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'I've tried not to show it too much, and not burden others with my problems': A discourse analysis of understandings of grief among siblings bereaved by drug-related deaths

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Abstract
This article explores discourses of grief and loss among siblings bereaved by drug-related deaths. Although sociocultural context influences how grief is expressed and understood, there is a lack of knowledge about how prevailing discourses on grief provide conditions for dealing with grief. The aim of this study was to draw attention to cultural under-standings of grief with the research question: *'Following a drug-related death, how do bereaved siblings draw on discourses in their talk about grief and how do they position themselves accordingly as bereaved?'* We also examined some social consequences of siblings' po-sitionings. The data were obtained from in-depth interviews with 10 bereaved adult siblings talking about their experiences. The data were analysed using the *interpretative repertoires* and *positioning* perspectives from discourse psychology. Findings revealed four interpretative repertoires displaying a variety of talk about grief: *grief as being visibly affected; grief as a hierarchy; grief as something to be managed; grief as a reaction which follows death*. These repertoires portray different understandings of grief used by siblings in meaning-making relating to their own experiences of bereavement. The positions produced by the repertoires have consequences for bereaved siblings' access to help and

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support. Siblings frequently placed themselves or were placed in positions that produced a lack of social recognition of their grief and hence they were deprived of help and support.

Introduction

This study explores discourses of grief and loss among siblings bereaved by drug-related deaths. Drug-related deaths are an international problem (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2019). Although Norway has one of the world's best health and welfare systems, it has some of the highest recorded drug-related deaths per capita in Europe (Norwegian Directorate of Health, 2022). For every person who dies from an overdose, it is estimated that there are approximately 10 close relatives left behind (Norwegian Directorate of Health, 2019), many of whom are siblings. Research shows that after a sudden or unnatural death, bereaved siblings have an increased risk of developing emotional problems or early mortality (Bolton et al., 2016; Yu et al., 2017). They also have a higher risk of abrupt and unnatural deaths themselves (Rostila et al., 2019). Although around 80% of the population have a sibling (Davidson, 2018), few studies have examined sibling loss and there is a need for research about their experiences (Davidson, 2018; Frrokaj & Tsamparli, 2016; Howard et al., 2010). Healthcare professionals need increased knowledge considering the entire family system when supporting bereaved individuals (Løberg et al., 2022). Research on sibling grief is essential in promoting the well-being of siblings who have lost a brother or a sister, especially research that provides insights into the associated health and mortality risks (Bolton et al., 2017).

When a family member develops a drug problem, the whole family is affected. However, siblings' roles in the family system are essential in maintaining the family function, both when the sibling with the drug addiction is alive and if they experience losing them in a drug-related death (Løberg et al., 2022; McAlpine, 2013). Siblings give their drug-using brothers and sisters emotional support, care for social inclusion and practical support (Løberg et al., 2022), as well as taking on a caring and supportive role towards their parents (Templeton et al., 2018). One study on families affected by family members' substance use found that bereaved siblings do not suffer adverse mental and physical consequences to the same degree as their parents (Ólafsdóttir et al., 2020). However, Templeton et al. (2018) study shows that they feel excluded from their parents' grief and experience a lack of social recognition of their bereavement. They feel a sense of guilt for being the remaining sibling or being unable to prevent their sister's or brother's death. Experiences of delayed, unresolved or hidden grief that may lead to significant health problems were also described (Templeton et al., 2018). Changes in the family caused by the loss may impact the intensity of grief experienced by different family members. Gilbert (1996) argues that the expression 'family grief' oversimplifies the

phenomenon, as sense of loss is related to the experiences that different family members had with the deceased. She claims that the term does not include individual experiences within the family and excludes the complexity and lack of synchrony in family members' mutual loss (Gilbert, 1996). Davidson's (2018) literature review of research on bereaved siblings describes this group as 'forgotten mourners' because of the disenfranchisement of their loss. Doka (1999, p. 37) defines disenfranchised grief 'as the grief experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned or socially supported'. Being neglected in research, bereaved siblings are also barely recognized in clinical practice and society, and siblings experience a double burden of both their own and their parents' grief, as well as social, physical, and emotional consequences (Davidson, 2018).

How people experience grief and loss is influenced by the social context in which they occur (Thompson et al., 2016), with significant cultural and historical variations in how grief is expressed and met (Dyregrov & Dyregrov, 2017; Parkes et al., 1996). 'Discourse' is explained by Thompson et al. (2016, p. 175) as a concept that refers to 'a framework of meaning that shapes our understanding of the situation we are in and how we respond to it'. Our understanding of legitimate or appropriate reactions to loss and grief is affected by cultural discourses (Thompson et al., 2016). The sociocultural surroundings affect how grief is expressed and understood, in terms of how the bereaved are expected to grieve 'the right way' (Brinkmann, 2020, p. 472). Discourses of grief, represented in talk, text and language about grief, create the reality of the bereaved (Edley, 2001; Wetherell & Potter, 1988). However, grief in contemporary Western culture seems to be portrayed by normative uncertainties (Kofod & Brinkmann, 2017; Pearce, 2019), illustrated by Kofod (2021, p. 439) through questions such as: 'How intense and for how long is one expected to express grief? Is talking about the loss helpful or harmful for the bereaved? Under which circumstances and how is it acceptable to talk about grief and loss?'

Research on grief may range from studying biological aspects to cultural variations and grief as a normative phenomenon (Brinkmann, 2020). Thompson et al. (2016) claim that much research on loss and grief is of an individual psychological nature, focusing more on the individual and less on the social and cultural context. However, emotions are social in relation to how they are experienced and responded to, depending on different social processes and the social structures in which the emotions occur. Research focusing on the social context will complement psychological studies, giving an insight into how grief is a social phenomenon and how social and cultural context produces experiences of loss and grief (Thompson et al., 2016). Knowledge about cultural understandings and normativity of grief can be useful for researchers and practitioners to understand the experiences of those who are bereaved and the handling of their loss (Brinkmann, 2020; Kofod & Brinkmann, 2017). Such research may also help bereaved people to make sense of their grieving instead of experiencing failure in their reactions, which in the worst case may lead to 'non-recovery' (Pearce, 2019, p. 95).

The present study explored how siblings bereaved by drug-related deaths drew on discourses in their talk about grief and how they positioned themselves as bereaved. We sought to gain an insight into sociocultural discourses of grief, drawing attention to how bereaved siblings portrayed their own and others' grief, drawing on cultural

understandings in their talk. Since experiences of loss and grief are social phenomena, it is essential to have an insight into the conditions created by the social and cultural context of individuals' experiences and their handling of loss. The results of the study highlight available discourses on grief and may provide a basis for reflecting on cultural conditions shaping bereaved siblings' experiences of loss and grief. The study also contributes to awareness regarding the social consequences of such discourses and offers a perspective for understanding the reported health and mortality risks associated with this group.

Methodology

This study is part of a large Norwegian study, 'The Drug-Death-Related Bereavement and Recovery Project' (the 'END project'), launched in the spring of 2017 at Western Norway University of Applied Sciences (HVL). The siblings in our study were recruited and selected from a larger questionnaire sample from the END project (Dyregrov et al., 2021) with a total of 255 bereaved people, 79 of whom were bereaved siblings.

Data

This study featured qualitative interviews with 10 siblings bereaved by a drug-related death (seven women and three men) from all parts of Norway. Participants were sampled to ensure variety in terms of gender and age of the bereaved and deceased, place of residence and time since death. One of the siblings had lost a sister and nine had lost a brother. The deaths were all related to the deceased's drug use, but the cause of death varied (overdose, health issues, murder or unknown causes). Half of the sample had lost an older sibling, and the other half a younger sibling. Participants' ages ranged from 30 to 60 years, with half in their 30s. Time since death varied from 2.2 to 18 years. Interviews lasted for about 1–1.5 hours and followed a semi-structured guide with the following topics: description of time before and after the sibling's death; how they experienced losing their sibling; reactions of those around them; help and social support after their sibling's death; experiences of self-management and personal growth. Interviews were conducted in 2018 and 2019 by three researchers from the END project.

Analysis

The analysis was anchored in a discourse analysis tradition inspired by Wetherell and Potter's (1988) *interpretive repertoire analysis*. Interpretative repertoires can be defined as 'a lexicon or register of terms and metaphors drawn upon to characterize and evaluate actions and events' (Edley, 2001, p. 198) and are linguistic resources used as 'building blocks' in the construction of explanations and talk of actions or other phenomena (Wetherell & Potter, 1988, p. 172), such as grief. Interpretative repertoires are constituted as summaries of a restricted range of terms, metaphors or formulations used in a specific way. Interpretive repertoire analysis is used for both highlighting patterns and for specifying variations in talk (Wetherell & Potter, 1988), identified in this study by discovering different formulations of meaning within the discourse of grief and loss.

Interpretative repertoires are useful analytical tools because they represent and make sense of the common understandings that exist within a culture. They reveal various understandings, making it possible to identify competing repertoires. They are also applied in explorations of how speakers construct subject positions, drawing people into certain positions or identities within the discourse, and are used to investigate how particular repertoires have social consequences, based on how the interaction in the conversations plays out (Edley, 2001).

Positioning is described by Davies and Harré (1990) as 'speech acts' helping to create social meaning between the different actors who participate in the interaction through formulations of talk, occurring instinctively and naturally between specific people in certain contexts. Harré and Moghaddam (2003) display this theory using the 'positioning triangle', with the three components of 'positionings', 'speech and other acts', and 'storylines'. Positions are described as 'a cluster of rights and duties to perform certain actions with a certain significance as acts' (p. 5). Positioning is the dynamic of how people, e.g., adopt, reject or locate themselves, or are pushed into acts recognized as meaningful in the practices they occur. Positioning may also exclude, displace, or deny access to such acts. Speech acts are explained by Harré and Moghaddam (2003, p. 6) as 'a socially meaningful and significant performance', considering the context in which they occur and evaluated by the current norms of decency and their consequences. A storyline unfolds the dynamics of events and how the social interaction plays out, following established patterns of development, expressed 'in a loose cluster of narrative conventions' (Harré & Moghaddam, 2003, p. 6). Still, there may be more than one storyline being lived out, only one of which is expressed in any one actual account (Harré & Moghaddam, 2003, p. 9). The concept of positioning is complex because the same person can move between different positions within the same discourse, depending on the context and the interaction in which the speech act occurs (Harré et al., 2009). Davies and Harré (1990) compared positioning with Goffman's concept of *roles* with the existing idea of what a role comprises. Position theory has been introduced to fill a gap in Goffman's theories concerning that the unfolding of events is not only about roles, but also depends on the variation of understandings and assumptions provided, as well as to whom the 'duties to perform the necessary actions in any unfolding episode' is distributed (Harré & Moghaddam, 2003, p. 4).

Inspired by Wetherell and Potter (1988), our data analysis involved a stepwise approach. To become familiar with the content, the first author started by reading the transcription and listening to audio files containing the interviews. Comments and impressions were written down and discussed with the third author. Together, the two authors developed sub-questions that guided the analysis, such as: What does grief look like? Who are included as grievers? How can grief be identified? How do the bereaved grieve? How is grief managed? Who is entitled to grieve? What does it mean to be grieving? How is a person in grief recognized? What qualifies as grief? What makes a person less qualified to grieve?

Reading and listening to the interviews several times revealed various understandings about grief and loss. Patterns were inductively identified by the first author and were discussed and reviewed with the third author. The two authors grouped the empirical

examples into several different categories in multiple turns, guided by recurring terms, themes, metaphors and patterns of argumentation. After discussing the analysis and categories with the second author, the final analysis resulted in the four recurring and distinctive interpretative repertoires described below. We further examined which actions and subject positions were actualized in the various repertoires and reflected the social consequences that the positions can generate.

Ethical considerations

All 10 siblings contributing to this study were provided with information about the project and their rights as research participants, and gave their written consent, following the Declaration of Helsinki (World Medical Association, 2018). To avoid burdening participants unnecessarily, they were given the opportunity to talk to someone after the interviews, according to Dyregrov's (2004) recommendations regarding research with vulnerable populations. The study was approved by the Norwegian Regional Committees for Medical and Health Research Ethics (reference number 2017/2486/REK vest).

All the siblings were anonymized using fictitious names and the data presented do not include any other identifying information. Information related to age, gender, time since death or whether the sibling lost an older or younger brother or sister is provided when they are first introduced in the analysis, but is not the focus of this paper. Interview transcripts were anonymized and stored on the research server at HVL. Interviews were conducted in Norwegian. The quotations used to exemplify the interpretative repertoires and positionings were translated from Norwegian to English. Some quotations were edited slightly to make them clearer, e.g., by removing filler words or other utterances used in oral speaking such as 'eh', 'mm' and 'hmm'. Missing text is marked with '…'.

Limitations and strengths

The authors of this article were not part of the interview team and hence could not ask relevant follow-up questions on discourses of interest. However, because the bereaved siblings were given the opportunity to elaborate on the same topics, the interviews provided rich data for identifying discourses. The interviewers had different professional backgrounds and interviewing experiences, which might have contributed to some diversity in the data material. Although all interviewers followed the same guide, there was some diversity in terms of how they used it and what topics they chose to follow up on. For example, one interviewer was concerned about what help the siblings had received from municipal help services, while another asked more about the grieving process itself. As such, the interviewers also contributed to co-constructing the data by themselves drawing on discourses of grief in question formulations and dialogue with participants during the interviews.

Results: Interpretative repertoires of grief

We present four interpretative repertoires that were frequently used by most of the siblings when they were talking about loss and grief: *grief as visibly affected; grief as a hierarchy; grief as something to be managed*; *grief as a reaction that follows death*. The repertoires were named according to what we identified as the essence of the conversational patterns. The essence and storyline of each repertoire are described, with different positionings that the siblings in the study took or were given within the repertoire, shown by examples from the data material displaying the siblings' patterns of talk.

Grief as being visibly affected

One repertoire used by the siblings is how grief can be identified by exposing or observing visual affections. This pattern of talk shows a storyline of how grief produces visible signs or particular acts lasting for a certain period. Signs of grief can be emotional expressions, such as tears, sadness, and loss of vitality. Grief is also portrayed through acts such as being inactive and having reduced functioning in daily life, as well as rituals that the bereaved perform to remember the deceased.

Heidi, Ingrid and John demonstrated this repertoire. Heidi (41) lost her younger brother four years ago and described her reaction as '*I couldn't function on a day-to-day basis*'. Ingrid (45), who lost her younger brother about 14 years ago, pointed out that '*in such a grief situation, you become passive, with a low level of energy*'. John (37), who lost his younger brother 10 years ago, legitimized his grief by portraying that '*I had sick leave for a couple of weeks, but after that, I was back to working on my studies*'. Drawing on the repertoire of grief as being visibly affected, their responses indicated how people act when they are grieving.

The siblings also articulated how they used grieving rituals, such as lighting candles, playing music and visiting their brother's or sister´s grave, as signs of grief. This was portrayed by Lars (53), who lost his younger brother 16 and a half years ago: '*Nowadays, I [still] talk to him. I can say I miss him dearly. But I don't cry anymore. Unless I'm at the grave to light candles. I go to the grave less now. Before, I did it once a week*'. In his talk, Lars portrayed grief as crying, visiting the grave and lighting candles. This positioned him as still grieving and he used this repertoire to show a change in the frequency of these activities since his brother died, to portray that the intensity of his grief had decreased.

We identified two positions within this repertoire: the position of *grieving* and the position of being *cold*. The positioning as *grieving* is related to showing expected signs and acts of grieving, as demonstrated by Lars in the example above. This position gives others an indication of who needs support, with the consequence of allowing others to offer help, as portrayed by John describing his worries about his mother: '*I've felt concerned for my mom, especially. Because her immediate grief reaction was much more physical than the reactions the rest of us had*'. In this account, by drawing on his mother's visual grief as intense emotional reactions, John positioned his mother as being in strong grief, which made him more concerned for her than for other bereaved people.

Some of the interviewees said that they were positioned by others as *cold*. This positioning was linked to the fact that they did not show the expected visible signs or acts of grief. Ingrid positioned herself as being in grief by talking about her shifting emotions and how everything felt hard after her brother's death. However, she kept her reactions from others: '*I have received some weird comments from people who haven't seen me in years, only in a death and funeral situation. Those who don't know me well enough think I seem very cold*'. Due to Ingrid's lack of visual expressions of emotions in public, she believed that she was positioned by others as cold. However, she challenged this positioning by describing such comments as '*weird*' and that this positioning of cold were made by people whom she rarely met and who did not know her '*well enough*' to understand that she griefed. Being cold and not following norms of grief expression may have the social consequence of being offered less help and support. Kristina (61), who lost her younger brother 18 years ago, portrayed her lack of visible affections near others as a way of keeping them at a distance from her: '*And other people around me, I don't think any of them felt that I was in any grieving process. In a way, it wasn't natural for me to involve anyone in that*'. Kristina drew on the repertoire's consequences of how positioning as cold may cause reduced access to social support. However, by explaining how she did not experience it as '*natural' for her 'to involve anyone in that*', she showed how she was deliberately positioning herself as cold towards others in order to control with whom she shared her grief.

Grief as a hierarchy

The next repertoire identified is how grief may be understood as a hierarchy. In this repertoire, grief is presented as unequally distributed among the bereaved, where some have more grief and needs for support than others. Dimensions that were used in the talk to rank the bereaved were the relationship they had with the deceased, as well as their emotional and geographical closeness. A storyline expressed in this repertoire was how losing one's child is seen as the most unbearable grief, which thus positions parents as those with the greatest grief and need for help. One participant presenting this storyline was Dina (51), who lost her older sister 17 and a half years ago:

> It's not us who get the most sympathy, it's the parents. Parents should not bury their children... The focus is always on the parents because they have lost their child. But not the siblings – regardless of the cause of death.

Dina showed how siblings are positioned *below the parents* in the hierarchy by comparing the amount of sympathy they receive. The parents have lost a child, and therefore they 'get the most sympathy'. Frida (36) lost her older brother seven and a half years ago. She confirmed the repertoire by how she talked about her concern for her parents:

> I noticed early on that I didn't want to burden my parents with my pain. And I was thinking very much about their pain. So, I felt like I was carrying a double grief. Both my own, as well

as seeing my parents experiencing every parent's worst nightmare. I've tried not to show it too much and not burden others with my problems.

Even though Frida portrayed her grief as a double grief, she positioned her parents as *higher up* in the hierarchy, referring to their experience as '*every parent's worst nightmare*'. She portrayed her experience of losing her brother as less painful than her parents' experience of losing their son, and therefore, she tries to limit and not burden her parents with her grief. The consideration Frida showed her parents by hiding her grief confirms the repertoire of grief as a hierarchy, with the social consequence of Frida being deprived of social support by not burdening others with her grief.

The repertoire of grief as a hierarchy positions the bereaved both in terms of kinship but also by closeness in relations. The siblings explained their position in the hierarchy by comparing themselves with other bereaved family members and close relatives. Cecilia (30) lost her older brother about two years ago and described her aunt's grief as different from her own: '*I feel like she felt a different kind of grief because they've had such close contact*'. Cecilia drew on her brother's close contact with their aunt, remarking that such grief was '*a different kind*', portraying how relational closeness can be positioned above closeness in kinship.

Kristina moved away when she needed to distance herself from her family and her brother's drug use. She compared her own and her other brother's relationship with their deceased sibling:

My other brother stayed much closer and tried to support him more. He kept him involved in things and had him more at his house… If that had happened before we moved, I might have been closer to the feelings of grief.

As she had moved away, Kristina positioned her other brother, who was still living near the family and who had been more active in supporting their brother when he was alive, *higher up* in the hierarchy than herself. Likewise, other siblings who kept a distance from their drug-using sibling when they were alive were positioned lower down in the hierarchy by many siblings in the study. Dina experienced being positioned *lower* in the hierarchy than the rest of her family because of the geographical distance to her sister when she was alive: '*Because I was just a little sister and lived on the other side of the country, no one thought maybe it was tough for me*'. Dina reasoned her experience of being positioned by others as lower in the hierarchy than the rest of her family, drawing on how she was '*just a little sister*' who had moved away. However, her disapproval that '*no one*' gave her recognition of experiencing her sister's death as 'tough' signaled her resistance to such positioning.

Grief as something to be managed

The third repertoire that we identified, used by all the participants in this study, was how grief is supposed to be managed. This storyline captures how grief is a process that is supposed to be managed by doing the right things and by avoiding doing the wrong

things. The norms of 'how to manage' were portrayed by the siblings as duties of the bereaved, such as being physically active, talking about the loss and accepting social support from family, friends and professional helpers, rather than as isolating themselves or using medicines or alcohol.

Within the repertoire, many siblings positioned themselves as *doing well*. They drew on the same recommendations regarding the right and wrong things to do in the grieving process, constructing their stories about 'how to manage' around these norms. Frida presented herself as positioned by others as *doing well*, which was linked to her doing the right things to deal with the grief:

> I have heard from others that I am doing well. I don't lock myself in a room and isolate myself. You must go out, make appointments with friends, and preferably exercise. I can't do it now, but exercise has been the best anxiety medication there is. I had a prescription for anti-anxiety medications for a while, but a jog is so much better.

Frida confirmed the repertoire by drawing on how she was similarly positioned by others as doing well for following the norms of how to manage grief. She also endorsed the repertoire by comparing a jog as preferable to medication.

Lars drew on the same repertoire to explain what he did wrong: '*Instead of going to see people and get out there and talk about things and stuff like that, I stayed inside. I drank more and more wine, and I went very far down. I just wanted to kill myself*'. In Lars's story, he confirms the storyline unfolding that grief is a process supposed to be managed by doing the right things and by avoiding doing the wrong things. As a result of not doing the right things like going out to talk to people, but instead staying inside drinking, he '*went very far down*'. His positioning of himself as doing wrong led to experiences of failure in the grieving process, portrayed by how he wanted to kill himself. Grete (35), who lost her older brother five and a half years ago, said: '*I was offered help from a psychiatric nurse. So was my mother. But my mother is better at talking than I am*'. Grete portrayed talking about the loss as something that commands skill and positioned her mother as being more skilled at this than she was herself. Lars drew on the same repertoire when he presented the importance of talking about the loss: '*That's the beauty of these stupid new phones. The fact that you can say quite a lot only with a few emojis. It can be good for people who aren't so good at talking*'. He revealed his lack of skills when it came to talking about his loss, according to the repertoire. However, he challenged the repertoire by his portrayal of text messages as an alternative to the understanding of talk as essential to managing the loss.

Most of the siblings positioned public services as responsible for supporting bereaved families after drug-related deaths, here portrayed by Lars: '*Here's an addict who's dead. He has family, and it should be possible to offer them something*'. However, many siblings were uncertain whether they were entitled to such help. Cecilia talked about how she was not offered any help when her brother died. The interviewer positioned the public services with a duty of responsibility by asking what kind of help she would have wanted from the public services. Cecilia replied: '*Referral to crisis teams or at least something. Because when it's a drug addict, then you just have to get by*'. Even though Cecilia would have

wanted help, she expressed herself as positioned as someone not entitled to help. She reasoned this positioning with her brother's cause of death and the duty to manage her own grief. However, she challenged the repertoire by saying '*I am not ashamed to seek help because I have lost him*'. In her talk, she repositioned herself dynamically as entitled to help, despite how others may position her.

Many of the siblings who drew on this repertoire positioned themselves as outsiders regarding accepting support from others. The interviewer asked Kristina about her experiences with social support, drawing on the repertoire's portrayal of managing the loss with professional or social support. Kristina replied: '*I haven't needed any outside help, nor have I needed any grief group or things like that*'. Her talk displayed that she knew of grief groups as a common offer for helping the bereaved, but she positioned herself as an outsider by denying that she needed such help. Ingrid displayed another variation of the outsider position, saying:

> My role has been both slightly imposed but not least self-imposed, as the mainstay of the family. Then I can't go and ask for help, because then I'll be weak. It's completely illogical. I think it's probably some barriers inside me.

Ingrid drew on the understanding of how bereaved people need support from others, but positioned her family as being the people with such needs and herself as having the duty to be strong for them. She presented herself as both positioned by others and by herself as '*the mainstay of the family*'. She argued that her position means she cannot ask for help because it will make her weak. However, she reflects that this is illogical and explains this conflict with '*some barriers inside*' her.

Dina's talk about growing up in a dysfunctional family and among family members with addiction problems revealed another outsider position. The interviewer asked Dina if she lacked support from those around her as a bereaved person, and she replied:

> I don't think I realized that I missed anything or needed anything... I can only speak for myself, but I've always had to take care of myself. And I've been able to do that. And then you don't expect others to be there to help. And what you're not used to, you don't miss it, I think.

Dina used her background in her portrayal of herself as someone who had always had to manage alone, even in managing grief. Even if she knew of the repertoire's recommendations for seeking help, she was not used to expecting help from others, giving meaning to her positioning as an outsider because she always had to take care of herself.

Grief as a reaction that follows death

The final repertoire, an understanding of grief as an expected reaction after someone has died, was portrayed by most of the siblings. One storyline is how grief is the expected reaction following the death of a family member, with a consequence of the death as a trigger of grief-related help and support from the social surroundings. However, many

siblings positioned themselves as *different* from this portrayal because their grief had begun before their sibling died. Ingrid described it like this:

> The grieving process begins long before they die, and I think that also makes the grieving process afterwards perhaps a little different. You've had so many of the stages of grief already with denial and then anger and sadness and despair and [a feeling of] powerlessness because you can't do anything.

Ingrid portrayed her grief after the death as a '*little different*', drawing on the expected affections of grief that normally follow death. She showed that she was familiar with an established cultural understanding of grief as going through different phases after death but positioned herself as different since she went through these phases before death occurred. Arne (38), who lost his older brother nine and a half years ago, illuminated the change from having a close sibling relationship to having a hopeless brother. Like Ingrid, he challenged the repertoire's understanding of how grief is the expected reaction following death:

> My brother and I had a very close relationship. After all, he was my hero... But the brother he was for the last five years was completely hopeless, so I don't miss him... The grief, I think, really for me, was [during] the 10 years he was sick. When he actually died, it was, in many ways, a relief, in a sense.

The quotation above illustrates how Arne suffered the loss of his brother by grieving while his brother was still alive and when his brother died, Arne felt relieved. Drawing on his brother's hopelessness, Arne justified this feeling, as opposed to an expected reaction of grief. Cecilia also referred to the hopelessness of the situation by saying: '*There was no hope that things could get better or that we could get him back. I lost him when he started using drugs*...' She portrayed the grief as starting before her brother died by revealing the lack of hope of getting him back, as well as what she would have wished for her brother. Dina grieved for her sister's lack of opportunities when she was still alive, saying '*The hardest thing was the grief over what hadn't been, the grief over the life she hadn't been given*'. By pointing out that the most difficult part to come to terms with was the life her sister did not have, Dina revealed how grief can be caused by circumstances other than the death itself.

Most siblings positioned themselves as different from other bereaved people by grieving a loss not provoked by death. In the interviews, a new storyline emerged about how siblings experienced grief caused by their brothers or sisters developing an addiction to drugs. This storyline is based on how the possibility of bringing the relationship from their childhood into their adult life is lost because of a change in the relationship linked to the sibling's drug addiction. The lack of social recognition of this storyline may explain the absence of offered professional help or social support while the sibling is still alive and may also prevent siblings from seeking such support. Another consequence may be that the help they are offered when the death occurs is not adjusted to their needs because of the lack of expected feelings of grief at that time.

Discussion

We identified four interpretative repertoires in our exploration of bereaved siblings' talk: (1) grief where the bereaved is visibly affected, showing characteristics that identify people in grief; (2) grief as a hierarchy, which ranks people according to the quantity of required support; (3) grief as something to be managed, which suggests some strategies for managing grief and sets out expectations regarding help and support; (4) grief as a reaction that follows death, which provides an understanding of when grief is expected to occur.

These findings displayed a dynamic in terms of how some positionings within the repertoires seem to provide more opportunities for support and recognition, while others appear to reduce these opportunities. In particular, the repertoire of grief as a hierarchy confirms the findings of earlier research relating to how bereaved siblings may experience a double burden of both their own and their parents' grief (Davidson, 2018) and also take on a caring and maintenance function for their parents and the bereaved family (Løberg et al., 2022; McAlpine, 2013; Templeton et al., 2018). The findings also provide insight into how siblings bereaved by drug- and alcohol-related deaths feel excluded from taking part in their parents' grief (Templeton et al., 2018).

The findings also show how some cultural understandings of grief facilitate acknowledgement of a bereaved person. *Bereaved parents*, ranked at the top of the hierarchy of grief, occupy one acknowledged position. Another acknowledged position is where the bereaved person is seen to be *doing well* in managing their grief by accepting help and talking about the loss. A third position is *grieving*, identified by the bereaved visually acting out their grief in ways such as crying, taking sick leave and performing grieving rituals. These positions make it possible to obtain help and support from others, since those who are visibly affected are in a better position to get help and support. This finding concurs with other research, such as that by Peskin (2019), who claims that expressions of grief tell us something about relational closeness to the deceased. It also endorses the findings of Løseth et al. (2022), who describe how professional helpers in crisis teams meet bereaved people after a drug-related death and how their observations of visual affections can influence their decisions about who is most in need of help immediately after the death.

Our findings also offer perspectives on siblings' experiences of a lack of social recognition of their grief, described by Templeton et al. (2018) and termed *disenfranchised grief* by Davidson (2018). Doka (1999) has stated that society's (sets of) grieving rules decide who, when, where, how, how long and for whom people should grieve. These norms disenfranchise certain kinds of grief because they may not correspond with how all bereaved people act. Our findings show how such disenfranchised grief can be linked to cultural understandings of grief. Through the siblings' talk, they showed how they can be positioned or position themselves as 'below the parents in the hierarchy', as 'cold', as 'outsiders' and as 'different mourners'; in other words, as deviating from the dominant repertoires of grief. Grieving in ways that are not culturally recognized reduces the likelihood of these individuals being seen by others as bereaved people in need of support.

Robson and Walter (2013) argued that this non-acknowledgement may cause difficulties for the bereaved when grieving and that it may be a result of cultural understandings about the relationship with the deceased, the cause of death or how the bereaved person is grieving. They challenged the term 'disenfranchised grief' because of its binary expression of grief as either acknowledged or not acknowledged, and instead called for a hierarchy that ranks people as more or less recognized (Robson & Walter, 2013). The finding in the present study that many of the siblings were unsure whether they were entitled to professional help is one example of disenfranchised grief. Thus, this study offers a dynamic understanding of grief, showing how positions that endorse or obstruct recognition are dynamic and linked to different discourses about grief. The repertoire of grief as a hierarchy positions parents as being deserving of the most consideration, help and support; a phenomenon already characterized and discussed in research literature. Peskin (2019, p. 488) has confirmed the validity of this repertoire by claiming that 'losing a child is perhaps the greatest loss we can experience'. However, he asserts that other bereaved people have diverse experiences of loss and individual needs, which are not considered within the construction of grief (Peskin, 2019). The repertoire of grief as a hierarchy can create positions for siblings that cause difficulties concerning how they are seen and met as grieving persons. Gilbert (1996) has argued that the hierarchy of grief is based on assumptions about some losses being more significant to some family members than others because of their relationship with the deceased. If some bereaved people think of their loss as less significant than that of other family members, they may experience discomfort in expressing their grief out of their concern for these supposedly more entitled relatives (Gilbert, 1996). Siblings are positioned lower in the hierarchy than their parents and therefore hide their grief out of consideration for their parents. This results in a self-fulfilling prophecy that perpetuates the notion that siblings are less important and impedes the possibility that they will receive the same recognition as their parents.

The findings also show that the bereaved are positioned by kinships and relational closeness. One consequence of siblings maintaining geographical distance from their brother's or sister's life when they were alive is that they are positioned as less in need of grief support. This finding is supported by Peskin (2019), who has argued that those who were most supportive of the deceased before death are afforded a higher status in the support ranking than those who kept a distance. He asserts that the hierarchies have a functional role in determining (on the basis of family bonds) the consequences of the loss and who needs support. However, those who do not grieve visibly are ranked as 'lesser mourners' who are expected to give space to higher-ranking mourners. Peskin argues that being positioned or positioning oneself lower in the hierarchy may complicate the chances of recovering from the loss (Peskin, 2019).

Siblings' positioning as *cold* might be due to their need to be strong to make space for their parents' grief, to avoid being perceived as weak, or to take care of the family, a role assumed by many before the sibling dies (Løberg et al., 2022; Templeton et al., 2018). Family members collaborate in an interactive system and give meaning to one another's behaviour. However, when something changes within the family, the family structure changes, and difficulties may occur when supporting others (Gilbert, 1996). Nevertheless, Titlestad et al.'s (2022) study of bereaved parents shows how being supportive of others

can have a positive impact on grief management and an experience of personal growth in one's own grieving process.

A significant position identified in the present study is the position as 'outsiders' in the repertoire of grief as something to be managed. In this position, most siblings shared the same understanding about how grief is supposed to be managed but simultaneously opposed the repertoire as something that did not apply to them. Wortman and Silver (2001, p. 411) support the existence of a cultural understanding of 'working through the loss', but do not believe that there is only one right way to do this.

Some participants positioned themselves as *different* in the repertoire of grief as a reaction following death. In the context of the interviews, an alternative storyline emerged expressing grief as a reaction following a sibling's drug addiction. This storyline deviates from the dominant repertoire of grief as an expected reaction after death. The marginal position this alternative storyline occupies in society may produce a lack of recognition for siblings expressing grief when the sibling is still alive. This understanding may be seen in relation to Gilbert's (1996) claim regarding the lack of social guidelines for grief caused by divorce, where the grief concerns a person still alive. Grieving for the sibling – when there is still potential hope – is not easily enabled. The portrayals of grief found in this study (made possible by the identified grief repertoires) do not encompass understandings of grief that start before death. Taking sick leave, performing grieving rituals or the need to manage grief are all patterns of action portrayed as to be expected after death.

The different positions actualized by the four repertoires of grief in this study contribute to depriving bereaved siblings of offers of help or of the possibility of asking for help. Grieving in isolation may lead to complicated reactions and society must recognize and try to meet the needs of those who are not acknowledged as bereaved (Doka, 1999; Dyregrov & Dyregrov, 2005; Dyregrov et al., 2022). The findings give a supplementary perspective to understanding the implications for bereaved siblings after sudden or unnatural deaths, including an increased risk of developing emotional problems or early mortality (Bolton et al., 2016; Yu et al., 2017). The study also offers insights into the dynamics of how disenfranchised grief is embedded in the sociocultural context.

Conclusion

In this study, we explored how siblings bereaved by drug-related deaths draw on repertoires of grief and how they position themselves as bereaved. We also investigated social consequences of these repertoires. The findings revealed that siblings used different understandings of grief to give meaning to their own experiences. The concepts of interpretative repertoire and positioning enabled us to explore a variety of understandings of grief, whereas positionings demonstrate how siblings relate to repertoires and position themselves and others as more or less *acknowledged* or *disenfranchised* grievers. Exploration of the positionings that siblings are given, take, accept or challenge provides perspectives on how disenfranchised grief is produced and reproduced. The findings may give researchers, practitioners in the public help system, the bereaved themselves and their social networks a basis for reflection and facilitate better understanding of siblings' experiences and positions as bereaved people.

Declaration of conflicting interests

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