Part A: Section A.4

Understanding Sibling Grief and Loss
Introduction

- Siblings are experiencing the dying process and death of a brother or sister, benefit from information, support, and participating in care.
- Many families turn to the patient’s subspecialty physician or primary care pediatrician for guidance.
Objectives

1.4 Describe common reactions and coping mechanisms of siblings with sick brothers or sisters, including:

a. How children understand what it means to be sick and what causes sickness
b. How illness in a brother or sister affects well siblings
c. Development of the concept of death in children
d. How siblings can be incorporated into end-of-life care of a terminally ill brother or sister
e. How siblings grieve
How Providers Can Help

- Be attentive to children’s understanding of their brother’s or sister’s illness and death.
- Counsel families about how to include siblings in caring for the sick child and mourning his or her death.

*Being included decreases sense of isolation during the illness and sense of abandonment after death.*
To help siblings cope, we need to be aware:

1) Their understanding of health and sickness, terminal illness, dying, and death
2) Why children benefit from assisting in end-of-life care
3) How to include children in EOL care
4) How to include children in mourning rituals and activities naturally and sensitively
5) How children grieve
6) How siblings incorporate the loss of their brother or sister into their lives
Understanding Illness: What is Health?

- WHO definition: A state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity*
- Younger child’s definition: It is not disease or disability
- Young children assume that everyone is healthy so they define health as not being sick or disabled

*Preamble to the Constitution of the World Health Organization, 1946
What are the dimensions of illness?

- Identity (labels, symptoms)
- Consequences (short- and long-term effects)
- Time frame (how long it will take to get better)
- Cause (factors contributing to onset)
- Care (actions needed to become well again)
Factors influencing sibling adaptation to a brother’s or sister’s illness

1) Information and understanding
2) Age and gender
3) Quality of relationships between siblings
4) Parental coping
Factors influencing sibling adaptation

Factor 1: Information and Understanding

- Steps in the development of the concept of illness in children
- Stages in a child’s understanding about a brother’s/sister’s illness
- To tell or not to tell
## Development of the Concept of Illness

<table>
<thead>
<tr>
<th>Approx. Age Range</th>
<th>Piagetian Developmental Stage</th>
<th>Concept of Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 yr</td>
<td><strong>Preoperational</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Prelogical</td>
<td>“Sick” means not well</td>
</tr>
<tr>
<td></td>
<td>• Development of representational or symbolic language</td>
<td>Child is told he/she is sick</td>
</tr>
<tr>
<td></td>
<td>• Initial reasoning</td>
<td>If you had worn your boots in the rain, you wouldn’t be sick</td>
</tr>
<tr>
<td></td>
<td>• Person is inseparable from environment</td>
<td>Stay in bed and drink a lot of orange juice</td>
</tr>
<tr>
<td></td>
<td>• Juxtaposition of events in time perceived as cause and effect (syncretism)</td>
<td></td>
</tr>
</tbody>
</table>

**Cause:**

*Phenomenonism* – How do you get a cold? From the sun. How does the sun give you a cold? It just does.

## Development of the Concept of Illness (continued)

<table>
<thead>
<tr>
<th>Approx. Age Range</th>
<th>Piagetian Developmental Stage</th>
<th>Concept of Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 yr</td>
<td>Preoperational</td>
<td>I was mad at my sister. That made her sick.</td>
</tr>
<tr>
<td></td>
<td>• Magical thinking, egocentrism</td>
<td></td>
</tr>
<tr>
<td>6-12 yr</td>
<td>Concrete Operational</td>
<td>Great interest in details; seeks answers through observation Can see the world from multiple perspectives</td>
</tr>
<tr>
<td></td>
<td>• Logical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Problem solving restricted to physically present, real objects that can be manipulated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Development of logical functions (e.g., classification of objects)</td>
<td></td>
</tr>
<tr>
<td>Approx. Age Range</td>
<td>Piagetian Developmental Stage</td>
<td>Concept of Illness</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 6-12 yr           | Concrete Operational         | **Cause:**
|                   | • Clearly differentiates self from environment | *Contamination* - How do people get colds? You’re outside without a hat and the cold touches your head and then the rest of your body.  
|                   |                               | *Internalization* - How do you get a cold? You breathe in too much cold air in winter and it blocks your nose. How does this cause colds? The bacteria get in. How does a cold get better? You breathe in hot air into your nose and it pushes the cold back. |
### Development of the Concept of Illness

<table>
<thead>
<tr>
<th>Approx. Age Range</th>
<th>Piagetian Developmental Stage</th>
<th>Concept of Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+ yr</td>
<td><strong>Formal Operational</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clearly differentiates self from environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Comprehension of abstract/symbolic content</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Development of advanced logical functions (hypothesis formation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Cause:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Physiological</em> - A cold is when your sinuses get stuffed up. Colds come from viruses from other people.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Psychophysiological</em> - A heart attack is when the heart stops working right. You can get it from worrying too much.</td>
<td></td>
</tr>
</tbody>
</table>

More recent work suggests age at mastery may be 2-3 years earlier.

Billy was 3½ when his brother, Luke, was born at 24 weeks gestation and admitted to the NICU. When Luke was a week old, his parents took Billy to visit Luke to cheer him up and make him feel better. Billy peered into the isolette and said “Cheer up, Lukie, feel better!”

Later that day, Luke died. That night, Billy asked “Mommy, why did Lukie die?” His mother told Billy that Luke had been very sick. The next night, Billy asked, “Mommy, Why did Lukie die?” and she gave the same answer. The third night, he asked the same question and his mother gave the same answer.
On the fourth night, he again asked, “Mommy, why did Lukie die? “ This time, she said “Billy, why do you ask?” and he replied, “I tried to cheer him up. I tried to make him feel better.”

His mother told Billy that he had done his job and cheered the baby up and had made him feel better. But even the doctors couldn’t make Luke well. Billy never asked the question again.
### How siblings learn about a brother’s or sister’s illness and its progression

<table>
<thead>
<tr>
<th>Stage of Acquiring Information</th>
<th>Child’s Information</th>
<th>Experience</th>
<th>Child’s Concept at this Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>“It” is a serious illness (not all know the name of the disease)</td>
<td>Informed of illness/diagnosis</td>
<td>My brother/sister used to be well but is now sick</td>
</tr>
<tr>
<td>2nd</td>
<td>Drugs, procedures, side effects are discussed at home/observed</td>
<td>Child is in remission</td>
<td>My brother/sister is sick but is getting better</td>
</tr>
</tbody>
</table>

*Although this model is based on the experiences of children with cancer, the steps in understanding are not specific to a single illness and the same progression of understanding is likely in a sibling*

How siblings learn about a brother’s or sister’s illness and its progression

<table>
<thead>
<tr>
<th>Stage of Acquiring Information</th>
<th>Child’s Information</th>
<th>Experience</th>
<th>Child’s Concept at this Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd</td>
<td>Drugs, procedures, side effects worse than before</td>
<td>First Relapse</td>
<td>My brother/sister is very sick but will get better</td>
</tr>
<tr>
<td>4th</td>
<td>A larger perspective of the disease as a series of relapses and remissions</td>
<td>Several relapses and remissions</td>
<td>My brother/sister is always sick. Will he/she get better?</td>
</tr>
<tr>
<td>5th</td>
<td>The disease is an endless series of relapses and remissions.</td>
<td>Sibling learns of other children dying</td>
<td>Is my brother/sister going to die?</td>
</tr>
</tbody>
</table>
To Tell or Not to Tell

- Children are keenly aware of emotional climate
  - Infants sense tension/apathy when being held
  - When children have no explanation, they may fantasize worse situations
- If children perceive non-verbal cues and fantasize the worst, does *not* telling “protect” the child from distress?
What is the major benefit of disclosure?

- Helps reduce anxiety by explaining:
  - The child did not cause the illness
  - Doctors/nurses are working hard to make brother/sister better

- Helps the child understand and absorb information:
  - Use simple language
  - 3 Rs: **Reassure**, **Repeat**, **Remind**
Exercise 1: Reflection on dying and death from the sibling’s perspective

1. Think of a seriously ill patient for whom you provided care.
2. Think of the sibling of a newly diagnosed, a mid-course, and an end-of-life patient.
   a. How old was the sibling?
   b. What did the sibling know?
   c. How was the sibling coping?
3. Think of a time when you discussed a sibling with a parent. What were the parent’s concerns?
4. Do you recall ever asking a sibling what he/she knows, feels, is worried about? If you don’t, what might this mean about that child?
5. If the patient had a sibling and you knew nothing about the sibling, what does that tell you?
Notes for Exercise 1

- The family or social history should include the age, gender, and health status of any siblings.
- Families may feel the physician’s role is limited to taking care of the sick child. Thus, they may not discuss sibling concerns unless asked directly.
- Families are more likely to discuss their well children with nurses, social workers, or child life specialists. Ask these team members about sibling functioning.
Exercise 2: Reflection on your own experience of losing a sibling or relative/friend

1. Are/were you the sibling or relative/friend of a child or other close relative with a chronic or terminal illness?

2. Identify 1 positive and 1 negative feeling you had.

3. Who was the most helpful when you had questions, concerns, or just feelings to express?
Factors influencing sibling adaptation

Factor 2: Sibling Age and Gender

- Younger siblings (especially preschool-aged boys) may feel parental preoccupation with the sick child is a rejection of them.
- Older siblings (especially teen-aged girls) may feel burdened by household/child care responsibilities.
- The family’s ability to maintain a regular schedule (sports, clubs) and to expect siblings to attend school and do well is directly associated with coping.
- Help from outside the family can be critical but may not be available.
Factors influencing sibling adaptation to brother’s or sister’s illness

Factor 3: Quality of Relationships

- The sick child may receive more attention and gifts, and privileges (stay up late, not go to school), leading to sibling jealousy and the desire to be sick themselves.
- The sibling may see himself/herself as a helpmate because of increased responsibilities/desire to protect the sick child and parents.

See: A Lion in the House: Taletha and Tim Password: sibs
Factors influencing sibling adaptation to brother’s or sister’s illness

Factor 4: Parental Coping
Parents are challenged to:

- Maintain family cohesion, cooperation, optimism.
- Maintain social support, self-esteem, psychological stability.
- Maintain a sense of inclusion and control

Factors influencing sibling adaptation to brother’s or sister’s illness

Factor 4: Parental Coping (continued)

The reality of their feelings is:

- I’m scared – how can I show bravery and confidence?
- To whom do I tell what?
- Who works to provide health insurance?
- How can I be in two places at once?
- Who will take care of the other children?
Case Study: The Smith Family

- The Smith family is composed of the parents and four children:
  - Mark, age 10, diagnosed with osteosarcoma of the left femur five months ago
  - Siblings:
    - Kate, 16 yr
    - Brian, 7 yr
Family Status 6 months ago

- Kate was an excellent 10th grade student, took flute lessons, and was a Girl Scout.
- Mark was a 5th grader who was an excellent soccer player.
- Brian was in 1st grade and a soccer player who hoped to be as good as his big brother.
- Mother was a kindergarten teacher. Father was assignment manager of a furniture store.
- Maternal aunt, divorced with 8-year-old twins, lives in another state.
- Paternal grandparents deceased; father is an only child.
Exercise 3

1. Over the last five months, what changes might have occurred in the Smith household for:
   - Kate (16)
   - Mark (10; patient)
   - Brian (7)

2. How might each well sibling be reacting?
Which child is likely to be thinking each of these thoughts?

○ My mom and dad don’t need me to be sick/a problem right now
○ Nobody cares about me
○ Look at me…get an A, win a prize, skip school, take drugs
○ I exist, too
Well siblings of terminally ill children live in a house of chronic sorrow

- M. Bluebond-Langner

See: A Lion in the House: Risk Taking Behaviors Password: sibs
Vignette 2

A 15-year-old healthy girl, Martha, has a 19-year-old brother, Jack, who had a lung transplant for cystic fibrosis last year. He has been hospitalized almost continuously since. Martha feels abandoned by her parents. She has secretly cut herself for 2 years and was hospitalized for depression 6 months ago.
Including Siblings in End-of-Life Care

Why should they be included?

- Reduces isolation.
- Fulfills desire to “do something” for sick brother or sister; helps sibling do something they believe parents value.
- Provides lasting memories of helping, being kind, making brother or sister laugh.
- Can help “undo” natural guilt and jealousy associated with sibling rivalry.
- Seeing can help alleviate worst fantasies; increases appreciation for the effects of illness.
Including Siblings in End-of-Life Care

How should they be included?

- Visit, play games, make gifts
- Communicate frequently:
  - Phone calls, email, texting
  - “Heart-to-heart” talks
  - Make memory books together
How do you answer the question…

“Is my brother/sister going to die?”
Consider answering:

When do you ask?

- You have been thinking about it. What have you been thinking?

Let child guide the conversation, so you answer their underlying question, concern, or fear. (Remember the story of Billy and Luke)
Development of the Child’s Concept of Death

- What follows are guidelines only.
- Developmental stage is more important than chronological age.
- Experience enhances understanding.
- Real knowledge can be distorted by imagination.
- “Looking through the eyes of a child” can help detect and address immature thoughts.
Children need to master four major concepts

- **Irreversibility**: Death is permanent (necessary for detachment and mourning).
- **Non-functionality**: Life-defining body functions cease (necessary for understanding there is no physical suffering).
- **Universality**: All living things die (including self).
- **Causality**: Dying is the result of physiologic malfunction due to internal (e.g. illness) or external (e.g. accident) causes.
How do they accomplish these tasks?

The stages of understanding death in a Piagetian context.

Remember!

*Developmental age and experience greatly influence the chronologic age at which concepts are mastered.*
## Development of the Concept of Death

<table>
<thead>
<tr>
<th>Approx. Age Range</th>
<th>Piagetian Developmental Stage</th>
<th>Approx. Age</th>
<th>Concept of Death</th>
</tr>
</thead>
</table>
| 0-2 yr            | Sensorimotor                  | Infancy     | • Expresses discomfort with separation  
|                   | • World defined by motor and sensory limitations  
|                   | • Preverbal (instrumental language) |              | • Fears pain |

*The ages and order of understanding the concepts of death are estimates and influenced by personal experience, education, and media depiction*
## Development of the Concept of Death

<table>
<thead>
<tr>
<th>Approx. Age Range</th>
<th>Piagetian Developmental Stage</th>
<th>Approx. Age</th>
<th>Concept of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 yr</td>
<td>Preoperational</td>
<td>3 yr</td>
<td>Uses word “dead” but only to distinguish from “not alive”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 yr</td>
<td>“I thought it, therefore it happened”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 yr</td>
<td>Limited notion; may express no personal emotion but may associate death with sorrow of others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 yr</td>
<td>Avoids dead things as they may be contagious; imagines death as a personified being; believes he/she will always live, only others (especially those older) die</td>
</tr>
<tr>
<td></td>
<td>Prelogical</td>
<td></td>
<td>Associates death with “old age;” may be violent and emotional about death, including representations (e.g., magazine pictures), or may display intense curiosity about dead things</td>
</tr>
<tr>
<td></td>
<td>Egocentric/magical thinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Development of representational or symbolic language</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Initial reasoning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Development of the Concept of Death

<table>
<thead>
<tr>
<th>Approx. Age Range</th>
<th>Piagetian Developmental Stage</th>
<th>Approx. Age</th>
<th>Concept of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12 yr</td>
<td>Concrete operational</td>
<td>7 yr</td>
<td>Great interest in details (e.g., graveyards, coffins, possible causes); seeks answers through observation of decomposition, etc; suspects he/she may die</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 yr</td>
<td>Less morbid, more expansive; interested in what happens after death; accepts, with little emotion, that he/she, too, will die</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9+ yr</td>
<td>Understands logical and biological (e.g., absence of pulse) essentials of death; can understand concrete explanation of death process and that death is permanent</td>
</tr>
</tbody>
</table>
### Development of the Concept of Death

<table>
<thead>
<tr>
<th>Approx. Age Range</th>
<th>Piagetian Developmental Stage</th>
<th>Approx. Age</th>
<th>Concept of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+ yr</td>
<td>Formal operational</td>
<td>Teens</td>
<td>• Meaning of death appreciated, but reality of personal death not accepted</td>
</tr>
</tbody>
</table>

- **Formal operational**
  - Abstract thinking
  - Comprehension of purely abstract or symbolic content
  - Development of advanced logical functions (e.g., complex analogy, deduction)

Factors influencing whether a child or sibling had a direct conversation with a parent about impending death

<table>
<thead>
<tr>
<th></th>
<th>Talked: Yes</th>
<th>Talked: No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥12</td>
<td>35</td>
<td>9</td>
</tr>
<tr>
<td>≤12</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td><strong>Length of Illness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥1 Year</td>
<td>30</td>
<td>16</td>
</tr>
<tr>
<td>&lt; 1 Year</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td><strong>Siblings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>46</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

Conversations with children about a child’s death

- If an ill child talked with a parent about impending death, siblings were more likely to have had a conversation.
- More siblings (81%) than ill children (65%) have talked with a parent about the child dying.
- 37% of siblings vs. 59% of ill children were thought to have been helped by discussing the impending death.
- Ill child seemed relieved, less anxious, and less moody.
- Brothers and sisters seemed more angry, sad, fearful.
Do siblings need a different kind of communication?

- Start early.
- Be honest.
- Focus on their own questions, concerns.
- Offer to talk again – and again.

Sibling will grieve in his/her own way.

“Appearing” normal does not mean child is feeling “normal”.
Advice to parents: Explaining death to siblings

Use Simple Direct Terms

- Use “died,” not “went on a trip” or “went to sleep”.
- Share religious or spiritual beliefs.
- Assure child that he/she is not responsible.
- Provide verbal and physical affection – one child has died, but another is living – and is frightened or anxious about personal well-being.
Advice to parents:
Explaining death to siblings (continued)

- Encourage questions; seek help answering if needed.
- Share your grief with your child so your child is comfortable sharing his or hers with you.
- Reassure that the feelings of grief are normal and everyone grieves differently.
- Encourage self expression through words or the arts.

See: A Lion in the House: Facing End-of-Life Password: sibs
Vignette 3

A man whose wife died in a car accident 2 years ago has just lost his 10-year-old daughter to cancer. His 8-year-old daughter has said that she cannot attend her sister’s funeral. On the day before the funeral, father and daughter go to the cemetery together to clean and polish the mother’s gravestone, which will soon be engraved to include the 10-year-old. They sit for an hour talking together and with the mother and sister about their sadness about being separated, but also their happiness that now the mother will have a daughter with her in heaven.
Should siblings attend the wake, funeral, or other ritual?

- Always invite, at any age.
- Child may decide to attend or not. Some may prefer a special private time (visit to the funeral home or gravesite with close family only).
- Child should be accompanied by someone (e.g., familiar family friend) who can respond just to his/her needs (answer questions, role model expected behavior, leave if the child wishes).
Long-term consequences of attending or not attending funeral

Studies of surviving siblings show:

- Most siblings who did attend felt good about their choice.
- Siblings who chose not to attend were more likely to question their decision later—especially if no other special way of saying goodbye was arranged.
- “No matter what you decide, it’s the right thing for you to do”.
Siblings and Grief Work: Definitions

- **Loss:** Disappearance of something/someone cherished.
- **Mourning:** Outward expression of the inner turmoil due to loss; symbolic or ritualistic.
- **Bereavement:** The state of having suffered a loss.
- **Grieving:** Emotional, internal, response to loss; expression is highly individual.
- **Grief:** “Heaviness that isn’t easily lifted;” can be physical, behavioral, emotional, mental, social, or spiritual.
- **Complicated Grief:** Prolonged, delayed, exaggerated
Grief Work

- Everyone who suffers a loss must do grief work.
  - Some begin immediately,
  - Others may have difficulty accepting the reality of death and begin days/weeks/ months later.
- Grief work may take years. It is “normal” if it is moving toward resolution, even if very slowly.
Theories of Grief

- Kübler-Ross’s Five Stages of Coping with Death (DABDA):
  - Denial
  - Anger
  - Bargaining
  - Depression
  - Acceptance
Four Phases and Tasks of Grief

Phases:
- Numbness
- Searching and yearning
- Disorganization and despair
- Reorganization and recovery

Tasks:
- Accept the reality of the loss
- Work through the pain
- Adjust to life without the deceased
- Emotionally relocate the deceased and move on
Common Grief Reactions

- Missing the child/companionship/relationship
- “Seeing” or “hearing” the dead child
- Difficulty sleeping, eating
- Poor school work, absenteeism
How do Children Grieve?

- Cry
- Act out
- Withdraw
- Are jealous about parental preoccupation with or idealization of the dead child
- Feel inadequate
Constructive grieving through remembering

- Non-Verbal Grieving: drawing, making a memory box; creating a picture album or collage; writing stories, song lyrics, or poems.

- Reading books helps to understand that the dead child is gone but it is good to remember, especially happy times.

- Open the door to talking, but the child may prefer talking to peers rather than adults. Make the offer to “talk” 3-4 times over weeks. Respect refusal but invite the child to change his or her mind anytime.

Some grief work may not be done until adulthood.
Vignette 4

A 5-year-old girl kisses and then places her favorite teddy bear in the casket of her 10-year-old brother, who died after he was struck by a car while he was riding his bicycle.

The girl is now 25 and feels close to her brother when she remembers that moment.
Children’s Grief Work within the Family

- A child’s grief work is influenced by the parents’ grief work.
- Sometimes parents interfere with the sibling’s grief work by projecting their own sorrow, guilt, or anxiety onto the child.
- If parents idealize the dead child, the sibling can never “measure up”.

Part A: Understanding Grief and Loss in Children and Their Families
Parents may become depressed and emotionally unavailable to living children.

Parents may not allow discussion, as if the child’s death never happened.

The sibling may become the “identified patient” (by acting out, becoming depressed) to help the family resolve their grief.
Exercise 4: Remembering

1) Do you remember the death of a family member or friend?

2) If you had a chance to be with that person prior to death, what did you talk about or do?

3) What do you wish you had done differently during the person’s illness, end-of-life time, after his/her death?
How can schools, clubs, and teams help?

- Tell the sibling’s teacher/counselor/leader about the death, especially if the children attended different schools.
- If the sibling prefers privacy, the teacher/counselor/leader can just acknowledge the death privately and offer some slack in assignments, or an open door.
- Some siblings prefer that classmates/team members be told before they return. The teacher/leader could conduct a brief session on expressing condolence so peers will be able to think of helpful things to say or do to ease awkwardness.
How can the pediatrician help?

- Attend the wake/funeral to share sorrow and offer support.
- Send the sibling a note acknowledging that he/she has suffered a loss and that you are specifically thinking about him/her.
- Offer to have a conversation with the sibling to hear experiences and answer questions.
- Offer to see the sibling again in 1-2 months to answer new or lingering questions.
How can the pediatrician help? (continued)

- Support non-verbal outlets (art, music, journaling).
- Recommend a peer support group for bereaved children/teens.
- Accept that “now” may not yet be the time to talk. Leave the door open.

Conclusion

- Siblings suffer when a brother or sister dies, yet are often ignored by parents and providers.
- If not included in the grieving process, they often feel isolated and abandoned.
- Pediatricians who understand a child's common reactions and coping mechanisms can help them heal and adapt to their loss.
Conclusion (continued)

- We can counsel families about how to include siblings in caring for the sick child and mourning his or her death.
- Most families have never had this experience before. Let them know you are there to help them get through it.