

Grief and Bereavement Due to Loss of a Sibling to Cancer in Adulthood: Transformations of Family Systems

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Grief and Bereavement Due to Loss of a Sibling to Cancer in Adulthood: Transformations of Family Systems

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Abstract

This study examined the grief of people who have lost siblings to cancer during adulthood, and the transitions that occur thereafter within the family system. Seven male and female subjects aged 20 – 50 years were included in the study. Semi-structured interviews were held, which were summarized using a qualitative research method.

Our analysis extracted nine categories, 12 subcategories, and 28 concepts. Siblings represent a subsystem of the family system, grow up based on the relationship of [growing up together], and are separated from each other by marriage and starting a family. On the other hand, the onset of cancer and bereavement in adulthood increase the cohesiveness of the family system and/or sibling system, resulting in [caring for patient with all one's strength]. Once the patient develops cancer, favoritism toward relatives from the sibling-in-law position is triggered [mindset of favoritism in a tenuous position], which leads to disunity and conflict between the family of origin and the family of procreation.

Siblings' grief was characterized as a [unique sadness], which indicated the loss of a convoy-like relationship from having grown up together (a convoy is defined as a group that helps each person move forward, while considering those that are weaker) and meant that a person who proved to be self-existent was lost. This grief is difficult to recognize socially. Furthermore, siblings themselves gave priority to their parents [become mediator between the elderly parents and others] and sealed off their own grief, which doubly clouded the grief. Meanwhile, paying attention to elderly parents led to the acquisition of a new role, which seemed to partially heal the grief. In addition, siblings sharing genes had [fear of blood relations] as a risk of cancer onset.

As discussed above, the processes of caring for a sibling and bereavement cause the siblings' perspective of family, which was centered on their family of procreation in their separate lives as adults, to turn back to their family of orientation. This was expressed in their commitment to the elderly parents, as well as in the resurfacing of the sibling bond.

KEY WORDS

Sibling Grief Cancer Adulthood Transformations of Family Systems

Introduction

Japan has become an unprecedentedly aged society, and is marked by a high annual number of deaths, the most common cause of which is cancer. Bereavement heightens people's tension and frequently causes conflict within family units. At hospitals, assistance is mainly given to the spouse of the patient; siblings of patients are relegated to being a "family member who has difficulty being heard."

Much family grief research has focused on the spouse; studies examining siblings are rare, both within and outside Japan, and typically focus on pediatrics. Such studies indicate the extent of the impact that a sibling's death has on children, and the importance of assisting child siblings with their grief^{1) 2)}

Research for subjects who have lost a sibling during adulthood due to a cause other than cancer includes studies

that describe the grieving process or grief counseling related to losses resulting from suicide or other causes of sudden death^{3) 4) 5)} Such studies note that the subjects experience feelings of sadness and self-accusation alongside a sense that the deceased was irreplaceable and unique as a biologically related companion. Regarding cancer, research has examined sibling bone marrow donors in the context of transplants, and has identified complex emotions arising from the conflict and responsibility associated with becoming a donor, as well as emotions related to the donors' relationships with families of procreation and orientation⁶⁾.

Research that examined the sentiments of an older sister who took care of her younger sister after they both developed cancer following marriage observed emotions such as pity, as well as dilemmas arising from differences between the sisters' two households⁷⁾. Statistical surveys indicate that the loss of siblings to cancer increases risk of low self-esteem but does not extend to pathological grief⁸⁾.

This study explores the grief of those who have lost siblings in adulthood, and the resulting transformations within the family systems and the sibling subsystems. Sibling studies that explore such emotions and family systems in conjunction are virtually nonexistent, both within and outside Japan.

The terms in this paper are as follows. "Sibling" is used as a generic name for a brother or sister. The member of the sibling group who died of cancer is described as "the patient". The rest of the members are described by their family relationships. "Family of origin" means the family where siblings were born and raised. "Family of procreation" denotes a new family established by the siblings through their marriages. In this paper, "three families" means the family where children were born and brought up, the patient's family of procreation, and the siblings' families of procreation.

Research methods

I Study design

A Modified Grounded Theory Approach (M-GTA), a qualitative descriptive research procedure, was used to clarify the qualitative contents consisting of experiences, feelings, and awareness regarding the loss of siblings through analysis of the phenomenon and the process of communication and interaction, according to the social and cultural context. Focusing on the context, M-GTA was used without sliced data.

2 Participant recruitment criteria

From one association for bereaved families in Tokyo, we recruited participants who lost their siblings to cancer and who would participate in our study. The selection criteria were as follows: (1) an adult who experienced the death of his or her sibling due to cancer in adulthood (20–65 years old); (2) a person who experienced bereavement at least one year ago and had presented his or her thoughts in writing or in talking while participating in an association for bereaved families.

3 Data acquisition

A semi-structured interview was conducted by the researchers to collect data. The interview guide encompassed (1) the process from the development of cancer by the patient to bereavement and the sibling's feelings, awareness, and behavior in the process; (2) feelings, thoughts, and behavior of the siblings other than the subject and the elderly parents from the time the patient developed cancer to bereavement; (3) changes in the relationship with the siblings, besides the subject and the elderly parents, and with the family members of the patient; (4) memories with the siblings from childhood. The interview was conducted at a place where the subjects' privacy could be ensured. We recorded the contents of the interview using an IC recorder and notes, with the subject's permission. The interviews took approximately 60–90 minutes.

4 Analysis procedures

The analysis procedures were as follows: (1) create a verbatim record from the digital data of the interview and organize the notes; (2) extract the sentences and terms associated with changes in the family system and their grief while paying attention to the context, and create concepts by comparing the similarities and differences of the meanings. Similar concepts were integrated to create subcategories. Then the categories were created. In the analytical process, the Clinical Nurse Specialist of family nursing was used to examine the validity of the categories and the contents of the analysis. The subjects were asked to comment on the created categories in order to enhance the credibility of the categories.

5 Ethical considerations

All participants received a written explanation that participation was voluntary, that the information conveyed would not be used for any purpose other than research, that their privacy and anonymity would be protected, that

they could withdraw their participation at any time during the study, and that the results of the study would be made public. Participants were subsequently asked to sign a form indicating their consent. This research was approved by the Research Ethics Committee of the authors' university.

Results

1. Subject outline

Seven subjects participated (six females; one male) . The deceased siblings were three older sisters, three older brothers, and one younger brother. The subjects' ages at the time of separation by death were as follows: one in his or her 20s, five in their 40s, and one in his or her 50s. Patients' diseases were solid carcinomas including uterine cancer, stomach cancer, and tongue cancer; there were no hematologic disease. At least a year had passed since the death of all subjects' siblings. (Table 1)

2. Siblings' grief and transformations in the familial system

Subjects' narratives were organized using the following frameworks: one's own grief, acknowledgement of other siblings, acknowledge of one's own family (family of procreation) and one's home (family of orientation) , and actions.

This study extracted 9 categories, 12 subcategories, and 28 concepts from subjects' narrative of events, their emotions, and the state and actions of family members. In this paper, [] will denote categories, < > will denote sub-categories, { } will denote concepts, and " " will denote raw data. Data sources will be indicated using a case initial.

Furthermore, observing the nine categories carefully, three themes emerged: "changes in the sibling/family relationship," "roles and initiatives of siblings," and "siblings'

sentiments." The content below is organized and described along these themes. (Table 2)

1) Changes in the sibling/family relationship

Changes in sibling/family relationship includes four categories: [growing up together] , [distance that is initiated with marriage] , [mindset of favoritism in a tenuous position] , and [transformation in the family] .

[growing up together]

[Growing up together] past early childhood comprised <growing up together and the sentiment of compassion> and <respect and rivalries> . The period of early childhood is underlined by [growing up together] .The first sub-category was <growing up together and the sentiment of compassion> , including { mental fatigue due to domestic conflicts with the sibling } . This refers to siblings' mental fatigue caused by anxiously watching fights within the family, such as between mother and daughter (A) . And { feeling compassionate toward the patient based on the shared journey as siblings } refers to a feeling of pity toward the subject's older brother (the patient) , who endured several misfortunes—the siblings' parents divorced during childhood; the brother then became isolated within the family after his younger sister became close to his step-father upon his mother's re-marriage (F) .

By contrast, the next sub-category was <respect and rivalries> also existed between siblings. The healthy sibling's relationship with the unwell sibling was { that he was a special person even above the siblings/one of deep respect } (C, D, G) . Similarly, as described in { the rivalry between the older brother and younger sister } , such feelings of rivalry were seen to depend on birth order and siblings' roles in the family (B, E) .

Table 1 Research Subjects

	Subject			Patient	
	Age (Lose)	Sex	Relationship to patient	Disease	Age at death
A	Early 20s	Male	Elder sister	Cancer of the uterine cervix	Mid 20s
B	Late 30s	Female	Elder sister	Cancer of the transverse colon	Early 40s
C	Late 40s	Female	Brother	Gastric cancer	Late 40s
E	Late 40s	Female	Elder Brother	Cancer of the biliary tract	Early 50s
F	Late 40s	Female	Elder sister	Cancer of the tongue	Early 50s
G	Late 40s	Female	Elder sister	Lung cancer	Early 50s
H	Mid 50s	Female	Elder Brother	Renal carcinoma	Late 50s

Table 2 Category list of Sibling Grief Transformations of Family Systems

Category	Subcategory	Concept name
Growing up together	Growing up together and the sentiment of compassion	Growing up together
		Mental fatigue due to domestic conflicts with the sibling
		Feeling compassionate toward the patient based on the shared journey as siblings
	Respect and rivalries	That he was a special person even above the siblings/one of deep respect
The rivalry between the older brother and the younger sister		
Distance that is initiated with marriage	Distance between the subject and the siblings due to marriage	A sense of distance between the subject and the siblings due to marriage
Transformation in the family	changes in the structure of family relationships	Three siblings (an older sister and brother and a younger brother) to two siblings (an older and a younger brother)
		A nephew/niece relationship equivalent to the relationship with one's own child
Mindset of favoritism in a tenuous position	Three families cannot grieve together	That family vs. my family
		Sense of isolation due to inability to share grief
	Siblings coming to a position that is a step removed	The position of a sibling is a step removed
		Show reservation toward the patient's spouse
Favoritism toward sibling-in-laws	Favoritism toward sibling-in-laws	Sister-in-law is a person who is appointed by God
		Sibling-in-law-specific favoritism toward relatives
Caring for patient with all their strength"	Cared for the patient with all their strength	Misunderstandings resulting from thinking about the patient too much
		Certainly act on behalf of the patient
		Caring for the patient who was battling the illness with all his or her strength
		Social arrangements related to nursing care
Mediator between the elderly parents and others	Being a mediator for the elderly parents	Going between the elderly parents and the patient
		Consideration of the suffering of the elderly parents
		Pacifier of the elderly parents who are angry toward the spouse
		Becoming the family mediator
Unique sadness	Sorrow as siblings	Unique sorrow of siblings
		Prayed that the pathology was not the case
		There is nothing more painful than this (in life)
Fear of blood relations	Being scared of blood relations	Fear of being connected by blood
Preserving traces of the deceased sibling	Preserving traces of the deceased sibling while feeling pain	Things they tried not to do until the patient recovered
		Wanted people to know more about the patient

[distance that is initiated with marriage]

[Distance that is initiated by marriage] indicates that siblings, who [grew up together] in their childhood, begin to spend less time together in adolescence, and with the emergence of psychological distance, { a sense of distance between siblings due to marriage } is created.

The time they shared diminished as they entered adolescence, and as psychological distance began to emerge. As seen with the [distance that is initiated with marriage] , this indicates that { Distance between the subject and the siblings due to marriage } was generally created.

[mindset of favoritism in a tenuous position]

[Mindset of favoritism in a tenuous position] following the onset of cancer in the patient is observed, which includes the subcategories: <three families cannot grieve together> , <siblings coming to a position that is a step removed> , and <favoritism toward sibling-in-laws> .

<Three families cannot grieve together> and <siblings coming to a position that is a step removed> expressed "tenuous" .The onset of cancer in the patient delivered a huge shock to the subject. This drastically shrunk the distance between the siblings. However, this was a[mindset of favoritism in a tenuous position] . "Tenuous" here

refers to feelings of reservation towards the spouses of the siblings (i.e., the healthy siblings' sisters-in-law) (C, D, G) .

Although the siblings lived at a certain distance, As <siblings coming to a position that is a step removed> , the subjects had to { show reservation toward the patient's spouse } during hospital visitation and when looking after the patient. Further, siblings did not participate in family decision-making or in discussions with medical practitioners concerning the treatment of the patient. As such, { the position of a sibling is a step removed } .

[transformation in the family] .

Then, [transformation in the family] after bereavement is marked by <changes in the structure of family relationships> . As seen in the change from { three siblings (an older sister and brother and a younger brother) to two siblings (an older and a younger brother) } , it has been suggested that the reality of losing a sibling appears in changes in the family structure (A) . Further, regarding children of the sibling whom the patient loved, { a nephew/niece relationship equivalent to the relationship with one's own child } , the pseudo-parent-child relationship disappeared due to the patient's death (B, C) . Thus, the <changes in the structure of family relationships> appeared.

2) Roles and initiatives of the siblings

There are two categories under the roles and initiatives of siblings: [taking care of the patient by oneself] and [mediator between the elderly parents and others] .

[taking care of the patient by oneself]

[Taking care of the patient by oneself] comprised the subcategory <cared for the patient with all one's strength> , which consists of { misunderstandings resulting from thinking about the patient too much } , { certainly act on behalf of the patient } , { caring for the patient who was battling the illness with all his or her strength } , and { social arrangements related to nursing care } .

After the patient developed the illness, the patient's sisters, as the primary individuals caring for the patient, <Caring for patient with all one's strength > (E, F, B) . This, in reality, included accompanying the patient on trips to the hospital by { Cared for the patient with all her strength } , and managing the { social arrangements related to nursing care } , including looking for hospitals and negotiating with medical practitioners. Further,

they { certainly act on behalf of the patient } , including communicating and coordinating with other siblings and relatives. During this process, { misunderstandings resulting from thinking about the patient too much } often occur. For example, denial of access to the homepage that the healthy sibling had posted, in the belief that it would be for the best (G) , or experiencing disagreements with the patient's wife (B) .

[mediator between the elderly parents and others] .

[Mediator between the elderly parents and others] refers to <being a mediator for the elderly parents> , which is underlined by the concepts of { going between the elderly parents and the patient } , { consideration of the suffering of the elderly parents } , { pacifier of the elderly parents who are angry towards the spouse } , and { becoming the family mediator } .

Subjects encountered a need to become a [mediator between the elderly parents and others] , e.g. between the patient and his or her elderly parents, and between the patient's spouse and one's own elderly parents (B, D) . On learning of the illness, elderly parents sometimes directed their anger toward the patient's spouse, e.g. "Why couldn't you detect the illness sooner since you were close by?" (B) . During such instances, subjects assumed the role of a { pacifier of the elderly parents who are angry toward the spouse } Further, subjects assumed a communicator role by { going between the elderly parents and the patient } , as well as { becoming the family mediator } in general, showing { consideration of the suffering of the elderly parents } who were losing their own children.

3) Siblings' sentiments

The siblings' thoughts and feelings were constructed from four categories: [unique sadness] , [mindset of favoritism in a tenuous position] , [preserving traces of the deceased sibling] , and [fear of blood relations] . While [mindset of favoritism in a tenuous position] represents the siblings' relationship, it is also a concept involving sentiments.

[unique sadness]

[unique sadness] were constructed from one subcategory and three concepts: { unique sorrow of siblings } , { prayed that the pathology was not the case } and { there is nothing more painful than this (in life) } .

As the patient suffers from an illness in which death is predicted, the subject experiences a struggling feeling of “praying that the pathology was not the case.” “Pulmonary metastasis. I felt that I didn’t want to know or hear about it. I avoided getting information by not asking anyone. I wanted to shut them out” (G) . In this matter, this struggle included fears of facing the reality of the situation. Even after separation by death, the subjects told themselves that { There is nothing more painful than this(in life) } , to promote their own recovery: “Even to this day, I still want to start shouting. But, in a sense, this is a life in which I have already become defiant and feel that ‘there isn’t anything more painful than this’” (C) .

By contrast, there were cases in which { unique sorrow of siblings } . In Case G, the subject had lost two siblings out of six. “With my older sister’s case, she was in agony about her life for a long time and wasn’t able to enjoy living her final days. I regret that both my mother and I couldn’t hear her out sufficiently. I believe that her mental illness was just as bad as the cancer, or worse” (G) . This indicates that the nature of sadness may vary even among siblings in a single family depending on siblings’ interaction with the illness.

[mindset of favoritism in a tenuous position]

The category, [mindset of favoritism in a tenuous position] is a sentiment arising from one’s own tenuous position within the three households: one’s own home, the patient’s home, and one’s parents’ home. “My daughter said I should ‘get a grip’ after seeing me constantly talking only about my younger brother and crying” (C) . This illustrates { sense of isolation due to inability to share grief } . Further, subjects that held negative views of the patient’s spouse or children also felt { Favoritism toward sibling-in-laws } : “Everyone thought that I was assuming the role of an enemy (omission) . I felt strongly sorry for my older brother, like favoritism toward one’s own family” (F) . This indicates the three households’ status as { That family vs. my family } , a situation in which < three families cannot grieve together > . By contrast, subjects also felt gratitude toward sisters-in-law who devotedly cared for the patient, feeling that { sister-in-law is a person who is appointed by God } .

[preserving traces of the deceased sibling]

[Preserving traces of the deceased sibling] were constructed from two concepts: { Things they tried not

to do until the patient recovered } and { Wanted people to know more about the patient } . After the patient’s passing, the subjects took action by <preserving traces of the deceased sibling> , which they did by doing { things they tried not to do until the patient recovered } such as going to church and visiting places for the memory of the deceased (C) , editing a collection of posthumous works because they { wanted people to know more about the patient } (C) , or writing a book themselves (A) .

[fear of blood relations]

The category [fear of blood relations] was reflecting that their blood relative died from cancer. The subject whose older brother and grandchild had suffered from leukemia, and whose sibling had died of cancer, discussed { Being scared of blood relations } as the fear of developing cancer oneself.

Discussion

This section will discuss transformations in the family system, in the sibling subsystem and the characteristics of grief in those who lost siblings to cancer during adulthood.

1. Transformations in the family system and new roles brought on by the separation by death of the sibling

In this study, the process of [growing up together] during one’s early childhood years signifies growing up together as a constant companion. Siblings form a subsystem within a family system. This relationship is a significant entity in which siblings learn, support, and influence one another as the closest person to one other than oneself. If the relationship with parents may be considered longitudinal, the relationship between siblings is lateral. The sibling relationship may also be considered diagonal, reflecting the hierarchical relationship between older and younger siblings⁹⁾ . This diagonal relationship includes awareness of the bond, in such forms as respect, rivalry, and <growing up together and the sentiment of compassion> fostered by growing up in the same environment, as indicated even in this study. Thereafter, when siblings enter adolescence and leave their parent’s home (where they were born and raised) , the sibling subsystem loosens its connection and each sibling begins to form a new family of procreation through marriage. This is the [Distance that is initiated with marriage] mentioned above. Following marriage, people shift from being a member of a sibling subsystem

to a member of a family of procreation. Thereafter, the death of the sibling decreases the number of siblings (e.g. { three siblings (an older sister and brother and a younger brother) becomes two siblings (an older and a younger brother) }, altering the form of the sibling subsystem. It also affects pseudo-parent-child subsystems, such as deceased siblings' [a nephew/niece relationship equivalent to the relationship with their own child] . The family structure truly changes.

Returning to our focus the period from cancer's onset until its terminal stage, this period drastically internally disturbs the sibling subsystem, causing the sibling relationship to resurface and returning it to the family of orientation. By contrast, medical practitioners' perceptions of families are focused on the patient's family of procreation. Therefore, social arrangements such as provision of informed consent center on the family of procreation. This is because siblings are legally relatives of the third degree, and are not anticipated to hold roles that put them in the foreground, such as signing consent forms. If the patient is single, siblings may appear in the foreground; however, this is not the sibling's traditional role, and is simply a role as the patient's substitute guardian. Such social positioning turns siblings into "hidden family members." The medical practitioner's focus on the family of procreation generates the [mindset of favoritism in a tenuous position] of siblings, which causes <siblings coming to a position that is a step removed> .

Further, miscommunication of opinion and misunderstandings may occur between the patient's family of procreation, the sibling's family of procreation, and the parental home of one'

s elderly parents; in other words, between { their family vs. my family } . The patient's sibling is in the position of a sister- or brother-in-law. Further, as instigated by the onset of the illness, the sisters of patients <caring for patient with all their strength> by looking after the patient and assisting with household chores. This reflects the Japanese tradition of females within the family looking after the sick.

2. The characteristics of sibling grief

The grief caused by the passing of one's sibling, as narrated above, is a feeling of lamentation, of having lost an irreplaceable person, and of { there is nothing more painful than this (in life) } . During an interview, a subject described an episode involving a dying older brother: he showed his younger sister a picture he drew, and asked, "Is this the way you feel?" In the picture, a girl was crying uncontrollably and saying, "Please don't die." Siblings have indeed grown up together. Such relationships—consisting of mutual connection during one's life in this manner—are referred to as a "convoy." A convoy refers to a group that travels together, in which each person moves forward with the other through a particular stage of life, and helps to stimulate and push that person's life forward¹⁰⁾ . Such a person also validates one's existence. The separation by death of a sibling signifies the loss of a relationship, as well as of a person who validates one's existence.

Is the grief felt between siblings who grew up as a convoy then the same? A subject who lost their older sister to a mental illness and older brother to cancer stated, "The nature of the sadness is completely different." One's grief is related to the situation that obtained during the sibling's

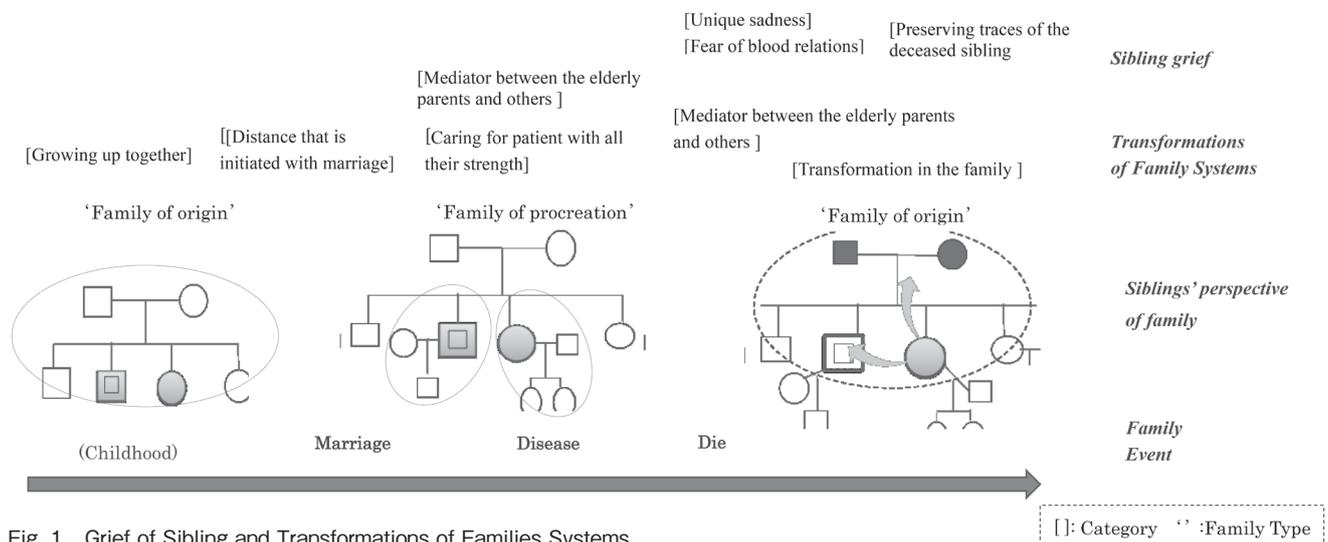


Fig. 1 Grief of Sibling and Transformations of Families Systems

passing¹¹⁾ .

There is a treatment period for cancer, allowing for future grief to be predicted. Further, unlike mental illness, cancer is readily accepted socially. These two factors may be related. Further, the subject above explained that, “The memory of having played together is important; although he teased me, we had a good relationship. That was the difference.” Research examining siblings in the context of family relationships indicates the degree to which two parties interact during early childhood, as well as how mutual understanding and support during life events affects the siblings’ relationship in old age. The factor that forms the sibling’s grief in adulthood is indeed the shared history of having grown up together since early childhood.

The second characteristic of a sibling’s grief is the [mindset of favoritism in a tenuous position] . As the siblings marry and each creates his or her own family, the siblings become sisters- and brothers-in-law, which may make them aware of their favoritism toward the patient. Further, spouses may sometimes hold negative views of the patient’s family, perceiving it to be “their family.” In contrast, one may wish to share ones’ grief with one’s sisters-in-law who have devotedly cared for the patient; however, this is not possible. This { sense of isolation due to inability to share grief } with other relatives makes sibling’s grief complex. Saegusa⁶⁾ expressed the complexity of this position as a “relationship that is shunned” (a position in which one cannot express oneself) and “an emotion that is shunned” (an emotion of having to be reserved) . Such conflict hinders one from expressing grief and sharing one’s emotions.

In actuality, { sense of isolation due to inability to grieve with one’s family } is not something unique to siblings’ grief. This occurs among many people who experience separation by death, including parents who lose their children to cancer and children who lose their parents¹²⁾ . Discussing sadness among family members is said to be effective for relieving pain¹³⁾ ; however, this is not easily done. In general, grief is something that is particular to the grieving person, and it is an illusion that it could be shared among family members. This myth about the family has the effect of further intensifying the isolation of siblings.

Regarding the third point, consideration for the pain of elderly parents exists as a unique characteristic of a sibling’s death during adulthood. The elderly parents must experience their daughter or son’s death; the siblings

must therefore put aside their own grief and look after their parents, leaving it to time to assuage their own grief. Preceding research has also shown that when parents are besieged by grief, their children often become overwhelmed by the parents’ sadness, making them suppress their own sadness¹⁴⁾ . It has been suggested that, during young adulthood, the complexity of grief depends on the kind of support one has received from parents during one’s adolescence¹⁵⁾

This study found that siblings’ grief is difficult to recognize socially, in addition to finding that siblings sometimes suppress their own grief, replacing it with consideration of their elderly parents. Siblings’ grief this becomes harder to perceive in a two-fold sense. Nonetheless, consideration of one’s elderly parents constitutes the acquisition of new role. The re-aggregation of the family of orientation increases family resilience, which may function to console the sibling’s grief.

The fourth characteristic is being the sibling’s blood relative. One subject had two brothers that suffered from renal cancer and leukemia, as well as a grandchild that suffered from leukemia. This subject described uncertainty regarding the future, expressing { being scared of blood relations } . In cases involving cancer, genetics are sometimes discussed. Siblings share DNA, and this fact has various socio-psychological effects¹⁶⁾ . A sibling’s grief also encompasses such factors related to blood relation.

Conclusion

This study has clarified the following facts:

1. Siblings are a subsystem within the family system: they mature in a relationship of { growing up together } , and part after marriage, when each party gains a family of procreation. The onset of cancer during one’s adulthood generates the [mindset of favoritism in a tenuous position] . The position of being a sister-in-law intertwines with the mindset of favoritism, creating conflict with the patient’s families of orientation and procreation, as well as dilemmas as a sibling.
2. The death of a sibling in adulthood is the loss of a relationship as members of a convoy that grew up together, as well as the loss of a person who validates one’s existence.
3. The grief of the sibling is difficult to recognize socially. Further, siblings tend to prioritize { consideration of the suffering of the elderly parents } , suppressing their own sadness. This makes the sibling’s grief difficult to perceive

in a two-fold sense. Nonetheless, the consideration given to the elderly parents constitutes the acquisition of a new role, which may help to assuage the sibling's grief.

4. The loss of a sibling to cancer increases the risk of experiencing [fear of blood relations] .

5. The processes of caring for the sibling and bereavement cause the siblings' perspective of family, which was centered on their family of procreation in their separate lives as adults, to turn back to their family of orientation. This was expressed in their commitment to the elderly parents, as well as in the resurfacing of the sibling bond.

Limitations of this research and future considerations

This research had few male participants and does not include data on sibling relationships in which an older

brother is bereaved by the death of his younger brother or sister, nor when a younger brother is bereaved by the death of his older brother. However, the interviewers were careful to ask the subjects, "What about your other siblings?" in order to grasp the details of the sibling subsystem. As a result, while differences were observed in verbal expressions and behaviors, this study assumed that there is no difference between males and females with regard to grief. In the future, we aim to uncover the differences in terms of roles and behaviors as they relate to the hierarchical relationship of siblings, as well as between genders.

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成人期でのがん死別による‘きょうだい’の悲嘆と家族システム変化

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要 旨

本研究は、成人期にがんできょうだいと死別した人の悲嘆と、家族システムの変化を明らかにするものである。対象者は20～50歳代の男女7名で、半構成面接をし、質的研究手法でまとめた。

結果として、9カテゴリー、12サブカテゴリー、28概念が抽出された。きょうだいは家族システムのサブシステムであり、【育ち合い】の関係で成長し、結婚で互いが生殖家族を持って分離する。一方で成人期での発病と死別は、家族システムおよびきょうだいシステムの凝集性を高め、【一身で世話する】ことになる。患者のがん発病は、【微妙な位置の身びいき意識】という、小姑の立場からの身びいき意識を生み出し、定位家族、生殖家族メンバー間の軋轢や葛藤を生み出した。

また、きょうだいの悲嘆は【一様でない哀しみ】であった。それは育ち合ってきたコンボイ（護送船団＝立場の弱い者に配慮しながら助け合う）としての関係性の喪失であり、自己存在を証明してくれる人を喪うことであった。この悲嘆は社会的に認知されにくく、さらにきょうだい自身が【老親の取り持ち役】を優先して自分の悲嘆を封印してしまうことから、2重の意味で悲嘆を見えにくいものになっていた。一方で、老親への気配りは、新たな役割獲得であり、それが、悲嘆を癒している面があった。さらに、きょうだいは遺伝子を共有しており、がんの発病への危惧としての【血の怯え】も見出された。

全体として、きょうだいへの看病と死別の過程は、成人し分離し生殖家族が中心だったきょうだいの家族への視座を、生殖家族から定位家族へ回帰させるものであった。それは老親へのコミット、きょうだいの絆の再凝集の形であらわれていた。