

Parenting

SIBLINGS



The Frank brothers at the beach in 1993

The “Well” Sibling

How Children Are Affected When Their Sibling Experiences Psychosis **By Tanya Frank**

I WATCHED THEM WRESTLE on the beach like puppies, my two handsome sons, beneath the towering cliffs of Monterey in California, their long surfboards propped nearby in the sand. They are just two school grades apart, only they were not at school anymore. Ages 27 and 25, they were tall men. I was grateful for such carefree moments. They had been rare since our family was confronted with psychosis. A cumbersome label of schizoaffective disorder was given to Zach, the younger of the two, six years ago. We had been navigating the fallout ever since.

Dale, my firstborn, tapped out on Zach’s arm, signaling that the fight was over. Zach helped Dale to his feet, swept the sand from his brother’s back, and they bumped their fists together, laughing. I swallowed back tears. I was not sad so much as humbled—thankful that they had each other.

I wondered if life might have been like this, simplicity and pleasure for the rest of time, if Zach hadn’t broken from reality, if his experience hadn’t demanded that I drop everything, and everyone, including friends, my wife, and even Dale, to try to help Zach to find his footing.

In time I realized that the bond between my sons would affect them both, affect us all in terms of our journey through Zach’s diagnosis.

A U.K. study published in *Early Intervention in Psychiatry* revealed that the quality of the sibling relationship, especially during adolescence, is a predictive factor in the siblings’ future involvement in caring for individuals with schizophrenia. Furthermore, a positive sibling relationship is associated with a higher quality of life in adults with a diagnosis of schizophrenia.

As grateful as I am for research such as this, I am also painfully aware that in witnessing his brother’s altered states my eldest son endured his own trauma. In her book, *Troubled Journey: Coming to Terms With the Mental Illness of a Sibling or Parent*, psychologist Diane Marsh maintained that “as hard as parents may try to meet the needs of their well children, time and energy are simply finite. Siblings often feel like the forgotten family members. Everyone else’s problems are more important than theirs.”

Marsh recognized that the “well” siblings (as she calls them) in families where one child suffers with their men-

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tal health have a fear that they might also experience psychosis—and a sense of survivor’s guilt if they don’t. Well siblings also have a much higher likelihood of suffering post-traumatic stress because of what they have witnessed. I have seen first-hand evidence of this in my elder son, the way he enters fight or flight so readily, his adrenal response heightened from the years of fear we shared as a family.

I apologized to him recently about how he was eclipsed by Zach’s psychosis, how I was too preoccupied with trying to fix everything to see it. I asked him how he felt about the future. “I’m painfully aware I won’t be able to replace you,” he said. “I can’t be everything to Zach. It would be too much of a strain on my own mental health.” His response, polite and reflective, chimes with a study published in *Psychiatric Services* whereby the greatest source of stress for 612 siblings (82%) was “concern about who will take care of the vulnerable sibling when parents no longer can.”

During the early phase of Zach’s diagnosis, it was Dale who listened to Zach’s fears that his friends were members of the Russian mafia out to harm him. And it was Dale who drove Zach home after a party one night, unable to stop for gas, for anything at all, in case these “friends” caught up to Dale’s car. In the days that followed, the revolving door of Zach’s hospitalizations made me myopic. I believed that Dale was fine. I turned to him for help, looked to him to tell me where Zach was, who he was with, if he was smoking dope, or had expressed suicidal ideation. Upon reflection, I recognize that the pressure must have been intense.

At a family mental health course I attended in the early months after Zach’s diagnosis, I met Rita, an occupational therapist who didn’t want to

involve her other children before their help was truly needed. She carried the burden of care alone, despite her well son having a psychology degree and working in mental health. Jae-Sang, on the other hand, a mother from Korea, had a daughter with a diagnosis of schizophrenia who relied enormously on her little sister for emotional support, and Jae-Sang couldn’t have imagined it any other way: Her younger daughter was her rock.

Whether we feel able to depend upon our vulnerable child’s siblings now or hope that they will take up the mantle after our death, the reality is complex: A lack of safe affordable housing for those with mental health challenges, the archaic and bureaucratic mental health system, and the burden on family members in this era of failed community care, are grave concerns.

For many who will be left with the legacy of caring for their siblings, there is no specific training or education on how to deal with crises. Family programs and support groups are made up almost entirely of parents or spouses.

Yet the family member who is going to have the longest relationship of anyone with the person with psychosis is the sibling. Life challenges faced by siblings of individuals with schizophrenia may increase the risk for depressive symptoms, according to a 2016 study published in *Mental Health in Family Medicine*. Some of these risk factors have been assessed over the years with studies looking at birth order, issues that we know are environmental and social rather than genetic, but still may play a role. Another aspect examined was age difference. One study found that the smaller the gap, the more the well sibling is likely to be affected by the experience, but again this is thought to be due to environmental

factors and not genetics.

Despite more attention being given to the subject, siblings as a demographic need more help, more safety nets, and support groups. This was proven to us when four years ago we made the move back home to the U.K. It was here, during the height of the pandemic, that I found a nonprofit therapeutic organization that helps families to explore ways of re-imagining the current mental health paradigm. This compassionate framework has sibling groups that are facilitated by trained psychotherapists. I hope that there will come a time when Dale feels willing to enter such an arena, to meet other siblings who have trodden the same road, the very individuals who, like him, will become the next generation of activists or advocates for their brothers or sisters who have lived experience of voice-hearing and altered states.

These days when Dale and Zach are together, I watch them with a joy tinged with sorrow. I picture a day in the future without me in the frame. My hope, of course, is that society will become kinder, with adequate provision for those who are vulnerable, that Zach will heal, and become more independent, that he and his brother will have the life I dreamed for them both. But I am acutely aware Dale might one day be the only person Zach will have to turn to for help.

For now, I’ll do everything I can to make sure Dale will not have to take on more than he can manage. I want him to be free to fall in love, to travel, and to live independently, to be Zach’s big brother, his wrestling partner, and his fellow surfer at the beach. ■

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