EFFECTS OF YOUTH SUICIDE UPON SIBLINGS LEFT BEHIND: AN UNTOLD STORY

Marlene Belew Huff, LCSW, PhD*
Division of Adolescent Medicine and Young Parent Programs,
Kentucky Clinic, Department of Pediatrics, Kentucky Children’s Hospital,
University of Kentucky College of Medicine,
Lexington, Kentucky, United States of America

ABSTRACT

Current statistics about youth suicide are staggering in comparison to the amount of research available regarding the effects that youth suicide has upon siblings living in the same home. The aim is to review the literature surrounding the child and adolescent survivors of completed sibling suicides.

INTRODUCTION

In 1972, Shneidman (1) stated, “The person who commits suicide puts his psychological skeleton in the survivor’s emotional closet.” Perhaps, the person most emotionally close to the person who died by suicide is a sibling. McIntosh and Wrobleski (2) described these bereaved siblings as the “forgotten mourners” and, yet, there is limited research available on these children and adolescents. An international literature review (last 30 years) only uncovered eight empirical research studies focusing on the situation of children and adolescents after the suicide of a sibling. This chapter aims to introduce the literature surrounding the sisters and brothers surviving the suicide death of a sibling. Second, the focus that the research has taken thus far will be summarized, and, finally, a discussion of the next

* Correspondence: Professor Marlene Belew Huff, LCSW, PhD, University of Kentucky, College of Medicine, Department of Pediatrics, Division of Adolescent Medicine, 740 S Limestone St, Lexington, 40536 Kentucky, United States. E-mail: marlene.huff@uky.edu
steps to be taken in developing a thorough understanding of sibling survivorship of family suicide.

The World Health Organization (3) estimates almost one million people die by suicide every year, approximately 33,000 of those in the United States (4). For each death by suicide, it is estimated there are at least six family member survivors (5). This average number of survivors per suicide death means that there are approximately 198,000 family survivors of suicide per year in the United States. After a steady decline from 1990-2008, there has been a steady increase in the number of adolescents reporting that suicide as a possible solution to their life troubles and having made plans as to a possible way to complete suicide (6). Given that suicide is the second leading cause of death for people ages 15 to 24 years old it seems incredulous that little research has been done on adolescent survivorship (7).

Though research on suicide survivor grief has increased significantly, it is limited due to the hesitancy of the researcher to ask the surviving family members to take part in studies about the survivor experience (8). If researchers are hesitant to ask bereaved adults to take part in such studies, research invitations to surviving children and adolescents are academically frowned upon by the scientific and lay communities alike. The role of suicidal ideation co-occurring within the same family provides a significant challenge to the creation of effective adolescent suicide prevention efforts and in facilitating a greater understanding of additional family characteristics associated with adolescent suicidal ideation.

**SIBLING RELATIONSHIP AND PEER RESPONSE**

As one of the fundamental and longest lasting of all family relationships, sibling relationships are influential on the individual development of each sibling. For a variety of reasons (e.g., genetic, shared environmental influence), siblings resemble each other in some characteristics (9). To this point, research has discovered three important facts about the relationship between siblings. First, siblings’ interactions with each other often reflect a mutuality and balance in exchanges similar to peer relationships (10, 11), sometimes confiding in one another about intra- and interfamilial experiences (12). Also, siblings often serve as role models for one another on some risk behaviors, and similarly engage in such behaviors as delinquency and substance use (13).

While sibling influence sometimes leads to similarity, some siblings have been known to engage in a phenomenon called “de-identification” in which siblings develop different personality traits and interests to create distinct identities in an effort to reduce rivalry for parental attention (14). In families in which one sibling reports thoughts of suicide and the other sibling does not, such an occurrence may reflect evidence of sibling de-identification. Several studies document sibling de-identification on some psychological characteristics (15) such as self-concept (16) and gender role orientation (17). The possible connection between de-identification and suicidal ideation has never been explored.

The literature indicates that many surviving siblings experienced intense empathy and support from the social network before the funeral and for a few additional weeks after the funeral but they felt that the quality of the friendship gradually changed over time. After the suicide of their brothers or sister, surviving sibling reports indicate that they began to experience their old friends as “childish, immature and focused or irrelevant and meaningless
things.” In effect, the survivors experienced a sudden change in their adolescent developmental phase. For many of these adolescents, the death of their brother or sister led to changes in their social roles, identity, life expectations, and daily activities. Even though the death led to increased insight and personal maturity, the changes required a sudden shift in social and relational adjustment.

**FACTORS AFFECTING SIBLING RESPONSE TO SUICIDE**

In regard to the research that currently exists on surviving siblings of suicide, bereavement is primarily focused on the connection between mental health and youth suicide, suicidal ideation (18), adolescent grief processes (19), resource allocations, including support groups (20, 21), and more recently, the effect of the Internet on child and adolescent grief (22) as well as the impact on a military units after the suicide of a young soldier and their surviving siblings (23).

**Mental health and youth suicide**

Few existing studies have focused on the child or adolescent’s level of depression, post-traumatic stress disorder, and anxiety following a suicide, even though anxiety is found to be higher in siblings after a suicide when compared to members of a control group (24-26). We do know that when the sibling bond is broken due to suicide, the surviving sibling(s) suffer a unique loss that tends to be overlooked in a society that focuses more on the loss experienced by the parents. In fact, people may tell surviving siblings to “be strong for their parents” (8) not realizing and recognizing that siblings experience their version of grief and loss.

Brent and colleagues (24), for example, found that adolescent survivors of sibling suicide had a seven times greater risk of suffering major depression in the six months following the death by suicide of a sibling than from any other type of loss. To complicate the process of surviving sibling grief, adolescents have the added burden of taking on the role of their deceased sibling to appease their parents (27) in addition to caretaking for their parents who are experiencing a tremendous loss.

For children and adolescents living in the United States, their grief is culturally perceived as a private matter that makes others uncomfortable (28, 29). Therefore, talking about their pain was seen a cultural taboo that was not to be broken. Also, many families understand that suicide can occur within multiple generations. This knowledge creates fear that another family suicide may complicate the grief process. Researchers are unsure if multiple suicides in a particular family are secondary to a genetic process (30), but regardless, many families understand suicide as a threat to the future of the family overall.

In a relatively small study by Pfeffer and colleagues (31), the researchers concluded that children bereaved by suicide had significantly greater risk of particular forms of psychosocial dysfunction than children who had experienced other types of deaths, and posttraumatic symptoms were only observed in the children who had experienced death by suicide. Nearly half (40%) of the children’s scores were above the cut-off score for post-traumatic stress disorder (PTSD) as measured by the Child Posttraumatic Stress Reaction Index (CPTSRI). In
comparison, Sethi and Bhargava (32) found that 21% of children and adolescents who had lost siblings or parents by suicide fulfilled the criterion for PTSD, as measured by CPTTSRI, on average at 91/2 months after the loss. It is important to note that all children who had found the dead person had developed PTSD, severe depression, and subsequent suicidal ideation.

**Suicidal ideation**

Pfeffer and colleagues (31) found that suicidal ideation was evident in 31% of bereaved families compared with 0% in control groups and that it was more frequent among siblings who were depressed than those who were not. Despite this, Pfeffer and colleagues (31) did not find an increase in suicidal behavior among siblings who had lost a brother or sister.

The type of research methodologies used makes a difference in the opinions of those studying the effects of suicide upon siblings. Rakic (33), for example, conducted in-depth interviews with adolescents who had lost their sibling due to suicide and compared their difficulties. Rakic (33) concluded that siblings after suicide were affected more deeply and longer by the death by suicide of a sibling. These grieving adolescents also experience more intense and confused feelings due to the self-inflicted nature of the loss. These same siblings also reported prolonged grief to a greater extent than adolescents who lost siblings because of illness. This same author found that many of the difficulties experienced by siblings are not individual, but rather relational and social in nature, and mainly contextually dependent.

The siblings interviewed by Rakic (33) reported being surprised by their sibling’s suicide. Even though the majority of bereaved siblings had warning signs or previous suicide attempts by their siblings, all siblings had been totally unprepared for the fact that their sisters or brothers could end their lives. The young survivors of suicide described shock, disbelief, and confusion as immediate reactions to the suicide. Many of these symptoms may be classified as posttraumatic stress reactions (34). A teenager, who found her brother hanged, described such reactions in an interview seventeen months after the death:

“In the beginning, the first six months, maybe the whole year, I had difficulty with the sight of where I found him. But, in the end it became a picture I was familiar with. It didn’t hurt anymore; it became an unimportant picture. But, through nightmares, I sort of found him in different ways. I found him wherever I went. I dreamt that he returned and killed himself right in front of me. I am terrified of entering his apartment, and I still don’t do it. But I am dreaming that I am going in. It is terrible to think how cold he was, and how hard he was. I can feel it in my bones (34).”

This interview is indicative of the ways in which the traumatic loss of a sibling to suicide challenged the remaining sibling’s assumptions about their existence in the world and made great demands on their capacity to confront and handle what had happened, cognitively and emotionally.

Suicide ideation is characterized by adolescents having suicidal thoughts that range from severe to having passing thoughts of not wanting to live. We do not know the defining factors that lead some adolescents to kill themselves while others though suicide ideation persists do not die (35). Even though not every adolescent with suicidal ideation engages in fatal suicide behavior, suicide ideation is predictive of attempts and completion (36).
During adolescence it is not uncommon for adolescents to have suicidal thoughts (37), and 10% to 24% of adolescents report past-year suicide ideation (38-40). A number of studies highlight family-level demographic characteristics such as socioeconomic status, relationship status of parents as well as parent-child relationship experiences as being risk factors associated with suicidal ideation and potentially, completed adolescent suicides (41). The role of siblings concerning adolescent suicide ideation and sibling similarity in suicidal ideation, however, is relatively unexplored. This lack of research persists in spite of a growing body of research showing siblings to be an important socializing influence (11).

The grief process

A survivor of sibling suicide stated, “We are only siblings. I think that is how we feel, because our parents are really suffering. I understand their dreadful situation because they have lost their child. But I have lost my brother ...”

Calhoun, Abernathy, and Selby (42) documented that child and adolescent development can be hampered by emotional neglect from parents due to grief and trauma reactions. Many researchers have indicated that suicide can lead to longer and more complicated grief reactions because family members do not have the capacity to share their experiences or thoughts, particularly their feelings of guilt surrounding the death of their sibling (43). Often, information shared by the sibling who died by suicide with the surviving sibling is not information that the surviving adolescent is willing to reveal to the parents. Since the sibling had different access to information, they also had their theories as to why the suicide happened. Because the reason for the death is often an issue for the parents, many siblings withdraw in order not to reveal information given to them in confidence by their brother or sister that died by suicide. The may have information that could add to their parents’ suffering, or that could arouse guilt feelings and thoughts that, perhaps, the death by suicide could have been prevented.

Many of the surviving siblings experienced feeling alone in their grief. Understanding that their parents are suffering, the surviving sibling often retreats from the family and friends. They reported that it could be months before feeling able to turn to their parents for assistance in dealing with their grief. In fact, Dyregrov and Dyregrov (26) reported that in the initial period after the death of a child to suicide, it was often the older siblings who supported the parents, rather than vice versa. Many of the adolescents interviewed were of the opinion that the death affected their parents more than themselves, and it was painful to experience “being second in line” for emotional support. The eldest siblings who lived at home at the time of the death by suicide told Dyregrov and Dyregrov (26) that they believed that it would be especially important that someone outside the core family take care of the surviving siblings because the surviving siblings worried that their parents would not be able to handle their grief.

Throughout the grief process, “It is a huge step forward in suicide grief when bereaved people can let go of their guilt and realize they did everything they could” (8). To manage their grief, surviving siblings must accept that their sibling died by suicide and deal with the accompanying challenges and lingering questions about the reason for the death by suicide. It should be noted that when a grieving sibling does not focus on suicide as the cause of death it does not mean leaving behind all the emotional attachments with the deceased sibling. In fact,
continuing bonds with a sibling and remembering his or her life through self-help groups and rituals may provide a great deal of emotional support and enhance family relationships (28). Making sense out of a sibling’s suicide may be particularly difficult because the grieving family members do not have all the answers and the grief itself is unresolved.

The assessment of complicated grief should take into account those adolescents were left behind by a sibling who completed suicide. This is especially true because high levels of symptoms associated with complicated grief may be a risk factor for physical problems and suicidal ideation. This remains true even after taking depression into consideration (44) and because there is an increased risk of suicidal ideation and behavior in families where there has been a death by suicide (45). Because of the physical health problems associated with complicated grief among adolescents, these findings suggest that it is important for primary care providers in medical practice settings to assess any recent loses their clients may have experienced.

**Resources available to affected siblings**

Dyregrov and Dyregrov (26) found that only 40% of the children in their study had received community assistance after the death. The resources available to the family were very limited, and the parents complained that a lack of energy or initiative often prevented them from securing assistance for themselves and their surviving children. Approximately 75% of the parents in Dyregrov and Dyregrov’s study (26) indicated longer-term support was available for their children. Short-term support was mostly provided, and only 6% of the siblings were given individual help for more than three months. Also, almost half of the surviving siblings received resources because their parents were receiving resources and not because those resources were available to the siblings themselves. It is interesting to note that almost half of the parents in Dyregrov and Dyregrov’s (26) study reported lacking psychological assistance for their children even though only 13% received psychological and emotional support. Access to mental health services post-sibling suicide was the resource reported most lacking by the surviving parents on behalf of their living children.

Nelson and Frantz (46) pointed out that the extent of intimacy between parents and bereaved siblings is correlated with the family’s engagement, expressiveness, and togetherness following a child or adolescent death by suicide. The less involvement and the greater the level of conflict that adolescents experience within the family, the more emotionally distant they perceive themselves to be from their parents. This implies that early assistance should be provided to bereaved parents to enable them to resume or fulfill their parental roles (26).

Clinicians and researchers, who discuss the plight of bereaved children and adolescents after suicide, highlight a clear need for family-based advice and help (19, 24, 25, 32, 47). Nelson and Frantz (46) and Dyregrov (48) stressed the need for improved family communication as an essential prerequisite for helping the bereaved siblings and the family system. Brent and colleagues (24) suggested family-based interventions focusing on mainly affective problems, and the grief of siblings and their parents should be available to all family members after a youth suicide.

In a study conducted by Powell and Matthys (49) all of the sibling survivors in their study had reached out to other survivors of suicide via the Internet or through face-to-face support
groups. Connecting with other suicide survivors via online support groups reportedly gave the siblings a purpose. The contribution that conversing with same-age peers about the life of their deceased sibling could make to the lives of others in similar situations made the life of the missed sibling meaningful beyond their death. In some ways, this online support from same-age peers served to “normalize” (50), what is seen as a very abnormal and unsupported situation in society. No matter how misunderstood this on-line method of adolescent’s reaching out to similar others by adults, this normalizing function was interpreted by participants as integral to their healing from the loss. Many grieving siblings choose to manage their grief by remembering their sibling and continuing to talk about their life, including but not limited to the negative circumstances surround their death.

The school (including kindergarten) can play an important part assisting surviving siblings to deal with the suicide death of a sibling (26). The school’s most important task is to ease the return to school, create a caring academic environment, make available expressive outlets, as well as deal with the educational challenges that the loss of a sibling may precipitate (48).

Jordan (51) highlighted clinical implications for suicide survivors including the need for homogeneous support groups, psycho-educational services, and family and social network interventions. Because of the tremendous costs and sometimes devastating effects, it would be worthwhile to develop, implement, and test theoretically sound interventions that are designed to meet the unique needs of the adolescent survivors.

CONCLUSION

Losing a child as a result of suicide is such a high-stress factor for parents that it will always lead to more difficult and disturbed circumstances for the child who is still living at home (52). There is an extensive body of literature on the impact of sibling loss during childhood on behavioral problems, emotional disturbances, depression, and sleeping difficulties (16, 17) as well as on somatic symptoms such as abdominal pain, stomach aches, headaches, hysterical pain, asthma, convulsive states, and ulcerative colitis (17-19).

Researchers conclude that the importance of a shared understanding of the reality of a death, open communication about the loss, and a shared experience of the loss within a family is paramount to the successful resolution of grief in surviving children (48, 53).

There have been very few attempts to understand the unique grieving processes of sibling survivors of suicide. A longitudinal study of the grieving process to determine more accurately how time past sibling suicide death affects grieving and uncertainty would lend understanding to the effects of suicide and bereavement. With the number of deaths by suicide increasing every year, and thus a growing populations of sibling survivors, there is a need to understand the levels of grief complicated by the uncertainty of having a sibling die by suicide.

An important next step for work in the perfecting of youth suicide prevention efforts as well as preventing completed youth suicide is to examine further the role of emotional distress in predicting adolescent suicidality. Furthermore, we must address our inability to assess adolescent mental health disorders and their role in the sibling relationships as they relate to adolescent suicidal ideation and completed youth suicides.
REFERENCES

Effects of youth suicide upon siblings left behind

