

Better Silent than Silenced:
Searching for the Words of Sibling Suicide
Bereavement

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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For Richard

You will forever be my greatest love,
my greatest hate,
and my greatest regret.

Abstract

Commonly referred to as 'the forgotten mourners', little has been written about siblings bereaved by suicide. Grieving parents, children and spouses have been extensively studied by comparison, and this seems to mirror what happens in the aftermath of a self-inflicted death. For numerous reasons brothers and sisters find themselves voiceless in their grief, despite intense longing to talk about what has happened.

In this research, I draw on the loss of my own brother to suicide to heuristically explore what helps me put words to the experience of living through his death. Located within a phenomenological paradigm, the study is guided by Moustakas' (1990) method to facilitate sustained immersion, self-dialogue and self-discovery. From this process, five main 'facets' of the experience of losing a sibling to suicide were identified, ranging from basic disclosure through to deep discussion of the details and ongoing impact. By examining these themes in relation to who I was speaking to, and the role/s each of us were holding at that moment, the experience is distilled to a basic equation that belies immense personal and social complexity beneath. *When choosing to speak or stay silent about sibling suicide, the fear of relational pain in a given interaction is weighed against the longing to be known.*

Potential implications for theory, psychotherapy training, and psychotherapeutic work with others in this client group are discussed. An examination of how the findings may be considered within a wider social context follows, along with concluding suggestions for future research.

Chapter 1 – Introduction

*I have a room whereinto no one enters
Save I myself alone:
There sits a blessed memory on a throne,
There my life centres.*

- From Christina Rossetti's 'Memory', 1906.

Context

It began with an ending, though I did not know it at the time.

My brother was dead by his own hand – and everything I thought I knew about sanity, madness, identity, family, and the meaning and nature of life itself was lost with his heartbeat.

As I groped my way blindly through the days, weeks, months and years that followed, I searched for some way to find my bearings. I took home armloads of books on suicide (pointedly not meeting the librarian's eyes). I typed increasingly unlikely phrases into search engines ('brother suicide', 'brother suicide angry', 'normal feelings after brother suicide',). The stack of tomes for bereaved parents grew taller by my mother's bedside, but no matter where I looked I could not find anything that spoke to siblings. I could not find my experience, and I could not find myself.

As a training psychotherapist, I gained access to a world of information that was not open to me as a newly bereaved young adult. And yet the world of academia was almost as bereft of the sibling experience. I did finally manage to find research related directly to suicide-bereaved siblings – papers that in some cases spoke to me so deeply, I found myself longing to reach through the words and touch the people who spoke them. But there were just nine of them. Nine papers, spanning all the way back to 1970.

It is often said that New Zealand suffers from a 'culture of silence' around suicide, and this resonates with my own struggle to put words to the experience of living through my brother's death. The sibling experience, it seems, is a silence within a silence.

Background

Sibling experiences of death and grief in general are conspicuously absent from academic literature on bereavement. This hole in the literature has not escaped notice, with numerous researchers labelling siblings the 'forgotten bereaved' (Todd, 1980; Rakic, 1992; Rappaport, 1994; Dyregrov & Dyregrov, 2005; White, 2012; Powell & Matthys, 2013; Rostila, Saarela & Kawachi, 2013; Pettersen et al, 2013; Fletcher et al, 2015; Haugen et al, 2016; Bolton et al, 2016; Rostila et al, 2017). Within the narrower area of bereavement by suicide, the lack of sibling perspectives is even more striking – and several authors have drawn comparisons with the considerable body of work that has been carried out on suicidally bereaved mothers, children and spouses (Rakic, 1992; Rostila, Saarela & Kawachi, 2013).

After initially casting the net wide in scoping this piece of work, I was disheartened to discover study after study on 'suicide in the family' lacked any inclusion of siblings whatsoever (I stopped counting after the eighth). Just as frustratingly, articles on sibling bereavement tended to touch briefly on the experience of suicide loss at best, and I found the material too broad and inadequate to be useful to a discussion of sibling suicide specifically.

Additionally, though New Zealand's suicide rates are amongst the highest in the developed world (World Health Organisation, 2017), there are currently no research articles or academic papers dedicated exclusively to the sibling experience of suicide in Aotearoa New Zealand.

Key point of concern

In my view, the current research landscape is itself a microcosm of what occurs following a suicide in the family. The siblings are overlooked, shadowed by the grief of others.

There seems to be no space for siblings to speak, and it is this struggle to be heard that I wish to investigate. As a suicide-bereaved sibling, I am interested in what enables and encourages me to put words to what it was like to lose my brother. I am equally drawn to look at what it is that keeps me silent – unable to grasp the words I want, incapable of speaking them, or unwilling to elucidate.

I hope that by doing so, I will obtain valuable insights to guide practitioners working with clients that have lost a brother or sister to suicide.

Overview

I will begin by reporting my findings from the current literature on sibling loss generally, before turning my focus to suicide bereavement. I will draw key themes from the research, including conflicting perspectives, in an attempt to gain an overall picture of what has been written about the sibling experience of suicide. Conversely, I will comment on what has not been written about and where there appears to be a lack of research – paying particular attention to the context of suicide here in Aotearoa New Zealand. I will then outline my approach to investigating my own loss and my subsequent struggle to speak about it, describing each step of the research process in detail.

A thorough outline of my findings will follow as I report on the experience of attempting to put words to the loss of my brother. I will consider various sub-themes under the broader umbrella of 'sibling suicide', and examine the impact of speaking within different spaces and roles. Numerous combinations of themes, relationships, expectations, responsibilities, loyalties, and overt and covert messages exist across the relational strata of my life. I shall therefore introduce a framework that attempts to simplify the multifaceted, complex experience of speaking about my brother's suicide.

Next, I will consider the meaning of the data. I will re-visit my original research question, discussing what themes dominate and what possible conclusions can be drawn. I will offer some potential implications for psychotherapy theory, practice and training, as well as broader initiatives. Finally I will offer a critique of personal limitations and possible biases, before closing with a reflection on the transformative experience of undertaking this piece of research.

Chapter 2: Literature Review

New Zealand's suicide rates are high by international standards, as anybody with even a passing interest in the nation's social issues will be well aware. Each year around 500 people end their lives in this country, and five times as many are hospitalised after attempting to do so (Ministry of Health, 2016). Self-inflicted deaths are particularly prominent amongst young people aged between 15 and 24, with suicide representing the second most common cause of death for this age group.

Each of these tragically premature losses carve ripples of grief across families, peer groups and communities. With the birth rate between 1980 and 2015 averaging 2.02 children per woman (Statistics New Zealand), each death represents at least one living sibling hugely impacted by bereavement. In addition to the painful grief of 'normal' bereavement, those that lose a brother or sister to suicide have been found to experience a range of uniquely challenging phenomena. In the literature, those that experience the loss of a loved one to suicide are termed 'survivors' – a label that serves to acknowledge the trauma inherent in the experience (Rakic, 1992).

Although siblings have been sparsely researched across the entire topic of death and loss, acute grief symptoms have been shown to occur for a majority of bereaved brothers and sisters. The broader long-term consequences have been more difficult to trace (Bolton et al, 2016). However, bereaved siblings have been found to experience significantly higher rates of mental illness compared to control groups – even when pre-existing psychopathology, health problems and social disadvantages are taken into consideration (Bolton et al, 2016; Haugen et al, 2016; Fletcher et al, 2016; Rostila et al, 2017). The risk of suicide has been found to double (Haugen et al, 2016), alongside an overall heightened risk of mortality. Some studies have also shown an increase in hospitalisations for self-inflicted injuries (Rostila et al, 2017).

Additionally, sibling loss appears to be correlated to numerous negative effects on adult socioeconomic outcomes. Bereaved siblings tend to have fewer years of schooling and lower future incomes. They are more likely to need social welfare

assistance, and have higher rates of teenage pregnancy. Sisters appear to be far more affected than brothers, with markedly severe consequences for their monetary security, future relationship stability and overall social status. Sisters are also at greater risk for a range of impulsive and potentially dangerous behaviors (Fletcher et al, 2015). For both genders, the loss of a sibling in childhood or adolescence can potentially distort the capacity for normal relationship attachments and identity formation, leading to serious long-term effects (Bolton et al, 2016).

Literature specifically focused on sibling suicide bereavement is particularly rare. This may be considered a logical outcome of the fact that it is extremely difficult to research their experience in an ethical way. Studies generally exclude interviewees seen as vulnerable, and avoid too much depth to prevent re-traumatisation (Powell & Matthys, 2013). However, mothers, children and spouses impacted by suicide – similarly vulnerable populations – have been extensively studied by comparison (Rakic, 1992; Rostila, Saarela & Kawachi, 2013). It may therefore be valid to consider that the current body of research demonstrates what often plays out in reality following a suicide. Siblings remain unseen relative to those whose pain is considered to be more intense and in greater need of attention.

Suicidally bereaved families today still receive less community support compared to families that lose a member to ‘natural’ causes (Rostila, Saarela & Kawachi, 2013). Additionally, the deceased are commonly disparaged as ‘selfish’ and ‘cowardly’, and families are often avoided and/or blamed for the death by others (Powell & Matthys, 2013). Historically, surviving family members of a self-inflicted death were actively shunned by society, considered tainted by the ‘sinful’ action of the deceased’s ‘self-murder’ (Todd, 1980; Rakic, 1992; White, 2012). While today’s attitudes appear far less draconian, and a clear shift can be observed in the language used around suicide in academic literature over the past few decades, research has shown that stigmatising attitudes and behaviors remain common, if more covert.

Under these circumstances suicide-bereaved brothers and sisters often find themselves “not only neglected, but expected to put their needs aside in order to spare their parents further distress” (Rakic, 1992, p. 2). Siblings usually experience a desperate desire to make their parents happy again, and they tend to be instructed implicitly, explicitly and repeatedly by others to ‘stay strong’ for them

(White, 2012; Powell & Matthys, 2013). Many therefore try to appear 'emotionally together' or even cheerful around their family, despite their intense pain. The siblings' demeanour is then perceived as evidence that they have not been badly affected by the loss, making them less likely to receive the support and care they crave (Rakic, 1992; Dyregrov & Dyregrov, 2005).

Unsurprisingly, siblings still living in the family home tend to report the highest levels of psychic distress in response to the loss (Dyregrov & Dyregrov, 2005; White, 2012; Rostila, Saarela & Kawachi, 2013). They may be required to take on the role the deceased child fulfilled within the family (White, 2012; Powell & Matthys, 2013) or 'parent' their grief-crippled mothers and fathers (Todd, 1980; Rakic, 1992; Dyregrov & Dyregrov, 2005; White, 2012; Powell & Matthys, 2013). In short, survivors of sibling suicide suffer from what has been termed a 'double loss' – their sibling is gone, and so is their family as they knew it. Typically, they mourn both losses in isolation (Powell & Matthys, 2013).

As can be expected given this litany of psychological challenges, sibling suicide survivors are at particular risk of developing complicated grief reactions, depression and post-traumatic stress symptoms (Rakic, 1992; Brent et al, 1993; Dyregrov & Dyregrov, 2005; White, 2012; Rostila, Saarela & Kawachi, 2013; Pettersen et al, 2013). While no clear picture of a 'typical' reaction to suicide emerges in the literature, strong consensus exists about what tends to happen in the wider family structure: each person becomes too preoccupied with their own pain to offer meaningful support to the others (Todd, 1980; Rakic, 1992; Brent et al, 1993; Rappaport, 1994; Dyregrov & Dyregrov, 2005; White, 2012; Powell & Matthys, 2013; Rostila, Saarela & Kawachi, 2013; Pettersen et al, 2013).

While individual sibling responses vary greatly depending on the situational and relational context of the loss, a number of common themes emerge from the research. Of particular significance are intense anger and guilt, a pervasive sense of responsibility for the death, and feelings of shame, worthlessness, anxiety and fear (Todd, 1980; Rakic, 1992; Brent et al, 1993; Rappaport, 1994; White, 2012). It is also common for survivors to feel relief, if the death marks the end of a long period of worry and uncertainty. This tends to fuel further guilt, creating an ongoing cycle of emotional disturbance (White, 2012).

The sense of utter isolation siblings experience is exacerbated to varying degrees by the social stigma around suicide, which makes discussing the death with people outside the family challenging (Todd, 1980; Rakic, 1992; Powell & Matthys, 2013; Rostila, Saarela & Kawachi, 2013). Many siblings describe being extremely hurt by the actions of those they hoped would support them following the suicide (Rakic, 1992; White, 2012; Powell & Matthys, 2013). Some spoke of friends abandoning them altogether, while others recall people acting as though the death never occurred, silencing them with platitudes, or telling them they should not feel the way they do about the loss (Rakic, 1992; White, 2012). This typically occurred against a backdrop of deep longing and need for the siblings to have their grief heard and validated (White, 2012; Powell & Matthys, 2013).

Some siblings report friendships ending due to impatience that they are 'still not over it', providing some evidence of widespread misconception regarding grief timeframes. However, other siblings admitted to deliberately withdrawing from their friends due to experiencing them as immature, unempathetic and/or focused on trivial concerns (Dyregrov & Dyregrov, 2005). Rostila, Saarela & Kawachi (2013) additionally point out that survivors are likely to stigmatise *themselves* negatively due to guilt, and therefore self-isolate out of shame. Rakic (1992) and White (2012) both posit that survivors' perceptions of stigmatisation can be more often related to intrapsychic processes than actual acts of rejection. Siblings often swallow their hurt to avoid awkwardness with their peers, leading them to feel 'lonely in a crowd'. This may contribute to an overall sense that others are rejecting or avoidant. Whatever factors are at play, the lack of accessible support for siblings represents a significant obstacle on the road to accepting and mourning their loss (Rakic, 1992; White, 2012).

Research also indicates significant lasting effects on the emotional and relational lives of survivors of sibling suicide. Many become preoccupied with the fear of losing other loved ones to death or being abandoned by them, and worry that the tragedy of suicide will be repeated in their own future families (Todd, 1980; Rappaport, 1994; White, 1992). Todd (1980) additionally described a deep sense of 'maternal inadequacy' amongst some of the female siblings she interviewed, and Rappaport (1994) described her clinical experiences of working with two such young women. Both of them longed to become mothers, but could not bear to do

so until they had worked through their deeply conflicted and painful feelings about the loss in therapy.

Some older siblings felt they had relived their lost sibling relationship with their sexual partners – entering unsatisfying or painful pairings which ultimately resulted in their being abandoned or let down again (Todd, 1980; White, 1992). Rakic (1992) wrote of the potential for a sibling's suicide to severely damage any sense of trust in the stability of meaningful relationships, while Todd (1980) pointed out that in her study, the siblings who carried the most guilt around the suicide typically engaged in the most self-destructive romantic pairings (Todd, 1980).

Siblings can feel guilt for a variety of reasons. Some may have kept potentially deadly secrets about their brother or sister – for example, the occurrence of previous suicide attempts and/or self-destructive behavior (Rakic, 1992; Dyregrov & Dyregrov, 2005). Many felt they didn't do enough to stop the suicide, or berated themselves for failing to notice their sibling was depressed. The majority reported experiencing particularly strong guilt reactions when they began to resume their lives (White, 2012; Powell & Matthys, 2013). In addition to what was overtly revealed by her interview subjects, Rakic (1992) noted signs of suppressed guilt, and felt it had such a pervasive hold on some siblings that at an unconscious level they believed they no longer deserved to have joy, happiness or success in their lives. Rappaport (1994) makes similar observations, conceptualising the drive to self-sabotage as a form of self-punishment. It is worth noting that feelings of guilt weren't significant in Rakic's control group of siblings bereaved by illness (1992).

Another emotional phenomenon that warrants further discussion is the anger commonly experienced by sibling suicide survivors, which is typically uncomfortable and shameful for them (Rakic, 1992; White, 2012; Powell & Matthys, 2013; Rostila, Saarela & Kawachi, 2013). White (2012) draws parallels with the murder of a family member, pointing out how much hatred is typically felt towards the killer – and in the case of suicide, the dead loved one is both victim and perpetrator. Anger is also thought to stem from deep and painful feelings of rejection and abandonment (Rakic, 1992; Rostila, Saarela & Kawachi, 2013). However, the presence of anger or rage – let alone its expression – is usually viewed as highly inappropriate and unacceptable, even in families that can speak relatively freely about emotions. Unable to be processed or borne, anger may then

be repressed, turned inwards as self-punishment, or redirected as impulsive lashing out – all of which can serve to block resolution and acceptance of the loss (Rakic, 1992).

Many siblings become obsessed with finding an answer as to why the death occurred. Suicide challenges fundamental notions of self-preservation, and nearly all survivors struggle for varying lengths of time to make sense of what has happened (Rakic, 1992; Rappaport, 1994; White, 2012; Rostila, Saarela & Kawachi, 2013). Several studies have shown a correlation between sibling bonds which included dual relationships – for example, one sibling acting as a ‘parent’ for another – and more intense, lengthy grief responses (Todd, 1980; Rakic, 1992; Rappaport, 1994; White, 2012). Many siblings do report eventually making peace with the fact that unanswered questions will always remain (White, 2012). However, Powell & Matthys, while agreeing that this in itself constitutes a form of acceptance, question the validity of ‘acceptance’ as the end stage of grief. They argue instead that mourning a suicide is a dynamic process that evolves throughout the life stages (2013).

Surprisingly, some researchers described positive outcomes that can ultimately be derived from the experience of surviving a sibling’s suicide. During interviews, a number of survivors spoke of noticeable personal growth and a profound shift in perspective (Rakic, 1992; White, 2012; Dyregrov & Dyregrov, 2005, Powell & Matthys, 2013). Many became involved in suicide prevention activities, and valued the increased compassion and empathy their life experiences had imbued them with (Powell & Matthys, 2013). It is poignant that sibling survivors of suicide often find a renewed sense of purpose and meaning in their lives, as they face an elevated mortality rate from all causes (Rostila, Saarela and Kawachi, 2013). Brothers are most likely to die prematurely in the first year of bereavement, while sisters are at highest risk 2-5 years post-loss (particularly from cardiovascular disease). Additionally, as was long suspected but difficult to prove (Brent et al, 1993) sibling survivors of suicide appear to be at an increased risk of taking their own lives (Rostila, Saarela and Kawachi, 2013).

Clinicians working with survivors of sibling suicide are advised that in many cases, simple reassurances that their grief reactions are ‘normal’ can be extremely soothing (White, 2012; Powell & Matthys, 2013; Rakic, 1992). However, Pettersen

et al (2013) found that siblings tend to hold negative or outright hostile views of therapists if they feel their brother or sister received inadequate mental health care prior to their suicide. They advised clinicians to work hard to foster trust in these circumstances.

Additional recommendations to mental health workers include leveraging positive memories of the deceased to lessen focus on the traumatic nature of their death, while working to re-direct anger and reducing guilt (White, 2012; Powell & Matthys, 2013). The remaining relationships within the family should be addressed (Dyregrov & Dyregrov, 2005; Rostila, Saarela & Kawachi, 2013) and clinicians should be proactive about providing practical guidance and resources. Making survivors aware of local support groups was considered important, and talking with other survivors was seen as very beneficial to many siblings (Rakic, 1992; White, 2012; Powell & Matthys, 2013; Rostila, Saarela & Kawachi, 2013; Pettersen et al, 2013).

Unfortunately, these suggestions may not reach those who could most benefit from them – some researchers have concluded that suicide-bereaved individuals who report the greatest difficulties in seeking help may well be those who have the greatest need for it (Pettersen et al, 2013).

Conclusions from initial literature review

Though this literature attempts to shed light on the experience of sibling suicide, and inform clinicians of ways of working with this client group, in my experience it fails to provide a coherent voice that helps me make sense of my experience as a sibling suicide survivor. This is unsurprising due to the limitations around studying this client group – the need to avoid harm by screening out and excluding ‘mentally fragile’ participants, as just one example, cuts out a vast swathe of people whose experience may be vitally important but cannot be considered. This is particularly relevant given sibling suicide survivors’ inability to speak even to those closest to them. Some studies I identified in the initial scoping phase attempted to circumvent this by getting one ‘healthy’ person in the family to report on the others – but sibling suicide survivors do not typically tell their families how they feel (White, 2012;

Powell & Matthys, 2013). What can truly be known about a psychologically debilitating event, if one is prevented from studying the psychologically debilitated?

My literature review thus concludes with a theme which runs throughout – the inability of sibling suicide survivors to speak about their experiences. The present study therefore attempts to counter this somewhat by contributing a deeper exploration of sibling suicide through the use of heuristic methodology. Previous studies have been limited by ethical concerns around safety and the potential for re-traumatisation. Study participants were screened via psychometric testing, with restrictions put in place regarding who could be included and what they could be asked. As a sibling who would likely have been ruled too psychologically unwell to interview in the months following my brother's death, I may be able to offer some insight around the traumatic impact while remaining within the bounds of ethical permissibility.

Chapter 3: Research Methodology

Grant & Giddings (2002) outline three key considerations when planning a research approach:

- (1) The personal values and beliefs of the researcher.
- (2) The nature of the question the researcher wishes to explore.
- (3) The research methodology which will best match both the researcher and the question.

My emerging identity as a researcher has grown out of my psychotherapy training, underpinned by a predominantly relational philosophy skeptical of individualist concepts of selfhood. Identity, in my view, is not an intrapersonal or 'fixed' construct – the self emerges in relation to others, influenced by the broader sociocultural context, and is continually re-created and reconstructed (Etherington, 2004). Therefore, I find myself strongly drawn to the interpretivist paradigm, which aligns with my ontological and epistemological positioning. According to interpretivist thought, though the self is a fluid construct something of the universal truth of an experience can be found in self-understanding. As Kenny posits, "by virtue of being human we are constantly seeking to understand ourselves and our environment. This questioning involves effort and, if pursued conscientiously, can take us to fundamental questions that concern the nature of our existence" (2012, p. 7).

I considered phenomenological research to be a natural match for internally exploring the experience of sibling suicide bereavement. With the aim of staying close to a phenomenon by capturing the story of one who has lived it, such research aims to get as near as possible to 'the thing itself' (Grant & Giddings, 2002; Cibangu & Hepworth, 2016). Within this school of thought, heuristic inquiry (from the Greek 'heuriskein' meaning to discover or find) provides a compelling framework for exploring 'the essence of the person in experience' (Moustakas, 1990, as cited in Etherington, 2004). It is a reflexive approach, in which I serve as both subject and researcher.

Since I have personal experience of losing a sibling to suicide, a deep connection to the topic, and a fervent desire to explore and illuminate it, I felt I was well equipped to contribute to the existing body of research. Through a process of sustained immersion, self-dialogue and self-discovery, I hoped to capture something of the essence of sibling suicide bereavement. Whatever I uncovered would inevitably be seen through the lens of my personal experiencing, but would likely include themes and meanings that have a universal element to them (Moustakas, 1990).

Sela-Smith (2002) expands on Moustakas' work (1990) by pointing out that heuristic inquiry facilitates the process of transformation via immersion in the topic area. It is, at heart, a methodology concerned with the process of change – and change is often reported as an inherent and inevitable part of heuristic research (Etherington, 2004). Undertaking a heuristic study requires the researcher to let go of structure and surrender to the process, to leap without knowing where one will land. According to this paradigm, the very nature of the researcher-researched relationship changes the thing being examined – in this case, the researcher themselves (Kenny, 2012).

Potential Alternatives and Limitations

Heuristic methodology, to my mind, was not without drawbacks – and it was not the only way of doing things I considered. Moustakas' methodology has been criticised by post-modernist thinkers for giving undue weight to 'grand narratives' that may be little more than 'fabrications', able to be brought to awareness only through denial of difference in the human experience (Kenny, 2012). This critique gave me pause, particularly given the emphasis in my training on cultural awareness. I have some understanding of the ways in which dominant power structures are entrenched through ideological appeals to sameness and universality. However, Moustakas (1990) posited that inner subjective engagement only begins the heuristic process, and other thinkers (Kenny, 2012) believe he was clear about the importance of considering difference – but such a quest must begin within knowing oneself.

Initially I had planned to utilise thematic analysis, but found myself hamstrung by a lack of source material. The nine pieces of research literature I identified around sibling suicide were simply too few in number, too scant and scattered to produce a solid final product. In addition, as thematic analysis seeks to identify a collective 'voice', something of the depth and richness of the individual experience is inevitably lost (Braun & Clarke, 2006).

Hermeneutic methodology would be similarly hampered – there would be great difficulty involved in making meaning around a subject that is still poorly understood. In addition, this way of carrying out research focuses on interpretation and making sense from a position of distance (at least comparative to heuristic methodology) (Grant & Giddings, 2002). I wanted to research sibling suicide from the inside, as close to 'the thing itself' as it is possible to get. As I spoke about in my concluding comments on the literature review, I wanted to bring forth the kind of raw experiencing that cannot ethically be touched on in an interview. Whatever I choose to ask myself and examine in myself is permissible – at least according to the standards that currently govern the research world. I felt compelled to give myself that permission.

While I wanted to draw on the principles of heuristic phenomenology, I eventually concluded that a full phenomenological study was outside the scope of this research project due to time constraints. I was also cautious of Sela-Smith's (2002) assertion that many research projects labelled 'heuristic' lack evidence of a sufficiently immersive experience due to externally imposed limitations. In her opinion, Moustakas himself sometimes failed to demonstrate the integrity of the process. Since I am inescapably constrained by course requirements, I spent some time thinking about how best to facilitate depth within a pre-allocated timeframe. As a containing aspect, I decided to seed my heuristic exploration with academic literature focused on sibling suicide survivors. This gave me a clear starting point, and also means that my research is neither a purely heuristic process nor a heuristic literature review, but something of a hybrid. However, it is the approach that best fits my needs – and as a heuristic researcher, this is entirely appropriate: "each heuristic study is a unique, creative challenge aimed at revealing the intimate nature of reality and thus requiring methods that fit the particular investigation" (Douglass & Moustakas, 1985, p42).

Method

Moustakas (1990) outlines six steps for carrying out an effective piece of heuristic research:

Initial engagement

Initial engagement describes the process of connecting to a topic that is both personally and socially meaningful, and forming a related question that seeks to qualitatively investigate a phenomenon. In undertaking this sort of research, asking the right question can potentially be more important than finding the right answer (Kenny, 2012).

For me, this process of discovery began nine years ago following the death of my brother, as I searched for information and advice specific to sibling survivors of suicide and found little to help me make sense of what I was thinking and feeling. I considered carefully what sort of question might best capture the sibling experience of suicide, and kept circling back to the missing sibling voice in the literature. I could not shake the sense that this lack related to my own difficulty with speaking and being heard in the aftermath of the suicide.

Therefore, I decided to explore this curious absence of words within myself – in hopes of capturing something that might shed light on our collective silence around our lost brothers and sisters.

Immersion

During the immersion phase of heuristic methodology, the researcher 'lives the question' in their waking, sleeping and dreaming life. They remain alert to any and all manifestations of it and reflect on their nature, while remaining open to the process and resisting the urge to be proscriptive or directive. Once the question has been formulated, the initial impulse to strive for an answer must be set to one side and knowledge considered a process rather than a product (Kenny, 2012).

I began by seeding the immersion phase with the few voices I had found: nine academic papers exclusively focused on sibling suicide survivors (Todd, 1980;

Rakic, 1992; Brent et al, 1993; Rappaport, 1994; Dyregrov & Dyregrov, 2005; White, 2012; Powell & Matthys, 2013; Rostila, Saarela & Kawachi, 2013; Pettersen et al, 2013). Over the course of several months, I read through them as carefully and thoroughly as possible, making notes on my reflections as I did so in two leather-bound A5 journals. These were carried with me everywhere I went, and placed by my bed at night to ensure my dreams and waking thoughts were captured.

As I read, I internally examined what moved me further towards finding words for my experience, and what pushed me further away. I wrote down my insights as an unfolding stream of consciousness, pursued my intuitive hunches, and scrutinised my tacit knowledge of sibling suicide. If I noticed the urge to rush through or dwell on a particular passage or paper, I recorded it. I noted if there was a change in tense or tone in my self-dialogue, or – interestingly – if I began speaking ‘to’ another person in my reflections. I continually looked inwards to check my emotional state, making note of what I found (or the absence of anything I felt should have been there) as well as what I had been reading at the time.

I noticed that I found it difficult, at least at first, to fully surrender to the immersion process. My thoughts and reflections took off on tangents that seemed completely irrelevant and strange, and it took some time to trust that I would end up somewhere if I ‘hung on for the ride’. The urge to keep myself rigid and contained around the question, as Kenny (2012) warned against, was strong.

Around two months into the process it felt appropriate to ‘branch out’ from the seed material, and I began facilitating the immersion process with articles from the mainstream media. There were many, as the ongoing debate around speaking about suicide had flared up strongly. I was noticing the intensity of my responses to what I was reading, and it felt important to include them. I also began writing about what happens for me in the present when I speak about my brother’s suicide. I experimented with talking, and noted what I had chosen to speak about and what I had held back about. I wrote about the differences in disclosing to different people, and what went on internally for me as I did so. I considered what assumptions I had as I went to speak, and considered how that coloured the interactions.

Finally, I read and reflected on my own diary entries written around the time my brother took his life. Given the impossibility of ever fully knowing the self in the past, I felt this was an important activity to ground my findings.

I worked closely with my supervisor to gauge when it was time to move out of this phase of the process. As Sela-Smith (2002) points out, being too prescriptive about timeframes can compromise the integrity and natural flow of the heuristic process. I had to manage a delicate balance between allowing immersion to extend past the point it was useful, and pulling back before sufficient depth was obtained.

The entire process took around six months, at which point I felt it coming to a natural close. Etherington (2004) describes the immersion phase as ‘drowning in material’, and I can attest to the truth of that metaphor. I had two large journals full of responses, thoughts and reflections, and there was simply *so much* there. I had so many angles and emotions, so many memories and musings, so many thoughts both coherent and incoherent. Some things I recorded took less conventional forms – including stories, dreams, metaphors, free associations, poetry and songs. It felt as though I had done a deep, deep dive through dark waters – one that had gone on so long I had only dim awareness of where I had started. Therefore, I took the time to transcribe my journals into electronic form, a process that resulted in 92 pages of data.

Incubation

The incubation phase involves stepping back from the question and letting what has been brought into awareness percolate. The uncovering of such ‘tacit knowing’ forms the base of all heuristic discoveries – however, because it is so personal and context-specific, it can be very difficult to communicate (Kenny, 2012).

During this stage I detached from the topic, creating space for growth in the tacit dimension outside of my immediate conscious awareness. My diaries sat untouched in my bedside table. I began, slowly, to re-engage in life as a living person rather than a living question, as I had come to experience myself. As I went to class, or for a walk, or to the beach, I might notice the question hovering lightly in the back of my mind. Previously, it was almost as though I was living my day-to-

day life around the question – sibling suicide the filter through which I experienced everything that entered my perception.

It was peculiar feeling the gears of my brain, temporarily turned towards the quest for knowledge; grind and thud slowly back into the rhythm of day-to-day routine. My mental enmeshment was over, but I was still unsure what I would return to – who I would be – after such an experience. I resonated with Etherington's (2004) comments on the difficulty of trusting this process, being okay with 'not knowing' and having faith that sense would emerge from the senselessness of the data. It helped that in my creative work prior to beginning my psychotherapy training I had been taught to use the tacit dimension. I learned, through trial and error, that the process cannot be forced – that ideas with the ring of truth emerge in their own time and in their own way. I remained open, and I waited, but not without trepidation. As time passed, my anxiety became more difficult to contain. The data seemed such a mess, a pile of odds and ends and bits of tangled string and shards of glass. Mucky spots I'd rather not look at, fluffy stuff that seemed to have no shape, dark matter dredged up that deeply disturbed me. I saw my data as the sweepings of all the surfaces and corners of my mind, and I wondered how on earth it was all going to come together.

Illumination

Illumination naturally occurs following incubation, a process recognised by some of the earliest thinkers in research history. Moving into this phase, I continued to contemplate the topic lightly in my mind, allowing the unconscious knowledge I had absorbed sufficient space to break through to awareness. Previously hidden meanings and themes were slowly revealed to me, an experience I found unsettling even though I had longed for it and feared it would not come. It was like watching objects slowly float to the top of the aforementioned chaos – I would see a corner poke out, and strain to identify the shape of what was emerging. It felt like an almost physical exertion to pull these insights out, as though they were things I recognised on some level but they had to be dragged – slowly, exhaustingly – through to a place where I could see and describe them.

I began using my journals again at this point, in order to write down snatches of insight and clues that helped me piece together what I was uncovering. They tended to manifest at moments when my mind was distracted and therefore unable to directly dig into the question. I often found myself reaching for my journal in the twilight moments of semi-consciousness before I slept, or as I absent-mindedly washed suds from my hair. On several occasions, I pulled over to scribble something during a long solo car drive. To me, the nature of these 'lightning bolt' moments demonstrated the integrity of the process. It was not the conscious, cognitive part of me speaking. The feeling, experiencing, tacit dimension of my mind was breaking through in the brief absences of my 'thinking brain'.

Explication

Explication involves careful examination of what has been made conscious through a process of self-searching, indwelling and self-disclosure. It seemed important to me to clear a space, remove all distractions, and have a sense of calm and quiet as I began the explication process. In order to create these conditions, I spent five days alone in a small house near Mt Ruapehu. I wondered how to begin, and realised I felt strongly compelled to return to the data and attempt to organise it around the meanings and themes I had uncovered. I spent my mornings doing this, and my evenings taking long walks in the surrounding forest and farmland, quietly contemplating the thoughts stirred up by the day's sorting.

As I wrote in my journals during the immersion phase, I marked when I felt I had made a 'point', finished a particular thought, taken a break or gone off on a tangent. Different symbols demonstrated each – combinations of lines, dashes, asterisks and dots – and I had also added dates, times, and what I had been reading or doing at the moment I had that particular reflection. I had also underlined what I felt was important, or written in capitals. In this way, I was left with small 'chunks' of data that I could readily pick up and turn over in my mind. I would examine each, identify which themes I felt it spoke to, and then copy and paste it into labelled documents. A single piece of data could – and often did – relate to multiple themes, and I soon had quite a number. Each time something new came up; I started a new document for that theme. By the time I finished, late on the evening of the fourth day, there were 58 of them.

Over the weeks that followed, I worked to understand and illuminate the essence and meaning of my work so far. I paid sustained attention to my internal frame of reference, holding my assumptions, biases and judgements carefully under the spotlight. This was a process of self-dialogue, a strange experience in which I considered myself from the semi-detached vantage point of researcher. It was a peculiar and upsetting experience, reading what I had pulled from my own mind and attempting to consider it objectively. I was shocked by how fragmented the traumatised part of my mind remains, and I remember thinking how perturbed I might be to read something like this had one of my own clients written it. I remembered, with painful rawness, Sela-Smith's damning critique of Moustakas himself – unable, in her view, to fully face into the unbearable pain of his experiencing (2002). How long can one stare into the sun, I wondered, and am I still managing to keep my eyes open?

Creative synthesis

Creative synthesis marks the last step of the heuristic process, and involves the researcher pulling together a final product from the work they have completed.

In order to facilitate the intense self-searching and focus this task called for, I purposefully embarked on a period of solitude. While I stayed home in Auckland on this occasion, I spent my days in my newly-acquired psychotherapy office. It felt immensely meaningful to me, completing this piece of work as my first act in my own professional space. To the side of my computer screen I placed a photograph of myself and my two siblings, one of the last ever taken of us together. I looked at it often as I wrote, thinking of it as a sort of anchor in the immense sea of reflection I sometimes felt adrift and lost in.

I communicated little with the outside world during this time, devoting myself almost exclusively to my writing and ongoing internal process. Slowly and carefully I wove together my literature review, phenomenological data and personal reflections, drawing everything together with a detailed discussion of my findings. The result is this finished piece of research, which tracks my transformative process.

Chapter 4: Results/Findings

Buried within the trauma of my personal experience of being a sibling survivor of suicide were a number of themes and a greater number of questions and considerations. Firstly, it became clear that I do not (and perhaps cannot) speak about 'the experience' of losing a sibling to suicide in its entirety. There are multiple facets and varying levels of depth, and if it is possible to convey all of them simultaneously I have not yet done so. Therefore, to begin I considered which particular part of 'the experience' I am putting words to in any given interaction.

Speaking 'About'

I identified five main 'facets' of my experience losing a sibling to suicide:

- **The Basics.** The admission that my brother took his own life, and the factual circumstances surrounding his death.
- **The Details.** The painful, disturbing and horrific things I witnessed and experienced in the aftermath of the suicide.
- **The Impact.** The ongoing effects of the suicide over the years, and what continues today. This includes the secondary losses I mourned in addition to my brother – my sense of self, family, belonging and security.
- **The Emotional Experience.** The feelings attached to the suicide – most notably anger, fear, horror and misery.
- **The Dead.** Who my brother was as a person, and what our relationship as siblings meant to me.

Speaking 'To' and Speaking 'As'

I additionally recognised that the roles I possess and the social spheres in which I hold them strongly impacts what I choose to disclose. Figure 1 shows the different

areas that make up my interpersonal world, the roles I hold, and the people I speak to at each level.

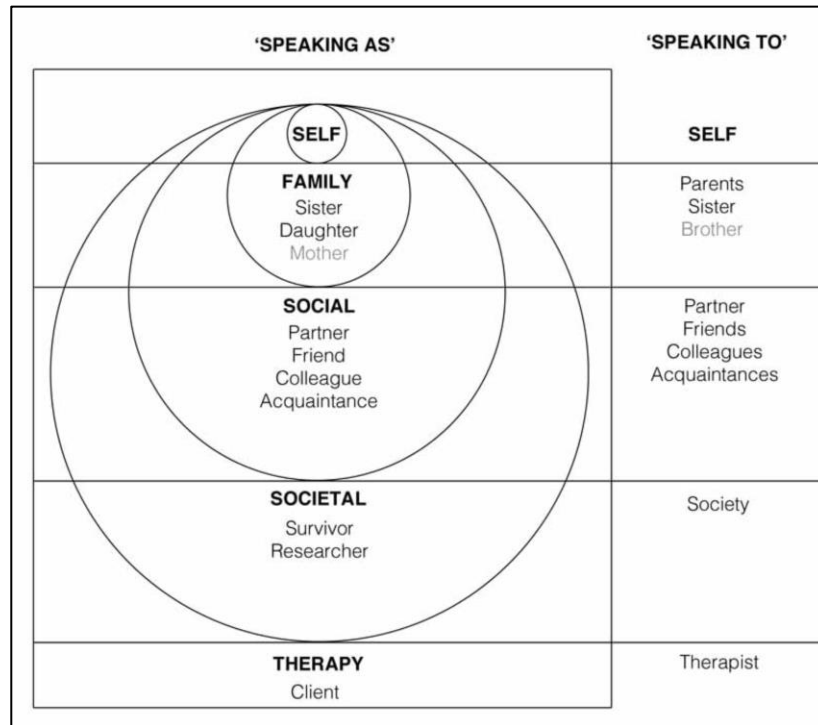


Figure 1. Roles, relationships, and relational spheres: a model of my intra and intersubjective worlds.

1. **The Self.** At this level, I speak only as myself and to myself – while acknowledging that a 'self', rather than being a fully integrated whole, includes various parts with varying purposes that may or may not communicate with each other.
2. **The Family.** At this level, I speak as a daughter (to my parents) and as a sister (to my sister).

Additionally, there is someone I speak to despite the fact that they are no longer alive to hear or respond (my brother), and alongside this the role I once held as his sister. This identity no longer exists in the physical sense,

but still has deep intangible meaning. Finally, there is a role I wonder about holding in the future (mother).

These non-physical roles and relationships are shown in grey text, and indicate that this structure is fluid across the boundaries of time and physical space.

Note: the Family sphere includes all the roles of the Self sphere.

3. **The Social.** There are numerous roles I hold at this level (friends, girlfriend, colleague, employee, acquaintance) and corresponding individuals spoken to in each (friends, partners, colleagues, bosses, acquaintances). Again, roles held and people spoken to change and shift across the lifespan.

Note: the Social sphere includes all the roles of the Family and Self spheres, and these do not necessarily always correlate. I may, for example, speak to a friend in my role as a daughter when discussing my parents.

4. **The Societal.** This level encapsulates all the roles I hold in my life, including those already discussed at earlier levels. It also includes all the people I interact with. It is rare that I will speak broadly at a societal level, but it does occur – for example in my work writing articles and blogs on suicide.

Note: the Social sphere includes all the roles of the Social, Family and Self spheres.

5. **Psychotherapy.** The therapy room functions as a holding space for my entire intra and interpersonal worlds – the container within which all of the spheres float.

While I talk to a single person there (my therapist), I speak there not only as a 'client', but also as everything I am in society, social life, my family and my inner self.

Note: I bring all the roles of the Societal, Social, Family and Self spheres with me to psychotherapy, but I speak only to my therapist.

The Self Sphere

While an exhaustive mapping of my own psychic landscape would be a dissertation-length attempt at the impossible, it seems vital to consider my self-speak around my brother's suicide. The narrative I hold in my mind and the way the different parts of myself speak to one another impact every attempt I make to put words to the loss of my brother with others.

The Basics

The bare facts around my brother's death are the part of the experience that feels most accessible to me. With time, they become more and more embedded in what I instinctively 'know' at a visceral level. However there are still occasions where I forget, momentarily, that my brother took his own life. Almost a decade later I catch myself thinking to send Richard a message, or making a mental note to tell him about something I have seen or heard over the course of the day. Each time, I feel the scab covering my grief burst open and bleed anew. It seems a part of my mind exists that he can never be exorcised from, and I simultaneously 'know' two impossible things that can never be reconciled. I have a brother two years younger than me, who also ended his life aged 19.

The Details

It is possible – perhaps probable – that I have hidden some of the details from myself, forgotten or repressed things that are too difficult for me to know. When I examined my diaries, written in the aftermath of Richard's suicide, I had spoken about things I did not recall. Reading the words jolted those memories back into conscious awareness, but until that moment I had no access to them. I had similar experiences in response to reading the literature around sibling suicide bereavement – as though the material poked something in the depths of my mind.

Slowly it would stir, and a memory would emerge – typically something similar to what I had just been reading about.

In terms of the memories I do have reliable access to, only in the secrecy of my own mind (and occasionally the therapy room) does it feel safe to recount the traumatic details. In my family, social and societal worlds it feels insurmountably taboo – almost a form of conversational violence. I wrote the following mid-way through remembering the experience of viewing my brother's body, in response to reading about another survivor's similarly painful experience:

"Why would I put words to most of this?

Who would wish to hear it, and for what purpose?

If the story dies with me, surely that is the best outcome."

- (Journal entry).

The Impact

As I examined what I wrote in my journal about the impact of Richard's death, I noticed a jagged split separating two poles of my psyche. One part appears completely dismissive, and seems to hold the view that I was barely affected at all. It berates me for my ability to perform life's functions after the death without collapsing, as though this demonstrates a lack of love for my brother. It considers any impact the trauma has had on my ability to maintain friends and intimate relationships 'making excuses', and focuses particularly strongly on my numbness and inability to cry. Conversely, the other part considers the death of my brother the end of whoever I was before he chose to take his life. I have been broken beyond all repair, estranged indefinitely from my own humanity, and permanently stained.

I have long known of the existence of this split – a large part of my work in psychotherapy has focused on reality testing and healthy integration of the two polarities. I believe that now, ordinarily, I am capable of taking an authentic inventory of the impact of Richard's suicide on my life. But in the course of completing this piece of research, I noticed the extremes becoming strongly activated in response to different aspects of the literature. When I read about

survivors who were crippled by their sadness, I began comparing my numbness and anger to their more 'acceptable' tearful grief, and feeling deep shame around how I responded. The narrative of 'not being affected at all' began to emerge. On the other hand, in response to survivor accounts of rage, I noticed myself being quickly swept away in a wave of my own anger, and becoming mired in bitter, miserable thoughts about brokenness and loss of innocence. I also noticed this negative self-talk disrupting the heuristic process. I regularly interrupted the flow of my thoughts to berate myself for still being 'so preoccupied' with my brother's death, and refused to pick up the thread again.

In response to reading about siblings' relationships with their surviving brothers and sisters, I grudgingly admitted there are – for want of a more tactful turn of phrase – 'positive' elements to consider. I am deeply unhappy with that word, but cannot find another that fits any better. There is no 'good' in what happened. However, I do not believe my sister and I would have the emotional closeness we currently share if my brother had lived, and this is a difficult thing to acknowledge. I have, at times, considered my career change and heightened awareness of life's finitude in similar terms. But then I consider whether I would not simply have remained happy in the life I was previously leading. The experience has changed me in ways that I cannot grasp, with no way for me to really know who and what I am – or was – in order to gauge the difference. The eye cannot see itself.

"If I had one wish, I would have Richard back.

But then I would no longer exist."

- (Journal entry).

The Emotional Experience

Much of what I witnessed in the hours and days after Richard's death was profoundly disturbing, and I seem to have defended against the full horror with a persistent emotional numbness. The memories are most often devoid of the feelings that should be attached to them.

I have identified 'anger', 'horror', 'fear' and 'misery' as the main emotions I experienced in response to my brother taking his own life. Of these four, anger

remains the only emotion I have been able to regularly and reliably access – though this seems to have shifted in recent years. Very rarely do I make contact with my fear, horror or misery, but when I do they feel raw and strangely timeless. Past and present almost completely meld, and if I close my eyes I truly do feel ‘back there’. As I look at my journal, a back-and-forth oscillation can be observed whereby I drift into emotional experiencing, then back into self-observation as I ‘report’ on what I notice myself doing.

Anger

As I think back on the first year or so after the suicide, anger features so strongly that sometimes I forget I felt anything else at all. It was my rage that first brought me to psychotherapy – uncontrollable, frightening, bursting out of me at even the mention of Richard’s name. I was so unbelievably angry with my brother for what he had done. The words ‘poor Richard’ were spoken so often in my presence, and always I thought no. Poor us. He feels nothing now, and this is what he chose for himself. For his mother and father. For me.

“My fury could fill a hundred vats of boiling oil to brimming”, I scrawled in my diary a month after the suicide.

“Enough power to darken the sun

Turn cities to ash and bone

All caged and seething beneath my ribs.”

- (Personal diary entry, around one month post-suicide).

With time and a lot of talking, I came to a place of greater understanding and empathy for the decision my brother had made. I eventually accepted that given the same difficult life circumstances, I could not say with any certainty that I would have chosen differently.

My anger may have lost its intensity, but I still felt incredibly moved as I read about other survivors admitting their anguished rage towards their siblings. As painful and ugly as their words were to read, I felt them like a soothing balm – warmth spreading over my skin and down to the bone-deep shame. I was no longer alone in my anger – which I had always labeled freakish and wrong (if not outright

wicked). I longed to reach out somehow through the pages and touch these others like me. By claiming their anger, they helped me feel able to claim my own – cleanly, and without self-recrimination.

Horror

I observed myself moving into feelings of horror in response to seemingly mundane details in the literature. As Rakic (1992) considered the importance of 'open communication' around the death, the memory of the moment I received the phone call played out vividly in my mind. The same thing happened when Todd (1970) detailed the initial 'shock and numbness' sibling survivors typically experienced in response to the news. I could almost feel once again the buzzing in my ears, the sick waves of disbelief crashing and suffocating.

Other brief statements that brought up powerfully emotional recollections included:

- Rakic's finding that many survivors experience a deep need to visit the scene of death (1992).
- A quote from one of White's survivors about the house being 'full of people' after the death occurred (2012).
- The words "No, no, no, I don't want to be here", spoken by one of Rakic's survivors as they viewed the body (2012).
- Todd's finding that most survivors found little comfort from religion (1970).

I believe I unconsciously accessed the most distressing content in my dreams. For nearly two years after Richard died I experienced terrifying nightmares from which I would wake unable to breathe. I dreamed of being chased, eaten alive, bludgeoned, burned, or watching my family murdered in front of me. Sometimes it was me doing the killing. At other times, my brother died because of my negligence – I would come across his body, and remember I was meant to take him to the hospital. On and on it went, night after night, while during the day all I felt was angry and numb. I may not have been able to acknowledge the full extent of the horror to myself, but my mind seems to have found its own language.

Fear

My feelings of fear manifested mainly around the terror of death I experienced following the suicide. Nobody in my family seemed to resonate with this when I tried to speak with them about it, and I do not remember seeing it mentioned in any previous suicide bereavement material. However, in sibling-focused literature, existential angst and preoccupation with one's own death were identified as common themes.

As I touched the body of my brother – unhearing, unfeeling, unknowing – the inevitability of my own death suddenly became very real. Death was ethereal before that moment, something I knew about and yet did not comprehend. Daily living, conversely, became absurd. As I sat in gridlock on the way to work, I marveled at all the faces around me – blankly staring, fiddling with the radio, chewing mindlessly. This is our only chance to be alive, before eternal nothingness swallows us. What the hell are we doing spending it here? What is here? What are we? What am I? What is life? But then ... what does it matter how I spend my time, if I cannot take my memories with me into death?

Of course, I could not exist for long in this mental space and remain sane. Somewhere in the background of my mind a psychic lid was slapped firmly over my existential terror. I believe the angry part of me served to protect the vulnerable, terrified part, which had no safe place to manifest:

"I sheltered myself by believing that Richard was weak, and in realising I was probably no stronger than him in that position I could give up most of my anger – but I had to relinquish my sense of safety and righteousness with it. I was small, and defenceless, and alone, and scared."

- (Journal entry).

Misery

Sometimes – not often – I am able to tap into a raw, real sense of my grief and loss. The word 'misery' resonated strongly with me, conveying a sense of the inconsolable sadness, prolonged suffering, and longing ache I experienced. I noticed my capacity for feeling this misery has only ever emerged only when I am alone or (occasionally) in therapy.

I believe my misery feels too private, too personal, to share with another. It is as though I have no skin, and trusting another not to inadvertently poke my rawness is more than I can bear.

The Dead

Sometimes it feels as though I struggle to access my memories of my brother. There are generic things, of course – the food and TV shows he liked, his favourite clothes, his wicked laugh. I remember at one point being afraid I would lose what I remembered about him, and writing down everything I could think of. After a few pages, I realized that the list said nothing. It wasn't his love of eating raw carrots, the way he rolled his eyes or his favourite shoes (Nikes printed with American \$100 bills) that I missed. Everything I could name about my brother felt somehow one-dimensional, the essence of him impossible to grasp. I remember how frustrated I felt after speaking at his funeral, how trite it had all seemed.

The best explanation I have for my difficulty speaking about my brother to myself is this: together, in relationship, we were something bigger and more intricate than the sum of our individual selves. I can describe him as a person – but what I miss is my *brother*, the person who was a part of me.

“I think of the place, the space we created together – gone cold and dusty and dark but still living inside me, waiting for him to return and make the room alive again though I know he never will. I sit in there alone, in the dark, on the dusty floor and stare into gloom.”

- (Journal entry).

I came to this realisation only after musing deeply on the nature of the sibling bond. I read numerous accounts of other brothers and sisters' experiences, attempting to describe their loss to a researcher. Then I imagined myself trying to do the same, and realized it was not an individual I was describing but a bond. A bond entirely unknowable to anybody but the two people joined by it, who have no need for the words to explain what they create together.

I noticed, by observing my journal, that I can put words to our sibling bond more readily in places that were significant to my brother and I – as though an echo of the bond is left in the spaces it grew into:

“As I look out over Te Arai, at the beach spiders and cotton flowers, I am moved to tears. It is something about feeling so close to who we once were. The veil of time feels thinnest in these moments, it is as though I can half-close my eyes and forget...

I miss who we can never be again.”

- (Journal entry).

The Family Sphere

The space where my family relationships reside is a complex place. Some aspects of my brother's suicide need no speaking about, for they have been physically shared and require no re-telling. It is the place where the most is 'known', at least in some dimensions of the experience. As such, some of the most meaningful, soothing moments in which I felt truly understood and 'got' occurred here.

On the other hand, the Family sphere also represents the site of my most painful, rejecting experiences. Here I have often felt silenced, unseen or un-got, for – as my mother often said to me in childhood – I am 'not the only pebble on the beach'. A collective story runs alongside my own, blurring the lines of what I can and cannot claim to feel or have experienced:

“I get scared when I feel like I stray into being upset with my parents' actions. Like I have lost the right to complain, forever, because they have lost a son. But also because I need to protect our image as a good family that bad things happened to.”

- (Journal entry).

The Basics

My parents and sister know the basic facts of my brother's suicide as well as I do – probably better, since I was away from home at the time. However I very rarely (if ever) bring it up in front of my parents in even the most cursory way. If one of them begins to speak about it, particularly my mother, I notice myself instinctively begin to shrink and withdraw. I give the briefest, most functional replies possible. I begin to feel a strange mixture of fear and numbness as I contemplate warily where the conversation may go. The basics are the only place it is safe – and even then it feels very unsafe, as we may stray onto dangerous ground at any moment.

My sister and I are now able to speak with relative ease – beginning with the bare facts and tentatively venturing outwards. However, there was a period of about a year immediately following the death where we did not speak at all.

The Details

I do not often choose to speak to my sister about the details of Richard's suicide, but I will not shy away from the topic if she brings something up first. On the occasions I do initiate the conversation, I often notice a sense of guilt afterwards – as though I have stepped outside the boundaries of what is acceptable and burdened her. As the older sibling by seven years, I see it as my role to listen and protect. I regret how little I was available to my sister in the aftermath of Richard's death, and the horrors I could not shield her from. We often speak 'around' the details, supporting one another through the difficulty of holding perspectives that cannot be heard within the family. Like the siblings Rakic (1992) interviewed, we quickly learned that contradicting our parents' version of events was not acceptable. So we find solace in shared frustration, resentment and sadness without necessarily voicing the specifics.

I remember some aspects of the loss differently to my mother and father. Like many of the siblings I read about, I also have my own opinions about my brother's state of mind when he died and why he made the choice he did. I noticed in myself a powerful need to put words to some of these details with my parents, to speak my experience of them. I think I longed for validation that I am allowed my point of view, even if others in my family disagree. I felt horribly guilty about upsetting my parents, and I knew from numerous past attempts that my recollections were very

unlikely to be well received if I voiced them. However, denying and repressing my experience to fit in with the way my parents speak about the suicide is only bearable for a short time. If the conversation drags on too long, I nearly always crack under the strain of pushing down my reality – like a ball held underwater by weakening arms, the words burst forth.

“Mum and Dad told people Richard was depressed and planned it all, but I think he was impulsive and drunk and blinded by rage.

I cannot believe that the last morning I saw him grinning goodbye at me, he would have been anything other than terrified to know he had just one day left to live. But I cannot speak my version.

He may have been my brother, but he was their son.

They own him, and they own the story.”

- (Journal entry).

As far as I can tell, nothing has changed. This vignette occurred almost a decade after my brother died, and it is a well-worn variation of a theme that has repeated over and over all those years – an old, old dance.

The Impact

My sister knows more than anybody else the toll Richard's death has taken on me. In addition to what she witnessed living with me in the days, weeks and months following the suicide, today I speak reasonably freely about my struggles with trust, intimacy, grief, and the way our family has been affected. That said, the worst things I intentionally kept from her. It feels important to maintain a solid sense of safety for my sister, given the shattering of our sense of family and home and belonging. We each talk about how our strongest sense of family is located in the other. In addition to a shared history, shared genes and shared family members, we share unconditional acceptance and a sense that someone else 'gets' us. I do not want her to ever worry about losing that, so I do not want her to ever know just how self-destructive and dangerous my life has been at times.

It is the same with my parents, though I suspect at least some of my acting out was in the hopes they would notice something, notice me. I was angry when inevitably

they did not, and I took it as further hurtful evidence that their preoccupation was with their lost child – not their living ones. I remember my mother asking me once to talk about my poor mental health after the suicide. It was a frustrating experience, where I kept feeling as though her questions and comments did not line up with what I was saying. Eventually she blurted, “I just need to know it wasn’t my fault.” I would have been able to take the conversation further, I think, if I felt she had genuinely wanted to understand my experience. Unfortunately she was driven by her own fear and guilt, which made me shut down as I sensed I was not really being listened to. As she searched my words for clues of blame, she missed what I was trying to get her to understand. It was an intensely painful experience for both of us, one that neither of us has tried to repeat.

Interestingly – and somewhat sadly – my brother’s death has impacted the future roles I anticipate holding in the Family sphere. I developed strong ambivalence about becoming a mother after Richard’s suicide, and initially found this quite strange. However, upon reading the literature around sibling suicide, I was surprised to learn that many sisters felt similarly. There are several facets to why I think I feel this way, which I am able to talk about with varying degrees of ease. First, there is the basic risk involved in loving something as much as I will love my baby – paired with the fact that suicide tends to run in families. My mother’s mother lost a child, and Mum speaks of finally understanding what Gran went through. She tells me that the day I have a baby of my own, I will understand why she has been so crippled by grief. I remember having a powerful response to a quote I read on a gift plaque in the days following my brother’s death, and recorded this recollection in my diary:

“To have a child is to forever have a piece of your heart walking around outside your body.”

Why the fuck would I do that knowing how it can end?”

- (Personal diary entry, 3-4 weeks post-suicide)

Like the women in Rappaport’s article (1994), I also fear that the trauma of the suicide has damaged my ability to be a good mother beyond repair. I know something about my capacity for madness, and to have a child with this knowledge feels irresponsible. I am able to talk to my mother, father and sister about this –

but we quickly reach a stalemate as they tell me I have nothing to fear, that I “would make an awesome mother”. I cannot take in their reassurance, so to avoid the issue I have a ‘cover story’ (with some elements of truth to it). When the topic of children comes up, I blame my unsuitable life circumstances or lack of maternal drive, or flippantly talk about liking sleep and ‘having a life’.

I wonder what it would be like to talk to one of the women in the papers, to share these fears. Even reading about them through a screen, just bare details and pseudonyms, lessens my sense of isolation. I still stay silent about why I think I’ll never be a mother, or at least keep the real reasons from my family. But it feels less like I’m holding a hot coal inside, something disfiguring that makes me ‘weird’ to those closest to me. The possibility of being understood exists, with the knowledge there are others like me. I no longer feel the urgency to get that understanding from my parents or sister.

Sometimes I speak to Richard of the impact of his death, with no holds barred. I have also come to wonder if much of the self-destructiveness I engaged in after his death was a wordless demonstration for his benefit. When I recounted particularly ugly details in my journal, I recalled thinking:

“Oh Richard, if you could see me now.”

- (Journal entry).

This speaks to what I consider the key impact of Richard’s death – feeling as though I no longer have a family. Even ten years later, a ‘family dinner’ feels like a travesty as I pull four plates out of the pantry instead of five. All I can see is what is no longer there, and for many years that coloured the experience so vividly I avoided family events at all costs. While I attempted to explain the missed Christmases and birthdays to my mother, I have always stopped short of telling her I feel family-less. I have told my father just once, and he said it is the same for him. My sister and I spoke reasonably often to each other about it, usually when one or the other of us spent time with our boyfriends’ families. Sitting on the periphery of whole, untraumatised families having fun together, we become painfully aware of what we no longer have. We both express guilt for feeling this way, and keep it to ourselves knowing it would wound our parents even further. In response to a vignette from one of Rakic’s (1992) survivors, I wrote the following in my journal:

"All I see is who is not there. I cannot bear the forced jollity, the rictus smiles, and the thick fog of denial.

I would rather spend these times alone than look at the gap left behind – like a tooth knocked out of a face."

- (Journal entry).

The Emotional Experience

There were very few words I could speak as a daughter about my experience of losing my brother. Like the survivors interviewed by Rakic (1992) and Powell & Matthys (2013), I felt extremely unable and unwilling to disclose how I was feeling. To further confuse matters I took on a caretaking role for my shattered parents, cooking and shopping and dealing with other day-to-day necessities. I felt a strange sort of orphan – one whose mother and father were emotionally dead, yet still breathing and needing.

I have become more able to speak with my sister as the years have passed, but initially our emotional responses were so different we were unable to speak to one another without triggering hurt, angry bickering.

Anger

My emotional experience has been both the hardest thing to talk about within my family and the thing I long most to be able to share and have accepted. However, from the moment my sister asked me desolately, "How are you not crying?" that first terrible evening, my emotions have been a fraught topic. More than anything, I felt anger – sometimes bordering on blind rage – at my brother for what his actions had done to my family. I felt like I hated him more for every unspeakably wrong thing I saw. My grandfather's bent, defeated frame carrying his coffin. The black, cold twin voids that used to be my father's bright brown eyes. How could I burden such specimens further with my experience? Nothing helped me voice my anger apart from it bursting out when I failed in my attempts to suppress it. Every time, I regretted it. However, with each outburst I also harboured a quiet hope that this

time they would simply let me be angry, not try to make my anger go away. If I could speak freely, perhaps I would be free from the shame of feeling the way I did.

"Could there ever be a space for my anger?

I have a dangerous vision, myself being held with a face red with fury and tears running hot, held tight as I pour out of myself.

I feel open. I want that.

But this is never how it goes."

- (Journal entry).

Sometimes, the anger spilled out of me in response to trying to endure things that had a negative emotional impact on me. For example, I tried my best numerous times to listen kindly and squash down my feelings when my mother unburdened her grief to me. *She has lost a son*, I would tell myself. *You can do this for her*. But these conversations left me shaking, feeling sick inside. I could barely look after myself, and simply was not capable of bearing more grief atop my own.

"I tried to tell her many, many times, but she would just keep speaking. Or worse, give me that sad, sad look when I stood my ground.

I am trying to stay alive. I am trying to take care of myself.

Please let me."

- (Journal entry).

I remember swallowing my anger at Richard over and over, pasting on a smile as my mother spoke of her sadness. Occasionally the angry words in my head found their way to my mouth – to my immediate regret.

"Nowhere have I read of not wanting to talk about the dead one but being forced into listening. And being forced into listening does something to my words. They roll around inside my head, and sometimes the pressure builds until they burst through my lips like a dam breaking."

- (Journal entry).

Eventually, I stopped telling my family when what they were saying or doing was too much for me. It was simply easier to take the emotional hit, or mumble a lie and

leave the house, compared to the pain of speaking in desperation and being unheard.

“It feels like screaming futilely from a great distance. Exhausting, pointless and painful. After a while, you stop bothering except in times of great need or naïve hope.”

- (Journal entry).

Horror

My horror operates in tandem with my anger. I very seldom speak about the traumatising scenes I witnessed around the suicide to my family – unless I feel something fundamental in my experience is being overlooked.

In one particular instance I recorded, I voiced how disturbing and difficult I found having Richard's body in the house for a day before the funeral. My parents often speak of how beneficial this was to 'the family', and I struggle to keep quiet each time. When I fail to do so, I typically regret it – this time was no different, as I blurted out how nightmarish his body had appeared to me.

“My mother rebuked me abruptly, with pain in her voice and face, and begged me ‘think before you speak’.

I apologised.

I held my silence.

I cursed myself for forgetting and I changed the subject.”

- (Journal entry).

Misery

As mentioned in the previous section on the Self, I have not been able to express my misery within my family. As I read a survivor's comments that 'nobody cried together' in her family (Todd, 1970), I realised this was also true for me – but as it was all I knew, it had never struck me as out of the ordinary.

I mused in my diary about my aversion to openly showing sadness to my family:

"I would never have a group cry hug with my family.

It just wouldn't happen.

I feel I don't want to cry with my family because we're not a family without my brother.

We're like a bracelet with a link missing, we just don't work anymore."

- (Journal entry).

I believe my misery takes on additional heaviness in the presence of my parents and sister. Everything is heightened, the loss so very present, that the feeling is too intense to bear and I will do almost anything to avoid feeling it.

"I'd rather not look at the charred foundations of my family.

All I can see is what's not there.

And I hate it.

And I'd rather shut my eyes."

- (Journal entry).

I also tend to feel miserable when I begin speaking aloud to my brother, or writing to him in my journal. There seems to be a streak of guilt woven through the misery, and I wonder if its presence plays a role in making my sadness too painful to be in contact with around my mother, father and sister.

"If I'd be more loving, Richard, if I had shown you could talk to me, would you have called me that night?

Would you have still died?"

- (Journal entry).

Perhaps I unconsciously feel I have no right to be sad given my underlying sense that I failed to be a good enough big sister.

Fear

I recall trying to talk to my mother about my fear of death, but only once. I asked if this experience has made her think about the meaning of life, and described the pervasive existential terror circling in my head. She looked at me, very puzzled, and said she did not understand what I was getting at.

I wonder if my sister felt as I did – she once mentioned needing to watch movies until she could keep her eyes open no longer in order to sleep. Bedtime is the time I always found hardest, when I am tired and alone and it is dark. However, I have never asked her. We stopped speaking at all a few months after Richard's death, and our mutual silence lasted close to a year. I could not bear how differently she was coping with the death, and I believe this was also her experience with me. I think I would rather say and hear nothing, if the alternative was seeing such fundamental difference between myself and the one other person who might have been expected to understand.

The Dead

Within my family, interestingly, I struggle to talk about my brother as a person. I was relieved to hear other survivors say they often did not want to 'hear and share' with the family, that isolation was preferable to sharing memories. For me, I believe this has something to do with each person's unique relationship to the dead, which has parallels with the 'secret world' other survivors mention. Several academic papers speak of sibling relationships having hidden dimensions to them, things that must be kept secret from parents and/or things that parents do not wish to acknowledge about their dead child (Rakic, 1992; Dyregrov & Dyregrov, 2005).

"I don't talk about Richard to my parents, because my brother is not the same as their son. Who he was with me, and my relationship to him in both life and death, was so different and I am not really permitted to hold it ...

I share the Richard I know with no one, though my sister's version of him is close. The 'me' he knew was his alone, too – and now that he has gone, in a sense that part of me has gone, died."

- (Journal entry).

To me there wasn't a unified 'Richard'. He was a real person, but he was also a representation inside each of us. Mine was different to my parents, and that was painful. Even now, I feel like they are talking about a stranger sometimes – and at other times, they disagree with my version of Richard.

There is a painful loneliness to mourning a person that nobody else knows the way you did. A sibling in one of the readings commented that had one of her parents died, she would have been able to share memories and gain a sense of shared grief and solace with her sibling. However, because it was her sibling that died, she felt as though nobody else understood what she had lost. It was as though her parents and her were mourning entirely different people. I strongly resonated with this sentiment. I usually speak about Richard with my mind, not with my mouth, for exactly this reason.

"I do not know him in the same way as anyone else in the world, and so nobody can share him with me."

- (Journal entry).

The Social Sphere

"I relate to the sense of "I don't belong here" one participant described feeling in a crowded room.

How do you explain an experience when every cell in your body tells you this person is not like you.

They are not going to understand.

You wouldn't have, before it happened to you."

- (Journal entry).

The Social sphere contains a myriad of interactions, but for the sake of brevity I will discuss what I consider the main four: friendships, dating/romantic relationships, colleagues and acquaintances.

The Basics

Who I choose to reveal my identity as a sibling suicide survivor to tends to be highly contextual. I noticed, upon reflection, that I told a select few of my friends directly about the death – those who had known my brother. I assumed the news

would reach the others in time, and it felt somehow wrong to tell them. I would be phoning to reveal my own bereavement, rather than the loss of a person they had a relationship to, which felt uncomfortable to me. As time went on and I made new friends, I struggled to weigh the risk of over-disclosure against the fear of forming attachments to people who held judgmental attitudes towards suicide.

This double bind was also present – and more distressing – as I navigated dating and intimate relationships. The six-year relationship I had been in when my brother passed away ended not long afterwards. When I met new potential partners in the years that followed, I was painfully aware of feeling ‘tainted’ by my brother’s suicide. How much this stigma lived only in my mind and how present it was in reality is unclear. However, based on my experiences I believe that generally people are wary of romantic entanglement with those who have suffered significant loss. I suspect that effect becomes even more pronounced when the death in question was self-inflicted. Therefore, I tended towards disclosing prematurely in hopes of avoiding rejection before I cared too much about the outcome.

“I threw the words out early, daring him to catch them.”

- (Journal entry).

I also think my disclosure doubled as a defensive pleading with people I began to care for – *don’t abandon me or treat me unkindly, I have been through so much already*. Of course, like most defenses aimed at avoiding relational pain, it usually caused exactly what I was trying to prevent.

My colleagues knew about my brother’s death, as I had asked my manager for bereavement leave via email and been bluntly open about the circumstances. I never spoke about it after I returned, and I don’t remember anyone asking me questions or referring to the loss except to offer condolences. I believe I preferred it that way – an unspoken assumption that everyone knew, and I had to explain nothing, but the odd scatter of tears at my desk or strange mood was to be expected. I suspect questions would have made me deeply uncomfortable, and bring a very personal experience into an environment where the personal feels unwelcome.

I left that workplace within a few months, and tended not to disclose my brother's suicide to colleagues in the years and jobs that followed. There were exceptions, typically when I struck up friendships with people that extended outside of work, and they became friends first and workmates second. I recall a few occasions in the workplace where holding my silence was particularly painful, and I noticed myself longing to speak out. Once I remember being part of a conversation amongst my colleagues, who were breathlessly discussing a high-profile suicide in the news.

"I wonder how he did it ... I don't know anybody who's *done it*, do you?"

The three others in the conversation said no, whispering furtively in the charged tones of gossip. I suddenly became very interested in my computer screen, feeling sick and isolated inside. What could I possibly say that was socially acceptable? I knew on some level the insensitivity should be theirs to carry, and yet I would be knowingly making the situation painfully awkward if I spoke up.

Not long after this incident I remember choosing to disclose to a work colleague in response to a small-talk question about family (perhaps in the hope of preventing further unpleasantness). I did my best to speak lightly, but the memory still makes me cringe internally. He looked stunned, mumbled something, stood there in increasingly uncomfortable silence, and eventually wandered away to join another conversation. Another difficult experience was listening to my partner's sister – who did not know my survivor status at that time – asking how anyone could possibly not know his or her child was suicidal. I wrote about this in my journal:

"What similar words have been spoken about me, when I am not around to hear them?

By this hiding of myself, by remaining hidden, I can watch and listen. I long to unleash the hidden part of myself like a grenade, an ambush.

But I do not.

I walk upstairs, away from her words, and I hold the pain and the sick feeling inside me."

- (Journal entry).

I would never tell an acquaintance unless I am put in a position where I would otherwise need to conceal the truth. For example, if somebody asks me

conversationally how many brothers and sisters I have, I tell them 'one sister', and ignore the internal discomfort I feel at answering what is essentially the truth – but denies something (someone) very important to me. On occasion, I have been asked if I have any brothers. I then reveal that I *had* a brother, but he passed away when I was 21. Often I will then be tentatively asked how he died, and as I reveal the suicide I find myself wishing I had simply denied 'having a brother'. I wonder if a time will come when it no longer feels acceptable to acknowledge him – and if so, how far away that day is.

Upon one occasion during my research, I had the opportunity to carefully notice what happens when I am obliged to reveal what happened to my brother in the outer Social sphere. I had been eagerly participating in a class discussion lead by a guest lecturer, when he asked us all to take turns explaining our dissertation topic and what lead us to choose it. I felt my stomach drop and my eyes instinctively darted to the floor. My response was automatic – I knew all too well what would unfold. I would have to tell this stranger what happened to me, and he would feel obliged to acknowledge my pain in front of my classmates. I imagined it would be painfully awkward, and I could already feel the guilt sitting stodgy in my throat for bringing discomfort into the room.

The Details

I can recall divulging the details of my brother's suicide within the Social sphere only to my long-term partners – and I deliberated for some time on whether they belong to the Social or Family spheres. Disclosure typically occurred only once sufficient time and trust had been built up in the relationship. With T, my first post-suicide partner, I believe I disclosed the details out of longing to be accepted and known in my entirety. With D, my second partner, we engaged in mutual disclosure about our respective traumatic experiences, pouring a foundation of toxic identification and mutual feelings of 'brokenness.' I remember once thinking of us as two half-people, 'two cripples dancing', only together making a whole. It was what Todd (1970) and Rakic (1992) termed 'reliving the relationship' with the dead sibling – choosing something impossibly doomed and re-enacting abandonment.

With J, my current partner, I think I mostly disclose what he needs to know in order to understand me. Why I react to some situations and topics strongly, what sorts of things upset me, why I have such an ambivalent relationship with closeness and caring.

*"I wanted to be loved for all of me, and that is a difficult place to be.
I love a man whose past holds no such horrors, and I know he lacks understanding
of the dark, empty place inside of me."*

- (Journal entry).

I have only once disclosed details to a friend – out of strong hurt, and in order to correct her perception. A had accused me of avoiding her since her marriage, which took place not long after Richard's death, and was keen to impress upon me that she was 'still fun'. I assured her the idea that she had become 'a boring wife' had never crossed my mind as I had been dealing with some 'pretty big stuff'. I gave some examples of what I had seen and felt after Richard died, and admitted I found it difficult at the moment to be around her joy and success. I told her I was wracked with intrusive memories, struggling to sleep, and haunted by the wreckage of what had once been my family. We exchanged heated words afterwards as she accused me of 'wallowing', and implored me to 'harden up' and 'be more positive'. The friendship did not survive, and many hurtful things were said on both sides. I felt so misunderstood and rejected for revealing, just once, the details of Richard's death. Since then, as I wrote:

*"I suppose I don't talk to friends about it now because I don't really trust many
friends. They come and go, and often they go when you need them most."*

- (Journal entry).

I would never disclose detailed information willingly to a colleague or acquaintance. However, sometimes people specifically ask me for details. How well I know that person and what I think their motivations are for asking dictate my willingness to answer, though I almost always do so. Some ask out of what I see as a desire to understand. Others seem curious out of a sense of ghoulish fascination, grasping for the gory details (how he died, where, who found his body). I answer much more expansively with the former than with the latter. However, it is always either a long or short version of the relatively palatable 'cover story' I use at almost all times in

the Social sphere. I tell people only that he had a painful medical condition – and while this is true, I don't believe it is even close to the whole truth.

I often wish there had been a note:

“With a note, I could explain what happened in his own words without trying to talk about something I truly cannot piece together myself. I begin to wonder if there are two or maybe even more versions of events. The one I tell others, and the one I tell myself.”

- (Journal entry).

There remains one exception where I may freely speak about the details of my brother's suicide. That is when another person reveals their bereavement or trauma to me first. I get a sense that this person, little though I may truly 'know' them, is safe. I knew one other person of a similar age to me who lost a sibling to suicide – a friend of a friend. We had several extremely long, deep, reflective conversations about our respective experiences, which I found extremely soothing. Realising that someone else shared many of the feelings and thoughts that I did – even the shameful ones I hated to admit to myself – made everything so much more bearable. He moved to Canada not long afterwards, and I still sometimes wonder how different things might have been if we had been able to stay in contact.

I also noticed that I often wrote long, detailed stories and self-explorations in my journal in response to a sibling's disclosure of similar material. Occasionally I mentioned an intense longing to talk to this person:

“The fact that she uses the word “completed” instead of “committed” makes me feel warmer towards her. Words are important.

I think: this is someone who knows to be sensitive. Someone I can feel safe(er) with.

Strange, to think of myself being “with” her.

I am not even sure if she is still alive.

I want to talk to her.”

- (Journal entry).

Sometimes, I agreed or replied to something in the literature that I had an emotional reaction to, as though I was actually engaging in a dialogue with that person:

“Interviewee: ‘I’m not a normal person anymore.’

Me: Yep. That still really hurts.

Less now though than what it used to.”

- (Journal entry).

The Impact

I have spoken about the impact on me only in the aforementioned circumstances with partners, and the singular occasion of disclosing details to a friend. On the whole, it seems I strive to keep secret how the suicide has affected me, while simultaneously longing to share and be seen.

However, I have written about it in the assignments and personal reflections required for my psychotherapy training, and managed to do so without too much angst. Writing seems to have a different quality to it than speaking, particularly when I am unaware of whom the words will reach. It feels as though I am able to state my case clearly and safely on paper – without hurtful comments, unhelpful ‘advice’, or admonishment that I should not feel the way I do. Nor do I have to see the reaction of the other person in the moment they receive my words. There is no need to consider how best to respond to shocked silence, a prominent frown, brimming eyes, or any other expression that demands something of me.

As things currently stand, I most often speak about my brother’s suicide in small ways that increase understanding of me and do not unduly risk social damage. For example I will explain to my friends, briefly, why I do not want to watch a movie with suicidal themes or became upset in response to a song or news item. Typically I will do so with lightness in my voice, and perhaps an apologetic smile or a little joke to take the edge off – to make my friend aware that they do not need to worry about me or feel guilty if they had a part in my being exposed to the material.

I also speak indirectly about the impact at times in the Social sphere by speaking about the secondary losses I experienced. I do not mention the death of my brother outright, but I do speak to friends about the grief I have for my 'lost years' (the suicide being the unspoken cause). I imagine, perhaps with a rose tint, the 20s to be a time of excitement, fun, discovery, and setting up foundations for a promising future. I look back instead on years of anger, sadness, longing, mental illness, broken parents, broken relationships, and shameful behaviour.

It is very difficult for me to talk to people outside my family about the suicide's impact on it. I strongly related to Rakic's (1992) finding that siblings receive both 'overt and covert' messages to be strong and good for their parents. I also remembered that a large number of those messages came from people outside the family, people in the Social sphere. My role as a daughter made it extremely difficult to speak to anybody about the impact on me:

"It is hard to recall now, the feeling of seeing my parents broken, incapable, helpless. Feeling like a parent to them. Feeling like an orphan but worse – like my parents were dead, but their corpses were still shambling around.

*It frightened and disturbed me so much, and yet what could I do?
How can I tell anyone how I feel when it is my role to be okay?"*
- (Journal entry).

The Emotional Experience

Bringing my emotions into the social sphere tends to be a highly context and relationship-specific decision. Such sharing is expected in some relationships (i.e. close friendships), and considered socially tone-deaf in others (i.e. professional relationships). However, I feel freer to carefully think about what I will reveal and how best to do it compared to within my family – where my emotions feel much harder to control. There is still a narrative I feel at odds with (the social narrative around grief and suicide) but it feels less charged, less personal.

What I have noticed, however, even in my closest social relationships, is discomfort with the intensity of the emotions attached to losing a sibling to suicide. Alongside a need to comfort and soothe, I also sense other peoples' need to jolly

me along or lift me up because they are finding my emotions personally uncomfortable. I wonder what implications this has had on my ability to process what I feel:

“They immediately want to dissuade me – but maybe I’d get there myself if they’d just hear me out, sit with me while I lay out all the fragments and see what I can make of them.”

- (Journal entry).

Anger

The only person who saw my anger in the Social sphere was C, my partner at the time of the suicide. I spoke of my anger towards both Richard and myself in the early days, but soon stopped because he found it so distressing and fumbled frantically for a way to snap me out of it. I remember thinking I may as well have been speaking a completely different language when I tried to explain why I was angry. It felt like I was screaming at C through thick glass, a barrier that prevented him ever being able to understand my experience. I can still call his face to mind – utterly bewildered, mouth working wordlessly. Sometimes I turned my anger in his direction, frustrated by his upset and clear wish to be anywhere else but in that moment.

“How much worse do you think it is for me?”

- (Journal entry).

Nobody else ever saw my anger outside my family. I noticed when reading Rakic’s (1992) sibling interviews how hard some of them worked to wrap their anger in layers of understanding and empathy for the plight of others. They might admit to being angry with their parents, while being at pains to point out they were doing ‘the best they could’, for example. Or they might feel angry with their sibling, but ensure they talk about knowing how much pain they were in. I feel this parallels my own experience – I might talk about feeling angry, or having had anger, but the emotion itself remains walled off from the words I am speaking, and cushioned with statements about ‘understanding’ and ‘not blaming’.

Horror

As far as I recall, I have never spoken in any depth about my feelings of horror to anybody in the Social sphere. I cannot think of any circumstances under which I would do so, either.

I feel the following passage from my diary summarises my sentiments:

"I can paint such vividness with my words if I choose. I could truly, I think, convey something of the horror. But why would I?

Bad enough I have that image.

I can put that image in another's head.

What violence.

What violation."

- (Journal entry).

Misery

Similarly to the sharing of my anger, my partner C witnessed some moments of my misery. There were not many of them – perhaps only the hours immediately after I received the news that my brother had died, and at his funeral. Most of the time, as mentioned, I was numb to my emotions – even now tears come rarely, and typically only when I am alone or in therapy. I do remember, though, crying inconsolably at the funeral, and C gathering me up in a huge bear hug. As soon as I could, I pushed him away – I did not want him comforting me, or touching me, or even seeing me. I had finally had the 'correct' emotional response, the one I felt others had been expecting. Perhaps I am projecting, but I felt palpable relief from C at my softening. While C, my parents and my sister had all either tried to stop me feeling angry or been at a bumbling loss to know what to do with my anger, here was something 'normal' and therefore permissible. Finally, I had the care I had craved – it was not that C could not give it; it was that he had not thought to do so when I was angry. I feel sad now, looking back, and thinking of the loneliness underneath my anger. I needed that hug just as much when I was shaking with rage instead of sobs – but who could have known?

I don't think anyone else saw my misery. I remember crying brief, discreet scatters of tears at my computer at work, but if anybody saw then they said nothing. I can

remember half-wishing someone would comment, as embarrassing as I would have found it. Some kind words or a sympathetic cup of coffee would have been a great gift to me, as well as greatly embarrassing.

Fear

In keeping with the general theme around my emotional experience, I attempted to share my existential fears only with C. After receiving the same confused look and awkward scrabbling for something to say that he responded to my anger with, I did not try again. To look back on it now, it is almost darkly comical – a 20-year-old boy-man attempting to comfort his girlfriend as she talks about death. She – me – muses that perhaps she should quit her job and travel the world and start trying to do as much as possible since she'll be dead forever. Problem is, being dead forever, she won't remember any of it, so what's the point?

I also feel deeply sad, looking back, at the impossibility of C even being able to touch the edge of my despair – and yet, he was the only person I had to talk to before I entered psychotherapy. I remember thinking at the time about the Thestrals in J.K. Rowling's Harry Potter series of children's books – mythical beasts visible only to those who have witnessed death. I felt like I was trying to describe something to C, when what I longed for was someone else with the same capacity to see it.

The Dead

I have spoken at length about the person my brother was only to my long-term partners. As they will never meet him, I feel a longing to make some part of him accessible to them – especially since he still plays such a huge part in my internal world. Inevitably, however, it is a 'sainted' version of my all-too-human brother that I speak of. I mention his humour, his interests, his positive values, all the things about him that I loved. Never do I mention the things I hated – his casual misogyny, his quickness to anger, the times he put me down or made cruel comments.

I have noticed, during the process of carrying out this research, how little I tell people about my brother the person – always he becomes overshadowed by the manner of his death, a featureless chalk outline that stands only for suicide. I have made steps to remedy this with some of my closest friends from the psychotherapy school, and have been enjoying how warmly they welcome him.

As I have already mentioned, I feel the nature of the sibling bond makes it particularly difficult to speak about what exactly it is that I have lost. White (2012) named two things that are bolstered by the sibling bond – a feeling of personal identity, and reliance on life's constancy. In response I wrote:

"And there are both the things I lost.

My sense of self and my sense of meaning in life.

But to explain that to my friends ... well, I'd have to try and explain how the sibling bond works in the first place.

I'm not inclined to try."

- (Journal entry).

I tried to find out once what was out there to help 'people like me'. I remember a few scribbled websites on a card from my GP. Survivor groups. Set up by members of the public. I thought the websites were terribly depressing when I looked at them. I remember reading the story of one of the founders, a man whose wife lost two siblings to suicide then took her own life after many years struggling. There was zero hope in that story, and it horrified me. Besides, groups seemed like a lot of sitting around and crying in front of strangers, and I wasn't sure how that would help. There seemed an insurmountable amount of crying going on in my own four walls without borrowing more. And as I wanted nothing to do with hearing the stories of strangers, and bearing their pain, I never went any further. Since I could not imagine giving comfort in my state, I thought there would be none to receive. Isolated units, vomiting emotional pain for others to look at. Just like at home.

The Societal Sphere

It is rare that I speak at a societal level, but it has happened across all topic categories in my work writing articles and blogging about suicide and bereavement. I have, up until now, always done this anonymously or under a pseudonym. The publication of this piece of research marks the first time I will put my name to a piece of writing about suicide.

I noticed, when writing in my journal, that often I would write screeds of intense material when I disagreed with a point that had been made.

“I suppose this is when I am most compelled to speak, to right a wrong. To challenge, to correct. It is why I wrote to the Herald, why I am writing now, what most of my blog posts were really all about.”

- (Journal entry).

Interestingly too, the paper I ended up writing the most in-depth, emotionally charged responses to was Brent et al's quantitative research on the psychiatric impact of sibling suicide (1993). There was something about the sterility of the study, the blank factuality of the writing, when each 'statistic' was a living, thinking, suffering sibling. This absence of feeling drove me strongly to contribute my own experience.

“It's like counting beads on an abacus – there are no people, no feelings that aren't written in code, nothing real.”

- (Journal entry).

I then considered why, given the intense impetus I sometimes have to share my experience publicly, I have never openly joined the societal conversation about suicide. I have never lobbied politicians, never fought for better-funded services. There is a kind of deadness around me when I think of doing so, a huge contrast to the aliveness I feel when I write anonymously. To fight for change would mean outing myself publicly as a survivor, and that I have not been prepared to do. Anonymity allows me to throw my words out openly into society, without fear of

what I might receive back in response. There is something about the words always being written down, too – nobody can tell me I am wrong, nobody can twist them or take them from me. They are concrete, immovable, mine. This resonates with my current anxieties as I complete my first piece of suicide-focused research:

“I think one of the hardest; perhaps the hardest position to speak from is as a researcher. I am disturbed by the idea of discussing my experiences with my ‘co-researchers’ as detailed in Moustakas’ work. It is as though I wish to speak – feel compelled to speak – publicly on this topic. But the idea of it being a two-way process, which may involve others, makes me feel faintly ill.”

- (Journal entry).

The Psychotherapy Container

“The only way I could talk about it all freely was to pay someone a hundred bucks an hour to listen.”

- (Journal entry).

As briefly touched upon in the introduction to this section, the Therapy container fulfills a different function compared to the Self, Family, Social and Societal spheres. In psychotherapy, I seek to uncover and speak from each different part of myself. I bring with me all the roles I hold in the Self, Family, Social and Societal spheres, and speak from and about all of them.

While the therapy room cannot exist outside of society, it does provide me with a vantage point to examine each facet of my life there. Ironically, the fact that psychotherapy cannot help but be artificial (based as it is around the exchange of money) allowed it to function safely for me. It is a relationship where the regular rules do not apply. My ugly feelings have permission to be expressed. I cannot say something so shocking I will be abandoned. I will not be silenced, however kindly, because I am making someone uncomfortable or breaking a taboo. I never end up emotionally taking care of the person I disclose to. And very real, very emotional, and very detailed exchanges have occurred for me within this somewhat contrived form of relationship.

Mourning is, by definition, something that cannot be done alone. In therapy, I finally began the work of mourning. I got the sense that someone was feeling 'with' me, and in those moments it felt as though I was finally fully seen – and therefore able to risk feeling the full extent of my grief.

"Steve's red, misery-filled eyes.

Something about seeing them. I want to try and capture what it meant to me, but I cannot. There was something about permission, something about mirroring.

Sadness beyond words, the words only get in the way.

Something in Steve's red eyes.

Some tiny window into what it is.'

- (Journal entry).

There are numerous times I have written in my journal some variation of 'I have told nobody but my therapist this'. Examples include:

- Explaining the anger I feel towards my mother when she silences me around Richard's death.
- Describing what it is like to not know who I am (what Rakic (1992) clinically termed "serious deficits" in self-concept and interpersonal functioning).
- Discussing just how bad it was for me seeing my parents in the thick of their grief.
- Admitting my own suicidal thoughts and impulses – and how sometimes I have felt angry that Richard has left me with so much to cope with while taking away any possibility of escaping through suicide.

While the therapy container served a vital role for me, it also created a terrifying vulnerability. If psychotherapy cradles all the different roles and places and relationships that exist for me 'out there' ... what happens if it breaks? There is an element of magical thinking when I speak of the therapy room being the place where 'anything goes' – there are limits. Limits I believe I will never reach, but which nonetheless exist. And can I truly count on everything I say being accepted without judgement?

If I had lost the one place I felt safe to voice anything, what would have happened to my ability to speak in any capacity in the rest of the world?

Chapter 5: Discussion

I can draw several conclusions about what helps me put words to the experience of losing my brother to suicide. A sort of mental calculus seems to occur when I consider the choice to speak or not to speak, which takes into consideration myself, the other/s, the place and time, and the roles we bring with us. For example:

Speaking About:

- What am I considering disclosing or exploring with this person or people?
- Is the intensity of it acceptable in the role I am speaking in at the moment?

Speaking To:

- What do I know about the other person's openness and capacity to be kind and empathic?
- How badly do I want them to hear or understand what I am trying to say?
- What are the unspoken relational or social conventions around the relationship we share?
- What are the consequences of the disclosure going badly, and am I prepared to accept them?

Speaking As:

- What are the expectations and obligations I carry in this relationship or role?
- Do I feel capable at this moment of emotionally caretaking or educating the other person if they are upset or disturbed by my disclosure?
- Just how badly do I feel I have to speak right now? (If I am angry, for example, it is very difficult to remain silent).

Based on my findings, there are two key conclusions that can be made about my ability to put words to the experience of losing a sibling to suicide:

1. Moving inward through the relational spheres, the level of personal risk attached to disclosure increases.

2. Moving inward through the relational spheres, the stronger my desire to be 'got' – understood and accepted – by others within that sphere becomes.

For example, all I know about the experience exists within the Self sphere. However, I developed complex defences to keep parts of the experience hidden from myself – and therefore the implications of 'knowing' something I am not able to cope with are extreme (mental illness and subsequent inability to function).

Similarly, the people in the Family sphere tend to know more about my brother's suicide than those in the Social sphere. But because of their personal closeness to the experience, the emotional stakes are much higher when I voice how things are for me. Risking the stability and constancy of my remaining family relationships by disclosing something unacceptable would be catastrophic to me. Putting the goodwill of an acquaintance on the line, on the other hand, would be uncomfortable and against social convention but hardly devastating. The risk feels lower and the disclosure safer. On the other hand, there is little to be gained by feeling understood by someone with no relational significance to me – so typically I choose not to disclose to acquaintances.

The essence of the decision-making process can therefore be roughly summarised as follows:

I can put words to the experience of losing a sibling to suicide when the fear of – and potential for – relational pain is outweighed by the desire of – and potential for – relational connection.

This is visually represented in Figure 2 below.

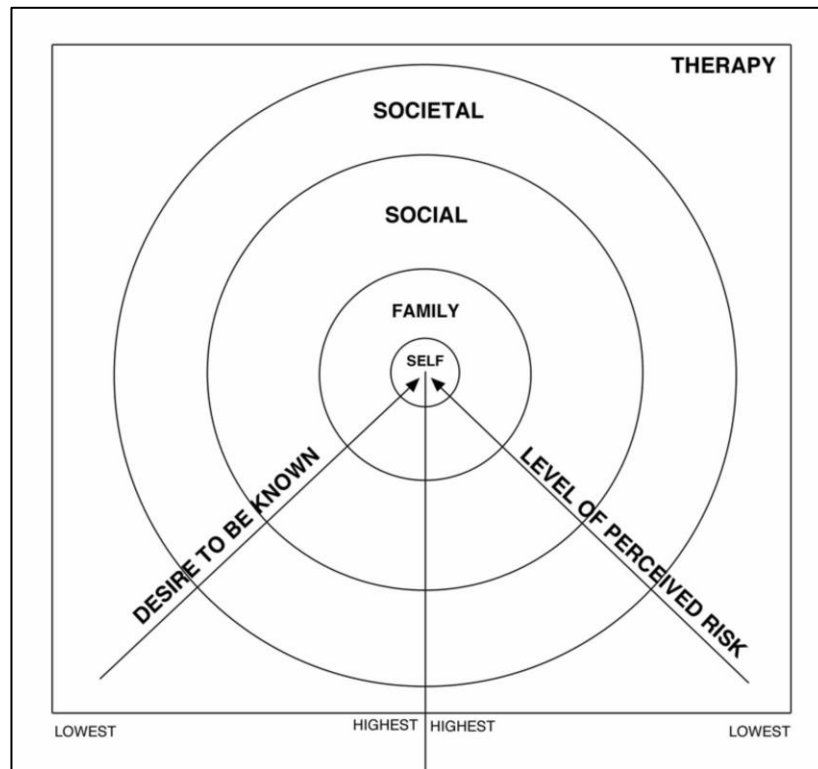


Figure 2. The 'Equation of Silence'.

Fear of relational pain VS desire to be known

Within the self

To my mind, there are few things as relentlessly distressing as estrangement from oneself. To hide things within the mind requires monumental amounts of energy, and often results in a sense of disconnection, dissociation, or even internal deadness (van der Kolk, 2014). To feel whole and anchored, to simply be able to be with all the different parts of myself, was impossible for me for several years. It is one thing to ride grief's 'normal' waves of fear, rage, sadness, misery and loss, and another thing entirely to feel a stranger in your own mind. My desire to be known to myself (though I did not know it as such) was intense. I felt it as a longing for 'home', an ache that persisted no matter where I went, from my childhood house to the Swiss Alps. I felt the loss not only of my brother but also parts of myself I had psychically 'cut off', because the enormity of the grief and trauma attached to them was too much to bear.

On the other hand, the level of risk and danger involved in re-connecting to those dismembered parts was profound. I believe fully accessible memories of what I witnessed, felt and experienced after the suicide – full understanding of the horror and the hopelessness – would have been psychically unbearable. Not until Richard died did I gain an appreciation for the concept of a 'broken mind'. There were things I could not know, at least in the early days, and remain sane – for example, I could recall and recount horrific experiences, but the emotions once attached to them were locked up beyond my reach.

Ultimately, I suspect that 'knowing' the things I disconnected myself from could have lead to suicidal impulses – and the potential severing of all current relationships and future relational possibilities through death. While I felt Richard's actions had removed any chance of me ever taking my own life (I felt I could not, having experienced this pain, inflict it on another), I am aware that according to research I was at much more likely to do so (Rostila, Saarela and Kawarchi, 2013). While the statistics seem at odds with my experience, I am open to considering that my level of risk may have been much higher than I would have gauged.

My fear around the different parts of my mind coming back into communication with one another was thus involuntary but powerful, for within my relationship to myself lay the potential to destroy every other connection I had. Numbness, as disturbing and shameful as it felt, was infinitely preferable to madness.

Within the family

The longest relationships in my life are those I share with my parents and sister (and formerly with my brother). These connections are also like no others, for they will endure the whole of my life. Friends can (and do) come and go, relationships begin and break up, but I have only one mother, one father, and one sister. I am a daughter now, and I will be one on the day I die. With this in mind, the desire to be known and understood within my family – though less strong than the desire to know and understand myself – was a powerful force. They were the people who were also suffering, who shared my loss, and whom I had hoped might understand. And yet, nowhere else did I feel more alone and more 'wrong'.

I was stuck between trying to protect the people I loved from how I felt inside, wishing I could make them 'get' what was going on for me, and becoming resentful at the impossibility of the situation. I can remember the twisting feeling in my chest when my mother would say, "I know you like nobody else – better than you know yourself." *No, you don't.* It hurt to live amongst my family and feel like a stranger, a caricature they had drawn a face onto, and know that my real one could not – and would not – be acknowledged. I longed for them to know me as I really was, but even the slightest hint of my anger or my dissent with the family narrative was extremely unwelcome.

Equal to this longing, unfortunately, was the level of risk involved. If I went too far, said too much, got too angry, blurted something unforgivable, I could potentially be rejected. This fear became particularly powerful after my estrangement from my sister, and after witnessing my father's cold fury towards anybody who upset my mother in her grief – inadvertently or otherwise. Shared history, memories and understanding, to say nothing of the thickness of blood, would make losing my family catastrophic. My parents and sister were my only living link to Richard too, whom I feared forgetting.

I did attempt, as I have already spoken about, to make myself heard within my family on numerous occasions with varied success. My sister and I have formed a stronger bond, and draw much comfort from our ability to share with each other. I feel 'got' with her – but perhaps we could only come to a place of being able to do this when there was nothing left to lose. There was no relationship to speak of, nowhere to go but up, and no power differential involved as there inevitably is with our parents. Sadly, when it comes to my Mum and Dad, no evidence has dissuaded me from the belief that holding my silence is almost always my best option. Despite intense desire to have my experience of Richard's death acknowledged, numerous hurtful knockbacks have taught me to smother that longing – to stay silent rather than be silenced.

More relational pain is almost inevitable if I speak – so no matter how much I want to be known, swallowing that desire is the least painful option on a menu of unpalatable choices.

Within the social world

In the Social sphere, generally my desire to be known remains lower than in the Family and Self spheres (though there are exceptions). Correspondingly, the level of relational risk is also lower – but still very significant in my closest social relationships.

When I told my partner J that I was writing about the difficulty of putting words to the experience of sibling suicide, he was perplexed. “Do you really have trouble talking about it? You seem to do it quite a lot...” He was half correct. It is uncomfortable to speak about Richard’s death with him – though he does not shy away from it, it is hardly a cheerful dinner table topic. However, I do it readily because of how intolerable it feels to hide that part of myself from him. I am conscious of not re-creating the dynamic of my family of origin, where my experience – for whatever reason – will not be heard. The desire to be known is thus stronger than the fear of relational pain.

My family are bound to me, and I to them, in a way that cannot be replicated in any other form of relationship. I cannot go out and ‘meet’ more relatives, but I have made many new friends since the time my brother passed away. This lessens my fear of relational pain somewhat. However, forging new friendships was a necessity rather than a choice. Nearly all my friends drifted away as I struggled to adjust to life after the suicide, and as a result I do not expect my peers to be comfortable with anything other than surface-level disclosure. There have been a few times I have tried to go deeper, and been slapped back after recognising the chasm between the other and I:

“Were I to talk, and their words try to reach me, I would face the unbearable moment of realising I do not hear, do not speak in the same manner my friends do. Each one speaks, and the other screams in frustration that what I feel cannot be shared with one who does not speak the language of pain.”

“It feels like you’re always stuck between a rock and a hard place – to disclose and feel less alone – but also, to disclose and forever expose your difference to them.”

- Journal entry

Often when I disclose to friends, I end up serving as the other person's emotional caregiver, even though I am usually at my lowest ebb having reached out in desperation. I often quickly give up trying to help others understand me, through a combination of limited emotional energy and a long history of failed attempts. However, I have learned that this hair-trigger reactivity to feeling misunderstood blocks me from the comfort I might receive if I could tolerate the initial hurt. I wrote in my journal:

"The idea of trying to explain, of having to try, of taking on this futile task which will only serve to isolate me further fills me with fury."

- Journal entry

However, during the heuristic process I was able to push several such conversations beyond the point at which I would once have terminated them in frustration. I came to see that my fear of being hurt was limiting the possibility of feeling 'met' in my closest social relationships, because anything short of an ideal response would result in shutdown. I learned that some 'insensitive' responses were actually coming from a place of real striving not to be insensitive.

For example, on one occasion J asked me questions in response to a difficult disclosure, when I had really wanted empathic acknowledgement. He explained to me that simply saying, "I'm sorry you had to go through that" felt dismissive to him – enquiring further was his way of showing he was engaged and interested. It was eye opening, and I wonder what future possibilities may exist now that my perceived level of risk has shifted. The balance has become less weighted towards 'playing it safe' in the Social sphere as a result of completing the heuristic process, and I imagine things will further shift as time passes, new relationships form, and established ones evolve.

In wider society

There is little more to be said about the tension between the desire to be known and the fear of relational pain within wider society, as I have no wish to publicise my identity as a survivor of sibling suicide. Any drive to speak comes from the need to inform, educate and dispel falsehoods, and I would much rather prefer to do this anonymously.

However, I do worry about what the impact of speaking publicly may be on my relationships within the Social and Family spheres. I hold some tension already around the publishing of this piece of work, and what the responses of my parents, sister, friends and partner might be if they are to read it.

In psychotherapy

As previously mentioned, the therapy room served as a place where I could speak with minimal fear. However, at least in the early days of therapy before the relationship between my therapist and I had sufficient time to ripen, there was correspondingly little desire to be known. It took time for therapy to take on more a more complex, meaningful relational role in my life that did not amount to desperate unburdening on a stranger. The relational process occurred in reverse, in a way. Normally, disclosure follows the building of closeness. But in therapy, I told somebody about the darkest experiences of my life, and described the most disturbing thoughts I harboured. They came to care for me anyway.

As I gained a sense of being warmly accepted in psychotherapy, and my desire to be known grew stronger, I began bringing more of myself into the room. My therapist started to get a sense not only of the overt content I spoke about, but also what was unspoken and what I was disconnected from. Slowly I began the work of exploring, accepting and knowing myself, and connecting with what had been cut off. Only under the careful care and guidance of my therapist was I able to come back into contact with the traumatised parts of myself. I do not believe I would ever have been able to do it alone – the potential consequences were too great and too frightening.

With this in mind, the role of psychotherapy as a containing device in traumatic bereavement may be invaluable to siblings that have repressed or psychically cut off parts of their experience. Desire to know and understand all of oneself builds in psychotherapy as the therapeutic alliance strengthens and a foundation of safety is laid. With the guiding presence of another, the unspeakable can be given voice. However, it is not a process that should be undertaken lightly or blindly. I feel my stomach turn when I think of the potential harm that could have been done were I to undertake such a journey with an unprepared guide. Self-disconnection, like

most psychic processes, does not occur without purpose. I believe it was Yalom (1989) who warned never to remove a defence without something better with which to replace it, words I echo having lived through putting myself back together.

The role of time

Time seems to slowly erode the strength of my desire to have my experience as a sibling survivor of suicide heard and 'got'. I no longer feel it in any relationship as intensely as I used to, and am quite comfortable forming friendships with no plans to ever reveal I lost a brother to suicide if it doesn't come up naturally. On the other hand, I believe that the more time passes the more at ease I will become with speaking about my brother's suicide if the occasion calls for it. The intensity slowly drains away from the experience, and as the years pass Richard's death loses its gravitational pull. He shifts further and further away from being the organising influence of my life, around which everything else orbits.

As a result, I move further and further away from the person I was when Richard died. There is relief in realising this, but it is bittersweet.

*"Upon which day would you no longer recognise me?
Has it already passed?"*

- Journal entry

The role of emotion

A thread that runs through the rest of this piece of research is also knotted firmly into my final conclusions – I have found myself able to speak about almost anything if the emotional intensity I experience is strong enough. Emotions can completely negate the simplicity of weighing risk against reward. Tears, anger, traumatic memories and fear have, on various occasions, outweighed almost any fear of relational pain or rejection – as well as social niceties.

I suspect, however, that this is no longer the case for me given time's smoothing influence. It has been years since I have had an emotional response around suicide in the presence of another. The first two years were the most difficult, which

seems to correlate with what other survivors report in the literature (Brent et al, 1993).

Critique & Limitations

Upon examining the data, I was quickly struck with a disturbing revelation. Captured on my journal pages in all its volatile, tormented, rageful and frightened fullness was a snapshot of the traumatised part of me. I have witnessed and worked with similar trauma in others, and am familiar with its structure. However, it is a deeply unsettling experience to extricate the trauma from my own mind and view it in my own handwriting. Questions were raised for me around the ethical robustness of heuristic methodology – for though I surrendered myself willingly to the process, there was no possible way to know what I was actually consenting to. I gave myself up to be changed, without knowing who I would be after the transformation. I am mindful, at the same time, that this is the very process of psychotherapy – the choice to give up familiar suffering for the terrifying unknown.

Not only did I have to consider how I felt about presenting my inner disturbance as a professional piece of research, I was confronted with limitations caused by that distortion. I have been aware for many years that my memories immediately following the death are not completely reliable – and a clear trail of repetition, forgetting and remembering runs through my journals as evidence. Sometimes I noticed myself going into emotional overwhelm, and this impacted on my ability to access and record my reflections. In addition, no 'self' remains static in time. The majority of the literature grapples to a greater or lesser extent with the impossibility of knowing what was present prior to the suicide and what occurred as a result.

I spent considerable time bracketing – thinking about and exploring my potential biases while acknowledging the difficulty with trying to see into my own blind spots. I additionally observed the following during the heuristic process:

1. I struggled to engage with material that positions death by suicide as no different from other forms of bereavement.

2. I found myself wanting to relate to some things in the literature more than I actually did, and had to be careful to stay present to my real feelings and be honest about how I felt.
3. I noticed myself over-identifying with some of the survivors – for example, I assumed one person whose story I strongly related to was female, when in fact no gender was specified. In my desire to feel ‘normal’, there is a danger of drawing unreliable conclusions.

“I’m starting to notice how I look for – and often find – my own experience by filling in gaps. For example, Helen talks about her family being “in a rage” about her brother being diagnosed non-suicidal. I related to that, and started to opine on how hard it is to hold a different view. Then I realised that Helen had said nothing about her own opinion. Maybe she felt the same as ‘the family’, not differently (as I did).”

- Journal entry

4. Conversely, I felt tempted to leave out details that I thought made my case ‘different’ from what I felt other suicide survivors might have experienced. In the wish to make my conclusions more suitable for application beyond myself, I had to watch the urge to hold back at times.
5. Finally, I found accepting some of what I learned very painful, and had to make a real effort to bear the knowledge and take it in:

“I so wanted this to pan out that everybody else did this to me through ignorance, immaturity, stigma and cruelty.

I so don’t want this to even potentially be a thing I did to myself.

That maybe salvation was only as far away as my open mouth.”

- Journal entry

I believe I have been as open as it was possible for me to be throughout this process. However, I also consider the possibility that some things may have been too hard to take in, some perspectives too costly to consider. I can speak to how confronting I found some of Rakic’s (1992) research – particularly the unflattering image she presents of the average sibling survivor (extremely egocentric, narcissistically self-focused and low in self-

esteem – with shallow relationships and primitive defences to boot). The irony of undertaking a heuristic self-observation study, in light of these findings, was not lost on me.

Despite these potential limitations, the study can be seen to offer a number of implications for theory, practice, training and research.

Implications

Implications for theory

A potentially useful theoretical construct has been developed during this study for understanding the “equation” of speaking about traumatic and/or taboo subjects. The equation provides an overarching simplicity that belies the intricate process of calculation beneath.

People can put words to the experience of [trauma] when the fear of – and potential for – relational pain is outweighed by the desire of – and potential for – relational connection.

Conversely, an “Equation of Silence” can be articulated as:

People are silenced about their experience of [trauma] when the fear of – and potential for – relational pain outweighs the desire of – and potential for – relational connection.

Though created within the frame of sibling suicide, this equation has potential meaning across broader contexts – potentially many situations involving painful or potentially stigmatising self-disclosure within psychotherapy. Relational psychoanalysis, which forms the theoretical underpinnings of my training, assigns primary importance to interpersonal relations in the understanding of human motivation and personality (Perlman & Frankel, 2009; Jacobs, 2010). Therapists working within a relational framework believe, with considerable evidence from infant observation and evolutionary psychology to support them, that our personalities are formed through the interactions and relationships we co-create with others: “Human beings are born with a primary need for relatedness and

communication ... necessary for normal development and survival” (Perlman & Frankel, 2009, p.108). Therefore, relational psychoanalysts consider the root of self-injurious behavior to be the need to preserve human attachments, even if such interactions are harmful. The Equation of Silence mirrors this core belief of relational psychoanalysis – the need to keep relationships intact, even at the cost of the self. However, it also captures the brimming longing for relief from psychic aloneness evoked by trauma (van der Kolk, 2014).

While similar to Bronfenbrenner’s (1977) Ecological Systems Theory, the concept of bringing different spheres of relational life into psychotherapy may also provide a useful framework for thinking about the multiplicity of self and self-other relationships which are as present in the therapy room as in the world. It can be easy to lose sight of the truth that our clients are not just our clients. Each individual we see lives embedded in a complex, shifting, interwoven and overlapping network of roles, relationships and responsibilities – both spoken and unspoken. Though the therapy room can be conceived of as a sort of oasis or stronghold or even a womb, offering soothing respite from the world’s weariness and sorrows, such an image (though seductive) is misleading. No four walls can keep out the greater context in which we live.

To leave my roles and relationships at the door of the therapy room would have been as impossible as leaving my limbs. However, the air does seem to possess a different quality as one steps over the threshold. As both a client and now a beginning practitioner of psychotherapy, I feel the space serves to hold and contain not only the individual but all that the individual represents – within themselves, their families and intimate relationships, their social world, and wider society. When one considers the theoretical assumptions of relational psychoanalysis – nothing is discoverable “as is”, for there is no unified self located outside a social or relational field – what transpires in the therapy room becomes inextricably complex. We are each a network of impressions formed in the context of our relationships with others (Perlman & Frankel, 2009). Therefore, within the intrapsychic worlds of client and therapist there exist the relationships each have with internalised objects, different ‘parts’ of themselves, and fantasised representations of external relationships.

The therapy room thus serves as a testing ground, a practice round, where one can experiment with real-world situations without real-world implications. I speak only partially of transference – more fully of the role an ‘other’ serves to define the self. Relational psychoanalysis speaks of the intersubjective field co-created between therapist and client, the ‘analytic third’ that serves as a “dynamic inter-play of multiple subjectivities and multiple self-representations” (Knight, 2009, p. 75). It is thought that in order to fully experience our subjectivity, we must do so in the presence of another through recognising them as a separate center of subjective experience (Aron, 1991; Benjamin, 1990). In the words of Stern, “we need the eyes of others to form and hold ourselves together” (2003, p. 84; as cited in Perlman & Frankel, 2009).

These two concepts – the ‘Equation of Silence’ (Figure 2) and the ‘Relational Spheres’ (Figure 1) can be seen to combine into a “Spiral of Silence” (Figure 3) in which the experience of relational pain spirals through the various spheres, each confirming and reinforcing other spheres, such that any potential for relational connection is well and truly squashed. If I cannot connect to myself, my ability to connect to my family becomes more limited. If I cannot connect to my family, that overshadows my ability to connect to my peers. If I feel disconnected from everybody in my life, I also feel disconnected from society in any meaningful sense.

Interestingly, the reverse may be true: an experience of profound “relational connection” may be what allows the unravelling of the spiral. Through connection with somebody ‘safe’ – my therapist – I could begin to heal my relationships with both self and others and re-establish a sense of belonging and normalcy.

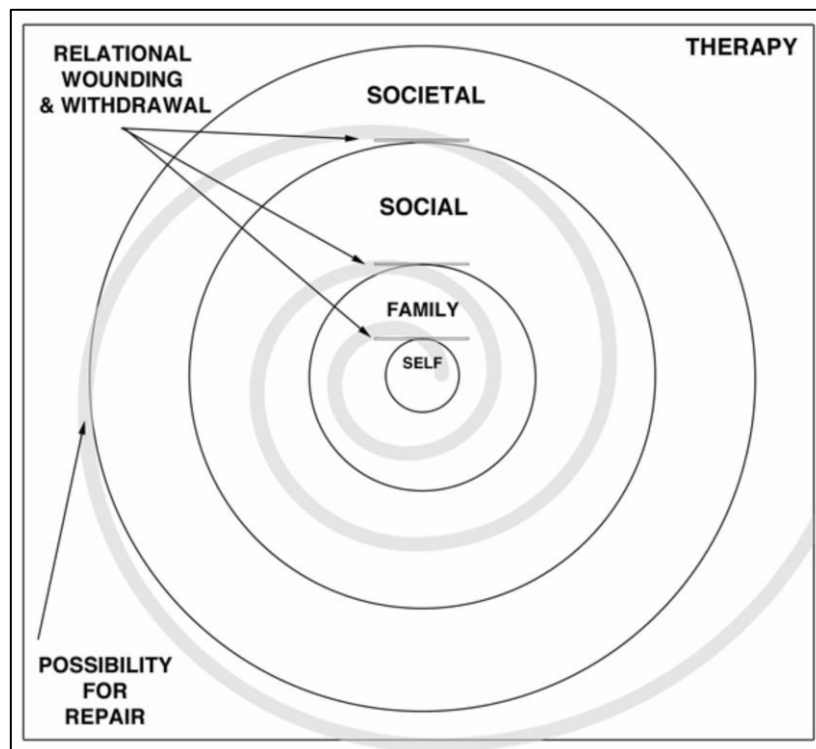


Figure 3. The 'Spiral of Silence'.

Implications for practice

An image that kept coming up for me in my journal was of trying to spread out the pieces of what was going on for me, puzzle-like, and trying to make sense of them – but having no flat surface on which to do so. That place for me was the therapy room. Psychotherapy may be the only context in which siblings feel they can speak freely, where they can 'lay it all on the table'. It may be frustrating, repetitive, disturbing work for the practitioner – and it needs to be. There is no way to 'make it better' for someone bereaved by suicide, but given the toe-curling discomfort of sitting with them (and I have experienced this from both sides) the temptation to try can be immense. Most of us have a lifetime of conditioning urging us viscerally to recoil from the issue of suicide. What a therapist offers by resisting that urge is valuable beyond measure, and what a therapist may re-create by giving in to that urge potentially devastating.

Within the therapy room, my desire to speak and to be known could take place almost entirely free from fear. However, I can only speculate – with concern – what potential for harm exists if that sense of safety collapses. What if instead of empathy, warmth and acceptance I was met with judgement or moralising? What if I felt the need to reassure my therapist, visibly disturbed by my words? As previously mentioned in my findings on the Social sphere, this was an experience I found exhausting and isolating even with those who could not realistically be expected to cope well with what I was voicing.

Any threat to my ability to speak freely was highly anxiety provoking for me. I wonder how often, as a training therapist myself, my therapist may have felt the urge to direct me, or advise me, or encourage me to ‘move on’. I know how tempting it might have been, and how devastating I would have found such well-meaning statements. They would, of course, have been correct – going on with my life was an important step, but one I had to make myself at a time that felt right, in a way that felt right. To be pushed or rushed through the process, as previously mentioned, could well have been dangerous.

I would also like to point out that it seems – anecdotally – that many siblings do not go to psychotherapy with the suicide as the presenting issue. I went because I wished to stop feeling so angry all the time, and I have read a number of case studies in which – frustratingly – a sibling’s suicide is mentioned almost as a footnote. Reading about the struggles of these clients through the lens of my own experiencing, it feels painfully obvious to me how huge the suicide probably looms in their psyche. There may be a tendency for clients to downplay and deny the impact of their brother or sister’s death, or simply lack awareness of how such a loss can lead to the symptom/s causing their current distress. A client that has lost a sibling to suicide has likely been compelled to deny the impact in their families and social relationships, and therefore may well also deny it to themselves and/or their therapist.

I wonder about the implications for different models of therapeutic work, particularly family therapy. I remember wishing more than once that my family would be amenable to the idea – I also recall asking them to go with me on at least one occasion. I wished that someone would mediate, and allow me to have my experience – particularly in terms of telling my parents that it is normal and okay for

me to be angry or numb rather than sad. I wonder though how it would have gone in reality – the need to protect my parents and the family narrative was strong too.

I find myself hoping that therapists who work with suicide-bereaved families are mindful of the pressure on siblings. What we speak on the surface may not be the words we wish to say – and while we long to be understood by our families, the risks we may feel attached to doing so can be immense. This reflects the dynamic of risk versus reward – it can be seen that family therapy is positioned in the space of high potential reward (feeling known and accepted by parents and siblings), but also heightened risk (feeling rejected, unseen or wrong, even in a therapeutic environment). Therapists working in this space may also need to think about how to manage potential impasse in family therapy – parents' acknowledgement of the sibling experience may be a superhuman feat to hope for given the catastrophic loss they have experienced. On the other hand, the pain of siblings in the face of this disavowal can be palpably raw.

Therapy was a safe space I regrettably could not find 'out there' in the world and had to purchase, a place to bring all that I could not say to anybody else. The literature suggests other siblings have a similar experience – being familiar with internal, family, social and societal messages that their experience is unacceptable to others. As a practitioner, I am already noticing the danger of allowing a client's long-term treatment plan or the unpicking of their psychopathology to dominate my thinking at the expense of the immediate need in front of me. I suspect I am not unique among new therapists. No matter how composed and high functioning they may appear, people typically come to psychotherapy when their lives have become unbearable.

In both my own experience and the academic literature, sibling suicide survivors arrive on the therapy couch having desperately tried to find a way to process their pain with others. Creating a space in which they can do so, in my opinion, should be a practitioner's first and most important priority irrespective of therapeutic modality.

Important factors to consider are:

1. Acknowledging loss of identity as a core part of the grief process of sibling suicide.

2. Respecting the sibling client's defences, and not dismantling them before building a foundation of safety.
3. Being mindful of re-creating a dynamic in which the sibling feels like they need to protect or reassure.

In other words, listening before interpreting, accepting before suggesting, and hearing before doing.

Implications for training

In order to prepare new therapists for working effectively with clients that have lost a sibling to suicide, a more nuanced and differentiated understanding of suicide bereavement is necessary. Some preparation for sitting with the sheer intensity of the emotions that may emerge – anger, horror, fear and misery – is also vital. The sibling experience differs greatly from how parents, children and spouses grieve, and it is hidden – wrapped in the demands of family, friends and society and potentially denied even to the self. It is painful to recall the experience of sharing Rakic's (1992) work, which strongly paralleled what I had discovered for myself, with my therapist. The long, long journey we took together had already been mapped – how many dead ends, wrong turns and pointless meanderings could we have avoided if these learnings were readily available and commonly imparted?

Pick a final-year psychotherapy student at random, and they can readily speak about the possible effects of having a narcissistic father or distant mother, witnessing violence in childhood, or being the victim of a frightening assault. My wish is for them to also know the effects of a family suicide on the siblings left behind – the pressure, the loneliness, the anger and the painful silence they carry for the family. This "painful silence" seems to reflect the apparently more generalised absence of focus on the sibling bond within psychotherapy literature (see, as an exception, Mitchell (2003)).

It is my firm belief that new therapists need to learn about the complex power of the sibling bond, coming to understand its role in identity formation and the creation of underlying assumptions about relationships. Discovering, as I have, the way it is laced with secrets, and an element of exclusivity. Understanding the relational

'room' left silent and dim when one of the pair chooses death, and the loneliness of the other metaphorically sitting there alone.

Wider implications

Given the differing needs of suicide-bereaved siblings comparative to other family members, I feel dedicated resources could be extremely helpful. Simple normalising of what we feel, as identified by a number of siblings in the academic literature, can be incredibly soothing. There is enough grief and confusion to work through for siblings without the added burden of feeling their emotions and thoughts are wrong or bad. Other family members could also potentially benefit from learning about how siblings tend to process the loss. Perhaps it could help families allow some space for their different – but no less valid – grief experience.

Establishing a dedicated website for suicide-bereaved siblings, and/or working with a mental health organisation to develop printed resources is a potential direct outcome of this study. This is seen as particularly relevant given the difficulties in accessing material on sibling experience that I found in the public domain. Here the tendency for research publications around sibling suicide to be hidden behind a "paywall" can be seen to collude with societal silencing. Given the scarcity of such work, there are ethical questions around the continuation of this practice, and a case for constructing a publicly accessible repository of such documents.

I also strongly believe based on my findings that a dedicated sibling-only suicide bereavement support group could be powerfully therapeutic. Support groups were named repeatedly in the literature as a helpful resource for siblings (Rakic, 1992; White, 2012; Powell & Matthys, 2013; Rostila, Saarela & Kawachi, 2013; Pettersen et al, 2013). It was often unclear whether the groups mentioned were specifically for siblings, or more general 'suicide bereavement' groups. Personally I found the concept of a mixed group containing other family members unappealing, and I wonder how freely siblings would be able to speak in a group that included a diverse range of relationships and roles. I do not feel I could have been honest about how I felt in relation to my family in front of other suicide-bereaved parents, for example. Open expression of my anger was, as discussed at length in the Family sphere section, both a source of great shame to me and great distress to

my parents. To try to speak in front of other parents would mean doing it with the spectre of Mum and Dad in the room – and I cannot imagine that being possible.

I was stumped initially by the idea of how, apart from individual therapy, to bring the siblings in from the cold of their isolation. Then I reflected on how reading about the experiences of other siblings filled me with a sense of belonging, of normalcy, of realising I am walking in footsteps left by others. I imagine the impact would be vastly amplified were those siblings physically present with me. I imagined how soothing it might be to have others simply say “Me too.” To have a safe space where we can voice all the unsayable things in the presence of others who have their own unsayable things. I am in the process of thinking about how such a group might be formed and such a space created.

Implications for future research

More broadly, this study invites further exploration to differentiate experiences of sibling survivors. For example, a male perspective on the experience would allow illumination of gendered differences, providing potentially valuable comparative data. Given that research shows sisters tend to be more severely impacted by sibling suicide than brothers (Fletcher et al, 2015), I am left with questions around the male experience. This feels particularly important given the way in which emotions, particularly around grief, are often categorised by gender. I noticed in my journal reflections a tendency to project anger as a male experience – for example, assuming an interviewee with a lot of rage and a non-gendered name must have been a man. There was also some confusion around my own angry, numb ‘male’ responses to grief, and absence of the more soft, nurturing, ‘female’ responses such as sadness and tears. My findings additionally included some quite strong concerns with the feminine – particularly my ambivalence around motherhood, which were echoed by other sisters in the literature (Todd, 1970; Rappaport, 1994). Are such thoughts about parenting also present for male sibling suicide survivors? What concerns might conversely be linked to masculinity?

Given the vastly different ways that family, relationships and society are conceptualised across cultures, Maori and Pasifika perspectives would also be important to explore. A completely different framework may potentially be needed in order to visualise the relational impact of a sibling’s suicide. Given the possibility

for a sibling's suicide to distort the capacity for normal relationship attachments, it may also be useful to track the dynamics of siblings' significant relationships over time – potentially across different cultural lenses.

For myself, whilst this study reveals some aspects of what allows me to speak about the experience of my brother's suicide, it is not the end of the story. Having completed this piece of work, I feel drawn to further exploring the dynamics of need and acknowledgement following a traumatic event. The way in which suicide-bereaved siblings typically carry their experience in quiet, desperate isolation, and the way that silence and disavowal of need spirals outwards has captivated me. Repetition of – or possibly even collusion with – their silence seems to be re-created at all levels, including the world of research.

What other private agonies, borne unseen and unheard, may need further inspection due to similar factors at play? And what are the wider dynamics? Does the individual's silence influence society's perception of their experience (they do not ask, therefore they do not need)? Or does the prevailing social climate dictate the individual's ability to speak (they should not need, they are only siblings)? Could there be an overarching refusal to hear, a collective denial (it is too painful to see the need)? I have no fully formed question or methodology, but wish to continue digging in this territory and see what can be uncovered.

Concluding Self-Reflection

While I claimed to be open to the possibility of self-transformation through the heuristic process, serious resistance simmered beneath this compliant exterior. Anger flooded through me when I received feedback on my research proposal that I had not considered the possibility of my own 'post-traumatic growth'. Not for the first time, I felt I was being pointedly dragged towards 'looking at the bright side' – forced to deny my reality based on another's existential need for a hopeful spark in the darkness. It felt like a repetition of what happens most often when I attempt to talk about the experience of sibling suicide. Others try to 'make it OK' for me and shield me from my own experiencing, when it is the catharsis of speaking that I long for (and the silencing, contrary to the good intentions of others, which serves to re-traumatise).

Nevertheless, I grudgingly agreed to 'consider the possibility'. As I tracked my responses through the heuristic process, I soon noticed something interesting occurring whenever my thoughts 'strayed' from the task at hand. I would chide myself for these meanderings, and usually refused to follow my thoughts to see where they ended up. As I began allowing myself to do so, I soon saw that there was valuable insight to be found if I relaxed and 'went with it'. I believe I had become stuck, believing through a combination of shame and stigma that I must remain focused on the suicide. This relentless fixation on my brother's death overshadowed what preceded it – his life, and our shared life together as brother and sister.

I was also shocked to read that other siblings have complicated relationships with the idea of being 'successful'. Never before had I linked my seemingly bizarre aversion to the word with my brother's death – which posed a particular dilemma for completing this piece of research. What would it mean to me to write a 'successful' dissertation? Would I be able to bear it? I recall my fingers itching to throw my journal in the fire one night after a particularly productive and insightful day's writing. What was going on?

Something like this:

*"I should have enough guilt to kill me.
Whatever I felt, it should have been unsurvivable.
I should have such guilt and pain that I cannot live
– and yet live I did."*

- (Journal entry)

I also feel there was an element of not wanting to be 'okay', knowing that this is often how suicidal people justify their decision to end their life (*my family will be okay in the end – or possibly better off without me*). If I am okay, or worse, 'better' ... perhaps a part of me thinks that makes what Richard did okay.

*"I will not become a 'better person' because of your actions, brother.
I won't prove you right that we'll all be okay in the end if you do this."*

- (Journal entry)

The third and most vital transformative experience I gained from the completion of this piece of work was the realisation that I was still trying to gain the acceptance and empathy I craved after Richard died. Almost ten years have passed, and yet when I speak – and scan the face of the person I have spoken to – I long for and expect to see a reaction more suitable for someone bereaved that morning. Sometimes, I even got it – I will never forget my therapist looking back at me with red-rimmed eyes, my own heartbreak mirrored with tenderness. Yet it did not heal my pain. I was not heard and held when I needed it most, and no amount of listening and love received in the present can ever undo that. Striving to get it (and withdrawing in hurt when I did not) was putting strain on many of my closest relationships and leaving me feeling continually bereft.

With this knowledge, I finally feel able to let go of three painful things I have held with a death-grip this past decade:

1. Staying fixated on Richard's death in self-punishment, making me unable to see past it to remember and celebrate his life.
2. Making choices that are detrimental to a healthy, connected, successful life out of a misguided need that I must suffer to prove my love for my brother and disprove that I am 'okay' without him.
3. Seeking in the present what I did not get in the aftermath of the suicide, in the futile hope that it may undo the damage inflicted on me in the past.

I will never stop loving my brother. I will never forget him.

But he will always be dead.

Nothing can take that away and make it right, and nothing will.

So I may be a survivor – but whether I choose to speak or stay silent, the need to 'survive' is over.

*If any should force entrance he might see there
One buried yet not dead,
Before whose face I no more bow my head
Or bend my knee there.*

- The closing of Christina Rossetti's 'Memory', 1906

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