A study of increased risk factors for suicide among sibling survivors of adolescent suicide

Elizabeth Graney

University of Northern Iowa

Copyright ©1987 Elizabeth Graney

Follow this and additional works at: https://scholarworks.uni.edu/grp

Part of the Education Commons

Recommended Citation

https://scholarworks.uni.edu/grp/2435

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.
A study of increased risk factors for suicide among sibling survivors of adolescent suicide

Abstract
The teen suicide rate has tripled since 1954 (Conger, 1977; Malcom, 1971; Seiden 1984) making suicide the third leading cause of death among adolescents in the United States in 1979 (Davis, 1985). This dramatic rise in adolescent suicide has sufficiently alarmed researchers so that they have explored causes and symptoms. As a result of the seriousness of the problem, recent literature has dealt with not only the treatment of suicidal adolescents but also with prevention techniques. A preliminary review of literature also revealed that therapists and counselors explored postvention treatment techniques for the grieving parents, but said little about effects on the sibling survivors of suicide (Shneidman, 1973). Lamb & Sutton-Smith well known sibling researchers, (1982) asserted that the sibling bond, unless shortened by death, was the longest relationship in duration of our lives. Yet siblings were often mentioned only in light of the effect their parents' grief had on them (Krell and Rabkin, 1979). Surviving siblings' relationships with their parents were found to be crucial to the siblings' well-being. However, these children had also experienced relationships with their now deceased siblings which were unique, and separate from those with their parents (Bank & Kahn, 1982).

This open access graduate research paper is available at UNI ScholarWorks: https://scholarworks.uni.edu/grp/2435
A STUDY OF INCREASED RISK FACTORS FOR SUICIDE AMONG SIBLING SURVIVORS OF ADOLESCENT SUICIDE

A Research Paper
Presented to
The Department of Educational Administration and Counseling

In Partial Fulfillment of the Requirements for the Degree Master of Arts in Education

by
Elizabeth Graney
December, 1987
This Research Paper by: Elizabeth Graney

Entitled: A Study of Increased Risk Factors for Suicide Among Sibling Survivors of Adolescent Suicide

has been approved as meeting the research paper requirement for the Degree of Master of Arts in Education.

Audrey L. Smith
Date Approved: October 30, 1987
Adviser/Director of Research Paper

Robert L. Frank
Date Approved: October 30, 1987
Second Reader of Research Paper

Dale R. Jackson
Date Received: October 30, 1987
Head, Department of Educational Administration and Counseling
The teen suicide rate has tripled since 1954 (Conger, 1977; Malcom, 1971; Seiden 1984) making suicide the third leading cause of death among adolescents in the United States in 1979 (Davis, 1985). This dramatic rise in adolescent suicide has sufficiently alarmed researchers so that they have explored causes and symptoms. As a result of the seriousness of the problem, recent literature has dealt with not only the treatment of suicidal adolescents but also with prevention techniques. A preliminary review of literature also revealed that therapists and counselors explored postvention treatment techniques for the grieving parents, but said little about effects on the sibling survivors of suicide (Shneidman, 1973). Lamb & Sutton-Smith well known sibling researchers, (1982) asserted that the sibling bond, unless shortened by death, was the longest relationship in duration of our lives. Yet siblings were often mentioned only in light of the effect their parents' grief had on them (Krell and Rabkin, 1979). Surviving siblings' relationships with their parents were found to be crucial to the siblings' well-being. However, these children had also experienced relationships with their now deceased siblings which were unique, and separate from those with their parents (Bank & Kahn, 1982).

Because siblings shared a special relationship, the effects of their brother's or sister's suicide were found to have irrevocably changed their lives (Todd, 1981; Morse,
Suicide and its effects increased the risk of suicide for the surviving siblings (Bank & Kahn, 1982; Gardener, 1985). Sibling survivors of suicide tended to be the forgotten victims of suicide. More research is needed in order to determine how shared family history and the effects of the suicide combine to increase the risk of suicide and at what rate for the remaining siblings.

The purpose of this paper was to review the literature concerning causes of the increased risk factors for adolescent sibling survivors of suicide. Risk factors were divided into two major categories: shared family history and the effects of the sibling's suicide on the surviving children. Shared family history often overlapped the effects of the suicide since surviving siblings were exposed to the same family dynamics.

**Shared Family History**

This section will deal with the effects of shared family history on the suicide rate of sibling survivors of suicide. Depression, family strife, isolation, loss and genetic factors often worked in combination to create a sense of hopelessness which prompted the first child's suicide. Since siblings shared the same family history, many of the factors that influenced their sister's or brother's suicide were also encountered by other children in the family (Todd, 1981; Morse, 1984). Therefore, adolescent sibling survivors were at great risk for the same reasons as
were their brothers or sisters (Ackerly, 1967). Each shared history factor will be treated individually in order to study the effects on the increased suicide risk for sibling survivors.

One of the factors that most experts agreed often directly related to the act of suicide was depression (Martin & Dixon, 1986; Gispert et al, 1985; Emery, 1983; Shaffer, 1974). Dr. O. Spurgeon English, Professor of Psychiatry at Temple University stated, "I can not conceive of a teenage suicide that does not have its roots in childhood depression" (Hochman, 1986). However, depression was difficult to treat because the symptoms were often misdiagnosed. Many adolescents masked their depression through aggressive behavior, disobedience and drugs (Ely & McGuire, 1984). According to noted psychiatrist, Dr. Evert Dulit at Montefiore Hospital in New York, depression left untreated accounted for as many as two-thirds of all suicides (Emmerman, 1987). Suicidologist, Dr. Cynthia Pheffer found in a study of 39 depressed children ages 6 to 12 that 33 percent had contemplated, threatened, or attempted suicide. Another study of 65 psychiatric inpatients in the same age group showed that 79.5 percent had suicidal tendencies.

Family strife was another important shared history factor. Frequently, family strife was the source of adolescent depression and caused great stress for many
teenagers. (Hendin, 1985; Ray & Johnson, 1983). Todd (1981) concluded that all 10 surviving siblings in her study contended with family conflict and the resulting stress on their lives. In another study of children who had threatened suicide, Ackerly (1967) found a long history of fighting between parent and child. Ackerly concluded that suicidal adolescents often had more stress due to family strife than did their non-suicidal counterparts. Family characteristics of suicidal children included more alcoholism, parental divorce, parental medical illness, and loss of grandparents than did the family characteristics of their non-suicidal counterparts (Matter & Matter, 1984). Other researchers found that suicidal adolescents usually came from multi-problem families (Maris, 1981; Pheffer, 1979; Hendin, 1985). These suicidal adolescents had unsuccessfully tried other means of communication before resorting to suicide as a means of communication (Wright, 1985). Therefore family strife was found to be closely linked to the act of suicide. Family strife was experienced by not only the suicide completer but also by the surviving children in the family.

In addition to shared history factors of depression and family strife, isolation and loss were also found to be significant in adolescent suicide (Young, 1985; Ely & McGuire, 1984). Ray & Johnson (1983) stated that when family ties were close suicide rates were low, and when
family ties were distant suicide rates were high. According to Cantor (1976) and Wenz (1979) alienation of an adolescent from the family unit followed closely behind parental loss as a factor of suicide. Alienation and isolation from the family at times also caused adolescents to withdraw from peer relationships, an occurrence which then heightened their sense of loneliness (Wenz, 1979). Young (1985) stated that social isolation created feelings of powerlessness and meaninglessness for adolescents. Similarly, Emery (1983) maintained that social isolation had a primary and direct role in suicide and that the establishment of an accepting human contact was crucial in suicide prevention.

Loss of a loved one increased isolation for some adolescents (Farberow, 1961; Anderson, 1981; Vinci, 1985). Jackson (1957) noted that loss of some kind normally precedes a suicide. "There may be the loss of health, . . . the kind of loss that occurs in financial disaster, drop in social status or prestige, or the losing of a loved one by death, separation, or divorce" (p. 15). Adolescent sibling survivors, raised in the same environment frequently shared and were affected by the same losses as the brothers or sisters. However, the survivors' loss was compounded by the suicide of their sibling (Morse, 1984; Todd, 1981). Suicide was viewed by some as a way to reunite with the dead sibling, and therefore increased the risk of suicide for the remaining children (Matter & Matter, 1984).
Finally, another shared family history factor contributing to adolescent suicide may be a genetic predisposition (Pheffer, 1986; Lester, 1986; Hawton, 1986; Emmerman, 1987). In 1935 Shapiro (Cain, 1972) studied a family of four generations and found seven members committed suicide and another made several suicidal attempts. Shapiro concluded that suicidal tendencies were not directly inherited as a unit factor, but were a part of susceptibility to mental disease, which may be inherited.

In a later and more extensive study, Maris (1981) found that eleven percent of 300 subjects studied had previous suicides in their families compared to none in the natural death group. Maris observed that this result could be due to a modeling effect or even a weak genetic effect. Supporting Maris’ study, Garfinkel (1979) found previous suicidal behavior was more than seven times as frequent among members of the attempters’ families than in families in the control group. Cynthia Pheffer (1986), professor of clinical psychiatry at Cornell University Medical College stated, "There is a strong suggestion that genetic factors may be responsible for increasing risk for certain mental disorders and suicidal behavior" (p. 132).

After conducting psychiatric autopsies of every teen suicide victim in the tri-state area of New York, noted suicidologist, Dr. David Shaffer, found "that half of the teens who killed themselves had a parent or a sibling who
had committed or attempted suicide (Emmerman, 1987; p. 7). Shaffer believed this pointed to either a genetic or a behavioral factor, or both. Finally, a Cornell University team of researchers believed that suicidal tendencies are inherited and tied to low levels of serotonin in the brain which control levels of pleasure and calm (Emmerman, 1987). Therefore, the genetic factors that influenced the first child's suicide may also be present for remaining children in the family.

This section dealt with the effects of shared family history on sibling survivors of suicide. The effects of depression, family strife, isolation, loss and genetic factors were found to have worked in combination to increase the risk factor of suicide for surviving siblings of suicide completers. Since siblings were reared in the same home, they shared and were affected by similar heredities and environments.

**Effects of Sibling's Suicide**

The following section will deal with the effects of suicide on sibling survivors. Numerous effects were cited in the literature but the most predominant were the broken sibling bond, role modeling, parental and sibling grief, family reorganization, isolation and shame, guilt and anger. Studies confirmed that the effects of an adolescent's suicide caused great difficulties for the parents and surviving siblings (Krell & Rabkin, 1979; Todd, 1981; Bank &
Kahn, 1982). The predominate factors of suicide will be discussed individually in order to assess the effects on the increased suicide rate for sibling survivors.

**Broken Bond**

Perhaps the most significant effect of suicide on the remaining siblings was the breaking of the bond that unites siblings. Bank and Kahn (1982) stated that "death ends only a life: it does not end a relationship" (p. 271). Until relatively recently researchers have discussed siblings primarily in terms of their relationship with their parents. However, siblings did share a relationship that was unique in and of itself. Bank and Kahn described the powerful impact siblings had on each other due to their intense and extended relationship with one another. Salvador Minuchin, (1974) maintained that siblings experiment with social relationships and learn how to negotiate with the world through their intense and enduring relationships. Siblings impacted one another in a powerful way which influenced their personal identities. Whether siblings were close or distant, their lives were closely intertwined. Consequently suicide did affect the lives of the surviving siblings.

The nature of the relationship between siblings was the key factor in determining the sibling's reaction to a suicide (Bank & Kahn, 1982). "Siblings who felt more responsible for their brother's or sister's death experienced intensified guilt reactions . . ." (Todd, 1981,
Emotionally distant relationships created less observable reactions to the suicide. These siblings tended to suppress their feelings. Whether the relationship between siblings was close or distant, there was potential for dangerous behavior such as substance abuse and fighting, after the sister or brother committed suicide. While natural death also severs the sibling bond, the effects in a suicidal death were intensified by the suddenness and incomprehensibility of the act.

**Role Model**

One of the ways in which suicidal death affected remaining siblings was that the victim served as a role model. Since siblings intensely influenced each other both positively and negatively, it was not surprising that brothers and sisters often used each other as role models (Maris, 1981). Hafen and Frandsen (1986) claimed that if adolescents were feeling trapped they might opt for suicide if they knew someone who had attempted the act. These adolescents had been taught by their sibling role model that suicide was an acceptable solution to life's problems (Gardener, 1985). Similar findings were reported by Hawton (1986) who stated that suicidal acts by other family members may act as a model for coping with stress for the remaining family members.
Parental Grief

Parents' ability to cope with their child's suicide directly affected the remaining children's emotional stability (Bank & Kahn, 1982). The death of a child may be the most emotionally devastating event in a parent's life. A suicidal death increased the parent's grief in several key ways.

First, suicide usually came without warning and with no opportunity to plan for the death (Gregory and Praeger, 1983). During an illness parents have a chance to deal, at least on a surface level, with the death of the child. However, suicide victims often tried to conceal their actions and encouraged others to ignore warning signs. Thus parents found the death not only horrifying but also shocking. The suddenness of the death made it more difficult for the survivors to grasp and accept (Todd, 1981).

Secondly, research confirmed that parents experienced more guilt in a suicidal death than did parents of a non-suicidal death (Todd, 1981). This led to more complicated grief reactions and had the potential to cause pathological mourning. Parents of suicide completers tended to become stuck in the mourning process with grief being more intense in nature and duration (Todd, 1981).

Other studies concluded that the shame and stigma of suicide increased guilt feelings for parents which hampered
their resolution of mourning (Todd, 1981; Hawton, 1986; Cain, 1972). Parents sometimes tried to suppress their grief for fear of recrimination from family and friends. In a non-suicidal death the community rallied around survivors; yet in a suicidal death, the family often felt stigmatized and blamed by others. Unfortunately, when the parents' grief was unresolved, they tended to ensnare the remaining children in pathological grief. "These unconscious protective maneuvers are designed to alleviate guilt and control fate through silence and secrecy, through substitution for the dead child, and through endowing the surviving sibling with attributes of the deceased child," (Krell & Rabkin, 1979, p. 472). As parents grappled with the senselessness of their child's death, the other children searched for cues from their parents as to how to grieve. However, the parents had little ability to console or counsel the surviving children.

Closely linked to the parents' unresolved grief was the "Double Orphan Theory" which stated that the surviving child "becomes a double orphan, losing not only a sister or a brother but also an emotionally available parent" (Bank & Kahn, 1982, p. 273). Even in stable families that lost a child through illness or accident, the parents suffered so greatly that they found it difficult to console and respond to the other children in the family. In a suicidal death grief was compounded by anger, guilt and shame as well as by
the suddenness of the death. So, the siblings were left alone to cope with the death due to the parent's inability to offer assistance.

Thus, if the parents mourned in an unhealthy manner, which was often the case in suicide, then the surviving children were likely to mourn in a pathological way (Todd, 1981). In an attempt to shield their parents from further pain, the children learned to suppress their grief. There tended to be a "conspiracy of silence" in suicidal death which created an inability to mourn openly (Bank & Kahn, 1982).

**Sibling Grief**

Mourning the suicidal death of a sibling was often prolonged, delayed, or intensified causing siblings to become stuck in the mourning process (Todd, 1981). According to Todd, older, psychologically stressed adolescent siblings felt anger at their families while younger siblings were concerned by their parents' suffering. Some adolescents handled this anger or worry by suppressing their pain and grief. Cain (1972) believed that the sudden and shocking nature of the death interfered with the survivors ability to mourn adequately.

While the siblings suppressed their grief in response to their parent's grief, they were also susceptible to suppressing grief for other reasons. "Guilt, anger and shame can abort the mourning of the suicide survivor"
While guilt and anger were common reactions to death, these feelings were intensified by suicidal death because shame over the circumstances of the death prevented survivors from mourning overtly. This unexpressed grief sometimes revealed itself in physical symptom or even in pre-occupation with death and suicide (Bowlby, 1980).

**Family Reorganization**

Family reorganization was another effect of an adolescent member's suicide. Suicide disturbed the entire family system (Todd, 1981). The act of suicide itself was often symptomatic of a malfunctioning family unit. Once the role of the dead child was vacated, the family moved to fill the void and to realign the structure of the family unit or the threat of collapse might occur (Morse, 1984). In an attempt to deny the loss of the dead child, parents frequently attempted to fill the vacant role with one of the surviving siblings in order to maintain family homeostasis. Especially in the case of suicide, another sibling might actually be encouraged to play the role of the deceased suicide victim. This filled the void and returned equilibrium to the family structure (Morse, 1984). Thus, the sibling was covertly forced to re-enact the maladaptive behavior of the dead child. While parents struggled to deal with their grief and to stabilize the family unit, the sibling's sense of isolation and loneliness increased.
Isolation and Shame

Isolation and shame also contributed to the incomplete mourning process of sibling survivors. Because survivors felt stigmatized by the suicide, they were also more apt to feel isolated and alone. Schulyer (1973) maintained that the survivors of suicide felt eternally scarred by the role they played in the death. Some refused to form new relationships and suicidal thoughts and behaviors were not uncommon. Cain (1972) stated that because survivors got "stuck" in the grieving process many continued for years in a "state of cold isolation," (p. 67) feeling unable to maintain close relationships because they were "under the threat of doom" (p. 67). One man described the feeling as having the mark of Cain upon him. Clearly this sense of isolation set the stage for suicidal feeling for sibling survivors. These survivors tended to feel alienated, isolated, and stigmatized by the actions of their dead brother or sister.

Guilt

Guilt was another important effect of suicide. In any death survivors were plagued with rational and irrational guilt. However, suicide intensified the guilt feelings for the entire family (Pheffer, 1986). Family communication about a suicidal death was often cloaked in mystery and secrecy (Todd, 1981). Each member of the family was ensnared in a web of guilt and recriminations. Family
members often tormented themselves with thoughts of how they might have contributed, in thought, word or action, to the suicide. Cain (1972) noted the heavy burden of guilt the family bore when confronted with the suicide of one of its members. In some families open communication was forbidden which resulted in each member struggling with his/her own self-blame and self-accusations. Again, this sense of guilt tended to prolong or delay the mourning process for siblings forcing them to feel not only isolated but also angry (Morse, 1984).

Anger

In natural death, anger was focused on fate or God for taking the person away, whereas in the case of suicide, anger was focused on the victim because death was viewed by survivors as willful desertion (Schulyer, 1973). However, in a suicidal death survivors frequently turned their anger inward and saw themselves as scapegoats due to guilt, shame and self-blame (Todd, 1981). This anger was expressed in various ways, including suicidal thoughts or behaviors. The suicidal death of the sibling at times created rage that was socially unacceptable yet intensified by the branding and social ostracism of society (Cain, 1972). In general, a bereaved teenager will usually feel shocked, depressed and angry after a sibling's death. This was intensified when the death was a suicide (Balk, 1983).
In summary, the broken sibling bond, role modeling, parental and sibling grief, family reorganization, isolation and shame, guilt and anger were all found to intensely affect sibling survivors and to increase their risk for suicide. Todd (1981) stated that "The few case studies of siblings survivors of suicide that exist in the literature describe intense emotional response and difficulty coping with the loss" (p. 145).

CONCLUSION

This study consisted of a review of literature concerning the causes of the increased risk factors for adolescent sibling survivors of suicide. These risk factors of shared family history and the effects of the sibling's suicide were found to increase the risk of suicide for sibling survivors. Three conclusions may be drawn.

First, siblings raised in the same home were subjected to and affected by similar factors to those which precipitated their brother's or sister's suicide. The factors of depression, family strife, isolation, loss and genetics combined to increase the likelihood of suicide for adolescent survivors.

Second, the most significant factors that affected siblings were the broken bond, role modeling, parental and sibling grief, family reorganization, isolation and shame, guilt, and anger.
Third, due to the scarcity of existing research available on the risk factors for adolescent sibling survivors of suicide, more qualitative and quantitative research is needed.
References


