be rid of these interlopers if at all possible, coloured his view of sibling relationships to such an extent that he overlooked other aspects of siblings and sibling loss². It was only in the 1950s, well after Freud's death, that child development research and the significance of the

mother-child bond began to flourish, but it was not until the 1980s and the publication of *The Sibling Bond*³ that the sibling relationship began to be acknowledged as an important and significant factor in people's lives.

The first book on sibling loss, Helen Rosen's *Unspoken Grief*, focused on personal experience of sibling loss in childhood⁴. *Sibling Loss*⁵ by Joanna H Fanos was published 10 years later and again was triggered by personal experience. Rosen and Fanos both came to the conclusion that, with few exceptions, sibling loss tended to go unseen and unacknowledged. As a result, unexpressed grief could pervade the lives of surviving siblings for many years after the event. And Doka observed that, when a child dies, 'The focal point is always on other relationships... the sibling relationship, wherever it is in the lifecycle, is just very easy to neglect'⁶.

The truth of that last statement was evident in all the interviews I conducted. For those who, like myself, were adults when their sibling died, the focus – including our own focus – was on the parents and, in one case where both parents had predeceased their son, my subject expressed relief that they had been spared the trauma.

The phenomenon of adult sibling loss has, to date, received relatively little attention. In her doctoral thesis on sibling loss in young adulthood, Eleferia Woodrow describes sibling loss as 'a triple loss of the sibling, of the family unit and of the parents in their familiar sense'. She goes on: 'As loss threatens with fragmentation... the desire for stability and continuity becomes paramount... In sustaining primary attachments, a façade

contains their grief as the need to remain functional dominates and the reality of the pain is evaded, their grief postponed'⁷. Not only does this resonate with my own experience, it also suggests that as adults, in our desperation to avoid overwhelming emotion, we may well disenfranchise ourselves.

The stiff upper lip

The 'stiff upper lip', in my perception a close cousin to disenfranchised grief, came into being as a result of the First World War. Until that time it was recognised that death had a lifelong impact on survivors⁶. During the Victorian era, in the days of mourning dress, black-edged stationery and locks of the dear-departed's hair contained in lockets or tied with purple ribbon, widows and widowers would, both literally and metaphorically, wear the loss for years⁸. However, with hundreds of thousands of bodies being brought back from the front lines between 1914 and 1918, it fast became one's patriotic duty to distance oneself and to repress one's grieving; the stiff upper lip was born and became the model for grief. 'In our culture we tend to deny death, its magnitude and even its possibility. So, too, with our grief...'⁹. For those participants whose parents, like my own, had memories of one or both World Wars, the need to 'be strong' in the face of grief was paramount.

Silence, guilt and anger

Just as the phenomenon of the stiff upper lip seems to me to be closely allied with disenfranchised grief, so it also appears to me that silence, in its turn, can be a way of maintaining a stiff upper lip. Three of my participants spoke of their perceived need to grieve in silence – or at least away

from parental view – and one participant remarked on her sense that the silencing came from 'society in general and not just the family'. From another I got the distinct impression that her silence, as well as helping her parents to avoid being overwhelmed by their grief, was also in conformity with the societal stricture that displays of grief were not 'the done thing' and that a 'stiff upper lip' was what was expected. 'Many children learn from their wounded parents that to raise up a dead sibling's image is treacherous or disloyal'. For one of my participants there were additionally feelings of guilt to contend with; her brother's death was discovered two days after both she and her parents had, for different reasons, changed their minds about paying him a visit. Recently, and several years after the event, she has been at pains to try to reassure her mother that 'since there was no fault, there should be no guilt'.

I call the kind of guilt that this participant and her parents wrestled with 'the guilt of magical thinking'. It is predicated on the belief that if only something had not happened, or had turned out differently, then everything else would have turned out differently, which is to say, better. In this particular instance there is no real indication of exactly when the death occurred, so it is just as likely that, had the visits gone ahead, it would simply have been discovered earlier. The motivation for a bereaved family's silence has been described as the avoidance of blame: 'The guilt maintained by these unrealistic beliefs remains intact and intense, with each individual locked in a struggle with his own conscience and unable to share such painful feelings'¹⁰.

As well as guilt – about how they felt and/or about what they did or did not do – some surviving siblings talked about their anger. I have already mentioned that I retreated behind a wall of silence and resentment when I found myself being written out of my own childhood, but another participant described a different

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aspect of resentment and anger arising from her perception that, in her grief, her mother is unable to celebrate her son's life and remains focused on his death. Here the tables are turned and it is the surviving sibling who, by avoiding mention of her brother at home, is imposing silence on the parents.

Possible implications for psychotherapists

At the beginning of this project I thought that the fact that I was interviewing people about their experience of sibling death, rather than engaging in a therapy session with them, would require of me different skills from those I usually employ in the consulting room. It took only one interview for me to understand that this was not the case. I realised that what I was actually seeking was insight into my participants' lived experience so I needed them to talk 'from' rather than 'about' that experience. I recognised that my ability to integrate myself in the relationship, remain congruent with my feelings and communicate empathic understanding, would be critical to engendering an atmosphere of safety and trust within which often painful recollections could be shared. This is in essence not very different from what I endeavour to do with clients who come to me for therapy although, in the greater time I have to spend with my therapy clients, we are additionally striving to effect therapeutic change¹¹.

I would also suggest that some therapeutic approaches might be better suited to exploring the kind of experience I was interested in than others. I was in daily psychoanalytic therapy when my brother died but during the six months that elapsed between my announcement of the death and my decision to end the therapy, that subject and its repercussions were, as far as I can recall, never referred to again. To be fair, both of us were probably too shocked to confront the situation immediately but that 'conspiracy of silence' and the fact that my analyst never once enquired of me how

I was coping was, for me, just another tacit indication that my grieving was not worthy of attention.

That raises another issue: the phenomenon of 'hidden grief'. As has already been stated, for many people, particularly adults, I would suggest, the combination of the requirement to 'sustain primary attachments' and 'the need to remain functional'¹⁷ are likely to result in the repression of the grieving process; add to that surviving siblings' struggle with the phenomenon of disenfranchised grief and it may well take some time for a client to be able to focus on their grief in therapy. It is possible that, for some therapists, hidden grief may be a blind spot that needs to be brought into awareness, or it may be that this is an area to which more attention needs to be paid in supervision and/or in training.

A further point I would make, which was referred to by all of my participants and which carries additional weight in the light of the several references I came across as to how easily the feelings of bereaved siblings can be overlooked, relates to the therapeutic value to be derived from having the opportunity to speak about the event exclusively from the perspective of the survivor. Emerging research into similarities between a research interview and a therapeutic encounter does, I suggest, bear this out¹².

Conclusion

There is no question that the death of a sibling, no matter when it occurs in the lifecycle, has an impact on surviving siblings' perceptions of childhood. If the death occurs in the survivor's own childhood, it inevitably leads to wistful wonderings about what growing up might have been like had it not occurred. For adults there can be a sense that part of their childhood died along with their sibling and has become, like their sibling, a ghost that haunts their dreams. Put another way, a sibling's death in adulthood casts a backward shadow over their childhood that hides precious memories from view. ■

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