



# After A Suicide, Sibling Survivors Are Often Overlooked

By CHERYL PLATZMAN WEINSTOCK • AUG 25, 2017

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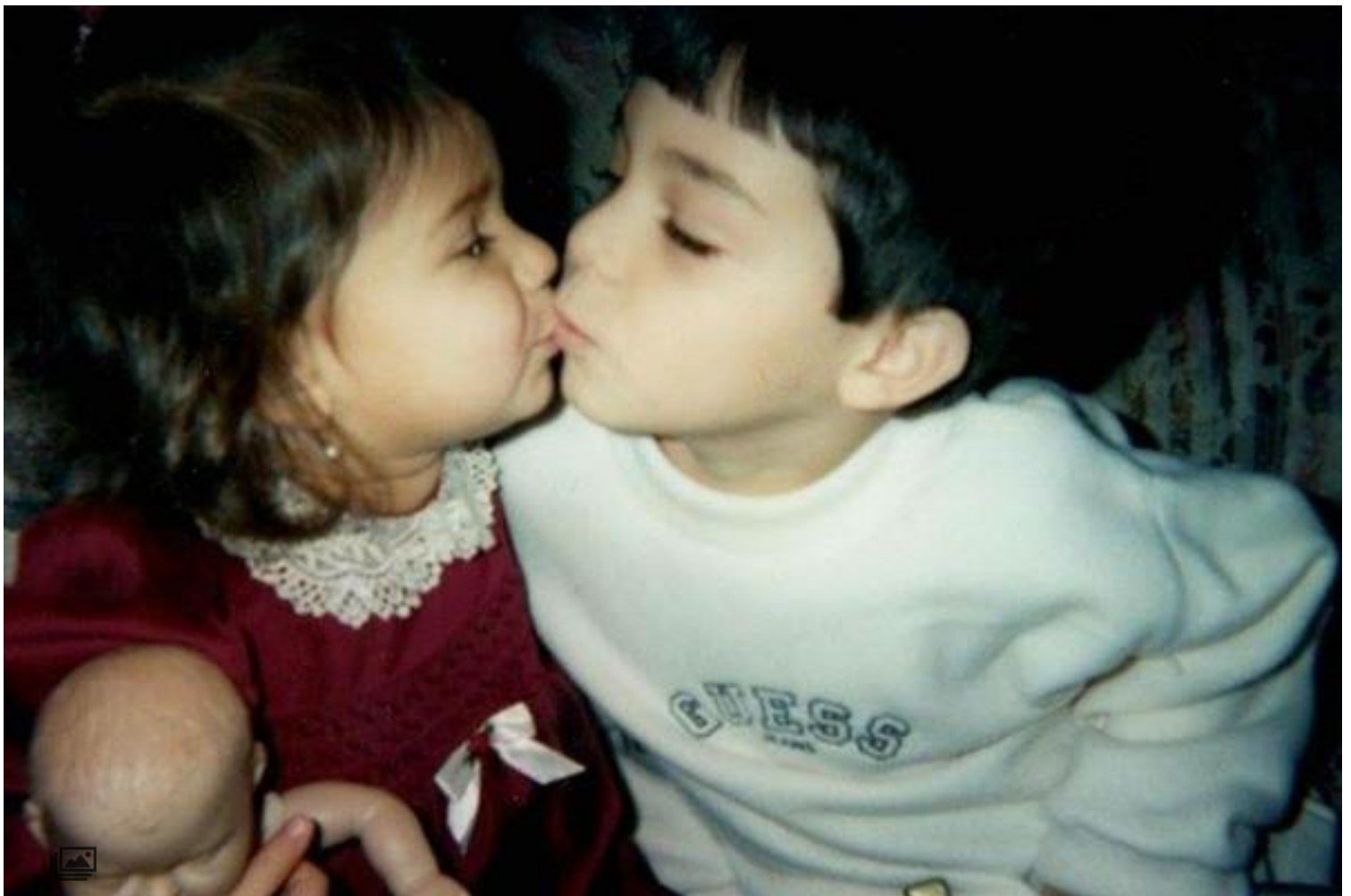
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Taylor Porco was just 14 years old when her brother, Jordan, died by suicide during his freshman year of college.

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When Taylor Porco's brother, Jordan, died by suicide during his freshman year of college in February 2011, people told her to be strong for her parents, who were incapacitated by their grief. Hardly anyone seemed to notice that Porco, only 14 at the time, was suffering and suicidal.

"I was really depressed and in such extreme pain. Nothing, literally, mattered to me after he died. All I wanted was my brother back. I never loved someone as much as I loved him," she says.

Porco's experience is hardly unique. Approximately 25,000 people each year become sibling survivors of suicide, according to the support group, Sibling Survivors of Suicide Loss (<http://www.siblingsurvivors.com/>). Those who lose a sibling to suicide at any age can experience anger, complicated grief reactions, depression, post-traumatic stress disorder and thoughts of taking their own lives.

Until recently, these survivors often fell under the radar. They were overlooked in medical research, and no one understood what they were going through or how to support them. But, according to several studies of survivors, those who lose a sibling to suicide, especially one of the same sex or close in age, have more serious mood disorders and thoughts of suicide themselves than survivors who lose a sibling for any other reason.

"Yet there's a big gap between this new knowledge and what's happening in the real world," says James M. Bolton, director of research at the department of psychiatry, University of Manitoba in Canada. Bolton has conducted several studies (<https://jamanetwork.com/journals/jamapediatrics/article-abstract/2617987>) on sibling survivors ([https://umanitoba.ca/faculties/health\\_sciences/medicine/units/psychiatry/research/about\\_james\\_bolton.htm](https://umanitoba.ca/faculties/health_sciences/medicine/units/psychiatry/research/about_james_bolton.htm)). One major concern, he says, is that pediatricians may not be quick enough to spot a patient in trouble.

A recent United Kingdom survey of 3,432 bereaved young adults ages 18 to 40 who lost a friend or relative by suicide found that 20 percent of them received no formal or informal mental health support.

Alexandra Pitman (<https://iris.ucl.ac.uk/iris/browse/profile?upi=APITM02>), consultant psychiatrist at University College London who led the study (<http://bmjopen.bmj.com/content/bmjopen/7/5/e014487.full.pdf>), says, "Those bereaved in adolescence described the inability of their peers to understand their experience or know how to respond." The report was published in the *British Medical Journal*.

That was certainly the case for Porco. After Jordan's death, only a few of her peers tried to comfort her.

"People who [I] in no way ever expected or thought would step up and be there for me were. They loved me during a terrible time, even though I wasn't pleasant or easy to be around," she says.

Julie Cerel (<https://socialwork.uky.edu/dr-julie-cerel/>), a psychologist and president of the American Association of Suicidology, says, "I think people don't understand how profound a loss of a sibling can be. They help shape your trajectory and sense of self."

Losing Jordan was heartbreaking, says Porco. "My brother was my biggest support. I thought everything was OK as long as I had him."

After their son died, Porco's frightened parents urged her to stay home and take a year off after high school. Then they threatened that she couldn't go away to college. Finally, they gave her a choice of going to any college less than two hours from home. Porco, now 21, is a senior at Hampshire College in Amherst, Mass.

That is not unusual, Cerel says. "Suicide changes the relationship between parents and their living children irreparably. The sibling left behind is either angry or feels like they have to be perfect or like they always have to be checked on by family for fear they will kill themselves."

Until a few years ago, no studies had been done that categorized survivor relationships and helped figure out which survivors are most at risk of anger, depression, self-harm and other problems.

Ryan Steen, 31, was working his job in cybersecurity in Waltham, Mass., when he learned that his younger brother, Tyler, died by suicide while attending college in Georgia.

"I was angry because I saw how Tyler's death affected my parents. For about six months, I was on edge. My job was in jeopardy," says Steen.

He broke up with his girlfriend, switched to the overnight shift and isolated himself after work. Steen says his friends, boss and colleagues found it tough to wait out his recovery as he continued to struggle for more than two years after Tyler's death.

Finally, he went to see a therapist for a few months.

A lot of sibling survivor suffering and future long-term health problems could be addressed if the signs are noticed quickly.

Last year, the U.S. Preventive Services Task Force recommended that pediatricians routinely screen adolescents for depression at every well visit starting at age 12. Dr. Marian Earls (<http://www.conehealth.com/find-a-doctor/doctor-profile/?id=779>), chair of the mental health leadership work group for the American Academy of Pediatrics, helped develop a toolkit for pediatricians to show them how to recognize and respond to the effects of all types of trauma, including suicide.

"If a sibling dies of any cause, the rush, very often, is to the parent. Kids are lost in all of that. They don't have support in their grief," says Earls.

In North Carolina, where she practices, and in several states across the country, there is a big push for pediatricians to put social workers, psychiatrists and nurse coordinators on staff to address behavioral health concerns more rapidly.

Dr. Steven Rogers (<https://www.connecticutchildrens.org/about-us/find-a-doctor/steven-c-rogers-md/>), director of emergency mental health services at Connecticut Children's Medical Center, says there are warning signs of trouble, including physical symptoms, such as chronic pain or a decline in school performance. Rogers says parents shouldn't feel embarrassed or think their child is "just faking it" for attention.

"Talk with your kids and never diminish their feelings," he says. "If they say they're really feeling guilty and it's all their fault, tell them you know what they're feeling because you feel it, too. Then reassure them that it's normal, but it's not their fault."

After a sibling suicide, if a child becomes nervous, anxious or preoccupied with how a sibling died, they should immediately be seen by a doctor, says Rogers.

The aftermath of a sibling's suicide can be a baffling, terrifying and life-changing event. A therapist or support group that works with survivors of suicide can help people through it.





Steen says he has learned from his experience. "I shouldn't have isolated myself and pushed away friends who wanted to help after Tyler's death. Friends and support groups are important for talking it out."

As the Centers for Disease Control and Prevention reports, the rates of teen suicide (<https://www.cdc.gov/mmwr/volumes/66/wr/mm6630a6.htm>) continue to rise, especially among girls. So in the future, more young sibling suicide survivors than ever will need support.

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