

HELPING SIBLINGS http://namimd.org/uploaded_files/496/Siblings_Offspring_KSF.pdf

Many siblings want providers to listen to them, to ask what they know, think and feel about their ill sister or brother, to let them be involved constructively by helping in some way. Siblings also need providers to understand and support them when they feel they must step out of the family problem, to empathize when they are torn between the things they need to do to move their own life along and the obligation they feel to help their parents and their ill brother or sister.

Sibling's survival guilt can arouse many fears about their own mental well-being, and influence many of their decisions about life choices. These issues are very real for young adult siblings who are just starting out into the world; they need to talk about these feelings and to explore whether their sibling's illness might be casting a shadow on any part of their lives. Oddly enough, many siblings report that providers (and even people in their own families) do not register the enormity of sibling loss, or comprehend the depth of sibling grief. Perhaps this is part of family denial, of parents not wanting to see any more "hurt" children in their family. Perhaps it is the way people neglect survivors' feelings because, after all, they have been lucky enough to survive. Sibling loss is normally intense and is reactivated at every developmental milestone throughout life.

Providers can help sibs with the grieving process at any one of these points. Siblings tell us that they have commonly blocked the trauma of scenes and events that they witnessed when their brother or sister was critically ill. This includes traumatic things that happened to them, like being threatened or abused. Providers need to understand that siblings who have endured these ordeals often want to detach from the ill sibling, the well sibling can come to understand that these behaviors are illness-related, but it takes time and courage to overcome this kind of trauma.

Many siblings report that they feel invisible in their family after mental illness strikes—that their needs get lost in the intense demands made on the family by their ill brother or sister. Siblings in these families must bear witness to the extraordinary stresses imposed on their parents and often do not want to burden their parents further with demands of their own. Sibling support groups provide a safe and welcome place for well sibs to talk about these issues.

Some things to remember....

You cannot cure a mental disorder. No one is to blame for the illness. Mental disorders affect more than the person who is ill. They affect the entire family. Despite your best efforts, your loved one's symptoms may get worse. But they may also improve. If you feel extreme resentment, you are giving too much. It is as hard for the parent or sibling to accept the disorder as it is for other family members. True acceptance of the disorder by all concerned may be helpful, but it is not necessary.

It is not OK for you to be neglected. You have emotional needs and wants, too. The illness of a family member is nothing to be ashamed of. The reality is that you will likely encounter stigma from an apprehensive public and other family members. You may have to revise your expectations of the ill person, as well as of yourself and others. You may have to renegotiate your emotional relationship with the ill person. Acknowledge the remarkable courage your relative may have shown when dealing with a

mental disorder. Generally, those closest in sibling/offspring order and gender become emotionally entangled while those further away in age or of another gender may become estranged.

Grief issues for siblings are about what you had and lost. For adult children, they are about what you never had. After denial, sadness, and anger comes acceptance. The addition of understanding yields compassion. It is absurd to believe you can correct a biological illness such as diabetes, schizophrenia, or bipolar disorder with talk, although addressing social complications may be helpful.

You have a right to ensure your personal safety. Strange behavior can be a symptom of the disorder. Try not to take it personally. Don't be afraid to ask your sibling or parent if he is thinking about hurting himself. Suicide is real. Don't shoulder the whole responsibility for your mentally disordered relative yourself. The needs of the ill person do not necessarily always come first. If you can't care for yourself, you can't care for another. You are not a paid professional caseworker. Your role is to be a sibling or child, not a parent or caseworker. It is important to have boundaries and to set clear limits. If a mentally disordered relative has limited capabilities, it doesn't mean that you expect nothing of him or her. Many times capabilities change with the severity and ups and downs of the illness. Look for current strengths and never give up hope for improvement.

It is natural to experience many and confusing emotions such as grief, guilt, fear, anger, sadness, hurt, confusion, and more. You, not the ill person, are responsible for your own feelings. Inability to talk about your feelings may leave you stuck or "frozen." You are not alone. Sharing your thoughts and feelings and getting practical suggestions from a peer support group is helpful, enlightening and empowering. With education and support, you may see the silver lining in the storm clouds as you gain: increased awareness, maturity, sensitivity, receptivity and compassion. You may become less judgmental and self-centered: a better person.

Mental illness is not on a continuum with mental health. Seek out the best experts available in your community. Ask for a joint conference with the treatment team and the adult patient, showing concern for confidentiality. Always be prepared for a crisis but never, never give up hope!

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