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Sibling Survivors of Suicide:

A Retrospective Exploration of Familial Attachment During Bereavement

by

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DISSERTATION

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SIBLING SURVIVORS OF SUICIDE: A RETROSPECTIVE EXPLORATION OF FAMILIAL ATTACHMENT DURING BEREAVEMENT

presented on March 29, 2018

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Abstract

The following qualitative study retrospectively explored the adolescent experiences and reactions of adult survivors to their loss of a sibling to suicide. The study employed Interpretative Phenomenological Analysis (IPA) to inform subsequent interpretation of interview data collected from a sample of five adult sibling survivors of suicide. Criteria for an individual's participation included being of at least 25 years old at the time of the interview and that they experienced the loss of a sibling to suicide while they themselves were between the ages of 12 and 21 years old. Participant responses to an attachment self-report measure—Attachment Style Questionnaire (Feeney, Noller, & Hanrahan, 1994)—were also collected. Interview transcript analysis provided the framework for exploring how attachment behavior, viewed through a systems-oriented lens, influenced the bereavement process for these individuals. Key concepts for understanding the various components of the research were defined, including an explanation of attachment theory and the systems framework that was used to conceptualize the research. Participant accounts and research findings detailed the surviving sibling's experiences of feeling overlooked and dismissed in the time following their sibling's death and of feeling unaware, uninformed, or excluded from knowledge of happenings within their family related to their sibling. Other findings of the research included that sibling survivors of suicide may make efforts to seek support from others outside the surviving family system or instead attempt to rely on themselves to cope with and manage feelings of grief following the death of their sibling. This was found to also relate to the sibling survivor's experience of putting emotional processing of their sibling's death on hold. Given identified themes, the discussion section describes the contextual perceptions of the participants as they reflected on family dynamics following their loss.

Keywords: suicide, sibling, attachment, family, bereavement

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Sibling Survivors of Suicide:

A Retrospective Exploration of Familial Attachment During Bereavement

Literature Review

Suicide has been described as one of the most complicated and difficult types of death for surviving individuals to manage (Knight, 1992). It is suggested that in addition to the potential external communal or societal stigma perceived by the grieving survivors and its contextual effects on mourning, the process of coping with the loss of someone to suicide is frequently accompanied by feelings of shame, shock, guilt, blame, and confusion (Cvinar, 2005; Jordan & McIntosh, 2011; Knight, 1992). Nevertheless, suicide research has only recently started to direct its attention to the population of suicide survivors (Jordan & McIntosh, 2011).

Summary of Research Content

The purpose of the research was to increase the scope of knowledge with regard to the experiences of surviving individuals who have lost a family member to suicide. Specifically, the research focused on retrospectively exploring the experiences of five adult sibling survivors, ranging in age from 30 to 58, who lost a sibling to suicide when they were between the ages of 12 and 21 years old. Using qualitative research methods, the study employed Interpretative Phenomenological Analysis (IPA) to inform the interpretation of interview data collected during semi-structured interviews with each research participant. Results of an attachment self-report measure—the Attachment Style Questionnaire (ASQ; Feeney, Noller, & Hanrahan, 1994)—that was adjusted in a manner consistent with the retrospective nature of the research (i.e., questions were phrased to ask for past attachment experiences) was utilized during the discussion section of the research which explored themes that emerged during data analysis.

The research is organized under four primary sections: (a) the introduction and literature review, (b) the methods section, (c) results, and (d) the discussion. The introduction and literature review is divided further and includes discussions involving (a) an introductory overview of attachment and systems theories followed by the proposed research's rationale for a systemic conceptualization of attachment relationships; (b) sibling attachment and the development of the sibling bond; (c) adolescent grief reactions and experiences of loss; and (d) a review of suicide research, prevalence statistics, and the identification of suicide survivors. The methods section is also subdivided and includes (a) an overview of IPA, (b) an overview of the ASQ, (c) identification of the proposed research questions, (d) a discussion of the overall research design, (e) the identification of research participant criteria, and (f) ethical considerations. The results section is broken into (a) a description of sample demographics, and (b) a presentation of the five superordinate themes developed through analysis of participant interviews. The discussion section of the study organizes findings of the current research while exploring the interconnectedness existing between individual themes. Such an approach was chosen for how it was able to demonstrate the influence of attachment- and systems-related dynamics on a sibling survivor's experiences of bereavement following a loss to suicide.

A Critical Review of Selected Literature

The study attempted to retrospectively explore more deeply the reactions and perceptions of five adult siblings who suffered the loss of a brother or sister to suicide while they were between the ages of 12 and 21. More specifically, keeping in mind attachment patterns from within the experienced family context that existed at the time of their sibling's death, the interview process with each participant functioned to promote a more in-depth understanding of their loss and reactionary strategies for coping with such a loss.

The following review sought to use the extant literature as a foundation from which the current research was built. This summary further demonstrates the clinical significance of furthering research within this area of clinical psychology. In doing so, an exploration looked to the potential interconnectedness between an individual's experiencing the loss of a brother or sister to suicide, their attachment behaviors, and how bereavement is then managed by the sibling survivor within the context of the surviving family system. Keeping in mind this basis for the research, the literature review outlines a systemic understanding of human attachment, describes the nature of the sibling relationship, identifies adolescent responses to bereavement, and provides contemporary research and the statistical prevalence rates of suicide.

The Systemic Conceptualization of Attachment

Despite attachment theory's original emphasis on the infant–mother infant dyadic relationship, researchers and theorists within the realm of attachment have since started to consider the wholeness of family experience throughout the lifespan while looking at factors involved with attachment (Hill, Fonagy, Safier, & Sargent, 2003; Marvin & Stewart, 1990; Mikulincer & Florian, 1999). In fact, it has been explicitly written that, "researchers should refrain from considering infant–parent relationship as the exclusive correlate of attachment style. Rather, they should adopt a familial perspective and conceptualize these styles as the confluence of personality factors and familial patterns of relationship" (Mikulincer & Florian, 1999, p. 8).

The following sections first focus primarily on providing an overview of both attachment and systems theories to demonstrate the foundations of each. These sections are followed by a discussion of the current research's rationale for conceptualizing attachment processes through a systems theory lens and how such a framework will broaden the scope of understanding for a sibling survivor's experiences of losing a brother or sister to suicide during adolescence.

An overview of attachment theory. Attachment theory can be credited as originating from the thinking of John Bowlby, a British psychiatrist and analyst, as he considered social behavior, human development, and relational exchange (Bowlby, 1969/1982; Mikulincer & Shaver, 2007). With a presumed biological function related to the protection of the individual in the face of danger, the primary strategy of an individual's attachment system is to seek support by maintaining proximity to others who can provide safety and care (Bowlby, 1969/1982). It should be noted, however, that in addition to the security and protection provided by these "attachment figures," Bowlby also emphasized their role as a "secure base" from which the individual (typically during childhood and adolescence) can explore the world around them (Shemmings, 2006). Seeking to explain the extensive and enduring influence that attachment relationships can have on one's character development and overall mental health, Bowlby (1973) writes that:

> For not only young children, it is now clear, but human beings of all ages are found to be at their happiest and to be able to deploy their talents to best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise. The person trusted provides a secure base from which his (or her) companion can operate. (p. 359)

As such, the development of, and more broadly speaking, the functionality of an individual's attachment-system—made up of cognitive, behavioral, and affective elements that recreate feelings of security during times of distress—is largely contingent upon the quality of actual relational interactions with attachment figures during times of distress (Bowlby, 1969/1982; 1973).

Over time the actual attachment interactions experienced by an individual begin to

undergo a translation into internal representations of these relationships. Therefore, these relational interactions, in addition to the immediate influence they place on the operation of an individual's attachment system, gradually and over time create enduring and pervasive alterations to the person's attachment system (Bowlby, 1969/1982). These "representational models" or "internal working models" (IWMs; Bowlby, 1973) are described as the internal mental representations of the world, self, and other that function to assist an individual in predicting future-oriented, relational interactions with others. These internalized models typically function unconsciously and automatically as the most dominant or current working attachment representation is projected onto newly forming relationships (Bowlby, 1973). Occurring simultaneously with one's development throughout life "IWMs thus constitute the bridge between an infant's experience of sensitive or insensitive care and the development of beliefs and expectations that affect subsequent experience in close relationships" (Thompson, 2008, p. 350).

Nevertheless, despite the increased complexity and sophistication that can develop over time within the internalized attachment representations of an individual, Mikulincer and Shaver (2007) express that:

> No one at any age is completely or perpetually free of dependence on actual flesh-and-blood attachment figures. There are situations, such as physical and psychological traumas, serious illnesses, important school or job failures, and losses of loved ones, in which symbolic proximity to an internalized or imagined attachment figure may not be sufficient to provide adequate comfort and relief, and under such conditions, attachment-system activation can trigger proximity-seeking behavior regardless of a person's age. (pp. 34-35)

This proximity-seeking behavior, though, activated during times of distress and precipitating experiences of internalized working models, is strongly influenced by an individual's dispositional attachment style or styles (Ainsworth, Blehar, Waters, & Wall, 1978). As such, a person's most frequently accessible working model(s) in relation to the routine functioning of their attachment system—be it in a specific relationship or across relationships in a more general sense—can be understood as representing their "attachment style" (Mikulincer & Shaver, 2007). These attachment styles can therefore alter the content of mental representations during periods of individual attachment system activation, while also directly influencing the actual relational behavior involved with proximity- or support-seeking behaviors (Mikulincer & Shaver, 2007). Initial classification and description of formal styles of attachment (Ainsworth et al., 1978) included a discussion of these patterns with infants in relation to their mothers only, and consisted of three primary arrangements that included "secure," "anxious-ambivalent," or "avoidant." Secure children were described as demonstrating trust for their primary caregiver, functionally employing proximity-seeking behaviors while using their caregiver as a secure base from which they can further explore the world (Ainsworth et al., 1978). On the other hand, insecure children typically demonstrated anxiety or distance in the presence of primary caregivers, an outcome related to the developed mistrust of primary caregivers due to their physical and/or emotional unavailability during periods of attachment distress (Ainsworth et al., 1978). A fourth category was later added and described a "fearful" or "disorganized/disoriented" style of relational behavior among infants (Bartholomew, 1990; Main & Soloman, 1990).

Each of the four attachment styles typically differs in attachment system function and is accompanied by distinct development of internal working models of self, relationships, and the world. These differences over time became attributed to the perception of attachment style within

a two-dimensional space, defined by attachment anxiety—reflecting a child's view of self—and attachment avoidance—reflecting a child's view of the world (Bartholomew, 1990; Mikulincer, Shaver, & Pereg, 2003; Stevens, 2014). As such, the secure attachment evolved to represent those falling in the realm of low anxiety and avoidance, demonstrating both comfort and success while balancing intimacy and autonomy (Bartholomew, 1990; Mikulincer et al., 2003; Simpson & Rholes, 1994). Those demonstrating an anxious (preoccupied) style typically reside within the region of high anxiety and low avoidance; they display negative views of self while holding others in esteem, resulting in an enmeshed way of relating with frequent worry about relationships (Bartholomew, 1990; Mikulincer et al., 2003; Simpson & Rholes, 1994). The category of avoidant (dismissing) is within the region of high avoidance and low anxiety and individuals typically demonstrate negative views of the world while holding positive esteem for their self, leading to an emotional distancing of others while attempting to achieve autonomy (Bartholomew, 1990; Mikulincer et al., 2003; Simpson & Rholes, 1994). Lastly, the disorganized (fearful avoidant) category exists in a region of both high avoidance and anxiety; individuals tend to hold negative perceptions of both self and other, and a strong fear of rejection leads to an avoidance of intimacy despite strong desires for closeness (Bartholomew, 1990; Mikulincer et al., 2003; Simpson & Rholes, 1994).

Family composition and dynamics: A systems theory framework. Despite focusing solely on the internal experiences of sibling survivors of suicide, the research also attempted to identify the interconnectedness between a sibling's experience of losing a brother or sister to suicide, the impact of this loss on their life, and their perceptions of themselves within a "surviving system" (i.e., their family). Given the lack of research attending to these dynamics, the study explored the retrospective experiences of five siblings following the loss of a brother or

sister to suicide while attending to strategies of coping seen through a mutually combined perspective of attachment theory and family systems theory.

Within family systems theory—a theory deeply rooted in the systems paradigm—"People and events are assumed to exist in a context of mutual influence and mutual interaction" (Goldenberg & Goldenberg, 2008, p. 13). As a result, family members are embedded within a matrix of relationships where each member is influenced by the greater familial network and, reciprocally, the greater system guided by each individual (Goldenberg & Goldenberg, 2008). As previously written by Salvador Minuchin (1974) in his work applying systems theory to families, he explains:

> The individual influences his context and is influenced by it in constantly recurring sequences of interaction. The individual who lives within a family is a member of a social system to which he must adapt. His actions are governed by the characteristics of the system, and these characteristics include the effects of his own past actions. The individual responds to stresses in other parts of the system, to which he adapts; and he may contribute significantly to stressing other members of the system. The individual can be approached as a subsystem, or part, of the system, but the whole must be taken into account. (p. 9)

As the reactions of each individual, and those of the various subsystems (e.g., parents or other siblings) are contained within a larger context of the surviving family system, the research was purposive in its selection of a systems framework. This framework therefore provided a deeper understanding of how a sibling survivor's experiences of loss was influenced by the family group, and vice versa.

From within systems theory, families are described as having both symbolic and reality

based structures influenced by various intra-subsystems (e.g., interactions within the family system) and other outside, societal or cultural networks found within the suprasystem (McKenry & Price, 2005). Systems theory within a family context is thus able to recognize the variability found within the field's growing understanding of what it means to be a family, and in turn, how the member's differing belief systems, resources, and contexts add to this diversity. It appears appropriate to conclude then, that families who have suffered the loss of a sibling member to suicide will likely have widely disparate contexts before the death, which will be associated with equally diverse processes after the death. Therefore, while looking into the experiences of sibling survivors of suicide, "It is the family as a functioning transactional system, as an entity in itself, more than the sum of the inputs of its participants, that provides the context for understanding individual functioning" (Goldenberg & Goldenberg, 2008, p. 16).

Within the limited contemporary research attending to suicide and survivor loss, findings have started to demonstrate the importance of broadening our scope while looking at grief responses to suicide from individual reactions, to more system-oriented responses (Kaslow & Gilman Aronson, 2004). As suicide is found to have considerable effects on the dynamics and relationships found within a family system, it has been suggested more recently that techniques and understanding employing a systems conceptualization of the family may be the most efficacious while working with survivors of suicide (Kaslow & Gilman Aronson, 2004). As such, while describing his model of structural family therapy employing systems theory, Minuchin (1974) explains:

> But the family structure must be able to adapt when circumstances change. The continued existence of the family as a system depends on a sufficient range of patterns, the availability of alternative transactional patterns, and the flexibility to mobilize them

> when necessary. Since the family must respond to internal and external changes, it must be able to transform itself in ways that meet new circumstances without losing the continuity that provides a frame of reference for its members. (p. 52)

The sibling survivor of suicide is required to adapt and make sense of this loss not only as an individual, but also as a member of a family unit responding to the loss of another to suicide. Consequently, the employment of systems theory within the research allowed for a more comprehensive understanding of narrative experiences provided by sibling survivors.

Attachment within the family system. By considering attachment-related processes within the lived-in, familial context of siblings, the research was able to uncover a more detailed scene of a surviving sibling's use of this dynamic system as they attempted to find comfort, support, and meaning in the wake of loss. The current trends in research and theoretical reasoning, scattered though they may be, further highlighted the importance of attending to the interconnectedness between systems and attachment conceptualization (Hill et al., 2003; Kozlowska & Hanney, 2002; Marvin & Stewart, 1990). Demonstrating this broadening from attachment theory's original model of dyadic interaction to a position appreciating an entire system's influence on attachment relationships, Kozlowska and Hanney describe that:

> Dyadic, triadic, and family relationships represent distinct system structures (levels of complexity), with unique laws and properties. Each forms a whole, while simultaneously constituting a part. Each exhibits properties or patterns that do not exist at the lower level of complexity. (p. 293)

An integration will subsequently allow for a recognition that the network of relationships within an individual's family are in fact uniquely connected, yet maintain a distinctness in their own right (Kozlowska & Hanney, 2002). Therefore, by conceptualizing a sibling survivor's

attachment behavior and IWMs systemically, it was the hypothesis of the current study that connections would extend between both individual and systemic adaptation and coping in the context of bereavement.

Lasting changes occurring within the family system itself (e.g., the loss of a sibling member to suicide) will often necessitate major reorganizational movements in an attempt to regulate and adapt to these internal variations (Marvin & Stewart, 1990). Within the larger system's reorganization, individual attachment relationships are simultaneously adjusted during the system's attempt to regulate itself in the presence of change (Marvin & Stewart, 1990). Demonstrating the extent of involved reorganization typically faced in the presence of loss, a publication conceptualizing suicide bereavement from an attachment lens describes that:

> In addition to the attachment injury experienced in the relationship between the individual who committed suicide and each individual family member, attachment injuries can also exist between surviving family members. These are often experienced in response to the disruptions to communication as aforementioned as well as the changes that naturally occur in the family roles as a family responds to a suicide. As a result, the grief experienced from the suicide event is compounded with grief from the perceived loss of other relationships and attachment injuries. (Hunt & Hertlein, 2015, p. 18)

Thus, while attempting to hold an adult sibling's recollection of losing another to suicide during their own adolescence, it appears negligent to view these experiences in isolation from contextual family dynamics.

Attending to the surviving sibling's recollection of attachment behavior after the death (e.g., their IWMs and ability to seek out support from other surviving family members during bereavement), will therefore require a special attention to family dynamics as well. Furthering

this point, the relationships between the surviving family members are likely to prove influential to the sibling's own capacity to self-regulate and adapt to the individual and systemic changes introduced by the suicide. As an example, Mikulincer et al. (2003) indicates that, "Both the anxious and avoidant styles are characterized by the failure of proximity seeking to relieve distress and the consequent adoption of secondary attachment strategies" (p. 80). Conceptualizing sibling attachment through a systems lens therefore displayed in more detail a sibling's experiences of bereavement after the loss of a brother or sister to suicide while they were between the ages of 12 and 21 years old.

The Sibling Relationship During Adolescence

The sibling relationship, often overlooked within prior research given the focus on the parent–child relationship, is one that can include (among many varying dynamics) intimacy, conflict, companionship, support, and shared fantasies (Dunn, 2014). The sibling title, while once reserved for those strictly related by blood, now receives a more comprehensive understanding and can include full siblings, half-siblings, step-siblings, and foster or adoptive siblings (Hindle & Sherwin-White, 2014a). Further demonstrating the diverse interactions that can make up the sibling relationship, of the 80% of people who are said to have siblings, studies highlighting this bond explain that, "Some siblings enjoy each other's company, are sources of comfort and amusement, and good companions. Others quarrel incessantly, snipe at each other and sneer, and do their best to diminish the other's self-esteem." (Dunn, 2014, p. 71). Given the differences in which siblings relate, interact, and "access" (Bank & Kahn, 1982) one another, the influence of the sibling bond on development throughout the lifespan can be characterized as being quite complex and individualized (Bank & Kahn, 1982; Dunn, 2014).

During childhood, Bank and Kahn (1982) explain that, “Siblings, early in life, can acquire meanings for one another and become locked into a complementarity in which a vital part of one sibling’s core identity becomes fitted to deep parts of the other’s core identity” (p. 30). During this period of development (i.e., childhood—both direct and indirect sibling influences on development were discovered through research attending to this population early in life). A longitudinal study following children between the ages of 40 months and 6 years of age (Brown & Dunn, 1996, as cited by Dunn, 2014) discovered that social understanding—including an understanding of both emotion and the mind—were influenced in part by the quality of sibling relationships during this time. In addition, elements of behavioral adjustment, including the modeling of aggressive behavior, were found to be directly influenced by sibling interaction during childhood and adolescence (Bank, Patterson, & Reid, 1996, as cited by Dunn, 2014). Indirect intra-familial and sibling influences have also been noted for their effect on the development of children and adolescents as well, and can include factors such as sibling birth order and the evolution of the parent relationship to each child within the family’s own development (Bank & Kahn, 1982; Dunn, 2014). As Dunn describes:

> As children grow up, they begin not only to monitor the interactions between their parents and their siblings, but also to compare themselves—sometimes quite sadly—with their siblings in terms of personality and achievement, through processes of social comparison, and through sibling introduction to deviant peers. (p. 75)

These influences found within the specific contextual and relational intricacies of a family system only further demonstrate the level of diversity that can exist between early human development and the sibling relationship.

As children mature into adolescence, the sibling bond continues to evolve as the child’s

development progresses across many realms during this stage of life (Bank & Kahn, 1982; Cicirelli, 1982; Hindle & Sherwin-White, 2014b). As adolescents confront changes in identity, social opportunity, and emotional understanding, they too experience rearrangements to relationships within their family—including parent–child and sibling interactions (Bank & Kahn, 1982). For instance, adolescents typically begin utilizing newly developing peer groups outside of the family for support which can potentially cause a sibling, especially when younger in age, to feel left behind by an older brother or sister (Hindle & Sherwin-White, 2014b). When further studied, teenagers typically reported that sibling friendships outside of the family were the greatest cause of negative changes within their perceived sibling relations (Dunn, 2014).

With age, older siblings also begin to experience greater responsibility and privilege inside and outside of the family, potentially creating jealousy, competition, and rivalry within the sibling relationship (Bank & Kahn, 1982; Hindle & Sherwin-White, 2014b). In certain family contexts, Bank and Kahn further describe that, "when change is discontinuous, one child will leap ahead and become so different that the sibling relationship will be fundamentally, and perhaps irrevocably, altered" (p. 65).

Despite the potential strains placed on the childhood, sibling bond throughout the individual, relational, and contextual changes that unfold for siblings during adolescence, there still exists the potential for increased closeness and camaraderie (Bank & Kahn, 1982; Cicirelli, 1982; Dunn, 2014). While discussing this potential, Bank and Kahn explain, in opposition to the effects of "discontinuous change," that:

> Continuous change does not alter the fundamental nature of the sibling relationship: each child grows and develops so smoothly, no one in the family experiences a severe

> loss...When changes in both a child and his or her sibling relationship are continuous, the siblings can keep an even pace with each other. (p. 65)

This shared, more continuous path during adolescence can prove highly beneficial for each sibling as more solidarity within the relationship can provide support and even protection from adverse situations occurring both within the family system (e.g., quarrels with parents) and outside such as trouble with school (Dunn, 2014). Positive relations during this period of development have been noted to also have the capacity to create the dynamic for life-long, adult closeness amongst siblings (Ross & Milgram, 1982). The sibling relationship is one in which there is some expectation of longevity (i.e., siblings together outliving their parents) and has therefore been characterized as being "the most equal of all familial relationships" (Zampitella, 2011, p. 333).

Given the numerous direct and indirect developmental and family dynamics that are involved in a sibling's progression from childhood into adolescence, one can further ascertain the immense complexity that creates the sibling relationship. As such, the need to hold a systemic view while retrospectively looking into an adult sibling's prior, adolescent attachment relations to a brother or sister who had died from suicide appears appropriate. In doing so, a surviving sibling's experience of bereavement after the suicide of a brother or sister can be better explored and understood, taking into account the complex, yet specific relational dynamics involved within their family context.

Adolescent Bereavement in the Context of the Family System

An adolescent sibling's loss of a brother or sister—be it from suicide or any other cause of death—can generate the need for dramatic rearrangements of the developing worldview of such a young person (Crehan, 2004; Hogan & DeSantis, 1996; Noppe & Noppe, 2004; Shapiro,

1994). As distinguished from adults, adolescent grief tends to hold more personal meaning for the bereaved, presenting an experience of loss that is exclusive to them (Noppe & Noppe, 2004). In addition, a sibling loss experienced during adolescence may persevere throughout the bereaved individual's lifespan, with ongoing periods of attachment and grief during events such as graduation, marriage, and parent death (Noppe & Noppe, 2004; Packman, Horsley, Davies, & Kramer, 2006).

When the sibling dies in childhood, adolescence, or young adulthood, these losses are deemed especially tragic for the surviving family—"an untimely death whose unhealthy consequences can endure long after the last farewell at graveside" (Bank & Kahn, 1982, p. 271). For the brothers and sisters subsequently left behind, it is suggested that those whose daily life contexts still greatly involve interactions with their family system (e.g., adolescents) tend to struggle more with the grieving process (Brent, Moritz, Bridge, Perper, & Canobbio, 1996). Often overlooked in the rise of attention provided to the bereaved parents, these "forgotten mourners" (Dyregrov & Dyregrov, 2005) can therefore experience complicated bereavement and disenfranchised grief from within the context of their own family.

An adolescent's experience of bereavement is largely intertwined with factors involved in their own development and transition from childhood into adulthood. As they begin to define their own sense of self, a process that involves balancing both connection to and separation from the family, adolescents can potentially associate the death of their sibling with their own strivings for independence (Shapiro, 1994). As such, the appropriate developmental growth associated with adolescence can be compromised after a death, stifling an achieved sense of mastery in their ability to predict future outcomes, while leaving the bereaved adolescent experientially isolated and alone in the presence of peers (Noppe & Noppe, 2004).

Given the developmental footing and context of adolescence, families also direct the context of bereavement for surviving siblings. Surviving family members can impose secrecy around the death, become increasingly overprotective and restrictive towards living brothers and sisters, or even embody the deceased sibling within proximate survivors (Bank & Kahn, 1982). In particular, the sway of parents, as described by Bank and Kahn, details that, "As weeks and years go by, the parents will determine—by their conduct, by what they do and say and by actions *not* taken, words left unsaid, tears unshed—how their surviving children remember the dead child" (p. 273). In addition, Dyregrov and Dyregrov (2005) suggest that younger surviving siblings at the childhood and adolescent developmental levels experience more of a family "burden" than older surviving siblings given their greater reliance on the family for support. Keeping in mind the limited social and emotional maturity associated with adolescence, sibling survivors with such minimal levels of outside support and finite perspectives on life can consider self-destructive behavior (e.g., self-harm or suicide attempts) as methods for coping (Knight, 1992).

Also important to take into account while addressing the grief reactions of adolescents is the presence of a modeling effect. A potential issue for younger sibling survivors of suicide, the modeling effect, defined as the increase in risk of future suicide simply through exposure to suicide within the family, can be quite influential for children and adolescents as they develop into adulthood (Jordan, 2001). In early adolescence suicide may consequently be displayed as an acceptable "solution" to both interpersonal and intrapsychic problems, subsequently increasing the risk for future suicide within the family (Brent et al., 1993; Cerel & Aldrich, 2011; Jordan, 2001).

Factors related to culture and diversity. While attempting to understand both individual and family reactions to loss and suicide, an attention to issues of personal and cultural meaning is critical (Silverman & Klass, 1996). The provision of a postmodern view on bereavement (Stroebe, Gergen, Gergen, & Stroebe, 1996) describes that:

> Inquiry into grieving suggests that diverse groups of people engage in different patterns of action and share different meaning systems within which their actions are understood. Thus, actions deemed aberrant, maladjusted, or pathological in one cultural milieu may be fully acceptable in another. (pp. 40-41)

This framework recognizes the "possibility of multiplicity in perspective" (Stroebe et al., 1996, p. 41) and thus leaves space for an openness while systemically attending to the experiences of grief and bereavement—especially when the loss involves suicide. For example, the direct expression of emotion or any open communication about a family member's suicide can be presumed forbidden for surviving family members based on the specific cultural dynamics of shame (Tzeng, Su, Chiang, Kuan, & Lee, 2010). Factors relating to culture and diversity can thus define both protective and risk factors for suicidal individuals, while also affecting the degree of condemnation suicide receives within a given society (Goldsmith & Institute of Medicine, 2002; Lester, 2003). The varying differences subsumed under the local and contextual cultures of a family system will therefore tinge a sibling survivor's experience of bereavement—including suicide. As such, the various factors related to culture and diversity for those bereaved necessitates an openness and interest while exploring experiences of loss.

The Prevalence of Suicide Within Society: Contemporary Statistics

It has been approximated that around 30,000 people die in the United States as a result of suicide each year, with two-thirds of this total being persons between the ages of 25 and 64

(Cvinar, 2005; Kaslow & Gilman Aronson, 2004). In addition, the occurrence of suicidal death in younger people has continued to rise over the course of the past few decades making suicide the third leading cause of death among individuals ages 15 to 24 years-old (Cvinar, 2005). It has been estimated that a total of around 1,900 children and teens under the age of 20 pass away from suicide each year in the United States, and as a result, leave an even greater number of people behind (e.g., surviving siblings) to manage this loss (Cerel, Jordan, & Duberstein, 2008). Specifically, it has been estimated that around 8,000 children in the United States experience the death of a sibling to suicide each year; despite this number, very little research has focused on this population of suicide survivors on either individual or systemic levels (Cerel et al., 2008).

To demonstrate the broad reaches of suicide among people living within the United States, an estimate of just 6 survivors left behind to grieve each solitary suicide produces approximately 180,000 Americans who will have survived this form of death each year (Cvinar, 2005; Jaques, 2000; Kaslow & Gilman Aronson, 2004). Considering these estimates, further projections suggest that the number of living family members who have experienced the loss of someone to suicide within the United States is currently in the millions (Cvinar, 2005; Jaques, 2000; Jordan & McIntosh, 2011). It thus seems appropriate to conclude that the number of sibling survivors of suicide living within the United States will make up a large percentage of this projected population. Therefore, the impact that this characteristically tragic loss has on the lives of sibling survivors presents itself as a very important and relevant subject area for further research from within the field of clinical psychology.

The presented rates of suicide prevalence in the United States clearly demonstrates the reach that a single suicide can have within the relational networks (e.g., friends, family, coworkers, and classmates) of the deceased. While resulting in the death of a single person, a

completed suicide is never, in a sense then, a solitary event. Consequently, the number of people left behind to grieve these individuals' deaths greatly exceeds the number of those who have died from suicide.

Current Research Attending to Suicide Survivors

To this date, suicide research has focused on the after effects for a single type of survivor within the family (e.g., a parent after losing a child to suicide or a child after losing a parental figure) and out of these studies, very few have specifically sought to understand how suicide affects surviving siblings either individually or on a systemic level (Cerel et al., 2008). One such study addressing adolescent sibling survivors of suicide demonstrated that, "adolescent siblings of teenaged suicide victims were at a sevenfold increased risk for developing a major depression within 6 months subsequent to their siblings' death, compared to a group of control subjects unexposed to suicide" (Brent et al., 1993, p. 254). This finding indicates the strong reactions that siblings can have to the death of a brother or sister to suicide, but it does not address the specifics of their experiences after the death (i.e., meaning-making on either an individual level or from within the context of their own family system). At the same time, as the aforementioned prevalence rates demonstrate that thousands of siblings lose a brother or sister to suicide during childhood, these research findings suggest the possibility of an extended period of questioning, sense making, and management of experiences related to the loss later in life as well.

Suggesting similar reactions, other researchers (McIntosh & Wrobleski, 1988; Provini, Everett, & Pfeffer, 2000) who have studied the reactions of suicide survivors holding various relational connections to the deceased (e.g., parent, child, and sibling) indicated findings that demonstrated experiences of depression, anxiety, disturbances in family routine, troubles with concentration and sleep, thinking they had seen the deceased individual, and thinking about their

own suicide after the death.

As opposed to simply reestablishing these previous, more general findings with regard to suicide, the research sought to gather a deeper and more contextual understanding of survivor response to suicide. The present research achieved this through specific focus on sibling survivors of suicide as a member of a larger system (i.e., their own family). Nevertheless, those reactions found within prior research studies functioned in a preliminary manner, providing the starting points to begin further exploration with participants interviewed for the research.

Concerning the current research into the intervention process for surviving families, it has been suggested that family therapy may be the intervention of choice because of the considerable effects suicide has on the dynamics and relationships found within the system (Kaslow & Gilman Aronson, 2004). Suicide within a family system has the potential to create new negative interactions among members of the family, to highlight problematic interactions that were present in the family before the death, and to even lower the strength of prior functioning relationships within the family (Kaslow & Gilman Aronson, 2004). It should be emphasized that even when families are considered to be functioning within a normal or healthy range before the suicide, there has been some evidence that the impact of suicide on the system has the potential to distort family patterns, and can contribute to the development of psychopathology in the surviving members of the family (Jordan, 2001). Nevertheless, there has presently been very little research that directly seeks to understand the internal working models that sibling survivors hold of their family system and how they are connected to individual and systemic adaptation and coping in the event of a suicide.

The Applied Importance for Sibling Survivors of Suicide

As indicated before, there is currently an insufficient amount of research and

understanding on the experiences of sibling survivors of suicide—be it intrapsychically or interpersonally within their family systems (Jaques, 2000). To demonstrate further the paucity of research attending to survivor experiences of death and loss, it has been indicated that what little research does exist focuses simply on the dyadic relationship with the deceased person for those experiencing distress (Walsh & McGoldrick, 2004). However, this focus on understanding only a linear, dyadic relationship to the deceased diminishes the mutual influence of others (e.g., the remaining surviving family members) within the grieving process for every individual affected by the loss. Without taking a more systemic perspective while attempting to understand and help siblings who have lost a brother or sister to suicide, a crucial aspect of their grieving process will likely be overlooked. This area can be understood as the interconnected network of relationships that make up the surviving family system within which the individual exists. "Family processes—in relating and handling problems—contribute significantly to positive adaptation or to positive adaptation or to individual and relational dysfunction" (Walsh, 2012a, pp. 29-30). By taking this into account, recognition will be given to the complete experience of a grieving sibling survivor of suicide.

Also important to this population of "forgotten mourners" (Dyregrov & Dyregrov, 2005) is the systemic framework's acknowledgement of the unique contextual factors (e.g., developmental stage of the individual, family composition, family resources, level of family functioning, etc.) making up the lives of each sibling survivor. Examples from the limited number of studies calling attention to this largely overlooked population have demonstrated that sibling survivors of suicide, whose daily life contexts still greatly involve living at home and interacting with their original family system (usually children and adolescents), tend to struggle

with the grieving process in unique, complicated ways given their continued reliance on other family members (Brent et al., 1996; Davies, 1995, as cited in Dyregrov & Dyregrov, 2005).

The Sibling Suicide Survivor(s)

Within the extant literature, suicide survivors are typically those who are grieving the loss of someone to suicide, and survivorship has been defined by three separate features: kinship proximity, those who have a close psychological association or attachment to the deceased individual regardless of kinship relationship, and those who experience a significantly distressed reaction to the suicide regardless of familial ties or psychological closeness (Jordan & McIntosh, 2011). Within the research, a survivor of suicide will follow the definition of Jordan and McIntosh and will be designated as "someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person" (p. 7). While this definition broadens the population of individuals who can be labeled as suicide "survivors," it is expected that those within the family of the deceased (e.g., siblings) will be in the highest proportion of suicide survivors (Jordan & McIntosh, 2011).

Research Questions

Employing a systems framework involving the family, the research focused on the prior coping and experiential reactions of five sibling survivors of suicide while considering attachment related behavior within their respective family systems. Twelve overarching research questions were considered during interviews with participants. The information contained within the research questions fell into three distinct categories: (a) contextual information involved with the definition of each participant's family system household composition before and after the death, and the period of time since the suicide; (b) perceptual considerations involving sibling

survivors' narrative perceptions of their sibling's death from suicide, of their own and family members' meaning-making, and of grief reactions during bereavement; (c) demographic information pertaining to each research participant's age, gender, relationship to sibling (i.e., is the deceased member a brother or sister, half, or adopted sibling?) and the age of the deceased sibling at the time of their death. As such, the exploration involved during the research made use of the following 12 comprehensive research questions subsumed within the three aforementioned categories (see Appendix C for a systematic detail of the interview schedule):

Contextual Considerations

1. How does the sibling survivor define their "family?"
2. What was the context of the sibling survivor's family before and after the suicide (e.g., was there a maladaptive family structure present before the death and/or did the suicide create a "crisis of transition" [Marvin & Stewart, 1990, p. 78]?)?
3. Had the surviving family ever experienced any other losses during the surviving sibling's life?
4. Did the surviving sibling feel their family was able to cope as a unit?
5. How did the family orientation change/reorganize after the death of one of its members?

Perceptual Considerations

6. In what ways did the surviving sibling perceive their life to change?
7. How were displays of emotion perceived—both by self and by surviving family members—before and after the death?
8. By also providing examples, what were the experiences of both giving and receiving support after the death within the family?

Demographic Considerations

9. How old are is the participant (i.e., sibling survivor) now?
10. How old was the participant when their sibling died?
11. Is the deceased sibling older or younger than the participant?
12. Is the participant's deceased sibling a biological, adopted, half-sibling, etc.?

Method

The purpose of the research was to better understand the experiential aftereffects for sibling survivors following the death of a brother or sister to suicide. In attempting to achieve this goal, I included an attention to sibling survivor attachment behavior, in part acquired through a retrospectively adapted use of the Attachment Style Questionnaire (Feeney et al., 1994; see Appendix G), and conceptualized from a systems framework to better acquire their understanding of such a loss. Within the following sections, I outline the analytical approach for the study which includes a brief description for the rationale behind the purposive decision to follow such an approach. In addition, I provided information on the self-report measure utilized for the research and further explored research questions informing subsequent data examination through transcript analysis. Lastly, factors related to the selection of research participants and the eventual research sample are discussed.

Interpretative Phenomenological Analysis (IPA)

With theoretical and philosophical underpinnings in phenomenology, hermeneutics, and idiography, Interpretative Phenomenological Analysis was developed as a method of examining the meaning people associate to major life experiences, "when the everyday flow of lived experience takes on a particular significance for people" (Smith, Flowers, & Larkin, 2009, p. 1). From within this analytical approach, meaning is deemed as the central concern for the

researcher, and only through extended engagement with the complexities of the content provided by research participants is this degree of focus able to occur (Smith & Osborn, 2008).

Through the process of involving oneself with the subjective content provided by research participants, the IPA researcher "attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself" (Smith & Osborn, 2008, p. 53). As such, a researcher employing IPA methodology for research purposes is engaged within a "double hermeneutic" (i.e., a two-stage interpretation process) in which the researcher is attempting to make sense of each participant's own sense making process (Smith et al., 2009).

Given the aforementioned tenets of interpretative phenomenological analysis, I purposely chose this method of data collection, interpretation, and analysis as it appeared to correlate well with the stated goals of the research (i.e., focusing on the meaning-making and subsequent coping of sibling survivors of suicide from their perception of their surviving family given their individual attachment styles).

Attachment Style Questionnaire (ASQ)

In order to include some awareness of attachment behavior into the qualitative analysis of sibling survivor accounts of losing a brother or sister to suicide, the Attachment Style Questionnaire (ASQ; Feeney et al., 1994) was adapted and distributed to each individual following the interview process (see Appendix G). The ASQ is a 40-item measure that formed five factor-based scales that included: (a) confidence, (b) discomfort with closeness, (c) need for approval and confirmation from others, (d) viewing relationships as secondary, and (e) preoccupation with relationships (Feeney et al., 1994; Mikulincer & Shaver, 2007). In addition,

scores for attachment avoidance and anxiety can be formed using select item responses within the measure (Feeney et al., 1994). The ASQ primarily makes a distinction between secure and insecure attachment, but the formation of clusters during development further distinguish different types of insecurity within attachment (Feeney et al., 1994). With regard to reliability, high levels of internal consistency were found with acceptable levels of test-retest stability (Feeney et al., 1994). The validity of the ASQ was also supported through large sample analyses of the five scales finding alpha coefficients between 0.76 and 0.84 (Feeney et al., 1994; Mikulincer & Shaver, 2007).

Overview of Research Design

Within the following section, I provide an overview of the research design. This overview begins with a step-by-step description of the stages of research's design before moving into a more detailed account of the interview process and data analysis. After the successfully completed research proposal and acquisition of IRB approval, the stages of the research project were as follows:

1. During recruitment, I first contacted various support groups (e.g., grief, loss, and survivor) in order to potentially connect with individuals who had experienced the loss of a sibling to suicide. Such groups included both in-person meetings and online support spaces. In addition, recruitment contacts also extended to other networks, groups, and centers that address matters of suicide and survivor support on the local and national levels. Mental health provider networks and psychology groups were included in such contacts. Lastly, I also employed third-party contact as a method of participant recruitment (i.e., sending approved recruitment material to those in my personal network to then be distributed amongst their own network of connections).

2. Semi-structured interviews were conducted with five research participants to assist in the process of gathering information related to the 12 comprehensive research questions. In order to reduce potential limitations due to geographic location, all interviews occurred through Skype.
3. Each of the five research participants were asked to complete an adapted (to obtain retrospective experiences of attachment relationships) version of the 40 item Attachment Style Questionnaire (Feeney et al., 1994).
4. Interview data responses were analyzed according to IPA principles to capture the perceptions and experiences expressed by each research participant.

Phase I: Selection of research participants. The five participants within the current research were recruited through the following approaches. A sample size of three to six, with a range of four to 10 interviews has been suggested as an acceptable and useful standard for research employing IPA (Smith et al., 2009). During participant recruitment, I contacted various support groups (e.g., grief, loss, and survivor), in addition to other networks, groups, and centers that address matters of suicide and survivor support on the local and/or national level. In addition, mental health provider networks and psychology groups were also contacted as a method to extend the reach of potential participant recruitment. I also employed third-party contact as a method of participant recruitment during the process of data collection (i.e., my getting in contact with potential participants by having recruitment information shared within the extended networks of my friends, peers, and/or family). Initial contact involved reaching out to facilitators, moderators, and/or directors of such groups informing them of the research design and rationale (see Appendix A and Appendix B for the letter of explanation and informed consent respectively). Recruitment of the final sample of five participants occurred by

advertising the research project and providing the option to participate through such aforementioned approaches. Potential participants for the study were not drawn from institutions or organizations that held responsibility for the individual considering participation within the research.

Ultimate selection for participation within the research was contingent upon a potential participant meeting the outlined research criteria: having experienced the death of a brother or sister to suicide during adolescence. To achieve a more homogeneous sample, with the intention being to maximize the significance of each outlined research question, other criteria for participation were: (a) each individual needed to have been between the ages of 12 and 21 at the time their sibling died from suicide and (b) the research participant must be at least 25 years of age at the time of interview. This criteria was chosen to allow for a period of no less than four years to have occurred between the participant's experience of loss and the time of the interview. Despite the variability with regard to the duration of grief (Aiken, 2001; Stroebe, Stroebe, & Hansson, 1993), prior research suggests that the majority of bereaved persons begin to cease "intensely" grieving after around a period of two years (Stroebe et al., 1993).

Phase II: Semi-structured interview and distribution of the ASQ. The semi-structured interview functioned as the primary method of data collection within the current study. The semi-structured interview was chosen given its efficacy for research implementing an IPA methodology, and has previously been noted as the data collection method used most frequently within IPA studies (Smith & Osborn, 2008; Smith et al., 2009). The flexibility provided by the semi-structured interview process allowed for a more in-depth exploration into how each research participant experienced their loss of a brother or sister to suicide during adolescence while considering greater family dynamics at the time. During the interview process, the research

participants were “perceived as the experiential expert on the subject” and were “allowed maximum opportunity to tell their own story” (Smith & Osborn, 2008, p. 59).

Although the semi-structured interview contains various strengths (e.g., the facilitation of rapport and empathy, flexibility, and the ability to generate richer data), this data collection tool can often require a long amount of time to carry out, produces data that is more difficult to analyze, and limits the amount of control the researcher has over the situation with the interviewee (Smith & Osborn, 2008). These issues were considered, and the semi-structured interview remained the primary method of data collection for the research.

Interview schedule. Despite the flexibility that should exist while collecting data through the use of a semi-structured interview, it is suggested that an interview schedule still be created in advance before meeting with each research participant (Smith & Osborn, 2008). The interview schedule for the current study allowed for the formulation of questions that acted as a guide for conversation topics during the interview process. In addition, the creation of an interview schedule allowed for a preemptive look at potential difficulties could have come about during the interview process, and provided an opportunity to decide how these situations should be handled in the event that they did arise (Smith et al., 2009). By creating a schedule for the interview before the exchange, I was able to focus more attention on the responses of each research participant, and on potential directions the interview could be directed to given how dialogue unfolded. The interview schedule followed closely the 12 comprehensive questions outlined earlier at the end of the introduction and literature review section.

Following the semi-structured interview process, the adjusted Attachment Style Questionnaire was distributed to each participant for them to complete. Quantitative findings, should they exist within a qualitative study, are deemed secondary to qualitative findings

generated during analysis and can be used to either augment and/or supplement such conclusions (Bloomberg & Volpe, 2012). As such, participant endorsement of the questionnaire was considered during subsequent analysis of interview data and organization of the discussion when relevant.

Phase III: Analysis. The formal process of data analysis began with reading the transcript of one of the five semi-structured interviews repeatedly to become well-informed with the verbal exchange that took place during this dialogue. At this initial stage of becoming acquainted with the transcript, I commented on the text in a way that summarized, paraphrased, made connections, and/or made preliminary interpretations of what the individual participant voiced during the interview itself. Once accomplished, again after numerous read-throughs of the transcript, I began to transform these initial notes and comments into short, concise phrases that represented emerging themes within the text. This initial stage of analysis made use of the entire transcript, neither omitting nor overlooking any portion of the interview content (see Appendix E for sample transcript analysis).

Once emergent themes were identified within the first interview transcript, connections could then be made between each as the chronological list of themes was analytically clustered together. As the clustering occurred, I frequently referred to the primary source material (i.e., the participant's actual words) in order to assure that the connections unfolding between individual themes was not forced or fabricated (Smith & Osborn, 2008; Smith et al., 2009). The final stage of the process for the initial transcript analysis was the development of a table that coherently identified and organized the clustered themes under an overarching superordinate theme (see Appendix F for sample clustering of emergent themes).

Given the smaller number of cases in the present research, I followed previously

documented suggestions for employing an IPA methodology (Smith & Osborn, 2008) and adopted the strategy of approaching each subsequent transcript analysis with remaining cases as if it were the first before looking for convergence or divergence between each. During this process of identifying repeating patterns and/or new issues amongst the collected cases, I consulted with peers to better assure the representation of such themes in the primary source material. A final collection of superordinate themes was constructed following the analysis of all five interview transcripts. During this stage, and in conjunction with IPA methodology requiring such action during data analysis, I also reduced the collection of emergent themes within each case, maintaining only those associated to the outlined research questions. In addition, as emphasized by Smith and Osborn, several factors were considered while constructing such collection of superordinate themes by attending to not only the prevalence of such themes across cases, but also to how such themes—through its convergence or divergence—potentially emphasized research questions.

The final stage of the data analysis within the current research consisted of transforming the cumulative emergent superordinate themes gathered from each interview transcript into a write-up and final discussion outlining the meaning(s) intrinsic to the participants' experiences of losing a sibling to suicide during adolescence. The discussion attended to the distinct, yet collective themes of sibling loss to suicide from the context of the surviving family system and sought to present them in a manner that credited distinguishing factors while also demonstrating common experiences across each case.

Ethical Considerations

While conducting research with human participants, it is morally responsible for the researcher to conduct the study in a way that minimizes potential harm to all those participating

in the research product (Smith & Osborn, 2008). The current study therefore involved the voluntary enlistment of research participants. This included encouraging participant understanding and promoting an informed stance so that potential participants were familiar with the procedures involved within the study, including the overall purpose of the research itself, the process involved in data collection (i.e., interview schedule and self-report measure endorsement), and the right to discontinue at any point in the process. As such, participation within the current research involved the participant's completion of the informed consent process outlining the research and required each individual to state their understanding of the content areas associated with the research and the associated emotional difficulties that may have emerged during discussion (i.e., speaking about their loss of a sibling to suicide). It was anticipated that no serious ethical threats would be present for each participant throughout the entirety of the research process, but nevertheless, various safeguards were implemented to make certain the protection of every participant.

Participant's names and identifying demographic information (i.e., age) were given a code to hide their identity. This code was used throughout the research when any collected information was used in written or verbal formats. Once the code was implemented for identification purposes, participant names were removed from the entirety of the collected data. In addition, any remaining identifying data from the semi-structured interview (e.g., locations, names of family members, etc.) was deleted from all collected material.

Participant interviews were transcribed by utilizing audio recordings stored digitally on a voice recorder used exclusively for the purpose of the research and stored within a locked file cabinet when not in use. Transcription files were password protected and stored upon a private computer also requiring password access. Once transcribed, audio recordings were deleted from

the audio recorder. Final interview transcripts were also deleted upon the study's completion. Data collected by the attachment self-report measure from each research participant contained no identifying data (the coding system was be maintained to further ensure participant protection). Participants were informed that direct quotes would be included in the final write-up of the research (included within the informed consent document), but would protect their anonymity and confidentiality by containing no identifying information of any sort. I was committed to keeping all data anonymous and stored within a safe, secure environment to maintain the confidentiality of all records and data related to the research project.

Results

Within this section, a brief overview of participant demographics is provided, taking into account the demographic considerations (i.e., current age of participant, age at the time of sibling death, and relationship to deceased sibling) outlined in the Method section of the research. This section is then followed by a more in-depth presentation of results that emerged from the data analysis which considered the contextual and perceptual facets of the participants' experiences also outlined in the Method section of the research.

Sample Demographics

Appendix D provides the pertinent demographic information of each participant interviewed for the research. Through the use of a simple coding system, participants were each given separate, individual numbers (i.e., numbers 1–5) in order to maintain confidentiality and anonymity while keeping each account separate. As displayed in Appendix D, each participant interviewed for the research reported losing a brother to suicide. Other than participant #2 who spoke to her loss of a twin to suicide, all other participants recounted their loss of an older sibling.

Superordinate Themes

In accordance with the purpose of the research, each participant was asked to speak about their own experiences of losing a brother or sister to suicide at a time earlier in their lives. After gathering various demographic details related to each participant's own family make-up at the time of the sibling loss, the interview process prompted individual participants to retrospectively reflect on various contextual and perceptual experiences related to their losing a sibling to suicide. Within each interview, factors related to attachment behavior within the surviving family system were explored to better understand the influence such dynamics may have had on participants' experiences and behaviors in the wake of loss. The accounts of each participant clustered around five superordinate themes. The following sections present each theme while utilizing exerts from participant interviews to provide support of each cluster while also demonstrating the complexity and uniqueness of experience amongst those who lost a sibling to suicide earlier in life.

Being overlooked and dismissed. The majority of participants spoke to, in one way or another, their experiences of being overlooked in the wake of their sibling's death, and the feelings, thoughts, and behaviors that were subsequently generated. Participant #2's account captured several aspects of what several participants' described as they attempted to maintain their continued involvement in a system trying to manage the pain of their sibling's death from suicide:

> So my parents had pretty much no resources in which to cope with their own grief, so my mom drank a lot and became completely unavailable. My father, who probably struggled with depression before that…I wouldn't know at the time, I was a kid, it was just normalized within your family. But anyway, he went into a very serious depressive

> episode and every day sitting in the dining room, chain-smoking, staring out the window and not saying anything to anyone…for months. I was really, really angry. They just were essentially not there.

Within this passage, she describes her parents' withdrawal from family life as they independently attempted to cope with the loss of their child to suicide. Having no one else within her immediately family for support, she expressed feelings of anger towards her parents who in the face of their own grief became "not there." This feeling of being forgotten following the loss of her twin brother to suicide is also displayed as she details a later birthday within the surviving family system as well:

> And my birthday too because we were twins and it's also my brother's birthday. So I chose to stop acknowledging it as his birthday a long time ago because it was really difficult for me in my family, to like, be able to have it be a happy thing for me when it was always about we're mourning the fact that your brother's not here. And I remember very clearly saying to my parents…I don't know if it was my fourteenth or fifteenth birthday. It was a little while after he died, so it must have been my fifteenth birthday… and saying to them, I'm not dead. Because they were really wrapped up by the fact that the birthday was representative of my brother being dead. But I'm still here. I would like to be celebrated.

The dismissal of her birthday prompted an outward reaction within her family system on behalf of herself and her own felt needs following the loss of her twin brother. She detailed her attempts to receive any amount of care or acknowledgement following her twin brother's death from parents seemingly too preoccupied with their own experiences of grief.

> While reflecting on his experiences within his respective family system following the

death of his older brother to suicide, Participant #5 further speaks to experiences of having his experience of the loss overlooked:

> I think that my feeling of loss was not as accepted. I don't say this to hurt my mom, but I say that because it was probably true. Whereas my mom's loss, I mean, I just feel like… I'm a parent. I have two girls. I look at that loss of losing a kid…if there's a hierarchy, there's nothing greater than losing a kid. Again, we don't want to compare. So anyway, my specific ability to feel that loss…I don't want to say was minimized, but to some extent it was.

Reflecting on his currently being a parent himself and the significance of losing a child, Participant #5 seeks to understand just how painful it must have been for his mother after the loss of her son—Participant #5's older brother. However, he cannot deny that his experience of losing a sibling was "minimized" to some degree, speaking to the attention his parents received following such a loss and leaving him, a sibling, overlooked in their own experiences. Participant #4 also described the attention her parents received and how this then influenced her own perceptions her sibling's death:

> It definitely did and it was also perpetuated by everyone around me. No one…and I know people didn't mean to do it…I remember it built up and really made me feel horrible, that everyone would always say to me, 'how are your parents?' And I was like when is someone going to ask how I am? I didn't say that out loud because I didn't want to upset anyone, so that, to me was like, OK, I guess I just have to worry about them and not worry about myself.

In the time following her brother's death, she notes how others around her frequently overlooked her own state of grief to ask about her parent's loss. However, not wanting to upset anyone

around her during a time when so many were also likely hurting, she dismissed her own experiences and resigned herself to also focusing on her parents.

As a member of a family with other surviving siblings, Participant #3 detailed his experiences within a changed system after the death of his brother that resulted in feelings of "neglect" from others:

> I remember my family kind of all went into their own little shells for a little bit and it got to the point where I felt like I was being neglected. It's like, I'm a teenager, but there comes a point where sometimes you just need your family, and the family that I had before just didn't exist anymore. So it's like, alright, well, let's go to cutting.

He goes on to further recount his experiences of sharing such "cutting" behavior with his parents, noting his then grappling with whether or not his attempts to gain attention from his parents were worthwhile:

> A part of me wanted to believe that it was…Ok, this is the attention I was getting. This is what I've been needing, someone to just say, hey, we're here for you even though we might not seem like we're always here for you. We're here for you. It went from my mind to wanting to see it like that, then my mind went to, well shit, I've got this problem and you're just going to toss me away and tell someone else to deal with it?

The attention he received differed from what he had hoped by reaching out to his parents with such behavior, and resulted in him feeling even more withdrawn and hesitant to seek support at a future time.

Again, while several participants each spoke to feelings of neglect and subsequent efforts to have their experiences recognized within the surviving family system, a national tragedy (the September 11, 2001 attacks in NYC) occurring just a few days after Participant #4's experience

of sibling loss resulted in experiences of isolation that extended even further:

> I felt this feeling of…I don't know what word I can use to describe it…almost like resentment for the rest of the world being in mourning. I'm like, my life is in mourning, how can…my world already stopped a couple of days ago. What about me? That kind of mentality.

The preoccupation with loss in tragedy of those in her community left her even more alone and isolated with her experiences of loss.

Support-seeking outside the immediate family system. In the time after their sibling's death from suicide, all participants spoke to using relationships outside of their own, respective family system for support. For those sibling survivors left alone in the household with only parents (i.e., no other surviving siblings or no siblings also living within the household at the time) following the death of their sibling, the need to seek support became even more salient as captured by Participant #4's description, "And you know it was like, me and my parents at home. It was just the three of us. I'm watching them be…they weren't my parents for a little while cause hey just physically and emotionally couldn't be." As participants detailed such experiences, they primarily spoke to seeking out connections or support from those perceived as seemingly more accessible, and included such relationships as friends, professors, counselors, and extended family. Perceiving her parents as unavailable at the time, Participant #4 further recounts her experiences of seeking out and receiving support from extended family (i.e., her cousins) in the time after her older brother's death:

> My cousins especially, who were like sisters to me, who had a very similar relationship to my brother. They had a very close relationship with him. They experienced a pretty significant loss too. They were the ones I think that I most relied on and who were

> most there for me because we were all kind of in it together. I felt like, for my siblings, we all lost a brother, but they lost their baby brother and I lost my big brother. So the loss was so significantly different that it was hard to even relate to them. So really my cousins were the ones that…they've been the ones by my side my whole life. They're my first friends. They were naturally the ones that stuck with me.

Better able to share with one another their experiences of sadness and grief, she describes "relying" on these relationships when others in her surviving family seemed unable to relate or unavailable. Along with finding her parents unavailable in the time following her brother's death, she spoke to her sibling relationship and how losing a younger brother made it difficult for her to receive support from her other, older siblings who respectively lost a younger brother. This further prompted her to reach out to those outside of her immediate family. However, while reflecting on the presence of others in her life and the support she gathered from them, Participant #4 notes the experience of a kind of second loss after their eventual departure to return back to their own lives:

> It was like, this weirdly…I don't mean this probably the way it sounds, but the days of his wake and funeral are some of my favorite memories of my family. All things considered obviously. We were all together and all, just talking about memories. I just remember it being nice having the whole family together. Even though it was obviously horrible circumstances. Those first few days, weeks, it was just people coming and going. It was a constant flow of people. The early weeks after were surrounded by tons of people, but then everyone goes back to their lives, and that's when it became the hardest for me.

She speaks to the comfort of having others present and accessible to her while grappling with the loss of her older brother, and how the disappearance of such company brought attention back to

feelings of pain and being alone.

Following the death of her twin brother to suicide, Participant #2 recounted experiences of gaining attention from those outside of her grieving family system. Mostly involving her peers, she described the significance of this attention in her time of grief, "It was really reinforcing, and not only was I getting attention from people outside of my family, I was getting attention from peers, from the peer circle I always wanted to be a part of." Despite her later mentioning her growing awareness that such regard was possibly related to others "feeling bad for [her]," she continued to emphasize the importance of this recognition and attention from her peers:

> I think I still ate it up and still thrived off of it. I developed a lot of brother-like relationships with other boys. I had like a group of 3 or 4 boys that were very protective of me and that were often at my house and know my parents really well and, were, um… really kind of like they were my peers, but they kind of became my big brother figures, and I was really craving having that in my life having just lost my own brother who wasn't like that to begin with.

Following the loss of her twin brother, she speaks to her developing a more idealized sibling-like bond or attachment to a group of male peers within her school. She noted "thriving" off of their reaching out and identified that these relationships as supportive and "protective," characteristics missing from her own sibling relationship before his death. In the absence of felt support from her immediate family (i.e., her mother and father) in the time since her brother's death, Participant #2 relied on relationships outside of the family for recognition and holding.

Despite participants' descriptions of looking to others outside of the grieving family, the attempts of others to support the surviving sibling were not necessarily always perceived as

helpful or needed. Participant #5's account identifies such a dynamic following the loss of his older brother to suicide while he was away at college:

> I had some people try to help me. They did the best they could. Nobody was like abrasive about it or saying some of the ridiculous things my peers are having said to them, but nobody really knew how to support me through that.

Even if more accessible, he described that the attention or support he received from others was not always what he felt he needed in the time following his brother's death. While doing "the best they could do," he shared feeling that at times it would have been better if they had acted less and were "just there."

An obscured view. All five participants interviewed recounted varying experiences of being unaware, of feeling uninformed, or of being excluded from knowledge of happenings within their family system related to their sibling, both before and after their sibling's death from suicide. As the majority of participants were surviving younger siblings to an older sibling who had taken their life, factors related to their age and birth order within the family were noted during these accounts. The following excerpt from Participant #4's account seems to demonstrate the shielding she experienced within her family prior to her older brother's death:

> I for sure knew that something was going on. He was bipolar and he had some drug issues and…to be honest, I still don't even know the full extent of what they were. I know that that kind of led into everything. I noticed some differences in him, but I think the thing that I…when I look back on it, the thing that I really think about is that no matter what was going on with him, he always managed to be the same with me.

While aware of specific details that caused her to gather that "something" was amiss with regard to her older brother, she reflected on how he "always" made the effort to be, to the best of his

ability, the supportive and caring older brother she knew and loved.

With only passing glimpses into moments suggesting that there was something going on for his older brother, Participant #3 spoke to a memory of a specific encounter between his older brother and parents:

#3: I remember him coming home at one point just before all that happened. He came home wearing his shorts and short sleeves, but he had his socks pulled up to his knees, and he tried to run in the front door and run straight up the stairs, and my mom caught him. There was a big bulge in his sock and my mom…

Int. …knew something was up.

#3: She was like, what's in your sock? And he was like, nothing, got to go. And she's like, get your butt back down here and pulled out a big bag of weed. So, that's when I knew something was up with drugs, because I actually witnessed him getting busted with [parents].

His recollection of this scene portrays Participant #3 as a witness to his older brother's being reprimanded for bringing an illicit substance into the household. Having never previously seen an interaction like this within his family, he is left to put such pieces together on his own (i.e., seeing his older brother getting into trouble with drugs and coming to the realization that there may be a problem).

As participants each described experiences of uncertainty with regard to the totality of happenings related to their sibling before their death, participants also recounted experiences of being shielded, pushed aside, or of being removed from the household in the wake of their sibling's death. As captured by Participant #1's account, members of the immediate family were not the only ones involved in such a dynamic of sheltering the surviving sibling while

simultaneously obscuring their understanding of what had occurred within the family system:

> I remember not being able to really process it there and being in a little bit of shock. So…um, and my mom and my sister were in a lot of shock, but immediately afterwards…it took a little while…it was a little bit of a blur. A lot of people were also trying to keep my mind distracted so I went to a [baseball] game with some of my cousins. They were all trying to do what they could so I didn't have to think about it too much.

Within this passage, Participant #1 describes the "shock" several of his family members experienced (himself included) after finding out about his older brother's death from suicide. He notes, however, that as he grappled with making sense with the reality of the situation, his thought process was "distracted" by his cousins, seemingly in an effort to help, who brought him to a baseball game.

Managing one's feelings and reactions independently while in the family. Another theme found throughout the majority of the participants' accounts involved their describing experiences of wanting space and of independently attempting to make sense of and process the loss of their sibling to suicide. Participants described experiences of being alone—be it by choice or through inattention—while initially reacting to and then while later attempting to intellectually and/or emotionally process the loss of their sibling to suicide.

Immediately upon receiving the news of her older brother's death, Participant #4 described her perceptions of the household and her wanting to get away:

> I just like left the house. I walked around my town to the point where my feet were bleeding from blisters. Like I couldn't even…I just didn't want to be there. It was just like the worst. I didn't want to be around anyone. I didn't want to see my parents like

> that. I just walked around. I remember the mayhem of it.

Her account details the "mayhem" she experienced within her family when the information of her brother's death first became known. Seeing the reactions of others around her—especially the grieving state of her own parents—her first impulse, in correlation to her own needs at the time, was to leave and allow herself space from the unfolding scene within her household.

Participant #3's account also captures and highlights the commotion he experienced upon returning home after being lead to a friend's house shortly after his brother was found. He too describes the state of his parents and of a subsequent desire to be "left alone:"

> When I got home my dad's sitting there in tears. It was weird because he knows he's my dad, but I don't think he realized how much of an impact he had on us until he saw us that day. He, for the first time in a long time, actually grabbed me and gave me a hug and was like, are you doing OK? Do you want to talk about anything? I just kind of wanted to be left alone. It was like, I needed to just let everything set in and process it on my own.

He goes on to further depict the scene continuing to develop within his house the following day and his wish to leave the disorder at home by returning to familiar, day-to-day routines, "I remember the day after he passed away, I went to school. I was like, there's too much going on here, there's so many people at our house right now, I need to get away from this."

Participants' sharing their experiences of sibling loss also often described various patterns or methods of self-coping employed following their sibling's death from suicide. Participant #1 detailed his ability to "deal" with various stressors throughout his life and how this was also utilized after the loss of his brother:

> I've always been…I'm trying to think about how to phrase it…able to deal with a lot of shit. I have very good coping skills potentially because of my parent's relationship,

> whether or not it was conscious or not. I developed a lot of ways to be able to not avoid what was going on, but to be able to sort of, 'yeah, OK, that's what's going on. Let me deal with it in my own way.

In his account, he explains feeling confident in his ability to process independently any challenges or stressors that he found himself confronted with in life. He retrospectively acknowledges how dynamics within his parental relationships possibly influenced such developments for him, and again notes his inclination to take care of happenings on his own. Participant #5 further substantiates such experiences of self-support and private processing amongst the interviewed participants through his recounting of using a "journal" after his brother died to begin expression of his thoughts, feelings, and reactions. He shared, "What I did, my best friend was more of like my journal, and I don't have…I think there's a box somewhere…my best way of dealing with it and working through it was journaling." After the loss of his older brother to suicide, Participant #5 describes his attachment to a journal which served to contain and allow him a space to process, uninhibited, the thoughts and feelings related to his loss. He later details combining such entries into a published memoir noting, "I wanted to write the book that I needed," further portraying his perceptions of needing to attend to his own needs following the loss of his brother.

Such accounts of self-coping, however, were not always perceived by other surviving family members as appropriate as highlighted by Participant #3's account. Instead, such behavior was labeled as problematic as he further details his parent's attempts to reach out at the time:

> They did and I really didn't have too much to talk about with it. I always had the thought process of what's done is done. I can talk about it all I want, but that's not going to bring him back. I think my mom mistook that for he's going into a depression, he's got a

depression problem, let's get all the kids up to psych and have them evaluated.

Finding it at the time unproductive to discuss his brother's death, Participant #3 recounts his behavior as being perceived by his mother as an issue and needing to be addressed. Such attention from others was also reflected on as it differed from what he felt the standard to be before his brother's death:

> It got to the point where they started prying just as much as the doctors were. I'm like, I've been your child for 13 to 14 years, it takes the death of my brother for you to actually start caring about our feelings. Why the sudden change? It's kind of like I've had a detached family, but I didn't realize I had a detached family. It's like, we had one way of living at first and then he passed away and then we had a different way of living.

While speaking to his attempts at processing the loss of his brother on his own, Participant #3 speaks to his experience of others—in particular, the mental health providers he was meeting with and later his parents—as intrusive or "prying," making it difficult for him to attend to feelings in a way that felt familiar to him.

Putting one's bereavement on hold. All interviewed participants spoke to experiences of directly or indirectly putting aside their own needs and emotional reactions at various times following the loss of their sibling to suicide. In the majority of such occurrences, the interviewed siblings reflected on witnessing their own parent's grief for how such a scene influenced their thoughts and behaviors while attending to their own reactions and feelings not limited to sadness, anger, and uncertainty. Participant #1 captures a particular aspect of this dynamic while describing reactions to his mother's crying and his attempts to support her in her own bereavement:

> So a lot of the time my mom would be crying, understandably so, so I tried to comfort her, and um…that was a large part of it. Trying to help her get through after he died. It would be I would pick movies to watch, but a lot of it was really trying to…there was a bereavement group we went to. She and I went and in a lot of ways it was much more to help her process what happened, but I was with her for that. I was the only teen. It was very rare for a teenager to go to a bereavement group.

He describes his mother's pain from losing a child, and his attempts to help her—be it by choosing movies they could watch together or by attending a group functioning to provide her with support. He notes being the only "teen" within the group, suggesting that the remainder of those within the group space were adults. His attending the support group was understood as being primarily for his mother and not for himself and the loss he too experienced. Participant #1 later went on to detail what his mother's grief meant for his own bereavement:

> I think I did not cry much at the funeral. My mom was crying so much that I felt the need to be able to do what I could to stop her from crying…whenever I was allowed to feel sad, I probably would not be able to cry the way I wanted to cry.

Again, he reports on the pain his mother felt after the death of his older sibling, and how her crying left little space for him to fully grieve in a way he would have wanted to.

Participant #4 also reflected on her own experiences of attending to her parent's grief while simultaneously putting aside her own feelings of pain and sadness at the news of her older brother's death:

> My immediate thought was I have to take care of my parents. So I think I went into…I can't be upset because they're upset, so we can't all be upset. So I felt like that was kind of where I was at right in the beginning.

Witnessing her parent's reaction to the loss, she details her impulse to help support her parents and how accomplishing this would involve putting aside her own experiences of being upset, sad, or in pain. She further shares actively attempting to reassure her parents of being "OK" at this time in order to quell any potential worry that he parents may have had towards her, "I was like, I'm OK, worry about yourself. You don't have to worry about anything happening to me. You're not going to lose me too. It was constant having to convince them that I'm here and I'm OK." Despite attempting to process her own experiences of grief to the loss of her sibling, Participant #4 describes the felt importance of holding back the display of such feelings to benefit others in the surviving family (i.e., her parents).

Participant #5 describes as well his experiences of to some degree "holding" the grief of his mother following the death of his older brother to suicide:

#5: It's like, help your parents, they had the real loss. But it's like, no, you don't understand. Even though I wasn't close, this was still a big deal. I think truly experiencing the loss for what it was…I think that was something that was not really allowed until certainly after that month. It's not like I just sat with my mom and held her grief…

Int. No, it doesn't seem like that.

#5: I didn't actually do that, but it was almost though I had done a portion of that. Looking back, she feels bad. When I was writing my book and stuff, she was like, I feel like I wasn't as supportive as I would have wanted to be, and you know, again, rightly so.

Within this passage, he details feeling that his loss was "not allowed" in the time following his brother's death and how he too experienced an implied dynamic of needing to support his

parents rather than attend to his own bereavement.

Several of the participants spoke to experiences of "anger" while processing or trying to make sense of their sibling's death from suicide. However, such a described feeling of anger, regardless of whom it may have been felt towards at the time, was noted as too distressing to bring up within the surviving family during bereavement. As such, anger was often kept private from others within the family system as captured by Participant #5's account, "I think a lot of times, certainly anger was not allowed to come up. I know anger was able to come out on my paper, but I wouldn't speak about that too much. So anger, anger definitely was not really allowed or accepted."

In speaking about her own experiences of anger after the loss of her twin brother, Participant #2 describes the "threatening" feel of any display or report of anger to her parents and how concealing such an emotion served to protect what little support network she perceived herself to have:

> Initially it was towards my brother and over time it became towards my parents. So um…I think at the time they were my only support network…I don't think I could…to become angry at them felt too threatening.

She notes how her feelings of anger shifted from her brother to her parents and how any expression of anger towards her parents felt as if it would be putting this relationship at risk. As such, feelings of anger became hidden and kept to herself in order to preserve any chance of receiving support or care from her parents.

Further demonstrating the complexity of possible family dynamics following a sibling's loss of another to suicide and how such reactions can lead to the suspension of bereavement, Participant #4 shares her experiences of sharing differing emotions or behaviors in the surviving

family:

Int. Were there certain emotions or certain reactions to what had happened that felt harder to bring up? I know you mentioned feeling anger and sadness. Did it feel like some feelings were more OK to bring than others?

#4: Being sad was Ok. Missing him was OK. Being angry felt wrong. I was angry at him. I was angry at my parents sometimes because I was like, why did you keep all this from me? Maybe I could have helped. I was angry at myself for not trying harder to help. So yeah. That was a hard emotion to deal with. The real anger that I felt every once in a while. Almost like this sense of betrayal, like, how could you leave me? You know, that, I think was hard. That was a tough one. I don't know that I ever really talked about that…not with my parents. My mom has a way, I mean, I love her very much, she and I are very close, but she has a way of one-upping…Oh you think it's hard for you? Imagine how it is for me. If I'm like, I'm tired, she'll be like, you're tired?! It's just her personality and I love her for it, but…that's kind of how…it was hard to bring up how I was feeling because it would turn into like…

Int. A competition?

#4: Yeah. Like, mine's worse.

Within this dialogue, she describes how acceptable certain reactions to her brother's loss felt in the presence of other surviving family members. She notes experiencing anger as the "wrong" way to feel and how this reaction subsequently made it "hard" to process such an emotion openly. Continuing on, she speaks to her mother's tendency to "one-up" her and how this further left her unable to bring up how she was feeling for concern of it being dismissed.

Discussion

The combined accounts of the five participants interviewed displays a multifaceted portrait of a sibling's experiences of losing another sibling to suicide at a time earlier in life. Their narratives highlight the various contextual adjustments and perceived responses that can manifest within a surviving system in the wake of a loss to suicide, with such variability corresponding to differences in described family dynamics present before and after the loss. As such, each individual reflection clearly demonstrates the uniqueness of such an experience of loss and how respective attachment- and systems-related factors can further add to the complexity of such a loss across the population of sibling survivors of suicide. Nevertheless, the emergent themes distinguished through the analysis of semi-structured interviews identified qualities permeating across each individual participant's retrospective account of sibling loss earlier in life.

Within the following section, I present an exploration of the interconnectedness between the individual themes that emerged from the interview data. This approach continues to demonstrate the importance of a more systemic approach while viewing a sibling's experience of loss. Therefore, the following discussion portrays the wholeness of each individual theme that emerged through analysis, while also highlighting how each theme constitutes a larger dynamic system influencing a sibling's experiences in the wake of such a loss.

The Surviving Sibling as a Member of a Surviving Family System

In keeping with the more contemporary trends in research expressing the importance of a systems-oriented view of individual family member's grief responses to suicide (Kaslow & Gilman Aronson, 2004), it was my intention to broaden the scope of understanding about a sibling's experiences of loss from suicide. This was achieved by bringing attention to each

participant's perceptions of their respective family context and the subsequent individual and systemic responses to this loss while also examining their experiences—keeping in mind attachment-related processes—of bereavement resulting from the death of a sibling to suicide. As previously reasoned within prior sections of this research, any attempts to hold a sibling's experiences of loss in isolation from contextual, family dynamics seems remiss. Therefore, the present research was deliberate in its efforts to include such factors while retrospectively exploring each participant's experiences. Given themes identified through the analysis of interview data, the following discussion describes the contextual perceptions of the participants as they reflected on family dynamics following the loss of their sibling to suicide.

All participants interviewed spoke to varying experiences of feeling dismissed, neglected, or overlooked by others after the loss of their sibling to suicide. Simultaneously, there were also reports of finding themselves unsure about total details surrounding their sibling's death or of possible issues their sibling may have faced prior to this. These findings were consistent with the prior research identifying the population of sibling survivors of suicide as the "forgotten mourners" (Dyregrov & Dyregrov, 2005) and highlights the systemic context for siblings attempting to grieve the loss of another to suicide.

As all but one participant reported on their experiences of losing an older brother to suicide, such prior withholding and subsequent experiences of dismissal may highlight a family's attempts to protect or shield the younger sibling and surviving child from experiences potentially deemed too distressing. This finding can be seen in Participant #4's account while describing interactions with her older brother prior to his death, "no matter what was going on with him, he always managed to be the same with me" and in Participant #1's reports of being swept away to a baseball game by family members after learning of his older brother's death, "They were all

trying to do what they could so I didn't have to think about it too much." While such a dynamic (i.e., shielding a younger or adolescent sibling from knowledge of distress elsewhere in the family system) may begin to unfold prior to the loss of a family member to suicide, such reports from participants indicates that this can continue on after the death of a child member to suicide as well. This suggests that following the death of a child member to suicide, a family's perception may be that all a younger or adolescent surviving sibling may need is to be shielded from the loss as other members (e.g., surviving parents) struggle with their own experiences of grief.

While possibly the case in the collected accounts of those interviewed, such reasoning was never shared with participants, several of whom explained to some degree continuing to be unsure of all details surrounding their sibling's death from suicide at the time of the interview. Such a response likely also implicitly sent the message from within the system (although participants also noted receiving such messages from outside the family as well) that their experiences of grief were less significant than other surviving family members (i.e., their parents). This too was described by several of the participants who noted perceiving their parents grief as "greater" following the loss of their sibling to suicide. As many of those interviewed remained within the home following the loss of their sibling, something suggested as complicating the grieving process for children and adolescents (Brent et al., 1996), such a dynamic of seemingly being "forgotten" further structures the contextual frame for how a surviving sibling may react and respond to the loss from suicide.

As an individual member of a system constituted of other surviving family members, each participant, in addition to attempts to comprehend their own, internal reactions to their sibling's suicide, was therefore also required to adapt to the changes to this larger system. For

those participants interviewed, this typically involved existing in a family environment with supports that no longer seemed supportive. This notion further brings to attention Minuchin's (1974) writings on applying a systems theory to working with families when he describes that because "the family must respond to internal and external changes, it must be able to transform itself in ways that meet new circumstances without losing the continuity that provides a frame of reference for its members" (p. 52). For sibling survivors of suicide, this "frame of reference" appears to dissolve in the aftermath of their sibling's death.

Participants noted feeling neglected by family, in particular, their parents. Data collected through the retrospective adaptation of the ASQ (Feeney et al., 1994) displayed that four of the five participants endorsed items in a way that resulted in their highest score being related to preoccupation with relationships (it should be noted that this particular scale was scored the second highest for the fifth participant). A potential indicator of "attachment anxiety" (Feeney et al., 1994), such results seem to further capture the surviving sibling's sense of uncertainty, experiences of dismissal, or perceived changes to available support within the family system following the death of their sibling to suicide. Given respective attachment behavior, participants spoke to differing reactions to attention, or lack thereof, from others. If the whole family is in need of adaptation, rearrangement, and/or transformation in the face of loss, limited resources for the surviving sibling likely influences then system-wide changes through lack of attention to the individual subsystem. As such, sibling survivors of suicide may therefore experience the emotion regulation tolerance of the attachment *system* as strained or non-existent, thus leading to alternative methods of coping that take into account perceived or real unavailability of family support following the death of their sibling. By considering respective attachment and systems dynamics in the context of sibling bereavement to suicide, one can begin to discern "who" a

sibling may feel best supported by as they contend with their own grief. As was the case for participants interviewed for the present research, the "who" appears to vary (just as it will likely differ amongst the entire population of sibling survivors to suicide) as siblings subjectively assess whether family, friends, others, or no one is there for them during the activation of attachment behavior caused by their sibling's death. Again, experiences of attachment anxiety seem to accompany such a process of assessing "who" is available to provide support or comfort. Given the participants' description of contextual themes within their respective family systems, the following section explores further the perceptual themes organized during analysis related to the participants' retrospective accounts of attachment-related, support seeking following the loss of their sibling to suicide.

Activation of Attachment Behavior in the Presence of Sibling Loss to Suicide

It is suggested that "every event perceived by a person of any age as threatening tends to activate the attachment system" (Mikulincer & Shaver, 2007, p. 32) and that the primary goal of said attachment system is to alleviate such distress through seeking out support and maintaining proximity to those who can provide attention and care (Bowlby, 1969/1982). The current research therefore assumed that a surviving sibling's attachment system becomes activated following their loss of a sibling to suicide, and in an attempt to deepen understanding of such experiences, the research sought to examine how such coping is influenced by system-level dynamics (e.g., cohesion, adaptability, and communication) within the surviving family system. Among the variables found to have been affected by such influence are the reactionary thoughts, feelings, and behaviors of the surviving sibling as they attempted to cope with such loss. For all participants, higher scores on the ASQ (Feeney et al., 1994) related to preoccupation with relationships and overall attachment anxiety seems to also highlight features present for each

individual upon the activation of their respective attachment systems following their sibling's death. While comparative characteristics of each participant's individual attachment system prior to their sibling's death by suicide are unknown, both qualitative and quantitative data from the current research seems to suggest that increased attachment-related anxieties existed during attachment system activation for those surviving siblings interviewed given the magnitude of grief that such a loss is found to have on a family system.

One's attachment system can thus be understood as influencing support seeking behavior through its potentially biased, "top-down" influences—made up of an individual's internal working models of self and other—on one side (Mikulincer & Shaver, 2007). One's attachment behavior is also in turn influenced by "bottom-up" dynamics related to contextual factors present for the individual at time of attachment system activation (Mikulincer & Shaver, 2007). For the current research, this translates to findings that suggest a sibling survivors attachment system influenced support seeking behavior and was itself influenced by contextual family dynamics (e.g., implicit rules or guidelines for grieving, availability of support, the presence of other surviving siblings, etc.). Given participant accounts of contextual dynamics present within their respective family system following the loss of their sibling, and the themes identified (i.e., experiences of dismissal, neglect, and/or withholding) through analysis of such reports, it becomes clear just how significant and extensive a sibling loss to suicide can be for those left behind.

Secondary strategies in the absence of primary support figures. Prior attention to the population of sibling survivors has suggested that those in childhood and adolescence tend to experience more complicated bereavement given their greater reliance on the surviving family system for support (Brent et al., 1996; Dyregrov & Dyregrov, 2005). This notion seemed

particularly salient for the majority of participants interviewed, as all but one (Participant #5 spoke to being away from the family household as he was attending college at the time) described their continued presence in the family household following their sibling's death. Participants numbers 2 and 5 reflected on how the loss of their sibling resulted in them becoming an only child within their respective families. While not becoming an only child themselves, Participants numbers 1 and 4 spoke to their experiences of being alone with their parents following their sibling's death from suicide as their other surviving siblings were much older and already living outside of the family household. Given how pervasive the impact of a suicide can be within a family system, sibling survivors of suicide do not therefore experience bereavement within a vacuum. Being the member of a larger system, they must evaluate the availability of support while also being sensitive to the appropriateness of their grieving within the system (i.e., attending to consciously or not, how their overt reactions to their sibling's death from suicide may influence those around them). Consistent with the literature (Hunt & Hertlein, 2015), findings within the present research also suggest that a sibling survivor of suicide does not just experience the attachment injury associated to the loss of their sibling to suicide, but that the changes to family life in the wake of the death can further broaden the experiences of despair.

Even when a system is considered to consist of functional patterns of engagement indicative of stronger attachment relationships, a suicide within a family system has the potential to distort such patterns while also decreasing the strength and functionality of prior relationships (Jordan, 2001; Kaslow & Gilman Aronson, 2004). The implications of such findings for sibling survivors of suicide—especially those still within childhood or adolescence and still in reliance on the family for support—is that those potentially perceived as available (e.g., the parents) can become unavailable following the death. Captured by Participant #4 in her recounts of how her

older brother's death also impacted her parents, she puts to words what the majority of interviewed participants described when she voiced, "they weren't my parents for a little while cause hey just physically and emotionally couldn't be." Mikulincer and Shaver (2007) explain that:

> Attachment figure unavailability results in attachment insecurity, compounds the distress aroused by actual dangers and threats, and triggers a cascade of mental and behavioral processes that can jeopardize emotional well-being, personal adjustment, and relationship satisfaction and stability. This painful series of events forces a person to adopt a secondary attachment strategy—hyperactivation, deactivation, or a combination of the two. The "decision" between possible strategies (which, as we have already said, can be unconscious and automatic rather than deliberate, and not be a "decision" in the usual sense) depends on subjective appraisal of the expected success or failure of heightened proximity-seeking efforts and on the likely value of proximity if pursued. (p. 39)

Such change to system dynamics and the perceived or actual unavailability of support figures during bereavement therefore leave surviving siblings of suicide to consider, consciously or otherwise, options that they feel may be best while attempting to manage the vast array of thoughts and emotions present for them following this loss. While considering such attachment behavior, of particular interest may be findings from the participant endorsement of the ASQ (Feeney et al., 1994) related to the scale for viewing relationships as secondary when compared to achievement in other personal domains. Four of the five participants scored lowest on the scale appraising relationships as secondary, with each individual score being at a level that suggests a perception of relationships as overall worthwhile and containing value. Such characteristics may explain initial support seeking behavior by surviving siblings within their

immediate family system following the loss to suicide. However, very real changes to system dynamics may factor into the conscious and unconscious consideration and employment of secondary strategies while they attempt to manage experiences of grief with the perceived options available to them at the time.

Hyperactivation and looking to others for support. In the time following their sibling's death from suicide, each participant spoke to the roles assumed by others outside of their respective family systems during experiences of bereavement. For several of the participants, the people outside of their immediate family system provided the needed sense of support during a time when the surviving family—in most cases, participants spoke about parents—felt absent as they too grappled with their own feelings of grief. There are several factors, both past and present, real and perceived, that influence the development of one's attachment system and support-seeking behavior. As such, sibling survivors of suicide may therefore respond to the perceived unavailability of attachment figure support with the surviving family system (e.g., the parents, other surviving siblings, and/or the deceased sibling) by expanding this network and directing needs to those seemingly more available at the time, even if not always ideal. This may occur alongside an urgent increase in attempts to garner any degree of attention or support from primary attachment figures (e.g., parents) despite the very real decrease in availability that can occur following a loss of such magnitude. Therefore, a subset of adolescent sibling survivors of suicide may continue to see proximity seeking as viable following their sibling's death depending on their conscious/unconscious assessment of the surviving family system.

For numerous sibling survivors of suicide, however, such investment in these outside relationships may lead to possible future experiences of loss or misattunement. As an example,

Participant #4 reported on her feelings of comfort as extended family and friends gathered in the wake of her older brother's death:

> The days of his wake and funeral are some of my favorite memories of my family. All things considered obviously. We were all together and all, just talking about memories. I just remember it being nice having the whole family together.

Nevertheless, she later spoke to the difficulty she experienced when this gathered, more viable system of support dispersed to return to their own lives. Participant #2 also spoke to her "thriving" off of the attention and increased connection to peers following the loss of her twin brother to suicide. Despite later perceiving such attention to grow from the sympathy of others, the experienced availability of her peers gave her an outlet to seek support when the only others in the surviving family system (i.e., her parents) no longer felt present or able to provide care. Such accounts demonstrate the complexity that can therefore exist within the array of experiences that a surviving sibling can experience following a loss from suicide. As such, while considering the perceived and/or real availability of others during bereavement, there exists the potential for a mismatch between what a surviving sibling may perceive and what the system is in reality able to offer.

Something to consider further while examining the results of the research alongside a sibling survivors reaching out to others outside of the immediate family system for support is the potential lack of additional surviving siblings within the surviving family constellation still residing within the shared household. Other than for Participant #3 who described having an older brother and younger sister still at home, such a dynamic of becoming the only adolescent, surviving child in the household existed for all siblings interviewed. To elaborate further on the previous examples, Participant #2 became an only child within the family system and Participant

#4 became the only child in the shared household as her much older half-siblings were able to return to their own spaces following the death. While not identified in the findings of the current research, dynamics involved with a sibling's reaching out to others outside of the immediate family for support may potentially manifest differently or result in vastly adjusted experiences if the loss is shared with other siblings also occupying the household of the grieving family. Participant #4 spoke to the sister-like bond she shared with her similarly aged cousins following the death of her older brother and how they too were very close with him. She described how influential such relationships were for her at this time in her life, but also identified feelings of loss when "everyone goes back to their lives." It is possible that her experiences of bereavement and support may have looked differently if such attachments were able to remain close and with her at home alongside her parents.

Adolescent sibling survivors may still make attempts to receive attention from the grieving family system with hopes of extracting any amount of support or caring despite growing experiences of feeling dismissed or overlooked. Recounting his feeling neglect from his surviving family system, Participant #3 spoke to his attempts to gain attention through the use of self-injury. He detailed, "there comes a point where sometimes you just need your family, and the family that I had before just didn't exist anymore. So it's like, alright, well, let's go to cutting." Resulting from his assessment of the changes to his family system following the death of his older brother from suicide, Participant #3 described his use of cutting in order to receive attention from a system perceived as absent in the wake of loss. Nevertheless, he later reflected on how the attention he eventually received from his parents left him feeling even more withdrawn and alone. As such, the response of family members to such attempts further determines just how successful these attempts are.

Given respective, individual attachment systems, adolescent sibling survivors of suicide may make use of select hyperactivating strategies in order to acquire the care and support needed following the loss of a sibling to suicide. For some, and as recounted by several of the participants within this research, proximity seeking may only appear viable if it is outside of the immediate, surviving family system. These outside persons may consist of friends, peers, extended family members, or teachers. As demonstrated in Participant #3's account, more extraordinary behaviors may also be employed with hopes of receiving any degree of potentially available attention or understanding from surviving family members within the system. Therefore, given the pervasiveness of loss within the surviving family system following a suicide, hyperactivating strategies in the presence of attachment figure unavailability following a sibling loss to suicide during adolescence may be appear futile within the system—especially if the parents are the sole attachment figures left in the system. For some, such energy may be then transferred to seemingly more available outside-family others. However, others outside of the immediate family system may also appear to be absent, leaving surviving siblings to potentially manage their pain independently.

Deactivation and managing one's feelings alone. Several participants within the current research spoke to their attempts of managing their thoughts, feelings, and reactions to their sibling's death on their own. Often presented alongside the described contextual-related themes that involved the participants perceiving primary support figures as unavailable, these siblings described utilizing methods of self-coping following their sibling's death from suicide. For some, this was explicitly identified as their typical strategy for handling situations experienced as distressing and likely influenced the adoption of such strategies following their sibling's death. This tendency for "self-reliance" is noted as characteristic of deactivating strategies that also

diminish the felt sense of attachment-related needs (Mikulincer et al., 2003).

While recounting their experiences following the death of their sibling to suicide, some participants noted their decision to be alone or of wanting space from the "mayhem" perceived to exist within the bereaved, surviving family system. Participant #4 expressed, "I didn't want to be around anyone. I didn't want to see my parents like that. I just walked around. I remember the mayhem of it." As outlined previously while attending to attachment behavior within a system, a sibling's "decision" to adapt a certain response while attempting to cope with the death of a brother or sister to suicide can be attributed to both internal and external, contextual variables (both real and perceived) at the moment of attachment system activation (i.e., learning of their sibling's death from suicide). A sense of confidence in self—reflected by participant scores following their endorsement of the ASQ (Feeney et al., 1994)—may too influence such a "decision" making process for sibling survivors of suicide. For example, Participants numbers 1, 4, and 5 all scored high on the confidence scale, suggesting a sustained sense of trust in oneself that could potentially reduce outside support seeking and an increase in self-reliance, especially if others are perceived as unavailable or preoccupied. As such, sibling survivors of suicide, upon the appraisal of the availability and expected success of proximity-seeking behavior, may fail to see proximity seeking as a viable.

In the wake of their sibling's death from suicide, sibling survivors may experience others—be they within the surviving system or outside of the family—as "prying" or unable to understand, and may take steps to limit or avoid such contacts. Several participants spoke to such experiences, as highlighted by Participant #4's account of encounters with others. She shared, "People love to ask the question, 'how did he do it?' How is a 14 year-old supposed to answer those questions?" Such questions seem to portray little understanding or sensitivity to the

vulnerable position of the sibling survivor during bereavement. In a similar manner, she also recounted how others would also often approach her and ask, “how are your parents?” which again, to a sibling likely assessing the availability of others around them, demonstrates limited concern with their position. Seemingly “forgotten” (Dyregrov & Dyregrov, 2005) in the larger system, one can thus better understand why a sibling survivor of suicide during adolescence may disregard others—family or otherwise—as a viable source of support.

In addition to experiences of dismissal, the appraisal of others as “misunderstanding” may also deter an adolescent sibling survivor of suicide from experiencing support-seeking as worthwhile. Participant #5 spoke to his being back at college in the time after his older brother’s death from suicide and shared that, “nobody knew how to support me. My friends didn’t, my parents were 100 miles away.” As such, he spoke at length about his use of journaling to process the thoughts, feeling, and reactions to his older brother’s death, and how these works later culminated into a published narrative detailing his experiences, “I wanted to write the book that I needed.” For Participant #5, his own writing and journaling provided a very real space for processing the experiences following the loss of his brother. This response, however, also seems to represent in part how one’s dispositional attachment system influences support seeking while simultaneously being influenced by wider system dynamics.

Such notion again brings to attention the complexity that can exist amongst the reactions and experiences of sibling survivors of suicide within their respective surviving family system depending on individual attachment patterns and contextual dynamics. It is therefore not unlikely for seemingly overt attempts made by the surviving system to connect with or provide support to be perceived as intrusive or unwanted by the surviving sibling, resulting in the “decision” to employ deactivating strategies. Participant accounts provided evidence for such attachment

related dynamics during bereavement. As an example, Participant #3 described an encounter with his father following his older brother's death:

> He, for the first time in a long time, actually grabbed me and gave me a hug and was like, are you doing OK? Do you want to talk about anything? I just kind of wanted to be left alone. It was like, I needed to just let everything set in and process it on my own.

While his father reaching out seems to demonstrate a clear attempt to provide support, such action exists within a longstanding contextual frame of system dynamics. Of note is Participant #3's endorsement of the ASQ (Feeney et al., 1994) as his scores suggested a discomfort with closeness which also likely influenced his experience of his father's seeming attempt to connect. If the family behaves in an unexpected way, a surviving sibling may perceive this change as also threatening in some manner. At the same time, deactivating strategies potentially increased in the wake of a sibling's death to suicide tend to emphasize "self-reliance" which also functions as a communication to the system itself—made up of individual members of the surviving family.

Grief Surrounded by Grief: Putting One's Bereavement on Hold

Following the death of a child member of a family from suicide, the surviving sibling is not alone in their experiences of grief. Concurrently, other surviving members of the immediate family system including parents and other surviving siblings are also left to contend with this tragic loss. Given family dynamics and systems-oriented thinking (Goldenberg & Goldenberg, 2008) detailing the mutual influence and interaction amongst individual members and the greater family system, bereavement within the family system following a loss to suicide becomes multifaceted. Participant accounts depicted such influence as they described their own experiences of losing a sibling from the context of their respective family systems. Such accounts displayed this dynamic of an individual family member's grief reactions being

influenced by the familial network, while reciprocally, the individual shaping bereavement reactions of the system. Such pain within family system was to some degree described by each participant as palpable, and resulted in their—be it conscious or unconscious—putting aside attachment-related needs activated following their sibling's death. For several of the participants, the experience of deferring any acknowledgement of a need for support appeared purposeful as they perceived available resources to be diminished. Their perception of the surviving family system as "hurting" and subsequent reactions seems to suggest some effort to preserve prior family dynamics or provide support themselves.

Maintaining the parental attachment. All participants spoke to perceptions of their parents as holding significant grief following the loss of their child to suicide. The reactions of the parents, though, while attempting themselves to process this loss, varied amongst the reports of those interviewed. Given the need for systemic adaptation following significant or lasting changes to the family (Marvin & Stewart, 1990) in order to maintain the continued felt existence of the system for its members (Minuchin, 1974), the inability of the parent dyad to demonstrate processing of the loss was portrayed as impacting an adolescent, sibling survivors own bereavement.

Research suggests that child or adolescent sibling survivors can experience more of a familial "burden" in the wake of loss given their typically greater reliance on the family system for support (Dyregrov & Dyregrov, 2005). Participant accounts confirmed such notion and demonstrated the various experiences and responses adolescent sibling survivors of suicide may exhibit within the system to minimize strain amongst its members—in particular, parents still serving as primary support figures despite their own grief reactions. Participant #4 highlights the role that surviving siblings of suicide may take on following their brother or sister's death:

#4: Maybe…I don't know if this was them or me, more of a, I have to now make up for him not being here, and I have to do everything right and not ruin anything and make them happy and do everything that I can to bring them happiness, because I have to like, double make up for it now because they are starting from below from where parents should.

Int. So in some ways fill his shoes?

#4: Yeah. Fill the void of this missing child and do the…cause the happiness of two children essentially.

Seeing her parents in a grieving state, she perceived her new role within the family system to include maintaining her parents "happiness." Other participants also detailed experiences of stepping into a "caretaker" role for their parents following the death of their sibling to suicide. This further demonstrates system dynamics that highlight a sibling survivor's potential deferral of needs in the wake of suicide, but also of how such behavior likely seeks to persevere any semblance of prior attachment dynamics to the parents. This was found to occur in the event of conflict surfacing within the parental dyad after the death as well, leaving surviving siblings less inclined to approach parents for support. While partly associated to an assessed unavailability of the parents to provide support, such hesitance also appeared related to attempts to not further burden attachment figures already perceived as compromised with their own distress. Results from the ASQ (Feeney et al., 1994) addressing an individual's need for approval or confirmation from others (this scale displayed elevated scores for the majority of participants) may also influence how a sibling survivor of suicide navigates support seeking amongst the grieving family system. If a sibling survivor's functioning within a "caretaker" role or if their limited use of resources within the family system is perceived as approved or allowed, such attachment

dynamic functions as another possible factor associated to a sibling survivor's potential deferral of bereavement.

The influence of parents on the overall surviving family system has been suggested to play a significant role in how surviving siblings remember and experience the loss of deceased sibling (Bank & Kahn, 1982). As such, given the role that parents will typically hold within a surviving sibling's attachment system, perceptions of the parents' behavior in the wake of loss was found to impact internal processing and outward displays of bereavement amongst those interviewed. When experiences of "guilt," "shame," or "anger" surfaced within the surviving system—held by the parents or the surviving sibling—the processing or sharing of these experiences was understood to be "wrong" and therefore further prevented surviving siblings the opportunity to approach such grief-related thoughts or feelings within the surviving family. Again, the potential attachment-related dynamic related to a need for approval from others may further emphasize the understanding that the expression of such experiences is "wrong." The question faced by sibling survivors of suicide, in addition to assessing the availability of attachment figures, also seems to therefore include whether or not support seeking will further damage or interrupt an already strained attachment system—in particular, those real and internalized attachment relationships to the parents in the context of grief.

Clinical Implications

The clinical implications for findings of the current research are potentially great for providers seeking to support the population of sibling survivors of suicide. Given the influence of attachment- and family-related dynamics found on a sibling survivor's experiences of bereavement, these implications are particularly pertinent to providers employing family systems therapy while working with families in the wake of a loss to suicide. It has been found that a

death from suicide within a family system has the potential to significantly alter the functionality of the system and communication amongst its members, and/or to emphasize prior, more problematic behaviors that existed within the system (Kaslow & Gilman Aronson, 2004). Findings from the current research too portrayed such reactions and perceptions from the vantage point of the surviving sibling. Therefore, the application of intervention techniques using a family systems approach appears to be an appropriate method for the treatment of this population. This theory seeks to improve problems within families by placing emphasis on communication, family context, family structure, and the mutually influencing network of relationships each member is a part of (Kalsow & Aronson, 2004). As a result, an increased understanding of the potential bereavement experiences of sibling survivors can play an important role in facilitating the collaborative process between clinician, surviving sibling, and surviving family while allowing all members of the grieving system to voice their individual and collective experiences as they begin to process this loss.

Implications Related to Factors of Culture and Diversity

Findings of the current research highlight several potential implications related to issues of cultural and diverse meaning making from the vantage point of a sibling survivor of suicide as a member of larger systems (e.g., the family system and surrounding community). Participants spoke to the unique value systems and perceived dynamics within their respective family systems—of particular interest to the research were those involved with emotional expression and communication in the time following their experience of sibling loss to suicide— all of which were found to influence individual meaning making and bereavement following their sibling's death.

A first consideration involves possible perceptions towards mental health treatment

within each participant's respective family system. Of the five individuals interviewed, only Participant #2 spoke to engaging in family therapy to address experiences of grief after her brother's death from suicide. While other participants noted attending individual counseling to process their own experiences of grief, the limited report of family treatment may portray the differing views of individuals comprising the family system towards mental health treatment, thus preventing family therapy from occurring. This is of particular importance given that a child or adolescent sibling survivor will likely only receive support from mental health professionals if the parents are the ones to initiate this process (Dyregrov & Dyregrov, 2005).

Another factor to consider generated by results of the research and related to issues of diversity and culture involves perspectives on mental health concerns and suicide. Given the potential local and contextual cultures of the surviving family system, experiences of bereavement within the family system following the loss of a sibling to suicide can therefore be very different. As an example, Participant #2 shared that:

> My mom knew something was wrong, but didn't really know what to do about it. Um and my dad…um…she had reportedly, I learned after the fact, said to my dad that he [brother] needs treatment, like something's wrong. To which my father replied, no he doesn't, there's nothing wrong in this family.

Within the culture of her family (likely influenced by larger contextual and systemic factors) mental health related concerns seemed to hold negative connotations that were not to be discussed openly. This seemed to apply to other accounts as well as all individuals interviewed spoke to having experiences of being unaware, of feeling uninformed, or of being excluded from knowledge of happenings related to their sibling, both before and after their sibling's death from suicide. Participant #4 too detailed reactions of her father towards her brother's death which

seem to also portray the potential influence of factors related to society, context, and perceptions of suicide:

> I would say my father especially felt ashamed of the way he [brother] died. He really wouldn't talk about it. I remember him saying something like…three thousand people just died as heroes, and here's my son who chose to end his life.

Given the occurrence of national tragedy in the time immediately following the death of her brother to suicide, her perceptions of her father further set a familial framework for her subsequent experiences of bereavement.

For Participants numbers 1 and 5, religion and faith were noted as important in their own respective experiences of bereavement and meaning making following their sibling's death to suicide. Participant #1 described how his pursuit of religion allowed him to better "make sense" of his brother's death and that it allowed him to sit more with the unanswered questions that can often accompany a death from suicide. Participant #5 discussed his own relationship with faith and spirituality for how his employment of journaling in the time following his older brother's death provided an opportunity to "talk with god" and communicate more openly the thoughts and feelings he was experiencing at the time. However, given the diversity amongst religion, faith, and spirituality, it is important to consider how such beliefs can potentially influence experiences of bereavement for surviving siblings based on views of death, dying, the afterlife, and/or suicide. In addition, community aspects of certain religions may also present a unique factor for the family's experience of bereavement depending on whether the family experiences support or possible alienation after experiencing the death of one of its members from suicide.

Conclusion

The current research attempted to deepen the understanding of potential interpersonal, developmental, and experiential facets of sibling bereavement to suicide from within the context of their respective surviving family system. This was accomplished through a retrospective exploration of attachment-related dynamics through a systems-oriented lens taking into consideration greater family influences on the surviving sibling following the experience of loss to suicide. The collected accounts of the final sample of five sibling survivors displayed a subset of the various contextual adjustments and perceived responses that can develop within the surviving system following a loss to suicide and, in turn, how such reactions influenced their individual experiences of bereavement. Each reflection portrayed the uniqueness of such loss experiences and highlighted how respective attachment- and systems-related dynamics can further increase the complexity of sibling loss to suicide while also underlining connections between a sibling survivor's experiences and the family system's ability to itself adapt and cope.

Participant accounts and subsequent research analysis captured a collection of themes that extended between each individual participant's retrospective reports of sibling loss earlier in life. Interviewed participants spoke to experiences of having their presence and/or emotional reactions overlooked and dismissed by others—be it by surviving family members or others often attending to the state of the grieving parents. In addition, participants spoke to varying degrees of feeling unaware, uninformed, or excluded from knowledge of happenings within their family system related to their sibling. Given such reported systemic responses and the subsequent perceived absence of support, the research also found that sibling survivors of suicide may make efforts to seek support from others outside the surviving family or instead attempt to rely on themselves to cope and manage experiences of bereavement following the death of their

sibling. In either case, these findings demonstrated that this resulted in the sibling survivor's perceived need to postpone the emotional processing of their sibling's death.

Limitations and Future Directions

The first limitation of the current research involves the final sample size and overall generalizability of the research findings to the population of all sibling survivors of suicide. Despite setting out to interview a sample of 10 sibling survivors of suicide, each meeting the outlined participant criteria of the research, the final sample included only five participants. While still suggested as an acceptable and useful standard for research utilizing IPA methodology (Smith et al., 2009), the initial intent to include a sample of 10 participants was to achieve greater potential generalizability to the larger population of sibling survivors of suicide. As such, the notion of generalizability should be considered when applying findings from the current study into other research or clinically-related realms working with the population of sibling survivors of suicide. While attempts were made to reach as many individuals as possible during data collection, the sample also consisted of only those individuals meeting participation criteria who decided to speak with the researcher about their experiences of losing a brother or sister to suicide. Those falling outside of the selected sampling criteria or those not yet in a place where they felt able to share their loss may have experiences different from those found in the results of the current research. In addition, given the potential influences of local and contextual culture on a sibling's experiences of bereavement within their respective family system, sample populations including individuals of different races, ethnicities, religious identities, geographic locations, etc. may demonstrate experiences that are also different from those found within the current research. Therefore, future research that collects and analyzes additional demographic information for participants (the current research only gathered demographic information

pertaining to age and family constellation) could expand upon possible themes experienced by the population of sibling survivors of suicide from different backgrounds.

As the current study focused on the retrospective accounts of adult siblings who lost a brother or sister to suicide during adolescence, future research could use present findings to further explore how, and in what ways, a sibling's loss from suicide is carried on through later life developments and milestones. Prior research attending to the sibling bond (Bank & Kahn, 1982) and adolescent grief experiences (Noppe & Noppe, 2004) speaks to the impact that a loss during adolescence can potentially have later in life. Given the influence of family dynamics on an adolescent sibling survivor's own experiences of bereavement following the loss of a brother or sister to suicide, such longitudinal explorations could also focus on how details or information is, if ever, eventually released to the sibling as they get older for how this may too shape the experience of loss. In addition, such an approach could also determine other potential long-term implications of the sibling's death from suicide on attachment relationships within the family and whether or not the strain from such a loss can be or is ever repaired.

For all but one participant in the current study, the sibling's death resulted in their being the only child left within the shared family household. Given the possible shared experiences of grief and/or potential protective factors that may exist for siblings within family households containing other surviving siblings, a possible future direction for the current research could be to explore further the role that such diversified attachment could have on a surviving sibling's experiences of bereavement, coping, and meaning making. Also potentially meaningful could be to further explore any differences between whether the identified gender of the deceased sibling (e.g., brother or sister) influences a surviving sibling's, in addition to the surviving family's experiences of loss, bereavement, and meaning making. All participants interviewed for the

current research detailed their experiences of losing an older brother to suicide.

The recruitment of participants for the current study and the difficulties with acquiring the initially proposed sample size became a noteworthy part of the overall research process and likely highlights other areas suitable for future consideration while working with the population of sibling survivors of suicide. As the current research included reaching out to adults who had lost a brother or sister to suicide when they themselves were between the ages of 12 and 21 years old, this involved getting in contact with a population of suicide survivors who were likely in a very different place from where they were at the time of their sibling's death. Requests for participation were likely therefore received by sibling survivors at varying stages within their own bereavement experiences, regardless of the number of years passed. For those uninterested in participating or for those who never responded, an interview consisting of speaking to past experiences of sibling loss to suicide may have felt too vulnerable or that it would only result in the resurfacing of past pain. Another possibility could involve one's identifying as a "sibling survivor of suicide" and when, if ever, such an experience no longer feels representative. As such, this too likely influenced one's involvement in the various networks providing connection and support for survivors of suicide which I contacted and worked with during the recruitment of participants.

Those contacted and met throughout the process of recruitment, regardless of whether they were members of the target population or if they participated in the research, were curious by the project and expressed gratitude for the research giving attention to the experiences of sibling survivors of suicide. Some may have been familiar with or known someone who had lost a brother or sister to suicide, some lead groups providing support to survivors of suicide, and others were parents who spoke to their own loss of a child to suicide. Findings of the research

presented a subset of unique experiences that an adolescent sibling may experience following the loss of another to suicide, and highlighted how respective attachment- and systems-related dynamics further increase the complexity of such loss. It is my hope that if a sibling's experiences of loss are seen as different and meaningful in their own right from within the context of the surviving family system, that sibling survivors will feel better received and therefore able to more fully express such grief experiences during bereavement.

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Appendix A

Hello,

I am a graduate student completing my PsyD in clinical psychology. I am looking for people to interview for my research. My research is supervised by Dr. Roger Peterson, ABPP in the Clinical Psychology Department at Antioch University New England. The purpose of this research will be to understand the experiences of people who lost a brother or sister to suicide. I hope the results from this research will inform mental health providers as they help families work through this loss. To participate you must be at least 25 years old and have lost a sibling to suicide when you were between 12 and 21 years old.

If you are interested in taking part in this study you may reach me at the phone number or email address given below. You may also contact me if you want to receive more information on what it will be like to take part in this research.

Thank you for your time.

Sincerely,

Mark Macor, M.S.
Psy.D Student and Doctoral Candidate
Department of Clinical Psychology
Antioch University New England
40 Avon Street, Keene, NH 03431

Appendix B

Informed Consent Document

Project Title: *Sibling Survivors of Suicide: A Retrospective Exploration of Familial Attachment During Bereavement*

Principle Investigator:

Mark Macor, M.S.

Psy.D Student and Doctoral Candidate

Department of Clinical Psychology

Antioch University New England

40 Avon Street, Keene, NH 03431

Thank you for considering taking part in this research project. The purpose of this research will be to better understand experiences of people who lost a brother or sister to suicide.

You will be able to review this form with the researcher. Signing this form indicates that you have been informed of the conditions, risks, and how your information will be kept safe.

- Participating in this project is voluntary. You may drop out from the study at any time or for any reason without penalty.
- Your name and all related information will be protected during and after this study. Your name will be given a code to hide your identity. This code will be used in the research when your information is used in written or verbal formats. If any results from this study are published, your identity will be protected. Direct quotes from the interview may be used within the final write-up. These quotes will contain no identifying information of any sort.
- All materials from this study will be kept in a locked filing cabinet when not being reviewed. Recordings and documents will be protected by a password on a private computer. The computer will also be password protected. Only the researcher will have access to this information. There is no more than minimal risk to individuals who take part in this research. Your participation will include the following:
    - Answering a short survey looking at relationships
    - At least one individual interview. Multiple interviews may be required based on your availability.
    - A discussion of your experience of losing a sibling to suicide when you were between the ages of 12 and 21. The interview will include a discussion of content that may be sensitive or distressing. If your level of distress is raised during an interview, you will be provided referrals for mental health assistance if you desire this support.

- You could receive benefit from taking part in this research. During the interview you may discover and learn new ways of understanding your experiences. You will also be contributing to the knowledge on this topic.
- You are welcome to offer feedback and also view the results of this study.

If you have any questions about the study, you may contact Mark Macor, at XXX-XXX-XXXX or via email at XXXXXXXXXX.

If you have any questions about your rights as a research participant, you may contact Dr. Kevin Lyness, Chair of the Antioch University New England IRB, 603-283-2149 or Dr. Melinda Treadwell, Vice President for Academic Affairs, 603-283-2444.

Consent Statement:

I have read and understood the information above. The researcher answered all the questions I had to my satisfaction. They gave me a copy of this form. I consent to take part in the interview to discuss my experiences of losing a sibling to suicide.

Date:_____ Signed:_____

Appendix C
Interview Schedule

- How do siblings who have experienced the death of a brother or sister to suicide express and make sense of this loss from their experiences within the surviving family?
    - Contextual Considerations
        - How does the sibling survivor define their "family?"
        - What was the context of the sibling survivor's family before and after the suicide (e.g., was there a maladaptive family structure present before the death and/or did the suicide create a "crisis of transition" [Marvin & Stewart, 1990, p. 78]?)?
        - Had the surviving family ever experienced any other losses during the surviving sibling's life?
            - How did your family manage this?
        - Did the surviving sibling feel their family was able to cope as a unit?
            - How did this influence your own grief?
                - Was your family able to recover from this loss?
                    - How do you know this?
        - How did the family orientation change/reorganize after the death of one of its members?
            - Were your parent(s) still able to manage family life?
                - Did the relationship to your parents change?
            - Do you have any other surviving siblings?
                - Did the relationship to your siblings change?

- Do you feel your role within the family was changed after the suicide?
    - How may this have influenced your ability to cope?

- Perceptual Considerations
    - In what ways did the surviving sibling perceive their life to change?
        - How did you first react?
        - How did you understand your family's reaction?
        - How do you now make sense of what occurred?
    - How were displays of emotion perceived—both by self and by surviving family members—before and after the death?
        - What was your experience of allowing yourself to be in touch with your emotions related to this loss with your family?
            - Has this changed in any way with time?
            - Did you feel there were "rules" or "standards" that had to be followed (e.g., self-protection or protection of others in the family)?
            - Were particular feelings more difficult and why?
                - How do you make sense of this?
    - By also providing examples, what were the experiences of both giving and receiving support after the death within the family?
        - Did you find reaching out to family members helpful?
            - Did this feel like an option within your family after the death?

- Were you viewed as a support for others within your family (e.g., parents and other surviving siblings)?
    - How do you make sense of this?

- Demographic Considerations
    - How old is the participant (i.e., sibling survivor) now?
    - How old was the participant when their sibling died?
    - Is the deceased sibling older or younger than the participant?
    - Is the participant's deceased sibling a biological, adopted, half-sibling, etc.?

Appendix D

Participant Demographic Information

	#1	#2	#3	#4	#5
Current Age	58	35	32	30	36
Age at time of sibling's death	15	14	13	15	21
Relationship of deceased sibling to surviving sibling	Older, half-brother	Twin brother	Older, biological brother	Older, half-brother	Older, biological brother
Age of sibling at time of death	27	14	18	25	24
Surviving Family Members	Mother, father, older half-sister	Mother and father	Mother, father, older brother, and younger sister	Mother, father, older half-brother, and older half-sister	Mother and father

Appendix E

Sample Transcript Analysis (Participant #4)

Exploratory Notes/Comments	Interview Transcript Broken into Separate Passages	Emergent Themes
-Informed by mother -left house to be alone -walking around in a detached state hoping it would help -the parents pain as visible from the start	But I remember I called one of my friends like right after my mom came into the room and told me. I just like left the house. I walked around my town to the point where my feet were bleeding from blisters. Like I couldn't even…I just didn't want to be there. It was just like the worst, I didn't want to be around anyone. I didn't want to see my parents like that. I just walked around. I remember the mayhem of it.	Reaching out to others Wanting to be alone The parents as hurting
	I imagine it felt just very unreal.	Being unable to process the loss initially
-unable to problem solve -unequipped to manage the situation -not everyone can be sad -who will still be able to function?	Yeah. It was. I just didn't know what to do. It was just this situation where a teenager who barely knows how to function in everyday life and then you have this horrible thing happen and you just have to…I don't know. My immediate thought was I have to take care of my parents. So I think I went into…I can't be upset because they're upset, so we can't all be upset. So I felt like that was kind of where I was at right in the beginning.	Taking on a caretaker role Keeping emotions to self Perceiving parent's grief as greater

Note. After multiple readings of the transcript to become familiar with the participant's words, the current researcher first synthesized comments in a way that summarizes, paraphrases, makes connections, and/or makes preliminary interpretations of what the participant expressed during the interview itself. Emergent themes for the transcript were later identified after subsequent, in-depth reviews of the researchers own comments while held alongside the actual statements presented by the participant.

Appendix F

Sample Clustering of Emergent Themes (Participant #4)

Cluster of Emergent Themes (Superordinate)	Transcript Page/Line
Putting one's bereavement on hold	
-Experiencing delayed processing	P11, L31
-Being asked about one's parents	P7, L10
-Unable to full share experiences of emotion	P7, L16
-Being questioned about duration of grief	P9, L38
-Perceiving the loss to be stigmatized	P10, L39
-Needing to inform others of the sibling's death	P10, L46
Managing one's feelings and reactions independently while in the family	
-Wanting to be alone	P6, L19
-Keeping emotions to self	P6, L43
-Attempting to return to day-to-day routines	P7, L20
-Developing self-coping strategies	P12, L40
-Treatment perceived as punishment	P12, L35

Appendix G

Attachment Style Questionnaire (ASQ)

Show how much you agree or disagree with each of the following items by rating them on this scale: 1 = totally disagree; 2 = strongly disagree; 3 = slightly disagree; 4 = slightly agree; 5 = strongly agree; or 6 = totally agree.

__ 1. Overall, I was a worthwhile person.
__ 2. I was easier to get to know than most people.
__ 3. I felt confident that other people would be there for me when I needed them.
__ 4. I preferred to depend on myself rather than other people.
__ 5. I preferred to keep to myself.
__ 6. To ask for help was to admit that you're a failure.
__ 7. People's worth should be judged by what they achieved.
__ 8. Achieving things was more important than building relationships.
__ 9. Doing your best was more important than getting on with others.
__ 10. If you had a job to do, you would do it no matter who got hurt.
__ 11. It was important to me that others like me.
__ 12. It was important to me to avoid doing things that others wouldn't like.
__ 13. I found it hard to make a decision unless I knew what other people thought.
__ 14. My relationships with others were generally superficial.
__ 15. Sometimes I thought I was no good at all.
__ 16. I found it hard to trust other people.
__ 17. I found it difficult to depend on other people.
__ 18. I found that others were reluctant to get as close as I would have liked.
__ 19. I found it relatively easy to get close to other people.
__ 20. I found it easy to trust others.
__ 21. I felt comfortable depending on other people.
__ 22. I worried that others wouldn't care about me as much as I cared about them.
__ 23. I worried about people getting to close.
__ 24. I worried that I wouldn't measure up to other people.
__ 25. I had mixed feelings about being close to others.
__ 26. While I wanted to get close to others, I felt uneasy about it.
__ 27. I wondered why people wouldn't want to be involved with me.
__ 28. It was very important to me to have a close relationship.
__ 29. I worried a lot about my relationships.
__ 30. I wondered how I would cope without someone to love me.
__ 31. I felt confident about relating to others.
__ 32. I often felt left out or alone.
__ 33. I often worried that I did not really fit with other people.
__ 34. Other people had their own problems, so I didn't bother them with mine.
__ 35. When I talked over my problems with others, I generally felt ashamed or foolish.
__ 36. I was too busy with other activities to put much time into relationships.
__ 37. If something was bothering me, others were generally aware and concerned.
__ 38. I was confident that other people would like and respect me.

__ 39. I got frustrated when others were not available when I needed them.
__ 40. Other people often disappointed me.