Unveiling the Invisible: A narrative inquiry about the life of adults in Malta who grew up with a sibling diagnosed with a depressive or anxiety disorder

Submitted to the New School of Psychotherapy and Counselling in conjunction with Middlesex University Psychology Department in partial fulfilment of the requirements for the Degree of Doctor of Existential Psychotherapy and Counselling by Professional Studies.

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Student Declaration

No portion of this work has been submitted in support of an application for another degree or qualification of this or any other university or institution of learning.

This research is being submitted in partial fulfilment of the requirements of the Doctorate in Existential Psychotherapy and Counselling by professional studies.

This thesis is the result of my own work and research, except where otherwise stated. Explicit references have been acknowledged when other sources were utilised. A list of references is found in the appendices.

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Abstract

Mental health not only affects the individual, but also other members of the family. Literature focuses mostly on the parents and/or the individual being affected by the mental illness, while putting aside the siblings and how they are affected when issues related to mental illness emerge during their adolescence. As siblings grow up, the tendency is that they spend a lot of time together, and when mental health emerges, a lot of changes are incurred. This study aims to give a voice to the people who are normally silenced. Therefore, through their narratives, the study aims to understand better the trajectories of the silenced sibling, from adolescence to adulthood and how this journey shaped one's meaning of life. Furthermore, through understanding one's story, the helping professionals can work in a holistic manner within the family system. A narrative approach was adopted and thus, seven semi-structured interviews were conducted with participants who experienced having a sibling with depression and other mental health issues emerging during their adolescence. Elliot's first and second order narrative analysis was used to elicit four main themes. The findings revealed that due to the emergence of symptoms of mental illness within the family, the participants had to adopt new roles to be of help to the family. Moreover, how the participants felt and dealt with mental health within the family was explored. In addition, the theme of loss and how this journey has left an effect on their adulthood was highlighted. The participants explored how their siblings' mental illness have left them struggling in some aspects in their adulthood, but also how they have grown from this experience, making the purpose of living more meaningful to them. It seems that therapy has helped most of participants to heal and grow form this experience. Since the sample was small and based in

Malta, results cannot be generalized as the participants spoke from a Maltese cultural background related to mental health, yet the meaning can be transferable. Recommendation for helping professionals to work more with all the family members, from an early start, would be beneficial in the long run.

Keywords: siblings, adolescence, adulthood, mental illness, depression, anxiety, narrative inquiry

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Dedication

To those who crossed my path

and helped in my healing

through listening to my stories

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CHAPTER 1

INTRODUCTION

Introduction

In recent years, attention on mental illness disorders has increased. Although awareness has been heightened, and more research has been focused on mental health disorders, the perception of adults who experienced or are experiencing growing up with a sibling with mental illness, specifically depression and anxiety disorders, has been lacking. Through the exploration of the lived experience of the siblings, this research aims to narrow the gap in research within this field.

Adolescence is a phase of exploration and experimentation where the foundation of identity starts to develop (Erikson, 1968). It is a time where through feeling lost, dealing with different emotions, understanding chaos and facing new challenges, teenagers start to discover their sense of self. During this stage, the adolescents' cognitive ability makes it possible to instigate questions of independence and identity development (Coleman, 2011).

Through unveiling their narratives, people connect and share parts of their lives with others. In addition, people normally share stories that are meaningful to them (McAdams & McLean, 2013). Indeed, constructing one's identity through narratives "provide a person's life with some degree of unity, purpose, and meaning" (McAdams & Mclean, 2013, p. 233). This research provided space to seven participants who were willing to narrate their life story in which their identity formation was explored, both as an adolescent and as an adult. In addition, through these narratives, participants made sense of how their identity in adulthood, life choices and view of the world may have been influenced by the events that occurred during their adolescence.

Relationship to the Area

We are not isolated human beings and live within a system. The fundamental system that leaves an impact on our lives is our family (Whiteman et al., 2011). Part of my interest lies in the dynamic relationships between different members of the family and individual roles within the family. From a young age, I always loved interacting with children and helping those around me. As I was growing up, the area of pastoral care in schools always caught my interest. My visits to the guidance teachers were related to subject choice. Yet the approach to help started to ignite within. I now realise that I could have approached the guidance teacher on other subject matters but as a teenager it did not cross my mind to reach out. When I was around thirteen years old, my fourteen-year old cousin passed away. Yet no help was offered by the school. Talking about personal struggles was not promoted. It's been more than twenty years since I was an adolescent and school counsellors were non-existent.

My wish became a reality when I applied as a trainee counsellor within the educational department twelve years ago. The pastoral care system started to change at that time, when trainee counsellors and counsellors were employed and started to give a more holistic approach to the students (Falzon & Camilleri, 2010). As a trainee counsellor I started to face different situations where mental illness was prominent. As a team, we worked with the student suffering from mental illness and with the parents, but never with the siblings of the student. I started to wonder about the siblings' mental illness and how the events happening at home were affecting them. I came across a couple of students that were brave enough to

disclose the chaos occurring at home due to their siblings' mental illness. Yet, I kept wondering about those silent ones who for some reason did not come forward and kept battling on their own.

A more detailed reflexive section regarding my personal and professional interest will be found in the methodology chapter.

Rationale

As psychotherapists and counsellors, we have the privilege to collaborate with clients as they attempt to find meaning in the events occurring in their lives. This research intends to retrospectively explore living with a sibling with a depressive and/or anxiety disorder as an adolescent, and how this journey has shaped their worldview as they were growing up.

Research in the field of mental illness is vast and complex. Most of the research on mental illness is quantitatively based. There is a gap in research on siblings and most of the research is related to adults/children of siblings with physical illness or learning difficulties (e.g. Lobato & Kao, 2005; Williams et al., 2003). In addition, various memoirs are written from the perspective of the person diagnosed with mental health issues (e.g., Cheney, 2011; Jamison, 2014; Smith, 2013), rather than the siblings themselves. Similarly to real life, where healthy siblings' needs are ignored when mental illness interferes in the life of the family, research on siblings has also been put to the side. In fact, through this study, I would like to give a voice to the cohort that is normally ignored and unheard.

Moreover, there is even limited research on how experiencing mental illness during their adolescence, may have somehow impacted on the siblings' worldview while growing up. There is a lack of research showing whether as adults, they have retained similar patterns to when they were teenagers or whether such experiences have encouraged them to change their way of being.

Aims

Indeed, as mentioned above, many professionals I meet in schools focus their work on the 'symptomatic' child rather than the 'healthy' child. It is believed that 'healthy' children do not need any support and are resilient enough to cope on their own. Through listening to the experience of adults, the aim of this thesis is to gain a better understanding of their challenges in adolescence when living with a sibling with a mental health disorder.

This study aims to explore the trajectory of adults who grew up with a sibling diagnosed with a depressive and/or anxiety disorder. The journey includes the participants' experience of the onset of their sibling's depression or anxiety disorder, ways of coping through challenging times, and how this has formed their identity during the adolescent years. Moreover, their passage continues into adulthood, and therefore this study examines how the experience during adolescence has shaped the choices, view of the world, and meaning of life during adulthood. Through this research, I hope to bring awareness to other professionals about the importance to reach out to the siblings and offer support.

I would like to give a voice to the population that is normally ignored and unheard. Due to the lack of research in the field, it is evident that little importance is given to the sibling. This makes me question what message we are giving the siblings going through this experience when their voice is not heard and seems to even be dismissed. It will be interesting to see if they required help from professionals and what their needs would have been.

Research Question

To reach my aim and start narrowing the research gap, I will answer the following research question:

What is the lived experience of growing up and living with a sibling who was diagnosed with a depressive and/or anxiety disorder and how, if at all, has this influenced their adulthood?

Contribution of the Study

To tell one's story to others is an opportunity for the storyteller to share their experience with an audience. Through conferences, workshops, seminars and CPDs related to mental illness, it will be a great opportunity to share my research study and voice out the participants' journey from adolescence to adulthood. The participants' stories might resonate with the audience, directly or indirectly, and hopefully reduce the sense of isolation that such a situation may induce. The stories of the participants might inspire other siblings to open up and reach out to professional help if they deem it necessary.

Moreover, through this research, professionals such as counsellors, psychotherapists, guidance teachers and education practitioners may become more aware to take a step further when encountering a student diagnosed with a mental health condition. ‘Catch them young’ is a message I aim to spread among professionals working in schools. Therefore, the service provided will be more in a holistic manner while giving all the family members the support needed.

The findings of this study are intended to help professional individuals and organisations to understand better the experience someone goes through when they have a sibling with a mental health disorder. Even though every experience is different there are some patterns that are similar in most narratives. Hence, in this study, different services that siblings may benefit from may be explored.

It is unavoidable that participants will talk about their sibling with mental health issues. The stories might include opinions about the needs of their siblings and how particular services or actions from others may have helped or hindered their siblings. Therefore, new information or emphasis on current beneficial or harmful services might emerge and will be of value to the organisations that read this study. This will be disseminated by publishing any new information through local newspaper. Moreover, I will be open to invitations to give talks to reach this population. Publishing in journals related to adolescence, families and mental illness will also be considered.

Outline of the Study

Chapter 2 – Literature Review

Since the study took place in Malta and all the participants are Maltese, I give a brief history of mental illness in Malta. Unfortunately, research in relation to mental illness in Malta is still very limited. I will be looking at the different developmental stages and how the presence of mental illness can impede the development of the child as well as how meaning-making during adolescence can help in identity formation. Moreover, because the sibling is part of a family, I will be looking at different aspects of adolescence in relation to mental illness including the family system and the relationship among the siblings. The emotional and social aspect and what coping mechanism adolescents implement will also be explored. The last part of the review focuses on how mental health disorders continues to linger during adulthood and how the siblings achieve an understanding of the meaning of their life. This will be followed by looking at identity, meaning-making and loss and gains through an existential perspective.

Chapter 3 – Methodology

This chapter starts off with an ontological and epistemological positioning of the study. A detailed explanation of the research design will be given, including the way I chose my methodology and the process of carrying out the research. I will also explain why narrative research was the method chosen and the way data was analysed through Elliott's (2005) first order and second-order narratives. Within this chapter, the ethics behind this study are outlined followed by my personal reflexivity around this study.

Chapters 4 and 5 – Findings

The findings are divided into two main parts. In the first part, the account of every participant and their journey through this journey is narrated. In the second part, I will be presenting the themes that emerged through the seven stories: Emerging roles in adolescence, dealing with their sibling's mental illness, loss and shaping adulthood. There are four overarching themes, three of which mainly focus on the participants' journey through adolescence, while the last theme focuses on the adulthood phase. The themes were chosen to show the challenges the participants faced, together with the thoughts and feelings surrounding their journey.

Chapter 6 – Discussion

Through this chapter, I will be looking at the themes which emerged from the findings and bridging them with the literature. I will be discussing how the findings dialogue with the literature. This chapter will also include some reflections on the limitations of the study as well as further areas of inquiry as a continuation of this study. Implications for practice and implications for existential psychotherapy will also be mentioned.

Chapter 7 – Conclusion

To conclude, I will briefly summarize how the research was carried out and highlight the key findings.

CHAPTER 2

LITERATURE REVIEW

Introduction

"Mental illness is a catastrophic event" (Marsh & Dickens, 1997, p.21).

Mental illness may be perceived as an individual illness, yet we form part of a family system and a social system. Just as each individual member influences one another within a system, so does an individual with a mental illness (Kinsella et al., 1996). Kinsella et al. (1996) add that children living with a relative with a mental disorder are likely to be affected the most. In fact, siblings of people with mental health disorders are more at risk of having social, emotional, behavioural, and developmental impairments, than siblings in the general population (Delisi et al., 1987). Yet, according to Rutter and Quinton (1984), children who are at risk can avoid the pathology by acquiring the necessary coping skills. Indeed, Anthony (1987) states, "When coping is successful, some sense of invulnerability grows within the child, and the same is true in the face of failure – the sense of vulnerability may become chronic" (p. 21).

Many factors influence the dynamics of a family system and mental illness is a very strong factor that creates change within the family. Family systems theorists suggest that rather than stopping at an individual level, it is beneficial to recognize the other subsystems within the family, including siblings (Vangelisti, 2022). Safer (2002) states that "whatever the family dynamic ends up being, the normal child will be scarred, even if the scars do not show" (p. 55).

Congruently, siblings have been silenced and ignored, not only by the members of their families but also by researchers. Very few researchers have taken the point of view of siblings, as, like parents, the ill (both physical and mentally) child has been given priority and attention (Dia & Harrington, 2006; Kelvin et al., 1996; Kilmer et al.,

2008). Also, rather than getting a direct experience from the siblings, many reports are based on the perception of parents.

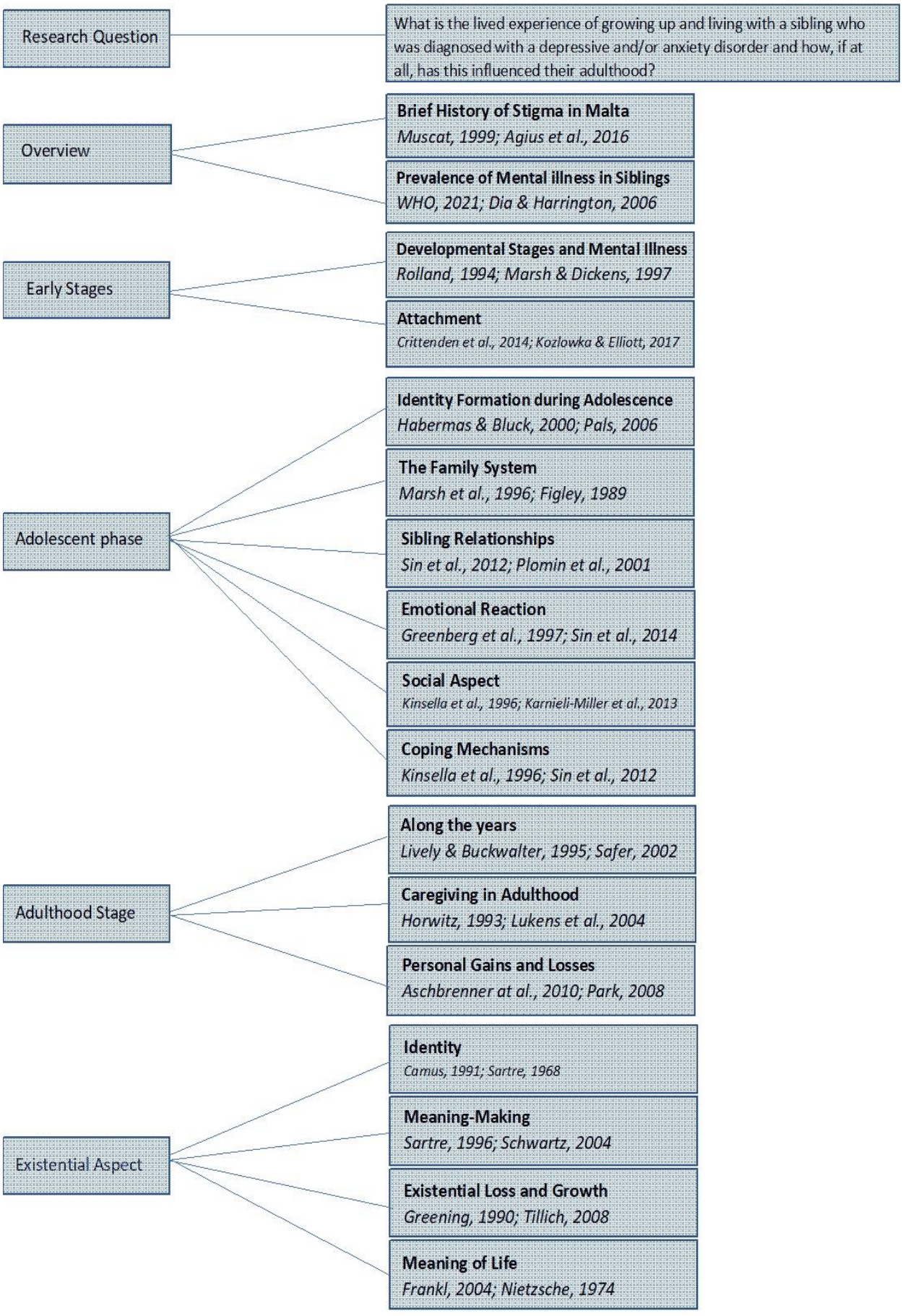
Structure of the literature review

Since my research is based on Maltese participants, narrating their stories from 20 years ago, I introduce the literature review by giving a brief description of the history of mental health in Malta, followed by national and international statistics to have a clearer picture of the prevalence of mental illness while growing up. In addition, this research is a journey from adolescence till adulthood and I want to mirror this flow in the literature review. Therefore, as can be seen from the signpost hereunder, I briefly introduced the developmental stages and attachment in the early stages of one's life followed by the adolescent years.

Indeed, a growing adolescent is typically brought up within the immediate family where one is shaped by several aspects, including how one's attachment has been formed, the emergence of mental illness within the family, identity formations, relationships in the family, amongst others. Therefore, an exploration of these themes are discussed to enhance a better understanding of a growing adolescent experiencing their sibling having a mental disorder. After looking at these aspects, I also explore how experiencing a sibling with mental illness can affect the adolescent emotional and social aspects and in what ways could the young person cope with such challenges.

The phase following adolescence focuses on adulthood and how mental illness can shape one's worldview. Part of my research questions focuses on how their experience during adolescence has affected their adulthood and what

meaning they gave to their lives. Therefore, I explore both the positives and negatives of one's trajectory followed by an existential perspective of the identity, meaning-making, gains and loss and the meaning one gives to life.


Research Question
What is the lived experience of growing up and living with a sibling who was diagnosed with a depressive and/or anxiety disorder and how, if at all, has this influenced their adulthood?
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Brief History of Stigma in Malta

Malta, which is situated in the centre of the Mediterranean Sea, consists of three main islands with an area of 315 km^2. It is one of the most highly densely populated counties in Europe, with a total number of habitats of 516,537 at the end of 2020 (Regional Statistics Malta, 2022). Having such a huge population on a very small island, it's likely that everyone would know each other's business (Ayling, 2010). There is a long history of the development of mental illness in Malta. In the twentieth century, mental illness in Malta was still very much a taboo issue. 'Lunatic', 'imbecile', 'mad', 'mental', 'retarded', and 'insane' were amongst the terminology used to describe a person with a mental health disorder (Muscat, 1996; Savona-Ventura, 2004).

Up until 1981, admissions to the only mental illness hospital on the island were involuntary admissions (Agius et al., 2016). It was at the beginning of the 1980s that the process of normalising mental illness developed with the introduction of a psychiatric unit in the general hospital. Therefore, admissions were done more frequently and easier, as people started to acknowledge a similarity between physical illness and mental illness (Agius et al., 2016).

Counselling in schools was limited for a very long time. According to the Maltese Educational Act 1988, the schools were obliged to "cater for the full development of the whole personality" (Education Act, p.4). Schools were to support the students not only in matters related to their future careers, but also in personal and social skills, not excluding other competences. However, like the rest of Europe and America, with the growth of urbanisation and industrialisation, local school counsellors responded to the national needs and focused on guiding students

in choices of studies and careers (Bauman, 2008; Galea, 2019). In 2009, eleven school counsellors in church schools, eight in private schools and fifteen in governmental schools were employed across Malta and Gozo (Falzon & Camilleri, 2010). Therefore, working with students with mental illness was extremely limited before 2009.

In 2019, during a Mental Health Conference, the Maltese President, Dr George Vella emphasized the need for more discussions and actions around mental illness to remove the stigma (Magri, 2019). A handful of studies conducted by undergraduate and postgraduate students concluded that stigma in Malta is still prevalent (Chetcuti, 2013; Schembri, 2009; Galea, 2019). Ellul (2018) highlights that stigma does not exist publicly as this may be labelled as discrimination. He states that stigma exists in one's private mind, attitude, and behaviour. Because negative perception on mental illness may be entrenched in one's beliefs, one might not be aware of its existence, yet it is still felt by the recipient (ibid.).

Unfortunately, stigma is so pervasive with mental illness that people who suspect that they or another family member might be mentally unwell, are unwilling to seek assistance, because of the fear of what people will think about them (Canadian Nurses Association, 2002). Brickell et al. (2009) argue that by improving knowledge and attitudes, one can start to combat stigma positively.

Prevalence of Mental Illness in Siblings

Anxiety disorders are the most common disorders in children and adolescents (Verhulst & Der Ende, 1997). Studies done internationally show that almost half of the

parents of children who are diagnosed with anxiety or depressive disorders are also affected with the same disorder (Cobham et al., 1998).

Interestingly, in their research, Dia and Harrington (2006), found that half of the participants interviewed who had siblings with anxiety disorders, needed to be further assessed for anxiety disorders, with the possibility of being treated. This gives an indication that other siblings within the family need to be assessed from an earlier age as well. They continue to advise that even though social workers have limited time and resources, assessments should be carried out (even though not lengthy) as these can be very useful for parents and teachers (ibid.) and may prevent emergence of mental illness in the future.

Nemade et al. (2007) talk about the diathesis-stress model in relation to depression, where this model explains the relationship between the possible causes of depression and the amount that an individual is vulnerable in one's reaction to the causality. According to this model, there are different levels of sensitivity for developing depression. However, having a higher level of sensitivity to develop depression by itself is not enough to cause the emergence of depression. It is the sensitivity interacting with stressful life events which leads to this disorder (ibid.). Therefore, this model suggests that a person who is highly sensitive to depression, may require less environmental stressors, unlike a person who is not as sensitive who then requires more environmental stressors for the condition to emerge.

According to the Children's Society (2008), 10% of children and young people in the UK, between five and sixteen years of age, have a clinically diagnosable mental illness. However, around 70% of children and adolescence experiencing mental illness have not had appropriate interventions at a sufficiently early age. In addition, in

any given time, one out of four people in the UK are diagnosed with a mental health issue (WHO, 2021). Moreover, in any given year, 14% of adolescents worldwide experience mental illness (WHO, 2021), where the majority remain untreated. Indeed, in a recent survey done in Malta by the Richmond Foundation (2022), 206 participants between thirteen and eighteen years of age were asked about how they are experience their emotions in the last three months. 89% felt anxious, while 73% felt depressed. Even though these numbers do not show diagnosis, these show that many teenagers are experiencing intense emotions.

According to the European Health Interview Survey (EHIS), except for the age group between fifty-five and sixty-four years, depression in Malta across all ages was reported less frequently than in the EU (2014). Like the UK (Fryers et al., 2005), most people suffering from depression are more likely to have lower than average levels of education. As reported by the Mental Health Strategy (2019) in Malta, half of the mental illness emerge before the age of fourteen. Compared with forty-eight countries in Europe and North America, Maltese students reported higher than average on feeling “low” or feeling “nervous” (WHO, 2016).

Developmental Stages and Mental Illness

When living with a sibling with a mental health issue, the healthy child might mould oneself into the perfect child. This overcompensation is due to the responsibility that is being carried on their shoulders. According to Marsh and Dickens (1997), the younger the sibling is when mental illness emerges within the family, the greater the impact on their life. Due to lack of maturity, coping strategies are

not yet developed during childhood and therefore the sibling may feel more overwhelmed by this experience. Moreover, children are still very much dependent on adults' care and support.

In the first years of life infants face important developmental milestones, which greatly depend on the human and physical environment. Indeed, when faced with a dangerous and dysfunctional environment, survival is at risk. Attachment and basic trust with a primary caregiver are at the core during this age, especially for future healthy relationships. Rolland (1994) states that as they grow older, pre-schoolers start to develop new competencies, which include socialisation and self-concept, that give them a good boost to survive in an environment outside their family. At this stage, when mental illness is experienced within the family, it may affect the healthy infant as well. The mental illness might drain the parents' energy and therefore they would be unable to nurture the other offspring to acquire new knowledge and develop a healthy self-concept (Rolland, 1994).

As children grow up, new skills are acquired to help them deal within the larger context. During middle childhood, the two main developmental tasks are academic adjustments and peer relationships. If the foundation is weak while their world is expanding, there is a possibility that the child feels unprepared to deal with the new challenges and therefore remains preoccupied with the situation at home (Rolland, 1994).

The adolescence phase is where one starts to prepare to be an independent and productive adult. Hence, new skills to confront new challenges are required. Forming an identity is crucial at this stage, as it is the passport to a new broader

picture. Furthermore, during this period, one starts to explore one's sexuality and a tentative career path. If the adolescent is a witness of the sibling's mental illness, there is a probability that such tasks will be undermined. Separating from the family may seem difficult, since the required resources to cope with separation may have not been fulfilled and/or because the family has depended for a long time on the sibling, thus the sibling may feel guilty to start living a different life (Rolland, 1994).

Attachment

All families have their own stories. When children are born, they enter the family story and every child enters at a different point in time. Some births are awaited and bring joy to the family, whilst others might occur when the family is going through turmoil or a state of grief. These create different experiences for every sibling within the same family. Therefore, siblings within the same family have different roles, their family story is different and furthermore, the quality of relationships with one another are unique (Crittenden et al., 2014; Hofer & Pintrich, 1994).

When a mental illness occurs within a family system, there is a possibility that the member experiencing the symptoms seeks help. During a therapeutic session, family therapists explore the family system as a whole and assess the relationship amongst them, rather than seeing the child with the symptoms in isolation. Indeed, the family therapist seeks to understand where the problem may have emerged and how it is currently affecting the relationships (Kozlowska & Elliott, 2017).

Moreover, the therapist explores the attachment figures of the children. The

purpose of having an attachment figure as a child is to aid in the development of the child's self-protective strategies (Ainsworth et al., 2014; Crittenden, 1999). Interaction happening repeatedly with attachment figures functions to regulate the infants' physiological systems, which can impact in different ways later in life (Belsky & de Haan, 2011). These repeated interactions are the building blocks in which children develop ways to respond to distress. When their linguistic and cognitive abilities develop, children start to organise information about safety and danger within their family system (Crittenden et al., 2010). Interestingly, an epigenetics study by Yehuda and Bierer, (2009) discovered that the presence of a threatening or dangerous life event, not only forms the individual's stress system, but also the stress system of their children. Consequently, family therapists explore not only the immediate family but look across generations and the historic perspective of the family (Kozlowska & Elliot, 2017).

Identity Formation during Adolescence

Establishing one's identity is a fundamental task during adolescence (Erikson, 1968). It has been proposed that part of the process of developing one's identity is through the narrative meaning-making process (Habermas & Bluck, 2000; McLean et al., 2007). Such a process encompasses engaging in narrative practices by reflecting and narrating past experiences to others (Habermas & Bluck, 2000). Indeed, during adolescence, one's cognitive ability emerges, which facilitates the task of constructing narratives (Habermas & Bluck, 2000). This process of meaning-making not only creates a narrative identity in adolescence but also leaves a state of positive well-being in adults (Pals, 2006). In agreement, McLean and Breen (2009) believe

that identity is constructed through the narrative meaning-making process, that is, when an individual reflects on past events and learns something new about oneself. This is a lifelong process, where the individual continually constructs and revises significant and momentous autobiographical events (McAdams, 2001).

Meaning-making refers to what one understands and learns when narrating a specific life experience (McLean & Thorne, 2003). Interpretations may range from lessons learnt to in-depth insight about the self. While lessons learnt are vital, in-depth insight gives a more profound understanding to the self and is transformed over time (Soucie et al., 2012). Pals (2006) proclaims that when an individual recounts difficult life events and explores, learns and constructs a coherent and complete story, there is a possibility of transformation of the self over time. In fact, tough and heavy experiences may result in more growth and transformation of the self, because one is required to cognitively process the event and attempt to find suitable resolutions (Sourcie et al., 2012). Tough experiences affect how one faces these challenges and integrates such hardships into one's life story (Glück et al., 2005). Nonetheless, an individual may choose, consciously or subconsciously, what and how to retell a negative event, which may reshape meaning-making and identity formation (Pasupathi et al., 2009).

Many psychologists argue that rebellious behaviour is a necessary experience of being an adolescent, as it is during this phase that an adolescent defines oneself (Erikson, 1968). However, it seems that parental expectations of being exemplary to the other siblings have constricted healthy siblings to act with the intention of expressing themselves. It is only in their thoughts that they may allow themselves to be wild and reckless (Safer, 2002).

Healthy siblings may also feel too visible, since parents' expectations to achieve and be successful in life is more prominent. They might feel pressured not to fail their parents' dreams and aspirations. Perfection is a must to overshadow the perceived weaknesses of the family and the siblings. Like invisibility, being too visible also results in a lack of personality. One's personality is necessarily moulded in a way to distort the true self and be more of what the parents might like (Safer, 2002).

The Family Systems

A family is a complex system which can be explored from a multilevel structure. One can say that a family has a hierarchical structure. One or more children may belong to either one or both parents. Children's behaviours and emotions can be dependent on other family members. Jenkins et al., (2009) utilised a multilevel hierarchical structure to illustrate "the differentiation of family-wide and child-specific processes; the way in which adverse family environments may exacerbate within family differences; and the way in which individual child characteristics may modify the impact of the family environment" (p. 2). In addition, they elevated the data structure by including cross-classification of each parent reporting on multiple children. Parenting children has different outcomes when one differentiates between family-wide and child-specific influences.

According to Chang et al. (2003), harsh and negative parenting discipline may display high levels of aggression. What is challenging is differentiating between the effects of ambient negativity from negatively parenting a specific individual. Therefore, children may be influenced either because the parent targets the individual directly or by observing the ambient and hence being negatively

influenced when the parent targets other individuals. Whatever the experience, be it individually specific or observational, it is an important predictor to the children's mental illness (Boyle et al., 2004).

With the onset of a mental illness, the family inevitably transforms itself and would have to adapt to the new changes as a way of survival. Some families may totally disregard talking about the mental illness as it may bring about many painful feelings (Figley, 1989). Many times, especially decades ago, people may have been more poorly informed about the diagnosis. Therefore, there was a lot of confusion in relation to the diagnosis, the apt treatment, and the expected outcomes. This may lead to family members to denial about the presence of mental illness within the family which in turn makes acceptance of the situation much more difficult (Marsh & Dickens, 1997).

Yet families have their own way to meet the challenges and recuperate after a crisis. When overcoming one crisis after another, one can notice the strength of a family to have pulled through yet another crisis. It is also a way of appreciating the bond amongst members of the family. Thus, resilience is also part and parcel of the family process through this journey. Not all families break under pressure, and some maintain their integrity as a family (Dunst et al., 1994). In fact, in a national survey by Marsh et al. (1996) with a sample of 131 participants, it transpired that most of the families admit that they still "serve as a sanctuary for their member" (pg. 8) and that they are there to support and comfort through every challenge. The challenges are confronted with integrity and therefore family members try to adapt to the unanticipated mental illness. Hence, the family undergo a process of growth and end up acquiring new skills and resources along the way (ibid.).

Sibling Relationships

During Adolescence

Unlike friendships, siblings do not choose each other, and siblinghood usually implies a lifelong bond. Indeed, McHale et al. (2006) state that children are more likely to grow up with the presence of a sibling, rather than the presence of a father in a household. In addition, children are more likely to spend their free time with their siblings rather than with anyone else (McHale & Crouter, 1996). Therefore, sibling relationships play a key role in the experience of a growing child. Indeed, the relationship between siblings may have either a positive effect thereby promoting resilience (Zolkoski & Bullock, 2012), or negative effects causing more distress and psychopathology (Feinberg et al., 2012).

Research shows that age differences and birth order may create a hierarchal dynamic among the siblings, where the older sibling is seen as a role model, someone who provides advice and is a caregiver to the younger sibling (Jenkins Tucker et al., 2001; Slomkowski et al., 2001). Moreover, in general, a dyad of sister-sister tends to hold a closer bond than mixed-gender dyads (Cole & Kerns, 2001; Kim et al., 2006). Having a strong bond between siblings has positive benefits. In fact, through interactions they develop social skills for future friendships and intimate relationships (Bank et al., 2004).

The relationship between siblings is a significant factor in the formation of one's personality and identity development (Bowlby, 1988; East, 2009). With the emergence of a severe mental illness, siblings might experience a potential loss of relationship with their loved one (Bowman et al., 2014; Sin et al., 2014). In fact,

attachment theorists argue that when children are not provided with sufficient warmth and security from parental figures, siblings develop a stronger bond between them to compensate for what they are not provided with (Bowlby, 1988; Brody, 1998). Furthermore, social theorists assert that we learn how to behave through observing others. Since siblings spend a substantial amount of time around each other, they are likely to develop similar attitudes, interests, and behaviours (Whiteman & Buchanan, 2002).

There seems to be a discrepancy in research with regards to the relationship between children with anxiety disorders and their siblings. Lindhout et al. (2003) argue that there is no indication of hostility between the siblings, unlike Fox et al. (2002) who argue that there are more conflicts and less warmth amongst them. Moreover, Dunn (2000) states that siblings are likely to learn internalising behaviour including anxious behaviour and low self-esteem.

Nevertheless, younger siblings tend to be very careful in their presence of their older sibling experiencing psychosis. To help out, siblings between the ages of eleven and sixteen choose to keep out of the way and not upset their sibling.
Indeed, an eleven-year-old participant in Sin et al.'s study (2012) study shared: "Yes, I try to help … [but] it's like walking on eggshells all the time, I just need to be careful about what to say. I don't ask her lot of questions and I don't annoy her" (p.55).

Differential Treatment

It is interesting how biological siblings growing up together, in the same

environment, sharing 50% of their genes and yet their well-being and psychological functioning is different from one another (Plomin et al., 2001). Some might struggle while the other sibling might thrive. Plomin (2011) states that parents differentiate between the needs of their offspring and therefore give more attention to who they deem requires it the most. Consequently, the children might infer from this diverse treatment that the parents' bond to each child is somewhat different. Enns et al. (2002) postulates that parents of children and adults who may be diagnosed with affective disorders, including anxiety and depression, are either overprotective or neglectful of their children. Therefore, the parental bonding experience may add to the detriment of the sibling's mental illness (Boyle et al., 2004). Despite that, depression is also linked to adolescent sibling internalising the difference of the parental bonding by comparing one's own bond to the parents to the other sibling's bonds (Tamrouti-Makkink et al., 2004).

Nevertheless, Festinger (1954) suggested that people tend to compare themselves to one another based on physical proximities and similarities they share. Siblings are inclined to compare and be compared with each other. Inevitably, parents do compare their offspring and distinguish their personalities, behaviours, and needs. There are times when the parents mention these differences as a motivation to treat their children differently (McHale & Crouter, 2003). Such parental differential treatment harms the siblings' relationship, resulting in the disfavoured child showing higher levels of depression (Feinberg et al., 2001), antisocial and delinquent behaviour (Richmond et al., 2005), and substance abuse (Mekos et al., 1996). On the other hand, Daniels et al. (1985) found that the favoured child will be more likely to excel in school and at work. Besides, such

effects of parental differentiation may last into adulthood as well (Baker & Daniels, 1990).

Parents are encouraged to treat their children equally (Kowal et al., 2006), yet having multiple children, possibly all in different stages of development, with different needs, is nearly impossible to provide equal treatment. Different researchers agree that differential treatment from parents leaves an impact both on an individual level and on a relational level in different stages in life (Boll et al., 2003; Jensen et al., 2013; McHale et al., 2000; Richmond et al. 2005).

During Adulthood

As an individual reaches the young adulthood stage, relationships between siblings can go either way. As one grows up, according to Conger and Little (2010), the siblings' bond becomes a choice rather than a forced relationship. Additionally, in adulthood, researchers saw a decline in intimacy, contact and conflict in the sibling relationship (Whiteman et al., 2011). These changes in life, both individually and relationally, may possibly decrease the thought of comparing oneself to their sibling and how they were treated differently. Alternatively, these changes may bring more attention on how parents are supporting them and their sibling during this stage of life (Fingerman et al., 2012). Yet research still seems to be lacking in this area.

Interestingly, various studies conclude that favourable treatment, including more support and affection, contributes to the individual's increased self-esteem (McHale et al., 2000), reduces externalizing behaviour (Richmond et al., 2005), and results in better adjustment and more positive emotionality (Feinberg &

Hetherington, 2001) compared to their siblings who received less support and affection (Jensen et al., 2013). Indeed, Adler's theory of individual psychology shows how the discrepancy of how siblings are treated by their parents may develop hostility and conflict among the siblings (Adler et al., 1958). In line with Adler's theory of individual psychology, Pillermer et al., (2010) acknowledge that when children perceived favouritism directed to their sibling, one may feel in competition with their sibling which also could result in poorer mental health. Furthermore, anxiety, suicidal ideations and delinquency are indicators of parental differentiation treatment (De Man et al., 2003). As they grew older, adults are more likely to exhibit poorer self-esteem, and lack of trust in relationships (Rauer & Volling, 2007).

Emotional Reactions

Mental illness is a continuous stressor and manifests itself as both an objective and subjective burden resulting in siblings becoming "secondary victims" of mental illness (Barak & Solomon, 2005). The subjective burden brings with it a lot of ongoing emotions in the healthy sibling, where this emotional burden raises concerns about one's mental illness. Indeed, the subjective burden elicits feelings of sadness, anger, and hatred amongst others (Greenberg et al., 1997). Leith et al. (2011) reported that when adult siblings take the role of caregiving, they experience high levels of subjective burden. In their survey, Marsh and Dickens (1997) state that 63% of the participants mourn the loss of a sibling they had known and loved before the onset of the mental illness.

In a study carried out by Sin et al. (2012), thirty-one semi-structured

interviews took place amongst siblings between eleven and thirty-five years of age. The study focused on the experience and needs of siblings of young adults with first episodes of psychosis who were receiving assistance from Early Intervention in Psychosis (EIP) in Southeast England. It seems that the onset of psychosis brought change to their sibling's identity and character and therefore the sibling they once knew was gone. Unfortunately, unlike a biological death, social validation and support are not present when dealing with mental illness. Family members may experience different losses, and young siblings may experience the loss of childhood. Indeed, grief and sorrow may be prolonged throughout someone's life (Woolis, 1992).

On the other hand, the objective burden includes interruptions in one's life, where the initiation of symptoms results in daily struggles, challenges and distress, which the family members might respond to (Horwitz & Reinhard, 1995). In addition, objective burden includes the financial difficulties, family distress and ongoing hardships (Greenberg et al., 1997). Certainly, the individual with a mental illness will experience the symptoms intensely. Yet, the remaining family members may also experience these symptoms, or rather the effects of these symptoms, either directly – when they are the target of symptomatic behaviour – or indirectly – by feeling helpless to their relative's symptoms (Woolis, 1992). In fact, objective burden may contribute to the subjective burden (Greenberg et al., 1997). Moreover, Woolis (1992) states that a component of the objective burden is the stigma which often brings with it segregation and hostility towards people with mental illness and their families. As mentioned previously, when a person seeks professional help, often one is marked with shame and humiliation (Canadian Nurses Association, 2005).

Therefore, apart from having to deal with the behaviour manifestations, financial difficulties, family friction, and disruption in the family routine (objective burden) (Horwitz & Reinhard, 1995), the family also deals with the feelings that the mental disorders evoke, such as sadness, anger, helplessness, pain, and loss (subjective burden) (Greenberg et al., 1997; Newman, 1966). Nevertheless, throughout the years, long-term emotional reactions can be controlled, and one may become aware that certain emotions cannot be eliminated but only managed (Lefley, 1996).

Because parents are dealing with their own emotions and handling the needs of the individual with the mental illness, there is a possibility that they would be unable to emotionally nurture the rest of the children. Siblings may experience dual loss, that of their sibling and that of their parents. Indeed, in their study, Marsh and Dickens (1997) stated that 79% of the participants felt that their needs were neglected, both by their parents and by their own selves. In addition, 61% also reported that they felt a sense of abandonment. In addition, since parents focus their energy on the needs of the offspring, it was a lonely experience for the healthy sibling therefore siblings sought emotional support from either their friends or their teachers (Sin et al., 2012).

No parent ever wishes that their child has a mental health condition. It may be overwhelming to balance one's problems, coping as a parent, and having children with different needs. Few adults have the emotional resources to deal with such situations (Safer, 2002). The family's energy and focus are on the child with the mental illness (Kinsella et al., 1996). The healthy sibling internalises that their own needs are not important and is no longer able to recognise their own needs. Their

struggles are kept hidden rather than shared with others. A result of this, there is a loss in individual personality (Safer, 2002). In addition, Sin et al. (2012) found out that due to a lot of tension at home when older siblings are going through a psychotic episode, the younger sibling choose to remain in the background.

Kinsella et al. (1996) conducted twenty interviews targeting coping skills, needs and self-perceived strategies. Ten participants were adult offspring while ten were adult siblings. Indeed, from their research, Kinsella et al. reported that the relatives wished that they could express their emotions and feel validated. They also wanted someone to voice it out to them that their sibling's illness is not their fault. Barnable et al., (2006) also discovered that from an early age, siblings learn to be independent and had to adjust accordingly when their sibling was diagnosed with a mental illness.

Inevitably, the responsibility to care for the person with the mental illness falls on every member of the family. The family burden may fall on the shoulders of a child or a teenager, an unmanageable adult responsibility that younger siblings are not prepared to assume (Marsh & Dickens, 1997; Sin et al., 2012).

In line with Marsh and Dickens, Safer (2002), argues that it is easy to make a child feel invisible. Since attention is given mostly to the child with the mental illness, unnecessary and excessive responsibility is given to the sibling/s. Many times, the parents might ignore the behaviour of the child with mental issues, forgiving their behaviour, even if the child violated their siblings' rights. The problem exacerbates if the parents deny such complaints. Being constantly ignored might push the child or adolescent to find alternate ways, even unhealthy ones, to grab someone's attention (ibid.).

Guilt is a prominent feeling that the healthy sibling feels. Siblings might feel guilty about burdening their parents further with their disappointments and concerns, and therefore might hide their own insecurities and needs for appreciation, both of which are exacerbated by their sibling's illness (Florian & Fridlan, 1996). In addition, 'survival guilt' is quite distinctive, causing them to feel guilty that the illness happened to the other rather than to themselves (Bank & Kahn, 1997). Even younger siblings express feelings of resentment and guilt, since they can somehow understand what is happening around them but would like more attention on themselves as well (ibid.). In addition, guilt was also felt due to their inability to feel empathic or supportive in such circumstances (Sin et al., 2012).

A common feeling of younger siblings is embarrassment (Sin et al., 2014). In fact, in their study Sin et al. (2014) mention that some adolescents selected specific people to whom to disclose certain information about their siblings. Hiding their sibling's illness, such as not inviting others over or hosting birthday parties at home, was also common.

In addition, another prominent feeling experienced by many due to social stigma and discrimination, is shame. Various research confirms that stigma on family members who are related to someone diagnosed with mental illness is quite common. Society may even blame the relatives for one's mental illness, resulting in discrimination and social rejection (Ohaeri & Fido, 2001).

Many siblings report feelings of obligation towards their family. By putting their siblings and parents first, they neglect their own needs. Feelings such as anger, fear, and sadness are generally ignored or denied (Safer, 2002). In fact, Sanders et al.

(2014) report that "siblings mature faster and support their family at the expense of their own emotional needs" (p. 261).

Social Aspect

Apart from the family system, siblings form part of society and may experience subjective effects such as distress, confusion, stigma, blame, shame, guilt, and constant worry, amongst others (Bowman et. al., 2014; Sin et al., 2012). Ways of dealing with discrimination and rejection differ from one family to another, depending on one's personal experiences and values (Karnieli-Miller et al., 2013). Most of the time, one discloses details about mental illness in the family only if one anticipates the benefits of social support, rather than being stigmatised by others. In their satellite study—which was part of a larger study aimed to develop a peer-to-peer stigma reduction program for family members with mental illness (Perlick et al., 2011) – Karnieli-Miller et al. (2013) discovered that participants spoke about their relative's mental health issues after taking into consideration their loved one's wishes.

The social circle of friends of the sibling may also be influenced by the mental illness. Feelings of shame and anxiety, as well as fear of stigma, constrain social contact. According to Kinsella et al. (1996), siblings who had a brother or sister with a mental health disorder, feared that they would not be accepted by others and as a result may find it difficult to trust others and form relationships. This may further lead to problems in intimacy and commitment. It seems to be common for the healthy siblings to isolate themselves both from the sibling with the mental disorder and society. At times they may even completely cut themselves off from the family (ibid.).

Indeed, some siblings detach and develop relationships to build their autonomy and independence (Moorman, 2002). Rather than remain enmeshed in the family, some involve themselves in activities as a way of distraction (Kinsella et al., 1996). At times, adolescents whose siblings have mental issues are more likely to keep a low profile, since there might be a lot of tension in the house (Sin et al., 2014).

Sin et al. (2012) state that healthy siblings, especially the older ones are more likely to provide companionship and include the sibling with the mental health disorder in social activities within their social circle of friends. Inclusion is an important contribution towards the recovery of mental health (ibid.).

Coping Mechanisms

Finding ways to face different challenges and feelings when living with someone with a mental health disorder is an inevitable process that every individual in this situation goes through. There are various positive and negative coping mechanisms that the healthy siblings adhere to in order to ease the adjustment. These include finding a close friend or relative for support (Cohler, 1987) to listen to and understand them (Kinsella et al., 1996). Also, formulating their own understanding around the illness is a way of finding meaning or a reason why their sibling has a mental illness (Anthony, 1974; Space & Cromwell, 1978).

From their research with ten siblings and ten children having a relative with a mental health disorder (these including bipolar disorder, schizophrenia and major depression disorder) Kinsella et al. (1996) reported that more than half the

participants were “physically or mentally escaping their environment to gain relief from the pressures of living with a parent or sibling with mental illness” (p. 26). Several activities were mentioned as a way of escaping, including art, music, and reading. On the other hand, destructive escape was described as “activities or outlets that allowed for immediate relief, but resulted in negative physical, mental or emotional harm, sometimes delayed … generally described in terms of repressed emotions, addictive-type behaviours, dissociative behaviour” (p. 30). Sin et al., (2012) posits that while the younger siblings withdrew from the situation to cope better, they also did not want to get involved.

An illness can transform the person into a different person (Brodoff, 1988). To remain warm and loving towards their sibling, the healthy sibling may distinguish between their loved one and the illness. Such distinction helps the healthy sibling to cope better, by diminishing their negative emotions towards their sibling (Kinsella et al., 1996).

It seems that knowing about the illness, what kind of behaviour to expect and the knowledge about the manifestation of symptoms rests the sibling’s mind. In fact, in Kinsella et al.’s (1996) research, siblings reported feeling less helpless when they knew what to expect. Remarkably, siblings reported that when asking for information from mental health professionals during childhood or adolescence, it was either inadequate or non-existent. The unknown created confusion and powerlessness in the adolescents. It is difficult to isolate a clear causational relation between the coping strategies and the sibling’s mental illness. There is a possibility that the coping strategies adhered to during their adolescence may have had various purposes (Ma et al., 2015) including dealing with identity formation,

adolescent turmoil and other events happening at the time.

Along the Years

According to Hatfield and Lefley (2005), one's personality is moulded to fit the needs of others. Many times, during childhood it will have been the task of the healthy sibling to please the people around them. Yet, when they grow up and move out, they might have no one to please but themselves. Therefore, they might find someone or something else to fulfil this people-pleasing need (Safer, 2002).

Being in the shadow of their sibling's illness, some struggle in work or school, while others flourish and are successful. Researchers interpret the latter as a way of compensating for the limitations of their sibling (Lively & Buckwalter, 1995; Marsh et al., 1993). In addition, Lively and Buckwalter (1995) argue that in some cases, the healthy sibling's choice of career may also be influenced by their sibling's illness. Most often, jobs in the helping professions are their top choice. This may be either due to being more empathic because of their sibling's illness or because they feel the need to compensate for the guilt and impotence brought by the illness (ibid.).

Marsh and Dickens (1997) state that an individual may block painful memories, images, and feelings to protect oneself. This dissociation prevents an individual from being in a vulnerable position and from facing difficult feelings. There is a possibility of psychic numbing during the time that mental health issues emerge within the family. This psychic numbing may linger in adulthood resulting in an inability to come in touch with one's own feelings. Indeed, Marsh and Dickens (1997) argue that confronting one's emotions, difficult as they are, is a step towards healing. Once avoidance strategies start to weaken, intense feelings may arise, putting the

individual in distress. However, this might be a worthwhile price to pay for a more fulfilled future.

Mental illness can create a lot of uncertainties towards the future (Hatfield & Lefley, 2005). Will the sibling's partner happen to have a mental illness and will they therefore have to deal with it again? What about their future children? Mental illness challenges their perspectives about their future intimate relationships as well as raising children (ibid.). Despite trying to avoid repeating previous similar family patterns, Safer (2002) admits that "actors change, but the script remains" (p. 126). Having children, even if they do not necessarily have a mental illness, but are troublesome, may trigger different emotions. This might create fear of failing their children, the same way they feel they might have failed their sibling. A fine line between being a responsible parent and a helpless child becomes a constant internal battle (ibid.).

Mental illness can be considered a stressful life event as it disrupts not only one's expectations but also the personal trajectories of siblings and parents (Stein et al. 2005). Farrell & Krahn (2014) proclaim that because mental illness can be a continuous factor within the family, over time it shapes the experiences of all the members in fundamental ways. Due to several psychiatric symptoms, possible hospitalisation and sibling violence, several studies found that the quality of the relationship between the healthy adult and their sibling with mental illness was poor (Smith & Greenberg, 2008; Solomon et al., 2005). Nevertheless, if adults perceived that their sibling had control over their psychiatric symptoms, they were less likely to provide support and care (Smith et al., 2007).

This journey does not have a destination, but rather it is a process. Marsh and Dickens (1997) argue that painful feelings must be experienced throughout one's lifetime as they come up, as an individual might respond to crises that trigger past emotions: "In a real sense, this journey is never fully completed. But as each sunrise offers the promise of a new day, each leg of your journey offers hope for a better tomorrow" (p.5).

Caregiving in Adulthood

Research on adults with siblings who have mental illness focuses mostly on adult caregiving (Cook, 1988; Greenberg et al., 1997) rather than the formation of their lives and the meaning they give to their own lives. When people with mental illness become adults, the parents automatically step in to care for them as only a few marry (Horwitz, 1993a). However, parents are not infinite and when they cease to exist, siblings are expected to take up the role. Yet again, little is known on the experience of being a caregiver for an adult sibling with mental illness (Horwitz, 1993a, b). Indeed, exhaustion, depression, burden, and distress are associated with caring for someone with a mental illness, all of which are exacerbated depending on the intensity and the duration of the mental illness (Hatfield & Lefley, 2005).

Being involved in the caregiving of their sibling with mental health as an adolescent is often flexible and depends on the individuals themselves (Marsh & Dickens, 1997). As they grow older and the age of the parents starts leading to increased mortality and health issues, responsibilities are more likely to turn on the siblings (Jewell & Stein, 2002). Unlike their parents, siblings report a greater burden when caring for their sibling with mental illness (Greenberg et al., 1999). Yet, several

studies focus on the positive aspects of caregiving. It has been suggested that having the necessary resources and support instils resilience among parents as caregivers, a dynamic which Lukens et al. (2004) and Marsh and Johnson (1997) argue may be similar for siblings.

Lukens and Thorning (2011) describe the pattern of the relationship between siblings as an hourglass effect, where interactions decrease and remain fairly low in early and mid-adulthood, with increasing interactions during older adulthood, especially with the decease of the parents. In line with Lukens and Thorning, Jewell and Stein (2002) found that future care for their sibling with mental illness depended on their perceptions of their siblings' needs for assistance and care, as well as their relationship quality and their beliefs about parental obligations to assist their sibling. Resistance to medication and being non-compliant with health treatment impeded the involvement of siblings in future caregiving (Hatfield & Lefley, 2005). Caregiving by healthy adult siblings cannot be seen solely on the current circumstances of the sibling with the mental health disorder. It is also based on previous family decisions and responsibilities (Stein et al., 2020).

Personal Gains and Losses

During the difficulties, healthy siblings report positive personal growth (Aschbrenner et al., 2010). Colhoun and Tedeschi (1999) defined posttraumatic growth as "positive psychological changed experienced as a result of the struggle with highly challenging life circumstances or traumatic events" (p. 1). Trauma can challenge one's cognitive schemas in relation to prominent aspects of life which may lead to building better interpersonal relationships, appreciating life more, a shift in

spiritual life and others (Tedeschi & Calhoun, 2004). Indeed, Sanders and Szymanski (2013) reported that compared with participants who did not experience trauma, participants who had a sibling with a mental illness scored higher in a posttraumatic growth test. However, when they had the caregiving role, the participants scored lower than those who were not taking such a role.

Healthy siblings feel a sense of purpose through helping their siblings, increase their sense of empathy, feel closer to their family, and lastly may fulfil the yearning to work in mental health with the possibility to improve the system (Aschbrenner et al., 2010; Greenberg et al., 2000; Marsh et al., 1996). Apart from the mentioned outcomes, a greater appreciation towards life was also reported in studies related to stress and personal growth (Bauer et al., 2012). Finding meaning and making sense of a stressful situation is an inevitable process (Park, 2008). Two meaning-making processes are positive reappraisals (Carver et al., 1989) and emotional processing (Stanton et al., 2000). The former pertains to finding the positive aspect to the stressful situation while the latter attempts to explore the meanings to the stressful situation and coming to understand one's emotions in relation to the event. Research has shown that through positive reappraisals, individuals are able to find more meaningfulness in life and which also leads to better individual well-being and better quality of life (Park et al., 2008). On the other hand, emotional processing contributes to greater empathy towards others and better understanding of people's difficult circumstances, and hence greater propensity to help other people in their experiences (Park, 2008). Yet according to Leith and Stein (2012) "little is known about the role of positive reappraisals and emotional processing as meaning making strategies for siblings of adults with mental

illness" (p. 1076).

Apart from creating meaning, the sibling's mental illness may lead to a sense of personal loss (Lefley, 1989; Stein et al., 2005). Stein and colleagues (2005) defined personal loss as the unexpected or unwanted changes in roles, routines, identity, and aspirations due to mental illness. In fact, the more involved in the caregiving of their ill sibling, the greater the personal loss (Leith & Stein, 2012).

Abandonment, invisibility, and a feeling of being forgotten are not only feelings an adolescent who has a sibling with mental illness feels, but also healthy siblings of adults with mental illness (Lukens et al., 2004; Marsh & Dickens, 1997; Marsh 1999). The fact that the needs of the sibling required more attention lingers through adulthood as parents remain preoccupied around the needs of their child's mental health (Lukens et al., 2004). Yet Leith and Stein (2012) state that there is little research related to personal loss from the perception of the healthy sibling.

From their research, comprised of 103 healthy siblings, Leith and Stein (2012) concluded that their personal loss is significantly higher when compared to those of parents, predominantly due to the loss of future and former relationships. Either the assumptions of parents' expectations (Pillemer & Suitor, 2014) or their own intention to provide caregiving towards their siblings in the future, may be the reasons why the sense of loss towards the future is quite high (ibid.). Overall, the siblings who took part in Leith and Stein's study were highly educated. It has been noticed that healthy siblings showed greater engagement in caregiving when they are part of one or more support groups. However, predominantly, the participants were females and mostly were recruited through support groups (ibid). Moreover, a sense

of loss of former relationships emerged from the perception that they were not as important as other family members. As mentioned previously, similar to adolescents (Horwitz, 1993), healthy adult siblings believe that the friendship developed between siblings is somewhat affected by their sibling's mental health (Leith and Stein, 2012). This sense of personal loss is associated with alcoholism, psychological symptoms and feelings of isolation and loneliness (Stein et al., 2005).

Identity

> "every one of our actions is contributing to the constitution of our lives as a whole, right up to the end. In each thing I do, I am shaping the unique configuration of roles and traits I am becoming throughout the course of my life…This is the identity I am assuming for myself, regardless of what sorts of intentions I might have. For existentialists, then, we are what we do in the course of living out our active lives. We are self-creating or self-fashioning beings. We define our being through our ongoing choices in dealing with the world (Guignon & Pereboom, 1995, p.xx).

The adolescence phase is the initial time that the individual starts to think about oneself as an individual and how their thinking may affect their future and their life. Identity formation does not stop at that phase. Indeed, identity is not static, rather it is dynamic mode of being (Palitsky et al., 2020). Indeed, existentialists focus on the concept of becoming, as beings are a "work-in-progress" therefore there is always a sense of incompleteness (Camus, 1991). According to Camus (1991) such incompleteness can be both tragic and redemptive. It can be tragic because the past will remain unchanged while the

future is unknown and uncertain. Because of all the anxieties that the past and the future holds, one wishes to transcend from this state of tension by finding meaning and purpose. On the other hand, through love, faith, charity amongst others, one has the possibility to change one's human conditions (Unamuno, 2013). An individual always has the choice of what they want to become. Regardless of the course our lives take, each choice has consequences (Palitsky et al., 2020).

Sartre (1968) discuss the "progressive-regressive method" where he argues that people are continually trying to pursuit their life projects or meaningful goals in life. It's about living life between the polarities of facticity and transcendence. There are aspects about one's identity that shapes the individual such as the social background, experiences, past decisions and environmental constraints, and are set in stone. However, the individual has the freedom and potential to change or terminate aspects of their identity (Sullivan et al., 2012), hence Sartre's phrase "condemned to be free". Indeed, we strive to adopt an identity and tend to reflect on the efforts of those who came before us

Meaning-making

Yalom (1980) and Heidegger (1962) proposed that when individual face threats to mortality, there is a shift in the way one approaches life. One repositions themselves from living inauthentically, that is going on business as usual moving from one task to another to living in a more authentic manner in a more mindful state of being. Indeed, this may be a new opportunity to reconsider life's values and meaning of one's existence (Yalom, 1980).

Sartre (1996) insisted that existence precedes essence. As human beings we first exist, and afterwards we become and define ourselves. We are born meaningless and exist in a meaningless world until we decide to make something out of our own existence. We have the freedom to create something out of ourselves and create a sense of who we are and who we want to be. At times we forget about this freedom and get carried away by our social and professional roles. We follow the script written by how society perceives us to be. Deep down we know that we can become someone unique, yet the challenge is to move away from the rigidity to something more creative and different. Following this path tends to be quite difficult and it is easier to play out a role that others expects us to. Therefore, the task of meaning making becomes obsolete (Sartre, 1996).

Similarly, Locke (1671-1686) emphasized that human beings are born as a blank slate or tabula rasa where as individuals, the human mind is receptive upon which new experiences imprints knowledge. Indeed, he clearly explains this in An Essay Concerning Human Understanding:

> "Let us then suppose the mind to be, as we say, white paper void of all characters, without any Ideas. How comes it to be furnished? Whence comes it by that vast store which the busy and boundless fancy of man has painted on it with an almost endless variety? Whence has it all the materials of reason and knowledge? To this I answer, in one word, from Experience" (1671-1686, pp.104-105).

Therefore, one can ask whether as individuals, are we reaching our full potentials or are we treating ourselves like a thing. Sartre (1996) believes that when asked who we are, there is the tendency to describe facticity about who we are. We let our roles in society define us which results in describing ourselves as

things. From this approach, we are sacrificing our existential freedom because human beings are not things. We are creatures full of potential. We continuously can reach a higher potential of becoming something more than who we are today as we are bound by freedom (Sartre, 1996).

Through freedom we find our essence, yet this brings with it substantial burden since responsibility for one's own existence is imposed on the individual. We are condemned to freedom (Sartre, 1996). Individuals may turn to society to help them make choices to escape from freedom (Jimenez et al., 2020) as anxiety would take over. One can turn to religion, political parties, non-religious groups, the family when the array of choice and pressure to take on responsibility is too much to handle.

Choice brings a better quality of life for the individuals who embrace it. It enables people to control their destinies and brings them closer to the desired outcome of a situation. Choice is a fundamental concept of autonomy as the individual can create one's own identity. By choosing how one would like to direct their lives, it instils independence, self-determination and the construction of a better self (Carey & Markus, 2016). In addition, the freedom of choice has an expressive value as it enables the people to show the world who they are and what is important to them. Therefore, choice can also be seen as acts of meanings (Bruner, 1990). Most of time, choices that people make, are congruent to their values, attitudes and other aspects of their identities (Schwartz & Cheek, 2017).

On the other hand, too many choices may induce decision paralysis rather than liberation (Iyengar & Lepper, 2000; Kierkegaard, 2013). A large set of choices can be demotivating and frustrating for choosers as it can create difficulty to identify what they want (ibid.). This may lead to regret the choice, unrealistically

high expectations and may reduce satisfaction of the chosen option (Iyengar & Lepper, 2000; Szrek, 2017). Schwartz (2004) argues that when people regret a choice from a large set of choices, the probability is that they blame themselves rather than the world because of one's raised expectations.

Our choices can also depend on close relations. When individuals are responsible for other people, freedom, autonomy and choices are more restricted as one cannot just do what they want. This puts a constraint on one's identity. According to Schwartz (2004), such constrain is leading young people to be affected more by clinical depression and suicide (Myers, 2000), drug abuse and anxiety disorders (Luthar & Latendresse, 2005).

Existential loss and growth

> "Man gives birth to himself as he is dying" (Zinker and Hallenbeck, 1965 p.348).

Changes are inevitable in every milestone of an individual. Nonetheless, existential changes in adolescence are evident as the teenager starts to question one's purpose of living or in expressing there is no need to do anything. Willingness to lose familiarity is essential to grow into new forms of existence (Zinker and Hallenbeck, 1965). Growing is a process that is a basic instinct in man. Through growth, we move closer to our fuller being. It is also a process of losing the safety, the familiarity and the comfort to take a leap towards something risky, unknown, unexplored and towards something new. Yet through this movement of gaining, one has to give up and therefore reforming important aspects of one's identity, one's experiences into the birth of something new – new

self which are not yet fulfilled. According to Gendlin (1998), it is not a simple process of substituting one being to transform fully into another. It is a process of finding new meanings, integrating them with the past, while experiencing the new. It is an ongoing transformation on a day to day, year after year basis. Therefore, losing and gaining are in constant progress.

As humans, we face many challenges and events and hence the risk of 'becoming'. As Greening (1990) puts it "when we experience trauma, our relationship with existence itself is shattered" (p.323). Therefore, experiencing of trauma may disrupt the existential meaning that it reveals (ibid.). An intense event or crises, which could shake one's entire inner being, can help in restructuring one's experience. Trauma can shake a person to a point that a person may feel like waking up in a world that does not make sense anymore. Taking the leap of faith by allowing to feel the intensity of the crises or trauma can be a frightening experience. It can give birth to new unfamiliar meanings that can transform into meaningful beginnings.

Crisis brings with it a loss in one's identity as for a time being, one would not yet know who one will be. The old identity may no longer serving a purpose. Indeed, in a crisis, the old modes of experiencing may immobilize the person from acting as it preserves one's safety. Moreover, in a crisis, one may choose to fully embrace this experience, no matter the impact or the consequences and have the courage to become a transformed being (Tillich, 2008). Progressing and transformation involves healing from the trauma experience. May (1958) explains that healing is when someone consciously experience more fully, deeper, and authentically one's existence. This will lead to engage better with oneself, others and the world.

Meaning of Life

Such an experience made the participants in Kinsella et al.'s (1996) study more insightful about their own life. Siblings and children reflected more on their life and how they wanted to live. Therefore, they evaluated their priorities and were able to find meaning out of the struggles they encountered (ibid.).

In fact, Nietzsche (as cited in van Deurzen, 2010) states that "he who has a 'why' to live for can bear almost any 'how'". Frankl (2004) builds on this by saying that giving meaning is what makes life worth living. As human beings, we are not free to choose our biological, sociological, and psychological conditions as these are imposed on us when we are born. Whether we like it or not, we are thrown into this world and get absorbed in it (Heidegger, as cited in Van Deurzen, 2010). Yet we can take a stand and find a way to embrace the conditions and experience them in our lives. Healthy siblings do not choose to which family they are born, or which disorder their sibling is diagnosed with.

Szasz (1983) defines mental illness as being judged based on deviance from certain psychosocial, ethical, or legal norms. He believes that the difference between physical illness and mental illness is that the former is based on the value free, objective fact, while the latter is based on value-laden, subjective judgments. Additionally, Szasz claims that unlike a pathologist, a psychiatrist is a "participant observer" and factors such as psychosocial, ethical and legal norms of society comes to play in the judgement of the diagnosis. Interestingly, Szazs (1983) sees mental

illness as "the man's struggle with the problem of how he should live (p.117). In fact, he suggests that the psychosocial, ethical and legal norms of society attempt to tackle the problem with how to live one's life. Therefore, the word disease or illness is hiding the actual issue, that of the problem of how we should live. Whereas Szasz believes that man must confront and tackle how to live life, Nietzsche (1974) believes that morals and values encompass one's meaning of life and guides one in how they ought to live. Yet, Nietzsche continues that through the demise of believing in God's existence, we have lost our compass in life and therefore "we are losing the centre of gravity by virtue of which we have lived; we are lost for a while" (p.20). This brings up the questions of whether our existence has any meaning at all. According to Nietzsche (1974), such response is faced with despair as one may believe that everything is lost and the 'why' finds no answer. The repercussion for this is having an existential crisis, "a crisis in discerning a meaning or purpose for their existence and struggling to tackle the problems in living with that this engenders" (Roberts, 2007).

Frankl attempts to respond to the existential crisis (2004). Frankl argues that the idea that there are ready-made answers of how one should live one's life and what meaning one should attach to one's life is decreasing in efficacy, and thus leaving an "existential vacuum" with no meaning or purpose to life (p.111, 2004). In the modern world, people seem to respond like the rest of society and therefore do whatever others do and what they are told to do. Society at large tries to fill in this existential vacuum in different ways to provide some sort of satisfaction. We might fill our lives with being busy, conforming to others, pleasure seeking, monetary success, anger, hatred amongst others. Yet we may also fill in this vacuum with vicious cycles that may lead to anticipatory anxiety, hyper-intention, and hyper-

reflection. Through the practice of logotherapy, i.e. finding the purpose in life, one faces the challenge to confront the question of the meaning of their existence. Hence one explores one's own existence and eventually will find the answer. Frankl argues that if a man doesn't have anything to live for, then life projects, dreams and struggles becomes futile (Frankl 2000). Yet when there is meaning, life projects, dreams and struggles become meaningful. Frankl (2004) concludes that: "In a world, each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible" (pp.113-114).

Frankl (1985) argues that we give meaning to our lives in the creative things and the deeds we do. In addition, he claims that our experiences in this world can be ways to find meaning and that through our suffering, if we stand by it and accept that it cannot be changed, we can make life more meaningful. The human condition is never easy to face, and it always involves pain, death, and guilt. These three aspects make us aware that suffering, mortality, and fallibility are all inevitable in this world (ibid.).

Conclusion

As discussed in this chapter, stigma is still pertinent, not only locally but worldwide (Brickell & McLean, 2011). Stigma hinders people from seeking professional help to aid an individual to cope better with the challenges that mental health brings with it (Canadian Nurses Association, 2002). As seen in various research studies and theories, siblings are greatly influenced both in a positive and negative way when mental illness is present in the family (Anthony, 1974; Cohler, 1987; Kinsella, Anderson and Anderson 1996).

Extant research, although limited, has emphasised the need for siblings to be assessed for any mental issues similar to their relatives (Dia & Harrington, 2006). Moreover, the need for caring for the family as a whole has also been highlighted, which challenges the view of looking at the healthy sibling in isolation. Moreover, since adolescence is a time where the young person is forming one's identity, the presence of mental illness within the family may mould one's identity (Safer, 2002).

There is a dearth of research exploring the experience of adults with siblings diagnosed with mental illness. Moreover, there is a gap in research on how living with a sibling with mental illness during adolescence shapes one's view of life and adulthood. This research aims to address these limitations by looking at the experiences of ten individuals who grew up with siblings diagnosed with a mental disorder in the Maltese context.

CHAPTER 3

METHODOLOGY

Introduction

This chapter outlines how I carried out this research study. After introducing my research question, I will discuss my ontological and epistemological positioning to form the framework of this research. The rationale behind choosing a narrative inquiry rather than another methodology will be explored. A description of the research design, including recruitment and interviewing process, followed by analysis and ethical considerations. I will also be highlighting the credibility of this research. Lastly, my reflexivity will also be addressed at the end of this chapter.

Research Question

To reach the aims discussed in the introductory chapter, the following research question is addressed:

What is the lived experience of growing up and living with a sibling who was diagnosed with a depressive and/or anxiety disorder and how, if at all, has this influenced their adulthood?

My main aim is to shed light and allow the cohort that is normally forgotten, to tell their story. Listening to their stories and understanding the struggles and joys of living with their sibling with a mental illness during adolescence, may bring more awareness to professionals working in mental health and affect their ways of working or services offered. By looking at commonalities amongst the participants, I expect to come close to understanding the essence of their experience.

Ontology

Ontology can be defined as the study of human beings' existence as an individual, in society, and the universe (Crotty, 1998). It investigates who we are and why we are here in the world. Ontology also deals with what we believe is reality; what we believe is true (Willig, 2013). Ontology falls on two spectrums, realism, and relativism where the former accentuates that reality exists independently on one's attitudes, perspectives and constructions (Maxwell, 2018) while the relativism highlights that reality is a finite subjective experience and the world is not law-bound and orderly rather it is full of diversity and interpretations (Willig, 2013).

I somewhat struggle to decide where I stand from an ontological point of view as I find myself on a continuum of relativism and realism. I started my career in schools, where many times students are viewed as numbers. Pressure to 'fix' the students was a constant reminder that cases needed to be solved to decrease the waiting list. This has led the counselling team to work in a problem-solution and crisis intervention manner. When multidisciplinary meetings take place, often the medical perspective of a psychiatrist is the one that takes priority. Earlier in my career as a trainee therapist, due to my lack of experience in the field, I leaned more towards the medical model since often results were seen shortly after medical administration. Yet just as often, results were short lived. The medical perspective was also favoured because it gave a label to the symptoms and schools could ask for extra services that the child with a label may need. Since my training in counselling was limited and many times, I felt lost professionally, I was inclined towards certainty.

Yet, I would still question whether the medical assessment was the only truth or not. Every individual has a different upbringing, brought up in different cultures and had different needs. Therefore, medication cannot fix everything. However, as I furthered my knowledge in therapy, explored different aspects in supervision, as well as started going deeper in the existential field, I started appreciating more the truth of the client, leaning more towards the relativist point of view.

Indeed, my research is mostly based on a relativist ontology, as it is based on the assumption that reality is constructed by the human mind and experiences and therefore no one truth exists (Creswell, 1998). My truth is not your truth. How I experience a situation is not necessarily how my sibling experience the same situation. The truth is based on how my participants experience it at a given time and place. According to Heidegger (2008), we are thrown in the world, therefore being-in-the-world-with-others posits unique experiences. Therefore, my participants' family background, their age, the country they lived in while growing up were not their choice but rather chosen for them. Due to these uncontrolled factors, brought about a specific experience than other participants for example from Africa in a different century.

As seen from the literature review, this current research postulates a mixture of scientific facts and narratives of participants. Looking at similar patterns of living with someone diagnosed with a mental health disorder may be helpful when looking at the issue from a generalised point of view. However, when working with individuals, therapists look at the uniqueness of the individual to come close to their essence of the experience (Squire, 2008). Nevertheless, I cannot separate the

individual experience from the wider context, culturally and historically. We are born in a specific time and culture and therefore we are not isolated from the rest of society. The concept of mental health in Malta in the 1990s was far more different than in 2022. In view of this fact, this research endeavours to reflect the "human lived experience and the physical, political, and historical context of that experience" (Ellis & Flaherty, 1992, p.1).

Epistemology

In terms of epistemology, a phenomenological perspective, seeking to understand the essence of a phenomena, will be adopted to describe "the meaning of the lived experiences…about a concept or the phenomenon" (Creswell, 1998, p. 51). In this case, the phenomenological experience in question will be living with a sibling diagnosed with a mental disorder.

As Moustakas (1994) posits, my underlying target is to "determine what an experience means for the persons who have had the experience and can provide a comprehensive description of it" (p. 13). Every individual's search for truth is unique and is grounded in one's direct experience (Bruner, 2002). We experience events by seeing, hearing, touching, and feeling (Thomas, 2013). Indeed, narrative researchers do not seek to investigate whether the stories told by the storyteller are objectively true or false. Riessman (1993) states that "meaning is fluid and contextual, not fixed and universal" (p.15). Events are experienced differently from one person to another and therefore different meanings are attached.

I am aware that my epistemological position, coming from a relativistic perspective, will affect the research. Initially, I foresaw the participants taking an active role during the interview while I take a backseat. Nonetheless, I was more active than I anticipated. Rather than asking a couple of questions, I found myself asking more to clarify and understand further what the participants were narrating. I was also asking questions to feed my curiosities. My ultimate goal was to listen attentively and grasp the narratives being described. Most of the participants were also remarkable storytellers as I could also visualize the events being described since a lot of details and vivid feelings were given. Silver (2013) claims that the way the researcher poses the questions, as well as the relationship with the participant, can somewhat determine what stories will be shared during the interview. I believe that because I briefly conversed with the participants before the interview, it may have created a safer space for them to share sensitive details about their story.

Following on Charmaz's (2004) premise, "we can know about a world by describing it from the outside. Yet to understand what living in this world means, we need to learn from the inside" (p. 980). Indeed, a rich qualitative analysis is a result of starting from the inside. But how do we know when we have entered the world of the participant? Goffman (1986) argues that one must adapt the concept of "going native" i.e., while leaving the academic identity behind, one must practice and convert to the worldview of the people being studied. Through an interview, it may be difficult to achieve this level of intimacy. As a researcher, the best I could do to enter inside the participants' world was by being fully present during the interview and deeply immersed in the data afterward. Being submerged in the phenomenon means that I can come close to feeling, sensing, and fathoming what it

is like to be in such an experience. Being so involved with the data will inevitably shape the analysis (Charmaz, 2004). Looking at how my participants perceive the world is essential in my research as it is important to take a subjective approach to reality. I believe that interacting with the participants is a way to find out what the truth means to them.

Narrative as a Choice of Inquiry

> "If you want to know me, then you must know my story, for my story defines who I am. And if I want to know myself, to gain insight into the meaning of my own life, then I, too, must come to know my own story". (McAdams, 1993, p.11).

The term narrative refers to both the research method and the phenomenon (Pinnegar & Daynes, 2006). Stories are fundamental to human experience and behaviour in a social and cultural context. Narratives are the core of human thinking and experience that are practiced in different aspects of life such as communication, social interaction, and cultural practice (Hiles et al., 2017). Since I am very much interested in the participants' life stories, the narrative approach is the most appropriate method to conduct this research. I am looking for "sequential and meaningful stories of personal experience that people produce" (Squire, 2008, p.42). The main purpose of the narrative approach is to recapitulate events (Andrews et al., 2008). On the other hand, Squire (2008) maintains that rather than categorize narratives as events, we look at them as "stories of experience" (p. 41), that is, rather than looking at what happened, we look at how it was experienced. When the

focus is on narrating the event, one may ignore the essence of the participant. On the other hand, when focusing on the experience, Squire (2008) states that there is more scope for interaction between the researcher and the participant because the researcher gets to know more who the participant is.

Unlike grounded theory, narrative research does not try to generate or discover a new theory (Creswell, 2018). Grounded theory goes beyond the description of the stories and attempts a "unified theoretical explanation" (Corbin & Strauss, 2007, p. 107) for a particular process. Indeed, the development of a new theory might explain further a specific practice or could be the foundation of a new theoretical framework for further research (ibid.). Therefore, such choice of method would not be able to answer my research question as my aim is not to create a program, theory, or process.

Similar to narrative research, Interpretative Phenomenological Approach (IPA) looks at the patterns and discrepancies of the participants experiences of a small number of participants. It looks at the meaning-making of the experience in detail, yet unlike narrative approach, IPA gives detailed interpretations of the accounts of the participants (Smith et al., 2009). Interpretations may be subject to biases, and I am to remain as objective and factual as possible.

A narrative method is usually done in a retrospective meaning-making manner. I would like to "understand one's own and others' actions, of organizing events and objects into a meaningful whole and of connecting and seeing the consequences of actions and events over time" (Chase, 2005, p. 656). In fact, the participants narrated events from when they were adolescents while possibly

extracting meaning-making in their adulthood. Recounting a story is a way of externalising the inner experience of one's being (Etherington, 2004) and thus stories are a tool to better understand human phenomena and human existence (Kim, 2016). There is a need for humans to tell stories. People reveal their feelings through stories and use them to entertain those around or to fit social expectations (Hiles et al., 2017).

Indeed, Chase (2003) postulates that during storytelling, the individual constructs the self through their experience and hence creates and communicates their meaning. In addition, no matter how personal and unique narratives are, the stories are always social, in several ways. Even though the participants just communicated their story to me, there is an interactional component to the narrative. I, for example, am writing about my participants experience here. In turn, this thesis will be read by various people, presented in a viva, possibly published in journals and in conferences/workshops and therefore might be relatable to others. Hence "the form and content of a person's story must be socially recognizable if it is to be meaningful to self and others" (Chase, 2003, p.80). Besides, narratives are also social in character as they reflect a broader social, historical, and cultural background in which they are told and heard. In the interviews with my participants, they narrated events from up to twenty-five years ago, when the medical system was very different from that of today. As a researcher, I am interested in the psychological consequences of the narratives and how these have shaped the way the participants live.

In summary, the Centre for Narrative Research (2008) illustrates that:

> "narratives themselves can be important components of social change, and narrative research may contribute to such change. Researchers have worked successfully with narrative to address medical, social and educational problems, to build communities and resolve crises, to aid reconciliation and to improve understanding in situations of conflict and change" (as cited in Silver, 2013).

The Sample

This study seeks to explore the experiences of seven adults who have a sibling with a depression and/or anxiety disorder. Since my interest lies in the exploration of someone's life and not in constructing a theory, no more than ten interviews were needed, according to Charmaz (2006), as I am not using grounded theory which requires the interviewer to keep interviewing until the data is saturated. In fact, Morse (1995) suggested that at least six interviews should be carried out in phenomenologically based research.

The participants were adults between the ages of 25 and 45 years who grew up in Malta. Even though they did not necessarily need to have Maltese citizenship, all seven participants were Maltese. The siblings with mental illness are all older than the participants, and the mental illness started to emerge during the participants' adolescence, that is, between the ages of 12 and 18 years. These ages are the peak of identity development, where the adolescent is faced with different crises. How one resolves these challenges will have an impact on the stages that follow (Erikson, 1968). The roles and expectations of being a younger sibling might be different from

being older than the sibling in need. In fact, the youngest sibling may end up taking major decisions due to the older sibling's illness (Bowen, 1993).

As part of the eligibility to participate in this research, it was important that the sibling with mental health issues had not died by suicide, as this could present any unresolved issues to resurface during the interview. Participation in this study was voluntary and therefore it was the participants themselves who came forward to participate in this study. They were also made aware that if such an interview might exacerbate current family difficulties or, if the participants themselves were going through difficult situations, it was advisable to opt-out. Participants were informed about available services that they could make use of in case they required some support after the interview.

Recruitment for Interviewing

Before attempting to carry out this research I obtained ethical approval, both from Middlesex University and from the New School of Psychotherapy and Counselling (see Appendix A). This approval was needed for assurances and taking the necessary precautions that the research done would prevent both the participants and the researcher from being unwittingly harmed.

After gaining ethical approval, I primarily posted a recruitment poster on my personal social media profile as well as two local facebook pages with 150k members. Many friends also shared my poster on their own social media, to reach people from different walks of life. I also sent several emails to local NGOs related to mental health and diverse professional associations. I also contacted

various companies, governmental schools, Gozo General Hospital – Steward Health Care Malta, and the Foundation for Social Welfare Services (FSWS). Due to having their own ethical board, I applied for ethical clearance to distribute amongst the staff members (see Appendices B and C).

A couple of people came forward and showed interest to participate in my study. To screen out participants, a demographic questionnaire (Appendix D), together with a participant information sheet (Appendix E), was given before the consent form (Appendix F). Due to the COVID-19 pandemic, sending documents by post, as initially planned, was avoided. Participants found no objection to sending the demographic questionnaire through email. I contacted both the eligible and non-eligible participants.

When the eligible participants were contacted, we discussed their preference for date and time to hold the interview. Three participants showed preference to meet face-to-face and therefore I offered to meet at a private clinic. The rest of the participants preferred to do the interview online. Microsoft Teams and Skype were used as a platform for the online interviews. When meeting face-to-face, safety measures were taken, due to the COVID-19. The room was set up with a protective transparent barrier between us. Even though masks were not worn due to the audio being recorded, social distance was kept at all times. Moreover, whenever it was possible, the door was kept ajar.

Days before the interview I sent documentation with the information about the project as well as the consent form to the participants to read in their own time. This way, the participants could think about any questions that might arise. The signed

consent form was sent by email before the interview was done. The participants also verbally consented to partake in the research.

Before each interview started, I revisited the aims, the intention of the study, and details about data distribution, amongst other information, with the participant. I also discussed their rights as a participant, such as the possibility of dropping out of the study, as well as confidentiality and anonymity aspects. I emphasised that the data provided will not remain confidential due to publication yet reassured them that anonymity will always be kept. Time for questioning and clarification were duly allocated.

Data Collection Process

Interviewing Process

Narrative data can be collected through various methods including journals, field notes, autobiographies, diaries, newsletters and so on (Connelly & Clandinin, 1990). I chose to collect my data by conducting in-depth semi-structured interviews. Conversing with the participants helped me to engage more in a relational way and allowed me to better understand the meaning behind their journey (ibid.).

Each interview was divided into three parts. The first part contained general informative questions focusing on family structure and dynamics, while the second and third parts focused on adolescence and adulthood, respectively. Even though the number of interview questions can be few compared to questionnaires and might not cover all topics, the interviews gave space to explore a particular topic at a deeper level (Thomas, 2013). Semi-structured interviews gave the opportunity and freedom

to the narrators to be as open as they wanted to be (Thomas, 2013). I had a guide with a couple of questions to follow (see Appendix G), yet the participants were free to narrate their own story according to what made sense and was meaningful to them. Interviews took between fifty minutes to an hour and fifteen minutes.

To produce more precise transcriptions to further analyse the data, I audio-recorded the interviews. As interviews are quite long, not recording the interview would have resulted in missing out on interesting and valuable information. In fact, permission was also included in the consent form. Assurance that the recording would be disposed of when the research is successfully graded was also addressed. Moreover, transcriptions were only done by me to further safeguard the anonymity of my participants. A sample of a transcript can be found in Appendix H.

Furthermore, I reassured my participants that the recorded files and the only document with their details will be kept safely at home in a locked cabinet. A participant identification number was given to protect their identity. At a later stage, hard copies will be shredded. In addition, data collected, including audio-recordings, were saved on a password-protected folder in an external hard drive and an encrypted USB was also kept as a backup at home in a locked cabinet. Pseudonyms were given both to the participant and their sibling. Initially, I was using the names of flowers to safeguard gender anonymity. However, upon searching for flowers I realized that most flowers lean to the feminine gender. Therefore, I used fictitious names to anonymise both the participants and their siblings. Not sharing the gender of the sibling or the participant was leaving out an essential part of the identity of the participant and hence I decided to include the gender of the participants and third parties. As much as possible, I eliminated and changed details that might have

revealed the identity of the participants or third parties. I emphasised that confidentiality could not be kept, however, their own and their relatives' anonymity would be safeguarded throughout the whole project. Lastly, the participants were informed that an anonymised transcript of their interview, in which all identifying information will be removed, will be retained for ten years at Middlesex University, from the date of thesis submission.

After the interview, I informed the participants about services they can make use of if they feel the need to do so. I emailed the debrief form (Appendix I) to the participants, to have the list of services at hand for future use. This is because the interview might have triggered personal issues or curiosities that they might wish to explore further in therapy. Indeed, most of the participants were already in therapy and therefore could discuss any triggering factors from the interview with their therapist. After the thesis is successfully graded, all emails will be permanently deleted.

The Semi-Structured Interviews

"A good interviewer is a listener rather than a speaker" (Creswell, 2003, p.125). During the interview I abided by Creswell's words and tried to keep questions to a minimum. After all, the participants are the expert of their lives. I showed engagement with the participants in various ways by using non-verbal cues such as keeping eye contact and nodding while using supporting signs such as 'mhmm' (Langdringe, 2004).

According to Mishler (1991), interviews can be either biological, where a general question or a statement is expounded and topic-focused, or a more specific,

focused interview. My interviews were mostly a mixture of the last two. For a deeper understanding of the situation, I asked several specific focused questions. This also helped to reduce interpersonal biases and organise my thoughts (Creswell, 2003). There were times when I wanted to know more about a subject that the participants slightly touched upon and therefore my questions were then focused to know more about the topic. I also guided the participants by asking them questions in relation to a specific time as it may be easier to focus and talk on a specific timeframe than a wider timeframe (Elliott, 2005).

When I was transcribing the interviews, I felt that there were a couple of questions that I would have liked to ask. To avoid any inconvenience to the participants, I asked whether they would be able to answer a few additional questions, which most of the participants willingly did. I gave them the options: either write down the answers or send a voice message, depending on the participants' preference.

Data Analysis

> "… a man is always a teller of tales, he lives surrounded by his stories and the stories of others, he sees everything that happens to him through them; and he tries to live his life as if he were recounting it. But you have to choose: to live or to recount". (Sartre, 1938/2013, p. 61).

After I collected the data, I analysed and presented the data. To make sense of being-in-the-world, we actively engage in narrative thinking and we do not simply re-tell a story to another individual. There is no single narrative method that can be

utilised to analyse data, but rather a multitude of different methods that one can use to engage with the data (Elliott, 2005; Mishler, 1995; Riessman, 2008). Mishler (1995) adds that researchers must be open to explore and learn from other approaches when pursuing their own style of narrative inquiry. In agreement, Riessman (1993) states that "there is no single method of narrative analysis but a spectrum of approaches to texts that take narrative form" (p.25). Hence, analysis looks at the participant's story and sees how it is put together, in the language used, the cultural context it draws upon, and how it captures the listeners (Hiles et al., 2017).

Interpretation in data analysis is inevitable, which then affects the stories we select to represent in our research (Kim, 2016). Meanings are interpreted through thematic structures, social and cultural antecedents, and plotline analysis. In addition, such meanings would be interpreted according to the time the narrative transpires. In agreement with Polkinghorne (1988), Kim (2016) states that data analysis and interpretations enable us to find meaning through the narrative and hence helps us better understand human existence.

Clandinin (2016) accentuates that even though narrative inquiry strives to understand the individual experience, one must also perceive the participant's social, cultural, linguistic, familiar, and institutional narratives as these aspects shape and are shaped by the individual. Furthermore, Clandinin (2016) points out that as researchers we "always enter into research relationships in the midst" (p.43). As a researcher, I have personal, professional, and academic issues ongoing amid this research. Similarly, participants are also amid their life when being interviewed. Therefore, we are shaped by temporality, which unfolds in the social, cultural and

linguistic narratives amongst others (ibid).

The process of gathering data, transcribing of interviews and analysis of data in an ongoing, harmonious, and organic process (Etherington, 2020). Etherington claims that the focus is not in trying to fill in the gaps in understanding the narratives. Instead, while listening to and reading the transcripts, the researcher's emphasis should be on taking in the stories of the participants and comparing it to one's own personal understanding, while trying to piece together different stories to see how these makes sense together. It is like putting pieces of a puzzle together to form one whole picture (meaning).

Indeed, Elliott (2005) asserts that there are multiple ways of analysing narrative data. In addition, Mishler (1995) says that there is a "state of near anarchy in the field" (p. 88) and therefore it is open to interpretations.

Nevertheless Carr (1991) postulates that "a story re-describes the world…it describes it *as if* it were what presumably, in fact, it is not" (p. 15). Narratives are co-constructed by the interviewee and the interviewer or the storyteller and the listener (Riessman, 2008). Prior concepts have shaped the way I asked questions and possibly selectively listened to some aspects more vividly than others. During composition of writing from the transcripts, prior literature inevitably influenced my script. In addition, constructivist-narrative researchers argue that there is no "pure" first-order understanding, as "raw facts" already hold layers of interpretations (Shkedi, 2005). Therefore, it is impossible to separate the inquirer from the inquired (Guba & Lincoln, 1994).

After transcribing the interviews, I reread the transcripts and listened to the recordings several times and immersed myself in the data as much as possible. I

valued differences among the stories, their depth, their rawness, their messiness and the detailed descriptions of the experiences (Polkinghorne, 1988). In order to analyse the data, I followed Elliott's (2005) first and second order narratives. Using first and second order analysis is mainly inductive; that is, the analysis goes from data to themes and subthemes (first order) to extract meaning from the general themes (second order) (Elliott, 2005).

First order-narratives focus on the stories of the storytellers, the detailed descriptions of lived experiences, specific situations, and daily events. I created a simplified genogram of the family for the reader to have a clear visual of the family structure. When narrating stories, there is a possibility for the storyteller to go through different events in a non-chronological way. Therefore, I extracted the events that the participants recounted and formulated a coherent story as they were growing up to the present. I bracketed my own experiences, thoughts, and emotions as much as possible while writing their narratives.

On the other hand, in the second order narratives, I attempted to make sense and extract meanings of the world as presented by all the participants. Since the storytellers live in a social and historical context, it is essential that they are seen as a whole concept rather than fragmented. Therefore, I couldn't separate the participants from the context (Elliott, 2005). I used an old-fashioned way to generate the themes. While listening to the transcripts, I noted down feelings, thoughts or anything that came to my mind. After reading all the transcripts, I noted down general ideas and themes found amongst the participants. I colour-coded each transcript for easier visual aid and cut and pasted the *verbatim* under appropriate headings. To make sense of the participants' social world, I gathered

similar headings together and general themes emerged from the participants' *verbatim*. To have more focused and clearer themes, four over-arching themes were generated. The extracted themes may not focus on the individual *per se* (Elliott, 2005), as the selected common themes reflect the experience of the majority of the participants. When selecting themes, interpretations were kept to a minimum as I wanted the participants' voices to be powerful and echo throughout the findings (see Appendix J).

A Note on Translation

Given that I am competent and fluent in both Maltese and English languages, I gave the participants the choice to decide the language they felt most comfortable to narrate their stories and express their emotions (Goitom, 2020). Four of the participants chose English while the remaining three preferred to use Maltese. I did not want to exclude the non-English participants as all their stories are valid for this research (Esposito, 2001). After transcribing the interviews, an experienced translator was hired to translate the data from the transcripts rather than from the recordings. This was done to safeguard the identity of my participants. To honour the participants' voice and have a stronger representation of their shared experiences, while making sure I captured their story, I sent the English version to them to check that their narrative did not change (Goitom, 2020).

Pilot Study

A pilot study was done before this final research took place. This helped to refine and assess the procedures developed (Langdridge, 2004). Given that there

were no major changes from the given feedback, I included the data from the pilot in this project.

Ethical Considerations

Since this research involved a sensitive subject, it was crucial to ensure no harm was done to anyone. Polonsky and Waller (2014) gives this advice to researchers. You must: "a) behave according to appropriate ethical standards; b) consider how your research might negatively affect participants; and c) protect yourself, your supervisors/teachers and your institution from being placed in situations in which individuals could make claims of inappropriate behaviour" (p. 53).

In fact, the Code of Human Research Ethics (2014) recognizes that good psychological research is only possible when there is mutual trust and respect between the researcher and the participant.

One of the first principles is to "respect for the autonomy, privacy, and dignity of individuals and communities" (British Psychological Society, 2014). This was achieved through the Participation Information Sheet (Appendix A) and Informed Consent Form (Appendix C). After verbally summarising the mentioned documentation, participants decided on their own whether they were willing to participate or not. Another principle is of respecting the participants' autonomy. Individuals have their reasons to take any action during the research such as wanting to opt-out of the research after the interview is done. In addition, as stated above, to respect anonymity throughout the research, pseudonyms were used with each participant. In this way, their identity was not revealed. I used my discretionary judgement and when I felt that specific details could reveal the participants' identity I

eliminated or changed the details. This included naming other relatives and hometowns during the interviews.

There was no judgement or exclusion due to disability, gender, status, race, sexuality or religion, amongst others. However, I abided to the age bracket presented to the ethics board to have as much of a homogenous group as possible.

In the Participation Information Sheet, the participants were made aware of any risk of harm and what actions can be taken to minimise such risks. Potential risks included psychological wellbeing, mental health, personal values and invasion of privacy or dignity. In my research, a possible risk of harm was that some questions might have evoked difficult emotions from past experiences. I advised participants that if this occurred and they would like to stop or pause, they could alert me. In a couple of interviews, the participants got emotional when describing a traumatic event. However, after a couple of minutes and some deep breaths the participants were able to continue the interview on their own initiative. Moreover, a debrief sheet outlining extra support if needed was provided. I also gave the opportunity for the participants to reread the transcribed interview and gave them the opportunity to amend anything that they deemed necessary to change. In this way the participants could eliminate any section where they felt they were more vulnerable and exposed.

Living on a small island, people can be very much connected, and thus, interested participants might have been someone I already knew. Maltese people are known to be ready to help, especially if they have any relationship to the person requiring assistance. Indeed, two of the participants that approached me were close friends of mine and to avoid biases and dual relationships, I politely declined their help

while letting them know the reason for refusal.

Trustworthiness and Accountability

Reliability and validity have always been a concern for quantitative researchers and not pertaining to qualitative research (Altheide & Johnson, 1994). Conversely in qualitative research, credibility and rigor are measured (Morse et al., 2002). Rigor is essential in research as without it, the research would be worthless. For quantitative research or rationalistic paradigm, rigor is measured by internal and external validity, reliability, and objectivity (Morse et al., 2002). On the contrary, for the qualitative research or naturalistic paradigm, trustworthiness or rigor is measured by credibility, transferability, dependability, and confirmability (Guba & Lincoln, 1981). According to Creswell (2013), reliability in the naturalistic paradigm is concerned with a general uniformity of method across different studies. Yet, it is difficult to apply in narrative inquiry as narrative methodology is pluralistic in its nature (ibid.).

Indeed, Morse et al., (2002) highlights that by establishing verification and trustworthiness at the end of the study, the researcher "runs the risk of missing serious threats to the reliability and validity until it is too late to correct them" (p.14). It is therefore advisable to establish methods of verification and validity throughout the research process (ibid.).

It is encouraged to be transparent throughout the research (Altheide & Johnson, 1994). Through ethical procedures, I have documented how data will be collected, how recruitment will be carried out, how data will be stored and how analysis

will be explored. These steps are also documented within this chapter. Researchers following the same steps do not necessarily end up with the same results as the narratives collected for this research are bound by a specific time and culture.

To build confidence and trust in qualitative research, Guba and Lincoln (1981) suggested various criteria, such as other colleagues checking when coding and performing an audit trial, amongst others. Carrying out a pilot interview aided in testing and refining the methods of inquiry used. Another method to check credibility is by keeping the participants in the loop. After transcribing the interviews, I also sent them to my participants so that they could go through the transcript and the stories produced from the raw data. In addition, before publishing my findings, the participants had the opportunity to go through parts of the findings, to verify that the findings made sense to them. On a few occasions, I have also asked questions to further clarify the data.

Another method of verification used in this research was utilising of demographic questionnaire to select the participants as the sample must be appropriate. This tool verified whether participants were eligible or not. A reflexive journal was also kept helping me jot down my biases, my thoughts, and new ideas and this helped me remain as open and creative as possible. Hence, I avoided working from a deductive approach of previously held assumptions (Morse et al., 2002).

Since the research question focuses on the journey from adolescence to adulthood, using interviews as a qualitative methodology ensured methodological

coherence. In turn, analytic procedures match the data collected (Morse et al., 2002).

Reflexivity

In qualitative research, it is essential that the researcher is aware of one's own contribution to the meaning-making through the process. As a researcher attempting qualitative research, it is impossible to remain passive throughout the whole process. It is through reflexivity that I become aware of my involvement within the study and how I influence and shape the research process (Nightingale & Cromby, 1999). Additionally, Willig (2013) emphasises that while acknowledging our biases is part of reflexivity, "reflexivity invites us to think about how our own reactions to the research context and the data actually make possible certain insights and understandings" (Willig, 2013, p.95). Indeed, to keep my biases at par, I kept a research journal to jot down my own thoughts and processes throughout my journey.

Etherington (2020) describes reflexivity as being "more than subjectivity: rather reflexivity opens up a space between subjectivity and objectivity where the distinctions between content and process become blurred. The judicious use of ourselves in research needs to be essential to the purpose, not just a decorative flourish" (p.78). In fact, Etherington adds that "reflexivity is a dynamic process of interaction within and between ourselves and our participants, and the 'data' that informs decisions, actions and interpretations, at all stages" (p.78).

Selves and identities are constantly reconstructed through interpersonal

process derived from the stories we narrate over and over. Therefore, through narrative inquiry, we can better understand how our choices in life impact our identities (Mishler, 1995) and our becoming (Etherington, 2003). Indeed, Neisser and Fivush (1994) believe that self-narratives may originate from "scripts" that parents communicate to their children early in their life. The children then internalise these scripts through the development of speech and language. These internalised stories are perceived in such a way that they are crucial in the child's construction of their own identity.

Personal and Professional Reflexivity

I was born in the mid-80s in Gozo, a tiny island in the Mediterranean with a population of approximately 26,000 in the census of 1985. I come from an era when social media was very limited, yet people would know the ins and the outs of everyone around. I lived in times where power shortages occurred frequently, hence as a teenager, I had to find ways to entertain myself. Many times, my mother would gather us around the kitchen table, with an oil lamp in the middle of the table and recount numerous stories about her life when she was of a similar age to me and my siblings. Stories were also based on different elements depending on what might have happened that day. For example, if it was a stormy night, the story narrated by one of my parents would be around an event that happened to them containing similar characteristics. I used to listen so attentively and picture in my imagination what was being described. I could sense the hardships that my parents had gone through. Stories were also narrated for us to appreciate the life we were living compared to that which my parents had lived.

Stories were also shared when visiting places or visiting relatives. Some stories were carried forward from one generation to the next, as if to keep memories alive. There were many times when I felt a twinge of jealousy that I lived in this era and not in a different, older one. It seemed that I resonated with past events much more. Indeed, when I was bored or was given a punishment not to play, I would find myself writing stories, pages and pages of my dreams for adventures. When I narrated my stories or situations, they were not always accepted and sometimes even ignored. My stories never seemed significant enough to share to the world and at times I felt I was cut short.

My stories, as well as the stories from my parents and relatives, are shaped by context and cultures interwinding with generations before us (Kim, 2016). Our stories are socially constructed between ourselves and our realities in response to our lived experiences.

I was brought up in a very conventional background. I lived in a house with my parents and three other siblings. I am the third born. My oldest and youngest siblings were the rebellious ones which attracted a lot of attention from my parents. My oldest sister needed an extra push in school and therefore my mother had her hands quite full. My father was quite absent in my upbringing since he worked very long hours, and if he was physically present, he was socially passive. I learnt to remain quiet and keep to myself. It seemed that my mother believed I was strong enough to cope by my own means. Yet I always felt I was never good enough. After nine years of being the youngest, my sister was born, and I was dethroned, hence the little attention I got was taken away from me. This resulted in experiencing a sense of invisibility which influenced my choices later in adulthood.

Culturally, family was, and is still, very important. Indeed, we lived in a close- knit family. I met some of my cousins regularly, if not daily. Moreover, my extended family would turn to my mother if they required any help.

> "It's Sunday eve and my mum went to my aunt once again! She fainted again for a change! I can't believe that they don't know that she is fainting because she is spoilt and does not wish to go to school!"

This was my thought as a thirteen-year-old teen. My mother used to attend to the needs of my fourteen-year-old cousin every Sunday evening. My cousin had some medical issues and probably also mental health issues while growing up. Yet this was kept secret. No one ever told me and my siblings what was happening and why my cousin would behave in such a way. Psychologists, psychiatrists, doctors were all involved, yet I knew nothing. This secret still lingers twenty-five years later. I could only form my own reasoning as to the events that were taking place. Not knowing was crucial as a thirteen-year-old, and it resulted in the emergence of anxiety issues.

Mental illness was an unknown concept to me. My beliefs as a thirteen-year-old was that mental illness only occurred to crazy people and not to my family. People were born with a mental health disorder, and it cannot affect me and my family since we were not born with it. I cannot pinpoint a time when I became aware of what mental illness is but around the age of sixteen, I heard relatives mentioning that my aunt had depression. Mental illness became clearer and much less of a taboo for me, when I started my degree in Psychology. I became more curious about how mental illness affects the individual. My lack of awareness at a young age helped me

to understand my client group (teenagers), who still find it difficult to understand mental health.

As time progressed and I started working with children and adolescents and I was quite surprised that several students were undergoing similar thoughts and feelings that I had when I was a teenager. Some students were also commenting how they barely had any time with their parents due to their sibling having behavioural, medical, or psychological issues to deal with. Rather than understanding what was happening, some of the students were expressing jealousy, anger, and sadness by their extroverted behaviour, while others isolated themselves and kept things to themselves. During the sessions, I could sense the urge for the students to narrate events happening at home.

As an adult, I choose my friendships wisely. I choose friends where it is possible to narrate stories and be vulnerable without judgements. One time, a friend was talking about his concern regarding his youngest daughter because of all the chaos that was happening at home due to her eldest brother's emerging mental illness. His descriptions resonated with me and triggered memories of when I was young; of the uncertainties, of the not knowing, of finding my own ways to cope, of being the good girl and the people pleaser.

My narratives had become unimportant to me until I found someone who listened without judgement, who created a safe space for me to expand my narratives, who could feel all my emotions and hear my thoughts, and who initiated my healing process. My stories were understood and became alive once again. My accounts were good enough to be heard. Narrating my stories brought about

unanticipated consequences – good and not so good. Even though many of my narratives contained painful and traumatic events, they also contained tales of resilience and transformation, a new reconstruction of my identity. They turned into stories of healing (Etherington, 2020). In this research, I wanted to create a space of safety for my participants so that they could share their stories to start to heal and start becoming visible and seen.

I learn a lot from listening to people's stories. I get to know their values and beliefs, their interpretations of the situations they go through, their attitudes and what influences and guides them. I learn about the kind of relationship they have with themselves and with others and in different contexts. I learn what meanings they attach to the events and how they reflect upon their stories. Through listening to their stories, I hear their thoughts, and emotions - past, current, and future. I hear the silent pain of how society and/or culture might shape the events.

My fear still lies in whether I will give justice to my participants' stories. Will I be good enough to represent their journey and show whoever reads this thesis the struggles, challenges and joys expressed to me? Will I unveil their invisibility?

Conclusion

In this chapter, I described step-by-step how I carried out this research project. I also described the rationale behind the choice of inquiry and how the raw data was analysed. Personal reflexivity was also explored, and I gave an in-depth account of my positioning within this research. Credibility of the study was followed by the ethical considerations that this study was based upon.

CHAPTER 4

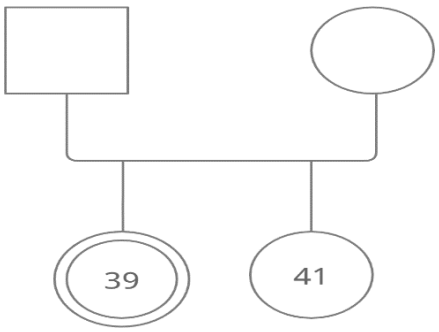
FINDINGS – FIRST-ORDER NARRATIVES

Participants' Narratives

Using Elliott's (2005) guide to analyse the data, I will be presenting my findings into two sections. Following the first-order narrative, the stories of the participants will be presented. I am also adding a table to have easier access and to reference the details of the participants.

Participant's name	Sibling's name	Current Age	Current sibling Age	Mental Health Diagnosis
Fiona	Jenna	39	41	Depression
Averly	Aiden	32	37	Depression and Anxiety
Angela	Raul	27	30	Depression + possibly schizophrenia
Macy	Samantha	28	33	Depression + borderline personality disorder
Katherine	Rose	25	34	Depression
Walter	Lisa	35	40	Depression + partially blind
Davinia	Samuel	33	36	Depression + Asperger's Syndrome

Fiona



Fiona grew up in Gozo, the sister island of Malta. Gozo is far smaller than Malta and in the early 2000s, the population was around 30,000 people across fourteen towns and villages. She lived with her parents and older sister, Jenna. Fiona's mother worked from home as a seamstress, while her father worked from dawn to dusk outside the house. She describes being around her parents as being ***"quite formal" [139]*** clearly distinguishing between the parents and the children. Her parents were not very religious. However, her conservative mother did not entertain the idea of her daughters being in the presence of boys. This outlook resulted in her being stricter on what her daughters do and on their whereabouts. For this reason, she would not allow them to go out with friends so often.

Having strict parents, and an especially strict mother, made Fiona have a different persona in front of her parents. Fiona presents herself as shy around people she does not know and quite ***"reserved type with [her] mum and people [she didn't] know well" [37-38]***. On the other hand, she describes herself as ***"feeling free with [her] closest friends, [they] used to laugh a lot and did what [she] wanted" [33-34]***. Fiona attended the only girls' secondary school on the island during

that time. Next to her single gendered school, there was the boys' secondary school. She recounts when together with her friends during the break they would call over the boys and have a good laugh. She ***"did these silliness's because [her] mum did not know of them and [she] felt free" [35-36].*** Apart from this slightly rebellious side, Fiona was smart and worked hard at school.

Jenna and Fiona grew up being close to each other. They would laugh, joke, and play together and at times they would also argue and fight with one another, ***"play and quarrel" [174-175].*** As they grew older, Jenna used to go out with Fiona and her friends as well. Fiona could sense that her sister was different from her and her friends. She noticed that she (Jenna) did not have a lot of friends and at times she was even bullied at school. When Jenna was in her last year of secondary school, ***"she ended up alone, head bowed, thinking and totally detached" [59]***, hence Fiona would invite Jenna to go out with them. She didn't want her sister to feel isolated. Their personalities were black and white: whereas Fiona would twist her mother's rules, Jenna would obey more. Fiona showed her rebellious side when she was not home. Indeed, she describes how, for example, she would wear her school skirt a little higher and loosen her tie when she left the house. Jenna would not do this and back then, Fiona would feel embarrassed to be seen with her sister.

When Fiona was around fifteen years old, she started to notice changes in her sister's behaviour. Arguments were occurring frequently over simple things which led to panic and a lot of disturbance at home. Jenna was diagnosed with depression and her parents took the necessary measures to help Jenna through this difficulty. She was taken to a psychiatrist and counsellor as well.

All through this turmoil, Fiona did not want to seek help for herself – ***"[she] did not want to, because [she] did not want anybody to know" [125].*** Twenty-five years ago, Fiona still saw mental health as a taboo and felt somewhat ashamed to seek help for herself. Therefore, she kept things to herself and continuously suppressed her feelings. Unfortunately, feeling overwhelmed by what was happening led her to start failing at school. Her concentration level fell to a point that she ***"was in university and wanted to drop out" [275]***. Fortunately, she found a gentle soul - an educator - who cared for her well-being and saw the ingrained potential of the excellent student that she was and reached out to talk to her. Fiona found solace in this lecturer and her wise words and therefore, her frame of mind shifted.

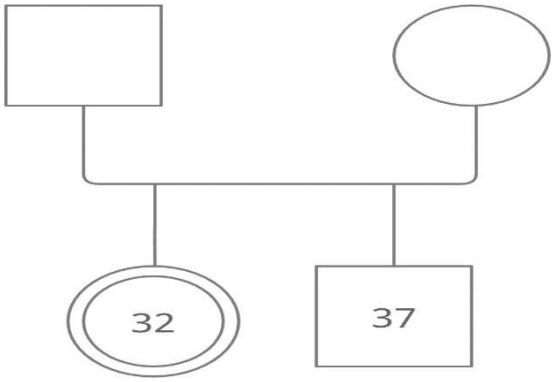
There was no university in Gozo providing the course that Fiona wished to enrol into. Nevertheless, like every other Gozitan who wanted to attend university, Fiona had to leave the household and travel to Malta. The norm back then, was to share an apartment in Malta and travel back home to Gozo during the weekend. There were many Gozitans who travelled daily as well. However, Fiona found a new escape when things were difficult at home. When she needed some respite from home, she used to find an excuse that she had a lot of things to study and would remain in Malta over the weekend. She ***"stayed in Malta to get away from it all" [169].*** After years of study, Fiona graduated as a nurse.

Jenna's mental health issues were not something new for Fiona and her family. Both her parents suffer from anxiety, which is still being treated through medication. There were also times when her mother had to be treated in hospital

for chest pains due to the severity of the situation. In addition, Fiona has several aunts who also suffer from the same mental illness. Mental health has also touched Fiona as there were periods where she suffered from anxiety. However, Fiona nowadays is more open to talk about her suffering and reaches out when she needs help. At present, Fiona is thirty-nine years old, is married and has two kids, one of whom is an adolescent. She admits that the way she relates with her daughter is different from how she was interacted with when she was her daughter's age. They ***"tell each other every single thing without any problem" [137-138]***.

This journey has been a learning experience to Fiona. She has put aside her preconceptions of the perfect family and accepted that ***"it is not only [her] that can have problems and that there is no shame to voice it" [300-301].*** She appreciates life much more and her goal is to live her life as best she can. Therefore, if help is needed she willingly reaches out for it.

Averly



Averly was born 5 years after her brother Aiden. The family structure is quite small. Even as an extended family, they only have one cousin. They lived with both their parents in a town in Malta. Averly states that both herself and her brother experienced many situations while growing up which took predominance in their lives and therefore overshadowed the positive experiences. She believes that when ***"you're young, you're like a piece of clay. What you go through you'll be shaped" [4-5].***

Mental illness is a dominant aspect in Averly's life. Apart from her brother, who suffers from anxiety and depression, both her parents are affected as well. Her mother suffers mildly from anxiety while her father's depression and anxiety are more severe. Growing up, she felt different from the rest of her family and found it difficult to make sense of what was going on around her.

The parents' relationship was quite turbulent. There were a lot of arguments occurring while growing up and therefore she ***"grew up in a very stressful environment" [24].*** Averly ruminates about the times when she would interfere to stop a physical fight, thinking that ***"they wouldn't hit [her] because [she's] their***

child" [304]. The atmosphere was tense and heavy. There were routines that Averly and Aiden had to abide to. For instance, it was expected that they wait for their father to eat dinner and be in bed by 7 p.m. During dinner, not a single word would be uttered making the atmosphere very cold. Nevertheless, her parents were always there for her and her brother and whatever they needed materially they would provide. Yet Averly yearned for emotional support and wanted to feel loved. She believes that her parents' mental health left an impact on them, especially on Aiden.

When she was around ten years old she started to notice strange behaviour from Aiden. She narrates how Aiden would want her to recite the same prayer every single night. Being the younger one and looking up to her brother, she would give in but later on, they invented a new game. They pretended it was a quiz game show on TV. Again, they used to play it every single night. However, this game never changed its ways. ***"It was always the same" [133] and "started to become tedious" [131].*** Things started escalating and Aiden started obsessing over a light switch. If the sound was not as he expected to hear when switching on the lights, he would switch it on and off until he was pleased. This was ***"difficult for [her] to hear it and see it every day" [142-143].*** As she grew older in her teenage years, she had no option but to still follow his rules. Not going along with his rules, meant that ***"he used to get very angry, shouts a lot and sometimes even hits [her]" [148].***

To avoid upsetting her brother, she put her thoughts and feelings aside. As she got older, different behaviours started to manifest which left her feeling odd and confused. She tried to make sense of why her brother did not want to grow up. Averly recounts how during her brother's adolescence he kept on insisting that

he would be given one-year old birthday cards rather than the age-appropriate cards. What was even more confusing for Averly was the reaction of the people around her. Both her parents and her grandparents saw Aiden's request as ***"sweet and they praised him" [163]*** for it. Therefore, she continued to doubt herself whether what she thought was strange was actually acceptable. Speaking out and questioning her family meant that she was perceived as belligerent. Therefore, she continuously questioned ***"Is this odd or am I the odd one?" [41]***

Even though mental health was predominant within the family, Averly's parents never took Aiden to a psychiatrist when he was young. Indeed, at the age of three, the paediatrician had sensed that he would require extra help and support, yet his parents never took him for any further assessments as he was growing up. As an adult, it was Aiden himself who sought help and was later diagnosed with both anxiety and depression.

Due to Aiden's anxiety and depression, Averly's adolescence was very strenuous. For Averly it felt that he couldn't accept her gender. She gives several accounts of how his words and actions hurt her when she was a teenager. Averly recalls his condescending attitude when she was on her period and how humiliated she would feel by his actions. To insult her ***"he used to stick pads on [her] bedroom door" [92]*** making her extremely anxious. Her parents would always side with Aiden while ***"praising him for these stupidities" [167].*** This kept confirming her thoughts that she was in the wrong and made her feel like she did not ***"belong with this family" [225].*** Even though his mother would not admit openly that Aiden was struggling with mental health, she would still treat him differently than Averly. Her mother's position on Aiden's mental health is still unclear for Averly. She feels that

while growing up, her mother knew that Aiden suffered from a mental health condition, however for some reason, she could not be open about it because of the taboo attached to it.

During adolescence, she isolated herself from her friends. Due to her family situation, she would not accept any invitations to meet with friends or take part in any school activities. Averly would continuously find excuses, which made it difficult for her to have steady friends. Most of the times she ***"used to live in a lie" [232]*** as the way she was presenting herself to her friends was totally opposite.

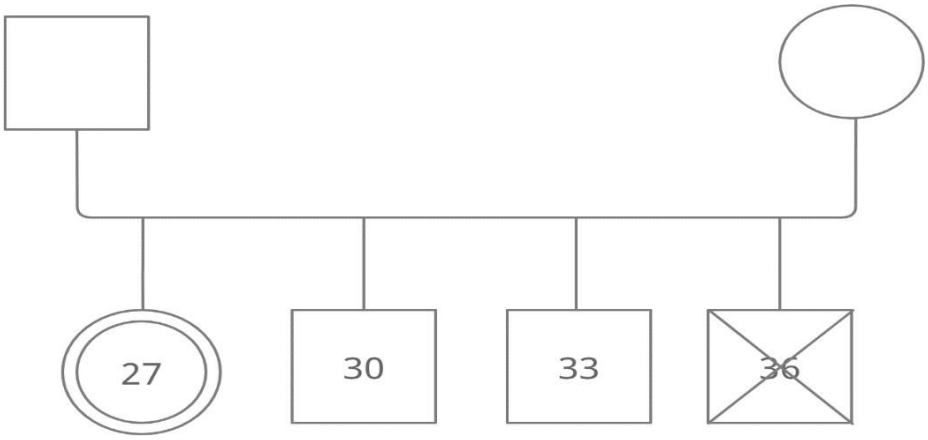
As a teenager, she found school quite challenging and found sports to be the area where she excelled in. This was not something her parents or her brother wanted her to pursue as their idea of success was different from hers. As an adult she was diagnosed with dyslexia and mild autism traits which helped her to understand her difficulties more. Despite her diagnosis, she furthered her studies as an adult and managed to graduate in sports and become a Physical Education teacher. Unfortunately, she injured herself and had to find a new method of income. She now works as a content developer within an organisation and applies her sports knowledge to the articles and new programs that she creates.

As an adult she utters that her love relationships are ***"a total disaster" [247]*** as it was severely impacted by past experiences. She finds it crucial to trust a person that can truly love her because if ***"[her] parents never loved you, as perceived from [her] eyes … how [is she] going to accept someone else's love?" [250-252].***

Nowadays Averly is thirty-three years old and in a relationship. Even with all the ups and downs in her journey, she still dreams and tries to achieve these dreams. She is realizing who she really is and working on herself to grow, both personally

and professionally. She is proud to have overcome many obstacles in her life and every day she is becoming a better version of herself.

Angela



Back when she was a teenager, Angela resided with both her parents and her three older brothers in a town in Gozo. There is an age gap of three, six and nine years between her and her brothers. Being the youngest and a female, she was protected by her family. It seemed that relatives on her father's side had always experienced anxiety and depression ***"But there were never any big issues" [5].*** In fact, even though her father suffered mild depression, he was still the main breadwinner of the family throughout her life. As a child and adolescent, Angela had no idea that her father suffered from depression. Angela's mother took care of the children and the household for many years, until Angela was around ten years old. It was then that the mother decided that since Angela could care for her own basic needs, it was time for her to venture outside the house. They were a tight-knit family and were there for each other.

As an adolescent, Angela describes herself as having ***"a bubbly personality"***

[21]. She had a lot of friends and tried to be a good friend to everyone. She ***"was an energetic person but [she] knew [her] limits" [22].*** She avoided getting into trouble and had good relationships with her friends. Since her brothers were older than her, they were useful for her whenever she wanted to go out. She reminisces on when she was still a teenager and thanks to her brothers, she could go out with her friends as they could drive her where she needed to go. Indeed, their relationship was a good one as they got along well together. ***"But [they] were not that close that [she] can be open with them" [30-31].*** For her, adolescence was a nice time and nothing out of the ordinary had happened to upset her during that time, until her brother Raul started showing unusual behaviour.

As a child Raul was diagnosed with ADHD and therefore his family were used to his behaviour. They were used to his impulsive behaviour and poor judgement. They were used to him losing interest in things. However, at the verge of adulthood her mother approached Angela to discuss Raul's unusual behaviour. Yet, Angela could not relate or understand what her mother was talking about, as Raul was still behaving in the same manner around her. However, a couple of weeks later, Raul started to act up in front of Angela similarly to how he was behaving in front of his parents. She realised that this behaviour was not his norm. Raul seemed to be getting paranoid which was also affecting his mood. In fact, Angela thinks that there might have been more symptoms than they perceived which could have been masked by ADHD. Her parents took Raul for assessments to a psychiatrist, and he was diagnosed with depression which is possibly evolving into schizophrenia.

There were a lot of things happening when Angela was eighteen years old. Unfortunately, the oldest brother passed away suddenly. She also moved to Malta to

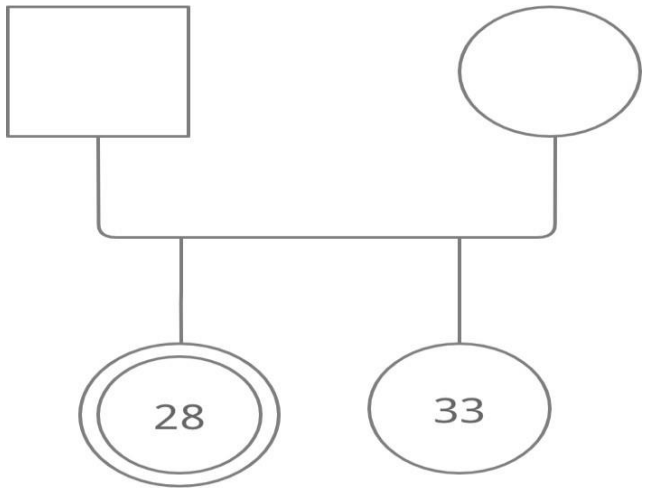
start working and continue studying. Her other brother got married and moved to another household and Raul had ended a relationship. All these major changes can be too much to handle and therefore might have been too much for Raul to handle also.

Having had no major changes in her childhood and adolescence might have helped Angela to build good coping skills. Unlike Raul, Angela does not seem to mind that change happens in her life and seems resilient to change, making her readily accept what life throws at her. Yet Raul's diagnosis shook her core. Even though she was at the end of her teenage years, she still could not understand what was happening to her brother. ***"He's saying things that didn't make any sense" [45-46].*** She could not make sense of this behaviour either. This was all new to her and she had no idea how to handle this situation therefore she ***"acted normal as possible in front of him, as if nothing is wrong"*** [75-76].

As a twenty-seven-year-old, Angela realises that even though mental health seemed to have entered her life unexpectedly it helped her to appreciate how precious life is. Life can be normal one day and turns upside down the next without being prepared. She is grateful though that through this experience she can be more sensitive, more aware and less judgmental towards others. She emphasized that ***"you start understanding more the people around you … even if I don't know that person, maybe he or she is acting that way because there is something behind it. So [she] doesn't judge a person immediately" [203-205].*** As tough as this experience was on her, it has opened up new opportunities to learn more about mental health and how to deal with it. She no longer remains on the surface of what mental health is but goes deeper to understand and to be empathic

towards the sufferer. She feels she can relate more to those people who have someone related to them who suffers from a mental health disorder.

Macy



At the age of twenty-six, Macy got married and left her childhood home. She also left her older sister behind. She grew up with both her parents and her older sister Samantha in a town in Malta. Samantha is five years older than her and from an early age the relationship between them was distant and turbulent. Their view of the world was so contrasting that one would not assume that they were sisters. They had different goals and attitudes towards life.

To make life more challenging for Macy, her ***"parents were very strict" [6]*** and while growing up she could not understand that the reason behind their strictness was to keep her safe. Having strict parents also meant that Macy kept things to herself. She would ***"never talk openly with [her] mother or father" [49-***

50]. When it was possible, she used to get what she wanted, or do what she wanted behind her parents' back. However, during her adolescence, her parents would limit her from going out with her friends. Whereas Samantha never wanted to go out with her friends, Macy wished she had more freedom to enjoy being with her friends.

Indeed, whenever she was invited to go out she would politely decline the invitation without even asking her parents. The possibility of her parents allowing her to go out was very low and therefore she would not bother to even ask. ***"If [her] friends asked [her] to plan to go out, [she] used to tell them no beforehand because [she] knew the answer would be no most of the time" [50-51].*** Since she was not meeting her friends regularly outside the school, she felt isolated which resulted in the loss of some of her friendships. Macy wished that Samantha would have gone through the phase of going out with friends as this ***"would have been easier for [her]" [68-69].*** But Samantha was more inclined towards becoming a nun.

In fact, when she was eighteen years, Samantha decided to follow her heart and entered the monastery. Despite following her vocational path, something happened and a year later she left the nunnery and returned home. It is still unknown to Macy and her family what could have happened that made Samantha relinquish her vocation.

It was around this time that Samantha started manifesting symptoms of mental health and shortly afterwards, she was diagnosed with depression. For Macy, the diagnosis gave a label to her sister's adverse behaviour. Macy highlights various struggles that she and her family had to face due to her sister's condition

taking over their lives at some point. These include: ***"mum had to hide any pills in the house" [125-126]*** and their family holiday was adapted according to where her sister wanted to go. As a family, they were walking on eggshells and ***"everyone trying to keep things calm, without doing anything that could trigger [her] sister" [87].***

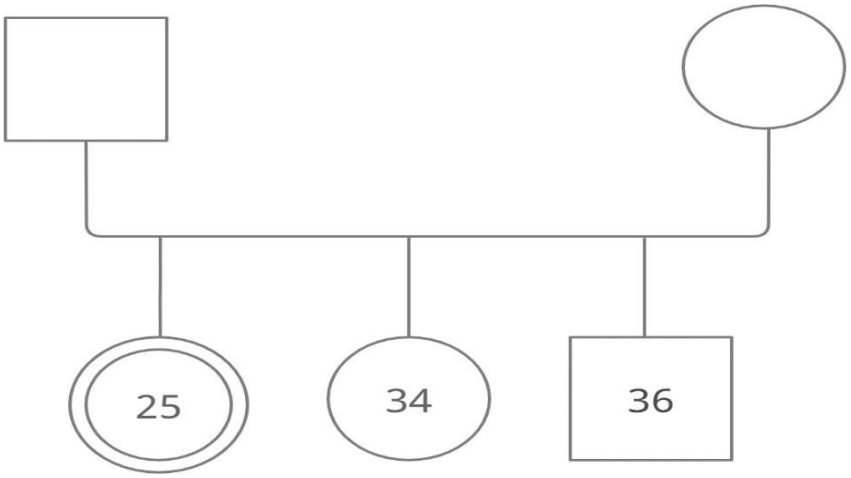
There were some instances where Macy was doubting whether she also might have a diagnosis of a mental health condition. She never sought help from school or her friends. She feared if she spoke about what was happening at home, school personnel might speak to her parents about what she disclosed. She was not comfortable speaking to her parents either. Therefore, she was suppressing all her thoughts and emotions leaving her feeling overwhelmed at times. This manifested in ***"feeling like a ticking bomb" [98]*** and she ended up exploding in an uncontrollable manner with her boyfriend, the only person who she felt safe to let it all out with. It would be so bad at times that her boyfriend told her she was acting ***"crazy" [100]***.

Macy's sister went through a serious of gruelling events, pulling her family with her. This includes Macy experiencing Samantha trying to end her life. After overdosing with pills, Samantha had to stay in a mental health hospital for some time to recover and get the help that she required. Throughout the years, psychiatrists changed Samantha's medication quite frequently until a suitable medication suited her. Nevertheless, she was recently diagnosed with borderline personality disorder.

As she got older, Macy has created healthy boundaries with her sister and her family. Their relationship is much better from when they were younger. Macy believes that having her own family and just visiting her sister and parents for a short time has been a good balance in her life. Mental health issues are not a switch that

can be turned on and off as one pleases. They cannot be turned off as one grows up either. However, creating boundaries has helped Macy to live her life without dragging the baggage of her sister and her mental health conditions along with her.

Katherine



The youngest of three children, Katherine grew up in a village in Gozo. When she was around nine years old, she decided to live with her grandmother rather than her immediate family. Visits to her family were frequent and there were also times where she would sleep over as well. She felt more comfortable living with her grandmother as her ***"grandmother was the only person in [her life] that never, ever, ever, ever … she never caused [her] pain" [25-26].*** Even though she had a somewhat old-fashioned mentality, her grandmother was always there to support her and tried ***"her best to make [her] happy" [31].*** She regarded her as her second mother. In fact, there were times when Katherine even called her 'Mum'. However, when Katherine was sixteen years old, her grandmother passed away and therefore had to return to live at home.

Rose, Katherine's sister is nine years older than her, while her brother Jerome is much older than her. In fact, she barely recalls having any memories with him as he got married when she was quite young, therefore the relationship with him is distant. In addition, having a nine-year gap between herself and Rose did not help to establish a good relationship either. They did spend time together when Katherine was younger ***"but it stopped during adolescence when the disorder started showing" [13-14]*** and their relationship deteriorated. Thus, Katherine's adolescence started on the wrong foot.

Apart from not having a good relationship with her siblings, Katherine's relationship with her parents was fragmented as well. In her last year of secondary school, Katherine started counselling sessions with the hope of establishing a better relationship with her mother. Unfortunately, the counselling sessions provided by the school had to be terminated as Katherine completed secondary school. To continue with the sessions the family had to seek help privately and this never happened. Her parents, especially her mother did not see the need for counselling as they believed that Katherine ***"never…ever needed anything. She still, even these days, that she needs everything" [88-89].*** In recent years, the relationship with her father has improved. Katherine noticed that her father is making an effort to understand her, and she appreciates that he supports her as best he knows how.

In a painful voice, Katherine wishes that she is closer to her family. It hurts her that as a family they have no traditions and that they do not celebrate special occasions. It is something that she yearns for and hopes to start her own traditions with her own family someday.

The emergence of mental health issues was a factor in the further decline of her relationship with Rose. It seemed that every episode that her sister was going through, Katherine would be the target. Rose would turn against Katherine and try to hurt her in any form and mean. ***"Due to these episodes [Katherine] had gone through a rough period" [21-22].*** She could not understand why her sister was treating her in this way, hurting her without an ounce of remorse. There were times when in the midst of an outburst, Rose would be violent towards anyone is sight. Indeed, during these times Katherine ***"would lock [herself] in the bedroom. Even trying to hide…" [347].*** She feared for her own safety, her parents' and even her nephew, Fabian's, safety.

Fabian, Rose's son was born when Katherine was around nineteen years old. Fabian is Katherine's ***"world, even nowadays" [139].*** She cares for him as if he was her own son. In fact, she organizes his birthday party every year. Katherine expresses the pain she feels when his own mother ignored or tried to hurt her child. Despite not being his mother, Katherine protects her nephew and would verbalise her thoughts and concerns with Rose. On the other hand, Rose would not always allow Katherine to interfere with the way she disciplined her child. Katherine painfully recalls a situation where Rose told her ***"God forbid you'll have children" [37].*** This statement broke her heart as Katherine has always loved children and wants to have children when she settles down. This was so painful for Katherine that she spent ***"more than two days crying" [40].*** Yet, she is filled with joy that she now has a very good relationship with her nephew.

Dealing with her sister's mental health as a teenager was tough for Katherine. She believes that she didn't cope well and had more unhealthy coping

mechanisms than healthy ones. Since she was not able to balance her life and what was happening around her, she was filled with anxiety and she was later diagnosed with generalized anxiety disorder. There were moments where she felt that life was too difficult to live but she was scared to end it. ***"All [she] wanted at that time was that [her] life stops" [99]*** *as she* ***"could not make sense of anything" [99-100].*** As hard as she tried to understand what was happening to Rose, she could not understand her behaviour. Moreover, no one was explaining anything to her either. She was trying to figure everything on her own. Her only support system was her friends at school to whom she felt comfortable to speak about what was happening at home.

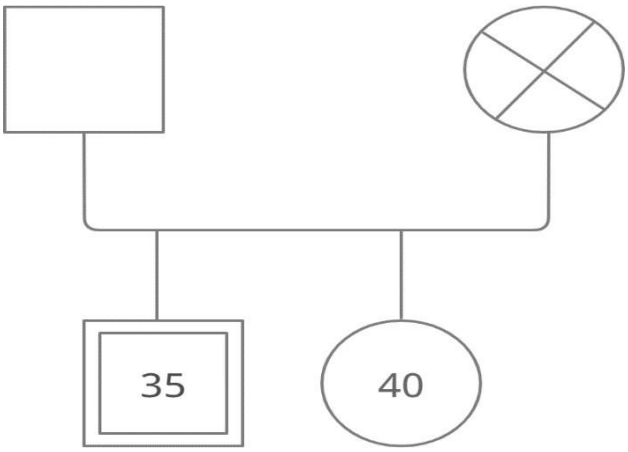
Many events happened during her adolescence, however, one very predominant incident was when Rose attempted suicide right in front of her family. Katherine recounts how during one of her episodes her sister ***"jumped off the roof to [their] yard" [37-38].*** It was not very high, so Katherine knew that she was not dead. She ***"remembers looking down and seeing her lying on the floor" [349].*** Unfortunately, Rose had to spend some time wearing a brace and recover in hospital. This was so shocking for Katherine that she blocked several details of the incident from her consciousness.

When she was in secondary school, Katherine had no idea which path she wanted to pursue in life. She did not have support and guidance from her parents either. She decided to start a course in the medical field and after successful completion of a course in a post-secondary school, she proceeded to start a course at university, in Malta. Yet her anxiety got the better of her and she decided to switch careers and turn to education. She started working as a Learning Support Educator

and wishes to succeed in this path. Katherine believes that if she had more support and did not have to deal with her sister's mental health condition, she could have furthered her career as a teacher. But because her anxiety feels larger than her, she feels intimidated when the whole class would be looking at her. When she graduated from her first course, she asked her parents to attend the graduation function, but ***"mum refused to attend [her] graduation" [181-182].*** This was very difficult for her to accept as she ***"loved to have the support [her] friends had" [183]***.

Katherine's resilience shines through her. She keeps going through the struggles of mental health, both personal ones and those of her sister. Yet nowadays, at twenty-five years old, she is creating healthy boundaries and through therapy she has started to value herself and appreciating her own potential. Even though she is still in contact with them, she moved away from her family and started living in her own apartment in Malta. Moreover, the love she has for her nephew is beyond that she could ever imagine. He keeps her going through the dark days. He is her lighthouse in the storm.

Walter



Born in 1986, Walter was born three years after his sister Lisa. He was brought up by his parents in a governmental house in a town in Malta. It was a very conventional household. The father was the only breadwinner in the family, while his mother took care of all the family needs and the upbringing of the children. He describes his father as having ***"a bit of a temper but he always supported [them] in what [they] need" [8]*** especially from a financial aspect. If they needed to attend private lessons, he would make sure that they get the help they need. On the other hand, ***"mum was more the patient and kind and understanding" [9-10].*** Yet she disciplined them as well. Simply put, ***"… Mum was very devoted" [10]***.

Lisa was born with a genetic defect in her eyes. She had undergone several procedures to correct her eyesight. Before Walter was born, they had also taken Lisa to the UK a couple of times for intensive treatment. Life was very hard during those times. Walter explains that his parents had to sell all their gold to be able to afford taking Lisa abroad for the procedures. ***"… they used to give gold as present in the past. They sold everything" [45].*** Unfortunately, there was nothing they could do to save Lisa's eyesight and she ended up partially blind.

This turned out to be a challenging situation for the whole family. Moreover, there were times when Walter remembers his mother going to the grocery shop and pretending to forget her purse at home because she could not afford to buy bread and milk. The accumulation of stress in such situations culminated in constant arguments amongst the parents.

Due to Lisa's disability, Walter was brought up protecting his sister especially when his parents used to argue. He could understand how difficult it was for her. He could understand her pain. Apart from the medical issues that Lisa had to endure, she also encountered bullying at school. From an early age, students would isolate her whenever they didn't want her company. Her experience left a significant impact on her mental well-being. During his adolescent years, while walking next to her room, Walter could sense the air being heavy ***"like there's a dark cloud" [72]. "She stayed a lot inside the room looking grumpy and gloomy…probably beating herself up" [85-87].*** Even her mother used to tell her that she looked miserable and desperate and that she should get up and get out of the house. To make her feel better, her parents used to take her shopping. Taking Lisa shopping is what the parents offered to help her deal with her sadness, anger, and lack of pleasure in life. As an adult, Lisa consulted a GP about what she was going through and was diagnosed with depression. She was given very mild anti-depressants due to the condition of her eyes. Walter insists that his sister never accepted her disability, not even as an adult. Lisa did manage to seek further help through psychotherapy; however, she is not consistent, and Walter believes that when it gets tough, and needs to face own life and take responsibility, Lisa gives up and stop attending.

As an adolescent, Walter describes himself as being ***"very conceited"*** and ***"think very highly of [himself]" [28].*** Silence made him feel very

uncomfortable and as a matter of fact, silence was not in his vocabulary and therefore he would speak relentlessly with anyone that crossed his path. ***"To put it really bluntly, [he] was an insufferable know it all" [200-201].*** He presented himself as outgoing and would interact with everyone. He recalls going to apply for post-secondary school and spending the whole time in the queue talking to everyone.

However, Walter was full of insecurities as well and would go out of his way to please those around him. He made sure that his sister's needs were met so that she wouldn't be upset. As an adolescent, mental health was not known to him. All he could notice was that Lisa was continuously sad and alone, probably because ***"she was ostracized by her friends" [94].*** Being in his mid-teens, Walter felt sorry for his sister and wished that all her sadness would go away. Her pain was also affecting how he felt about the way he was living his life. He wanted to live a normal adolescence by enjoying going out with friends. Yet, because she did not go out she used to comment that he was ***"always out running around and about" [76].*** Such remarks created guilt for being a typical teenager. And because he was still practicing religion at that time, he used to turn to God for help.

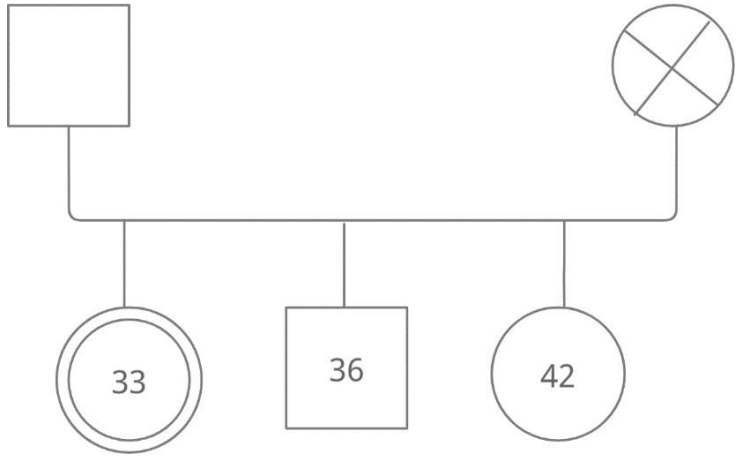
To cope with what was happening in his life, Walter also turned to metal music, drugs, partying, alcohol, amongst others. Being the vocalist in a metal band helped to release his pain, tension, and stress - ***"…it felt great because everything on [his] chest could come out" [109].*** Smoking cannabis was a frequent practice which he felt hindered his spiritual self. As he grew older, he further experimented with heavier drugs. He started to take LSD with his then girlfriend, and one time he realized that there is more to life than simply escaping it. This led him to explore his spirituality more in therapy. Ayahuasca was another alternative way for self- discovery.

Ayahuasca which is a healing plant in the form of a brew ***"shows you who you truly are which is the spirit, the soul, awareness, consciousness underneath the mental clutter, underneath the should, underneath all the bullshit …"[173-175].*** He grounded himself to rediscover himself which enabled him to create boundaries with his family.

Walter was saddened by the fact that even though Lisa is older than him, she was never there to support him and guide him through life. He had his own pain to deal with when he was an adolescent. Yet, the roles were reversed. He had to be mindful how to be around her, he had to protect her, he had to be the one to understand her pain. He had to learn new skills on his own and be more independent given his sister's circumstances.

Even though life was not easy for him, Walter continues to explore his identity by not letting his past suffering hinder new opportunities, new relationships, and new discoveries. He is in his last few academic months and will become a psychotherapist. He has also settled in a new relationship and planning to move out of the family home to his own place, in a much quieter and smaller location. Walter adds that he has reframed his way of viewing his purpose of life after going through this journey.

Davinia



As an adolescent, Davinia lived with both her parents and two older siblings in a small village in Malta. She has a sister who is nine years older than her and a brother Samuel, who is three years older than her. While growing up, the family was ***"very close" [50].*** Davinia has many fond memories of her parents spontaneously taking them out to different places and experiencing different things. Even though she shared her bedroom with her older sister, Davinia felt closer to her brother as they had a lot of common interests between them. She looked up to her brother and describes him as ***"a genius" [35]*** and ***"a human encyclopaedia" [44].*** Whatever she asked him, he would know.

In addition, Davinia discerns that Samuel was his parents' favourite and therefore she was brought up perceiving that he had to be protected. Davinia narrates how when he was still a couple of weeks old, Samuel had to be hospitalized due to high fever. This was very traumatic for her mother and may have resulted in him having a special place in his mother's heart.

Davinia describes herself as ***"free spirit child" [132].*** She spent a lot of time outside the house playing with children her age in the neighbourhood. When she was growing up, twenty years ago, life was simpler, and the neighbourhood was safer. She had no curfew and could stay out as long as she liked ***"as long as [she] didn't bother them" [657-658]***. Secondary school was tough for her to adapt to. She attended an all-girls secondary school, and she ***"used to play with boys mostly" [418-419].*** She had a good friend that she met online and did not bother to make friends at school. There were a couple of students that were considered outcasts and she hung around with them.

In front of her parents, Davinia always tried to obey and be an exemplary child. Furthermore, her rebellious aspect would emerge when she was out with her friend. Every weekend, from the age of thirteen, she would meet up with her best friend who she met online and would go to ***"Paceville, which is a hub for clubs and drinking" [430].*** She would tell her parents that she would be with Samuel and therefore they would find no objection as they believed that she would be taken care of. Yet most of the times she would be with her friend, possibly accompanied by a boyfriend as well.

From a young age, Davinia ***"always felt that as a child [her] brother was different to the other children" [133-134].*** She noticed that unlike her, he wouldn't adapt to a situation in which he was not comfortable. Indeed, a diagnosis of Asperger's syndrome was given to Samuel when he was in his late twenties. ***"It made a lot of sense" [118]*** for Davinia, yet she regrets that they did not get to know before as they might have found better ways to handle the situation. Davinia is conscious that knowing this diagnosis would not have prevented Samuel

having depression but she ***"thinks he would have learned better life skills to cope with one's own emotions"[126-127].***

Samuel was diagnosed with depression when Davinia was fifteen years old. She was in her last year of secondary school and thus was studying for her O'levels which were the gateway certificates for post-secondary school. Initially, Davinia's parents saw some cuts on Samuel's wrists and immediately acted. Samuel was taken to a psychiatrist for further guidance.

The peak of Samuel's depression occurred a week before Davinia's exams. During one of his episodes, Samuel left home stating that ***"he is going to jump and Samuel just ran out of the door, to jump, doesn't want to live anymore"[206-207].*** Even though Davinia was used to these outbursts, this episode seemed to be much worse, and this filled her with worry for his safety. Davinia recounts how difficult that day was and how worried everyone was for Samuel's safety that left her parents having no choice other to admit him to a psychiatric hospital. On ***"that day, that exact day"***, Davinia felt ***"a sense of relief…because [her] brother didn't die" [217-218].*** Due to the severity of the situation and against Samuel's wishes, he was treated with ECT. This decision resulted in Samuel resenting his parents for a very long time.

After a couple of weeks in hospital, Samuel returned home, ***"but still the situation wasn't you know, Samuel wasn't fixed"[249-250].*** In the meantime, Davinia had to concentrate on her exams that were taking place. However, Davinia felt compelled to understand what her brother was going through and the need to help him pushed her to research depression on the internet. Davinia learnt Samuel's patterns. She could detect when he was not in a good place. When

she heard him playing specific songs, it was her cue to go and check up on him and attend to whatever he needed – an ear to listen, entertain him, go for a walk and so on.

There was no one Davinia could turn to for support as by that time her sister was already married and out of the house. She could turn to her sister to talk about what was happening, but at the same time her eldest sister ***"couldn't really understand …. You had to live it. You had to live through it" [318-319].***

Drugs and friends were her escape when things got rough. She considered herself as a ***"smart drug user" [369]*** as she knew her limits. She knew that she could not overdo it as she had a responsibility to tend to when she returned home. Davinia mentions that she attended several funerals in her first year of post-secondary school due to her friends overdosing on drugs. Ironically, the responsibility back home might have saved her from overdosing.

By the age of twenty, Davinia fell pregnant, and she had new responsibilities to attend to. However, depression did not stop because she had these new responsibilities and her parents still turned to her when Samuel required help. Despite her parents trying to keep Samuel in a bubble, Davinia pushed Samuel to get things done. Indeed, at the time of the interview, her mother was battling an illness in hospital which left Samuel to become more independent.

Nowadays, Davinia is thirty-three years old and through therapy she is starting to put together the pieces of the puzzle to make sense out of her journey. She is rediscovering herself and her identity apart from being Samuel's sister. She has found new appreciation for that adolescent girl caring for her brother and the resilience that she built through this experience.

CHAPTER 5

FINDINGS – SECOND-ORDER NARRATIVES

Second-order Narratives

The themes, as co-constructed with the participants, are presented here. I attempt to be true to their journey and to the Maltese transcripts as much as possible. Yet even though careful cross-translation was applied, there still might be minimal discrepancies due to the limitations imposed by the translations.

Theme 1 – Emerging Roles in Adolescence

Families are a complex system where each member occupies various roles through their presence within the family structure. One's role may leave an impact on the other family members due to the responsibilities it may hold. Indeed, some roles are healthy while others are not. The role of an adolescent is meant to hold less power than that of a parent. Emotional and physical needs are nurtured by the parents in a healthy family system. On the contrary, taking the role of a parent or a spouse and nurturing one's own soul is not a healthy family system for an adolescent.

The Parentified Child

Sibling relationships are complex. There was a difference in how the participants related to their siblings. Primarily, all the participants were younger than their sibling and some had a wider age gap then others. In addition, there was a mixture of genders within each relationship. Yet, no matter the gender, some participants felt the need to somehow save their sibling from the pain that mental health conditions bring along with them. However, rescuing is perceived differently by the participants.

Being young, Davinia had no idea how she could help Samuel deal with his pain. Despite being young and not knowing how to help her brother, it did not stop Davinia from searching online on how she can help her brother overcome his pain. Davinia wanted to rescue him from both the emotional and physical pain that he was feeling. She describes herself as becoming the ***"family's psychologist and psychotherapist" [162].*** When her brother was having depressive episodes, Davinia expresses:

> ***"... this is around the time when my psychologist skills had to really kick in as I was the only person that my sibling trusted. I was the only person who could make my sibling feel better. I was the only person who could make my sibling not cut. But I was very young, and I was studying for my O'levels" [192-195].***

Caring for her brother left no time or place for Davinia. Whether she was out with her friends, or locked in her room, whether it was in the afternoon or two in the morning, Davinia would stop whatever she was doing and assist in the situation. If she was out with friends, her parents would either call her or message her and she would have to return home.

> ***"I would be, maybe I would be out or something, I would come home, and my mom would just look at me like she had a particular look. She would kind of point with her eyes to where I have to go to fix it or to take me to another room, whisper in my ear what has happened, and I would have to go and fix it. Sometimes I would stay up until 3:00 AM in my brother's room from 9:00 PM" [310-313].***

Similarly, Walter wanted to relieve his sister from her pain. He was aware that she was suffering and the only option he could think of to help his sister was to ask God for help:

> ***"Even as a teenager I used to pray to God to take care of my sister or sometimes I would wish that I take her pain, because there was a lot, a lot, a lot, a lot of pain, fighting with me, not being close at all" [72-74].***

Walter also wanted to rescue and protect his sister from his parents' constant arguments. This was also experienced by Averly. As a child, Averly thought that by stepping in in the middle of an argument, her parents would stop fighting and therefore her brother and herself would not have to witness such arguments.

In a typical situation, parents are the givers while the children receive. In Katherine's situation it was the other way around. Expectations from Katherine's parents were different from the expectations placed on Davinia. Rather than expectations being directed towards caring for her (Katherine's) sister, their expectations were more directed towards their own needs. Katherine described how everyone turned to her and expected her to be there for them since she understood and empathised with everyone. Being readily available for her family put a lot of responsibility on her which brought up a lot of overwhelming feelings for Katherine. Unconsciously she might have taken up this role to feel closer to her parents, something which was alien to her.

Similarly, for Walter, apart from taking the role of caring for his older sister, especially when she needed friends to hang out with, he was also there when his

parent needed to vent out their emotions. As an adult he realized that the roles should have been reversed, yet when he was on adolescent, he was his parents' listening ear.

> ***Parentification galore when I was younger. Teenager years? Parentification. And as a teenager, the lack of communication between my parents, through therapy I discovered that I was almost a pseudo husband to my mother in relation to communication because she couldn't speak to my father… 'your father does this'. Then my father would tell me 'because your mother did that'. I was always put in the middle" [183-187].***

In a way similar to Walter, Davinia's role in Samuel's life became that of a parent. Seeing the helplessness of her parents by turning to her, Davinia could not just let Samuel vent out his emotions and do nothing about it. As a sixteen-year-old, she used to deal with her brother's emotions by listening and empathising, validating his feelings but then encouraging Samuel to get up and move away from self-pitying and wallowing. Her parents never took that approach and in fact: ***"I used to tell my parents 'listen you have to work in this way with my brother, make Samuel do things'" [774-775].***

Expectations from Parents

The concept of age is disregarded by some parents as they would still turn to their children when they need help and support. This was clearly seen by a number of participants' comments. For instance, Davinia become responsible overnight. She was expected to calm her brother down during one of his tantrums. A simple look from her mother directed to her brother's bedroom door meant that it was her cue to

go have a chat with Samuel and handle the situation. Indeed, it was ***"a mountain of responsibility" [204]*** for a sixteen-year-old to calm down a brother from an uncontrollable outburst. Her parents counted on her when these situations took place. Language used and actions taken were also expected to be thought through beforehand, as these may somehow lead to Samuel being upset. If this happened, her mother would give her

> ***"a particular look where she would bite her bottom lip, and this was a sign for me that I needed to shut up because I was maybe saying something that was putting Samuel under pressure or saying something that maybe would make Samuel sad" [491-494].***

Davinia's parents' expectations reached a level of having to consider the consequences of her decisions. Since her parents constantly turned to her for help, she felt that there was no space for her parents to care for her as well. Therefore, she was cautious about her life choices and made sure she would not put her life in danger as she was needed in her family.

> ***"I couldn't just become a heroin addict, not that I wanted to become a heroin addict, but I couldn't because what would happen then? They can't take care of me" [375-377].***

Being the youngest sibling to three boys, Angela was used to her parents doing things for her and driving her around. Yet, when her brother's mental health condition peaked, she had to become more responsible for herself. Her parents expected her to take on more responsibility as their time was limited. Since Angela was on the verge of adulthood when Raul's mental illness exacerbated, she

understood that her parents had to prioritise her brother's mental health over her needs.

> ***"Yes, it changed completely. I had to look after myself. For example, I did not have a car license, so I had to learn to drive as there was not enough time for my parents to take me around because time was spent on my brother. I had to do certain things by myself but they were there for me especially my mum. Yes I became more independent" [106-109].***

What Angela's parents also expected from her was to be the intermediary between them and her brother. Being closer to his age, it might have been easier for her brother to speak to her about what he was feeling rather than to his parents. Moreover, a specific person may be a trigger to the person suffering from a mental health disorder which when approached may lead to an outburst. For Raul, his parents were the trigger, hence why they wanted Angela to speak to him more to have a better understanding of what was happening to their son.

> ***"I think that they wished for me to be more involved in my brother's situation. For instance, to reach out to him more, to make him tell me more from what he was going through" [171-173].***

Walter's parental expectations stems from a traditional background. His mother came from a big family of eleven siblings. It seemed that the siblings, especially the sisters were quite close to one another and used to meet often. They even went abroad together. Therefore, his parents were used to being there for each other. They kept insisting that,

"'Your sister only has you. You're siblings. You have to help each other out' ... so there were these messages of 'be careful. Take care of your sister. Be careful because your sister will hurt herself'" [223-229].

Yet Walter felt different about his sister. He argued that:

"But for me it was difficult. I wasn't comfortable. I literally didn't feel comfortable because I didn't have a good relationship with my sister. I could never go and have a heart-to-heart conversation with her" [225-227].

Conversely, Macy stated that her parents had no expectations of her with regards to her sister's mental health. However, she continued that she had ***"only to keep an eye, if I'm with her alone at home" [126].*** Keeping an eye on someone who has attempted suicide a couple of weeks before may not be seen as light responsibility for some, yet Macy felt quite neutral about this request.

In Katherine's situation, when her parents expected her to take care of Fabian, Rose's son, when they were not able to, it was a welcomed expectation. Fabian is her world and would do anything for him to protect him and give him all the love and care that he needs. Interestingly, even Rose expected Katherine to care for her son.

"Last year or the year before, she took it for granted that I will plan his birthday party, and told her 'what are you going to do for his birthday?' she said 'Aren't you going to plan something for him'. I was like ... and then I put it aside because he is my world so not a problem" [149-152].

On the contrary, when her parents expected her to be present to solve everyone's problems this was very overwhelming for her. As she grew older, she

realised that she needed help from another family member than could understand what was really happening at home. Therefore, she reached out to her brother.

The Invisible Child – Not Being Seen

When there is a person requiring more assistance within the family, there is a probability that the family members attend to that person's needs. Much of the time and focus will be dedicated to caring for the child with special needs, be it physical, behavioural, or psychological, leaving the healthy child fending for themselves. Most of the participants encountered being put in the background, yet their experiences are distinctive.

Insecurities and self-aggrandizing were the two polarities Walter lived by. He would project himself as a ***"king" [289]***, in knowing what he was doing and being very confident. Yet this was all a façade, masking his insecurities. He would go out of his way to please people around him. 'No' was not in his vocabulary and therefore he put others' needs before his own. He was always giving part of himself to others, yet he felt he was being inauthentic. He admitted that

> ***"The self-aggrandizing was part of the polarity because I was not seen or heard. I was not seen or heard by my sister, by my older sister, which according to the birth order, should be that she protects me, she guides me" [296-299].***

To be seen, Walter unconsciously was quite loud around his friends. He used his knowledge to start conversations with people around him, strangers, or friends. He mentioned various situations where he was the centre of attention and

therefore, he got the needed validation from people just by looking at him. To a certain extent, as an adult, this still somewhat affects him. He still needs validation from his managers or his girlfriend.

Averly experienced adolescence as challenging, especially academically. Rather than not being seen, she was seen by her brother as ***"unaccomplished" [70]***. After seeking help in her early adulthood she was diagnosed with dyslexia and traces of autism, ***"but no one took any notice"*** to take her for any assessments when she was growing up. As a young teenager her potential emerged through sports. She was good at it, yet since it was not seen as an accomplishment by her family, this was not acknowledged. This seemed to be different from the treatment her brother got as his successes were recognised. She commented:

> ***"I just kept them to myself. No one ever came and told me well done. No one ever threw a graduation party. No one ever acknowledged that I graduated. I'm just that stupid girl" [284-286].***

In addition, due to the environmental stressors she was facing, her anxiety amplified. Yet her parents, especially her mother, never took any notice of her anxiety. Averly is not sure whether her mother knew, ***"but what I know that she did nothing" [209]*** to help her out.

Katherine's mother could not see that her daughter needed as much help and support as herself. There was an unrealistic belief that Katherine was fine, and she didn't need anything. She was strong enough to cope with life. Therefore, Katherine never took care of her needs until a couple of years ago when she decided to go to

therapy. She was always putting her needs aside to support her family and yet she felt unsupported. Being always present when someone from her family needed her was probably her cry for attention to be seen and acknowledged for her efforts. When Katherine moved to Malta, she wished that her parents would call her as her roommates' parents called them, but this never happened. She also wished that at least when she called her mother, she would be asked how she was doing. Yet again, ***"these things are non-existent" [157-158]***. Similarly, to Averly, her achievements were not seen, and when Katherine graduated her parents ***"refused to attend my graduation" [182].***

Averly and Katherine were not the only ones whose achievements were not celebrated. Davinia expressed how difficult it was to feel continuously in competition with her intelligent brother and therefore her efforts and successes were never seen. She was never seen for who she was. Indeed, Davinia was always seen ***"in the shadow of my sibling" [290]*** which made her doubt who she really was.

In a similar fashion to the other participants, no matter what she was feeling while Samuel was having an episode, Davinia's feelings had to be put on hold and maybe dealt with later. Her feelings and needs were never a priority and therefore her parents never recognised what her needs were. Therefore, she went through a phase of rebellion, where she would wear dark clothes and dark makeup. Davinia recounted:

> ***"Davinia: My parents see me go out with black lipstick for example out of the house with black lipstick. It's like a big fuck you to them kind of. Not that I wanted to say that but I felt like I had to***

give a message maybe and I try to do it in that way probably.

Interviewer: What kind of message did you want to give?

Davinia: That I'm a rebel.

Interviewer: Like look at me. See me as well.

Davinia: Yes. Yes. I felt very much not seen. So that way I forced them to see me" [609-615].

Her statement deeply shows the length she would go to be seen and acknowledged by her parents

The Silent Self

Adolescence can be a tough phase for many teenagers. If their opinion is ignored or rejected this can make the experience even harder. For a couple of my participants, the experience was extremely hard as they felt that they were being silenced and therefore there was no space to express their thought process. Their views were constantly being shut down.

Averly always felt she was different from her family. There were times when she felt that she didn't belong within her family. She could see that Aiden's behaviour was not the same as hers or her friends'. She could sense that there was a problem happening from a very young age. Yet she could not talk about it because if she did, she would be ***"seen as belligerent" [163]***. Her concerns were not even considered, but rather discarded and made to vanish in thin air. She already felt that her brother's words left more impact on their parents then hers for whatever reason.

"Don't forget I was really affected by his behaviour. I was already

modelled by past experiences so whatever my brother said and done was sacred. He was always kind of backed up from my parents and whatever he does it's good. So whatever I say it's not good. So I couldn't point out bad behaviour towards them because I wouldn't be believed …. So I had no voice" [184-190].

Davinia encountered being silenced differently. Whereas Averly decided to keep her thoughts and opinions to herself after constantly being silenced, Davinia's parents silenced Davinia directly when she was upsetting Samuel. In addition, Davinia felt that when her parents asked for help, she did not have a choice and ***"by default go and do it" [501]***. It seemed that her feelings would go unnoticed and therefore ***"never mattered…They never matter" [512]***.

The Adapting Self

A common aspect in the participants' journey was the way they had to adapt to their siblings. Adaptation was useful for different reasons. Most of the time it made life easier for their sibling, their family and at times even for themselves. Adapting to the situation was not something the participants always chose or found easy to adhere to.

The use of language was one of the most mentioned ways the participants had to be cautious of. A simple word could easily upset their sibling which could turn into a huge blowout and violent reaction. Fiona described ***"We had to take good care when we speak to her, how to put words otherwise she formulates a story with every word" [60-61]***. Fiona was always careful when she was having a chat with her sister as one simple word might trigger her sister and ***"a big***

fiasco"[65] would probably occur.

From an early age, Averly followed through with her brother's requests. At first, she did not question his requests, but as she grew older, she questioned his strange behaviour to herself. Yet she still proceeded to do what he asked her to do. Most of the time, his requests would be to recite the same prayer every night or play the same game every night. If she didn't want to abide by his demands, Aiden ***"used to get very angry, shouts a lot and sometimes even hits me"[148]***. If things got out of control and they woke their father up, then the situation would be worse as their father would get angry and even violent.

Similarly, Walter made sure to keep his words and actions to a minimum to keep his sister calm and happy. He also made sure that even his parents were not angry and therefore he tried to please them as much as possible. Having his parents angry might also upset Lisa and make matters worse. Walter recalled,

> ***"I think when I was around 12 years old, she still used to sleep in my room. I had a bed and underneath a drawer and there was a bed inside. We used to sing before we go to sleep. I used to do whatever I could to please her, to not aggravate her. Give, give, give, give, give. … I was so much of a giver because of my sister, it wasn't about my needs" [150-154].***

In Macy's case, it was crucial that no mishaps occurred with Samantha, therefore Macy's options and decisions depended on not upsetting Samantha. If she wanted to do something or go somewhere but there was a possibility that Samantha would be triggered, Macy had to abandon her decision and choose otherwise. In

fact, Macy narrates how their first family vacation was solely based on where her sister wanted to go and not on where the family wanted to go. This decision was based on avoiding any repercussions. Since Samantha was religious and thinking of joining the nunnery, she was the one to choose where to travel.

> ***"I remember the first vacation my parents planned was at Lourdes, because it was the only place that my sister was interested in, or else she wouldn't want to come. I felt I had no option or opinion as long as we keep things under control. At the end she didn't enjoy it and complained a lot" [98-91].***

Being the youngest sibling, Davinia grew up in the shadow of her brother. From a very early age, she could sense the different treatment from her parents. She described how choices depended on accommodating Samuel. Davinia commented that ***"If Samuel is not comfortable in a place, if we were out and I'm enjoying myself, Samuel wins you know. We leave. We leave" [142-143].***

In addition, it seemed that Davinia sacrificed her enjoyment for the needs of her brother. Such sacrifices not only took place as a child, but it was a common occurrence during adolescence when she was out with her friends. She was only given a mobile phone as a rescue line for her parents when they needed Davinia's help.

> ***"I'm out with my friends at Paceville or whatever and I get a message or a call, 'I'm coming to pick you up because something happened'. It happened a lot" [515-518]***

Adaptation also happened when it came to her behaviour, feelings, and

opinions. Whenever her brother was going through an episode of tantrums, anger, and sadness, Davinia shared that she had to put aside her feelings and follow through with what was needed to be done. Adapting to the situation was safe for Davinia. It didn't involve confrontations.

Theme 2 – Dealing with their Sibling's Mental Illness

Transpiring Emotions

In one's lifetime, one's longest relationship is possibly between siblings rather than with their parents. When mental health intercedes, it can create a ripple effect on all the family members, including the healthy siblings, which can lead them to spiral down in a sea of fear, anger, confusion, and helplessness.

Confusion and Uncertainty

A main feeling that the majority of the participants described was feeling confused and uncertain. Katherine admits that her parents as well as herself did not have any knowledge on mental health. Therefore, it was difficult to understand what her sister was going through and why she was behaving in a certain way. Katherine's motherly instinct is vivid throughout the interview, and it has been her dream to become a mother for a very long time. Thus, she could not apprehend Rose's behaviour towards her son. It was difficult for Katherine to distinguish between her sister and her mental health issues.

"As time went by, I tried to understand what she was going through. Sometimes I say to myself, she creates chaos on

purpose not because she wants to. Sorry she does these things on purpose not because she cannot control herself. I don't know. I don't know what she feels, don't' know what is going on in her mind" [280-283]

Katherine was also confused as to why Rose treated her really badly. She could not understand why she was her trigger, why she blamed her and attacked her during one of her episodes. She couldn't understand why Rose hated her so much, that one time, she even pushed her down the stairs. All these confusing thoughts made Katherine feel very sad and she doubted herself as to what she could have done to upset her sister so much. Indeed, Katherine points out that this confusion instilled

"…big, big hatred because I could not understand her. I did not know why she did all this" [297-298].

Confusion also brought a lot of sadness to Angela. She could not make any sense of the way Raul was acting. Even though she was eighteen years old, Angela had no idea how she should act around Raul. There was a lot of uncertainty about how she should act in his presence without upsetting him. She had no knowledge about mental health and therefore she found it difficult to relate with him. There was a time when Raul had to be hospitalised which further upset Angela as she could not fathom the severity of the situation.

Indeed, missing information brings about confusion and uncertainty. Some of the participants mentioned that no one had ever sat them down and explained what was happening, or what mental health disorders are. The participants made sense of the situation by picking up titbits of information from conversations between grown-ups. By picking up a word here and there, they created a story for themselves to make

sense of what could be happening to their sibling. Davinia clearly described her process of making sense of her uncertainties:

> ***"Davinia: To me at first it was just 'OK it's sadness. It's a big sadness that maybe I'll understand when I grow up'. That was the first kind of thing like... But it's a sadness that only happens to people who are a bit different like my brother. That was I think, sadness, only sadness. Then you start discovering bit by bit that is not just sadness. But took a bit of time.***
>
> ***Interviewer: Where you ever given an explanation of what is going on and what was expected from you?***
>
> ***Davinia: Not exactly no. It went from zero to 100 pretty fast actually. I mean I knew that something was wrong, something felt off. But all of a sudden, I get told Samuel is going to therapy, and one fine day I see marks on his wrists and it's like my instincts kicked in … I can't recall anyone ever telling me what was expected of me.***
>
> ***Interviewer: So when you saw your sibling going through this period, what came through your mind, you knew it was depression? Did you think it was something else?***
>
> ***Davinia: When it started out no. I didn't know. Then when he started going to therapy I think I kind of figured it out on my own. I did my research. Then I kind of started to put things together and figured it out" [674-689].***

For Averly, not only did her parents not explain what could be happening to her

brother, but they reinforced Aiden's "strange" [33] behaviour. Similar to Katherine, this uncertainty brought a lot of self-doubt on her own thoughts and about the daily behaviour of Aiden. At times, she did not feel normal. There was always this internal struggle for Averly to know what is normal and what is unusual behaviour. In addition, even when it came to her own interests, she would doubt whether she was wrong for having different tastes in things. However, when talking to her friends she would confirm that her thoughts were in parallel to theirs and not to her brother's. Yet her brother would continuously pinpoint that she was doing the wrong thing.

Anger

Another natural emotion experienced by more than half the participants was anger. For both Macy and Davinia, anger sometimes emerged since they had to be adaptable to their sibling. It seemed like a common occurrence that Macy had to abide by Samantha's interests and choices. Having to constantly bow her head to what her sister wanted, to avoid being constantly reminded of her supposed wrongdoings, angered Macy.

In line with Macy, Davinia experienced anger when she had to adapt to Samuel's needs at any given moment. No matter where she was or what she was doing, she had to stop and see what needed to be done. Being seventeen years old, enjoying herself with friends and having to return home because her brother was having a tantrum triggered a lot of anger towards her brother. She always had to sacrifice her life pleasures to prioritise the people she loved and cared about. Yet she kept her anger suppressed as an adolescent, as she felt it was her duty to be

responsible for her brother's needs.

Furthermore, Fiona also expressed her anger towards her sister, Jenna and the situations she created. When Jenna ***"started philosophizing" [65]*** over a word that Fiona might have said, it would frustrate Fiona. Even though she tried to keep calm as she got used to Jenna getting irrational, it was still hard for Fiona to remain calm and would end up as angry as Jenna. Therefore, there would be a whole new level of anger, especially if their mother gets involved and gets angry as well.

In addition, Fiona felt angry because her sister had unsettled her life system. Jenna had disrupted her perfect world. Fiona always thought that her other friends had perfect families and could not accept that her world is not as perfect as that of her friends. Yet before Jenna's mental health condition emerged, Fiona felt her life was perfect and that is why she felt angry.

> ***"I, I was like, one angry. I was angry because I wanted to live a happy life, you know. {mhmm}. Happy and fulfilled. I mean, we did not have any shortcomings in life. We were doing fine. I was happy, happy with my friends. So suddenly I felt frustrated" [74-76].***

On a different note, Katherine's anger was directed at Rose because her nephew was not being taken care of properly or because his mother tried to somehow hurt him. Her anger was a way of protecting Fabian. In addition, her pain of watching Rose hurting her own son and while not being able to do anything about it turned into anger.

> ***"Once she threw her mobile at him and I really was so angry at that moment. And when I reacted with her why she did that, like it is***

her child you know, she told me that's not my child and not to butt in" [28-30].

Fear

Fear was a recurrent emotion felt by the participants. Yet fear was looked at on a number of different levels. In Macy's case, fear was based on her and her family's physical safety. When her sister wanted to end her life and overdosed, it was a sign for Macy that ***"she doesn't value her life and that she is capable of everything" [106-107]***. From that moment on, she questioned whether her sister was capable of hurting her and her parents. She was also afraid that her sister would repeat trying to kill herself.

Fiona's fear emerged from Jenna's unpredictable behaviour which normally led to intensive outburst. As mentioned previously, Fiona wanted her life to be happy and calm and therefore these outbursts felt unnecessary and induced stress and tension. She wanted to avoid these outbursts as much as possible.

"I was on edge all the time as if waiting that this could happen at any point. For instance, I am momentarily talking to you and at some point I said something quite normal for everyone and you start doing a fiasco. Huge fiasco. We would end up shouting and fighting. It can happen at any time. So I was always on the edge, you know, weighing every word and still she finds a way to create a panic" [115- 120].

Nevertheless, for Davinia, an element of fear also cropped up when thinking

that not taking responsibility would result in her brother either hurting himself or that something even worse could happen. She was afraid that if she refused to help, that would be the day she will lose her brother. This feeling of fear mixed with guilt developed feelings of hatred towards Samuel. She couldn't stand the constant feeling of dread that something was going to happen to him if she just stood by. In addition, similar to Fiona, Davinia wanted to live her life as a typical teenager and a young adult and not have to be continuously responsible for the well-being of her brother.

> ***"Every time it happened, I thought it would be it. That would be the day I lose my sibling. It almost made me hate my brother for making me go through this actually. I didn't want Samuel dead, I wanted things better. But I also wanted to live my own life and felt like my life had to stop. To an extent I feel the same way even now, in my 30s. Something like this doesn't ever go away. It's a traumatic period you have to make it feel normal otherwise you can't live with yourself" [329-334].***

Shame

It seemed that participants travelled this journey mostly on their own. For some reason, some participants decided that no one in the world can help them carry the heaviness that this experience generated at certain points in their lives.

Macy never felt comfortable to open up and talk about what she was going through, neither with her friends nor with a professional. She rarely mentioned to her friends that she had a sister with her friends. Since she felt ashamed, she did

not feel comfortable to disclose her experience to friends. She did not want to expose what her family was experiencing as this might lead to people judging and labelling her sister.

> ***"I never felt safe to open up about what I was going on. The fewer people knew, the fewer questions I had to answer. I felt ashamed discussing what my family is going through. I thought people would not understand and might label my sister crazy" [57-59].***

Moreover, Macy could not bring herself to speak to a professional at school either, because she was afraid that her parents would find out. She thought that if her parents knew that she was seeking help, her liberty and space would be tainted.

From a very early age, Macy always felt alone. This could be due to her sister not interacting so much with her when they were young. Indeed, as she grew older, to combat loneliness Macy admitted that she always used to have boyfriends back- to-back. Yet, she would not divulge what she was going through with every boyfriend she had. She would only briefly mention what needed to be known, when she felt that the relationship was taking a more serious turn.

Secrets were also kept by Fiona. She had many close friends, but she couldn't bring herself to ask for help or vent out whatever episodic moment her sister was going through and how this was making her feel. Similar to Macy, this situation was embarrassing for Fiona and she could not bring herself to talk about it. Therefore, she remained acting as her usual self with her friends and carrying this burden on her own, until one time she had to cancel an outing with her friend and her friend was furious. Up until that point, she lived a parallel life between her friends and home.

"It was something that I was ashamed of and constricted me to close up, even with my closest friends I kept a normal front. I did not want anyone to know what was occurring at home" [76-78].

Moreover, Fiona did not talk to her parents about how she was feeling. Being an adolescent and going through this experience she believed that her parents knew how she was feeling because they too were going through the same experience.

Same as the other two participants, Davinia experienced this journey as an adolescent on her own. She did not want to be a burden on her parents and tell them how she was feeling as their plate was already full with Samuel's mental health condition. Yet she didn't ask for help at school either.

"No, no, no, no. Nobody. Nobody, literally nobody. No one, nobody knew except my family. But still I couldn't talk to my mum or dad because they were already under a mountain of pressure" [479-481].

Davinia ***"grew up alone. A lot. That's why I had to develop a means to cope by myself" [154-155]***. Whatever she was going through she would not share with her friends. Twenty years ago speaking about depression to other teenagers could have brought isolation from her friends.

"...we are talking 20 years ago, and people did not understand that mental condition doesn't mean you're crazy you know... there was a certain indoctrination, general indoctrination you know, that whoever took pills, for you know, for depression is crazy" [835-839].

Therefore, Davinia kept things to herself because she also felt abandoned by her older sister. Since her older sister got married and moved out of the house, she felt very little support from her.

Helplessness

Helplessness is a state of being that hinders a person from functioning. It is a frame of mind that makes a person believe that there is no option to improve the situation. Katherine felt helpless with regards to how she could live her life with all the challenges she was facing due to Rose's behaviour towards her. She was feeling very helpless to the point that she felt that life was not worth living. Life was very difficult for her to face, and hopelessness took over. This hopelessness manifested into self-harm and suicidal thoughts. Katherine gave a detailed description of how she experienced this helplessness:

> ***"All I wanted at that time was that my life stops. Literally I could not make sense of anything. Literally I remember, those were tumblr days, and I remember writing that I feel like I am drowning. Literally I am trying to spin back up. Literally I am trying to swim to survive. I'm observing everybody having fun and having a normal adolescence and I can't. I'm stuck and I'm not succeeding. Literally I wanted my life to be over because I could not handle everything at once" [99-103].***

In contrast to Katherine, Walter's helplessness lies in not being able to

elevate his sister's pain. His way of dealing with this helplessness was turning to God and pray that her sister's pain would dissipate. As an adolescent, Walter was very much devoted to God. His desperation led him to promise God that he would stop masturbation if his sister's condition would be resolved.

> ***"I used to feel so guilty and helpless and hopeless that I used to pray to God 'I promise you that if you help my sister I would never masturbate again in my life'. Obviously during that time, religion was dominating my life and they brainwashed us that it was a sin" [115-117].***

Similarly, Macy experienced helplessness when she saw her sister in a mental health institution. It was shocking for her to see the conditions that Samantha had to encounter during her stay. She yearned for things to get better and her sister to return home to better conditions but for some time this was not possible.

Hurt

Hurt can be an unavoidable feeling when people with different personalities interact. Even when two people love and respect each other, it is still a possibility that through words or actions, one may instigate hurt. In fact, as previously indicated, Davinia and Samuel's relationship was built on a good foundation. They loved and respected each other dearly. Yet, during one of his episodes, Samuel threw a chair at Davinia leaving her feeling betrayed by her own brother. Even though Davinia was able to separate the rage from Samuel, eighteen years down the line, she still feels hurt and betrayed by Samuel's action.

"One time, Samuel threw a chair at me and I'm the person Samuel loves the most and s/he threw a chair which are at me with rage, you know. I was hurt…I felt betrayed, I have to be honest because I came from a place of pure love for my sibling you know. I wouldn't do what I was doing if it wasn't so. It felt... I know, I know Samuel didn't mean it. It was rage. It was, it was the mind that was controlling Samuel, I guess because at the time you know, the emotion took over. I still felt, I still feel it up to now you know, 18 years later almost" [249-258].

Conversely, Katherine's relationship with Rose was always turbulent and feeling hurt was not unusual for Katherine. For Katherine hurt was described on two levels. On one level, it was painful for her to see her nephew being ignored by his mother. It pains her that Fabian is missing the love from his mother. In addition, it also pains and scares her how Rose's behaviour is affecting Fabian. Her sensitivity towards others leaves Katherine feeling deeply for those around her.

Moreover, Katherine described the most painful moment in her life when her sister angrily told her ***"I wish you will never have children of your own" [31]***. Whether it was intentional or not, this comment left Katherine so sad that she described it as ***"one of my lowest points in my life" [32-33]***. She spent days crying, and similar to Davinia, she still remembers that day quite clearly even though years have passed.

Through her adolescence, Averly has been insulted on several occasions, by her brother. Her brother's insults brought a lot of shame for Averly that made her doubt whether growing up was normal or not. She describes the lengths she would

go to to avoid feeling embarrassed for simply changing a sanitary towel to avoid continuously hearing insults.

> ***"I remember when I had my period, to pick up on me and insult me he used to stick the pads on my bedroom door. All these things that I'm describing I would then end up stressing about them, ending in extreme anxiety. You know when opening pads there is a little bit of rustling, I locked myself in the bathroom and cough so he wouldn't hear it because then he would know and ends up sticking pads on my door. When you're young this is very uncomfortable, nowadays I don't mind. Back then I was too embarrassed" [91-96].***

Coping Mechanisms

Coming to terms with one's metal illness is a process. Getting to know about sibling's mental illness can be seen as a tragic event that changes one's life. Dealing with mental illness can be a struggle especially if a person is young and still learning new skills. As one gets older and acquires new knowledge and coping mechanisms, one can cope with changes effectively.

From the participants narratives, it is evident that each journey has its own struggles and challenges. Finding different ways and strategies is essential to manage the overwhelming and painful feelings that trauma brings with it. It has been noticed that the participants in this study had different ways of coping. Some adhered to healthy ways, others turned to unhealthy strategies, while a others mentioned that they were not able to cope with their difficult emotions.

Escapism was the main way that the participants dealt with unmanageable emotions. In itself, escaping can be both a healthy and unhealthy way of coping, depending on how the participants made use of this coping mechanism.

For example, Fiona's way of escape when she was still living at home was to go for a walk. The need for a mental break was very much needed after an intense episode with her sister. The walk would replenish her psychologically to continue facing challenges.

> ***"I only felt really good when I used to go for a walk. {mhmm} because I really felt free. But after the walk I used to go back to the same situation you know" [157- 158].***

Davinia felt similarly. By going out and meeting her friends, she felt able to let go of what was happening at home, even for a short period of time as she knew that when she returned she still had to deal with the home situation. She trained her brain not to think about what was happening at home when she was in the company of her friends as unconsciously, she knew that her brain needed a rest from all the responsibility that she was carrying. She recounted,

> ***"…when it actually happened, the timeout…even this stuff at the back of my mind weren't there anymore almost. If I used to think long and hard obviously I would remember but I had developed such a good coping mechanism of compartmentalizing, my brain kind of, so I used to say that 'I have a curfew until 2:00 AM so until 2:00 AM I don't actually think about it'. Then I think 'it's 2:00 AM and I have to go home' and I switch" [389-394].***

When she was not able to go out, Davinia's way of escaping was the internet. The internet was a medium that hid the truth. It covered her brother's outburst and meltdowns. It obscured the chaos that was occurring daily. It buried the truth from her best friend. The internet helped to alienate Davinia from reality for a short period of time.

> ***"…I started kind of escaping in the World Wide Web. You know because even in the house, screaming was going on, nobody would know. I would be in my house and would say I'm sipping a beer. Nobody would know so that helped in my escaping" [463-466].***

Escaping through the internet was also Macy's coping mechanism. She described how playing games with her friends online was her source of distancing herself from the reality of home. Till she was sixteen years old, her parents restricted her from going out, even though she yearned to leave the house as ***"home was boring" [97]***. As soon as she was sixteen, she found every opportunity to leave the house. She stated that,

> ***"The less time I spent at home the better. Till the age of 16, I had a lot of restrictions such as going out with friends. After the age of 16 every opportunity to stay out I would take it school, work, etc" [148-154].***

Another form of escaping was to completely leave the household. Fiona had a good excuse to leave the household. As a Gozitan who wanted to further her studies at university, she had the opportunity to rent a place in Malta. She found her own space to breathe. Fiona had the liberty to choose a new way of coping with the

situation. Indeed, she gave a detailed account of her newfound coping mechanism:

> ***"I ended being 18, I think and I started university, and lived in Malta. When I was having a hard time with my feelings and the situation at home was not so good, I used to bring up an excuse that I have a lot of study, no time to travel and I used to stay … those days nobody used to do such a thing. But I used to stay even a fortnight in Malta and skip the weekends. My friends used to travel, even every day and looking forward to go home. For me, this crises was ongoing, on and off. It stopped happening everyday as there were times when it was day in day out especially when I was in 6th form. Then it became on and off. But when this breakdown was on, I stayed in Malta. I stayed there" [160-169].***

On the contrary, Averly ***"just left home at the age of 22" [192]*** as she could not deal with her brother's mental health condition daily. In Malta, young people are unlikely to leave the household at an early age. Instead, they are more likely to move out of the family home and rent or buy property mostly due to wanting to live with a partner or have gotten married. Only a small percentage would leave the household because they want to live independently. However, Averly felt her only option was to physically remove herself from the household and started to create boundaries with her family. It was time to start looking at her own needs and by staying home it seemed impossible to do so.

A different way of escaping for a couple of participants was the use of drugs and alcohol. Both Davinia and Walter used drugs and alcohol as a way of managing their pain to feel relieved from the heaviness that the universe was throwing at them.

Davinia described that she

> ***"…was a smart drug user. It was just for my escapism and that's it. I didn't want to exaggerate you know, because I knew I had to go back and face certain things" [369-370].***

Walter's way of coping was a good night out with friends but with alcohol and drugs included. Drugs and alcohol inhibited a lot of his emotions and how he was processing what was going on in his life. Meeting people with the same ways of coping reinforced that this was the best way to forget about how difficult life currently was.

> ***"Metal music, parties, at that time cannabis resin, cigarettes, parties, alcohol. At around 19/20 I also took ecstasy for a year or two as I used to go to parties. My girlfriend at the time started taking it. I noticed that it was affecting her negatively and then I stopped taking it. Metal used to help me a lot. So, my ideal night was attending a metal gig at a bar or a particular café or a disco club. Then I would go to the another, bar in a different area, in a party and stay there till around 3 o'clock in the morning and then I would go to Paceville at another club and stay there till 6 or 7 a.m. and if I find something that I could take, it's even better" [190-197].***

Being knowledgeable was another way of coping. Walter could not deal with silence and needed to fill this silence with a lot of talking. He felt that talking about everything was another way of dealing with life. Talking about general knowledge is a way to distance oneself from one's intense thoughts and emotions. The focus was

not on what was making Walter feeling miserable internally, but on what was happening in the outside world.

> ***"And how I dealt with it as well was talking a lot" [197]***
>
> ***"I talked a lot about knowledge. So I was very uncomfortable with silence. I couldn't stay silent. Very restless. I used to speak to everyone. To put it bluntly I was an insufferable know it all. It was so ingrained" [199-201]***

An unconscious approach that Katherine used to cope with dealing with her emotions was to block the trauma. She realised that this was a way of coping as an adult when she started therapy and saw that there were many gaps in her memory. She had been through so many painful situations due to her sister's mental health condition that she unconsciously stored them in a part of her brain where access to them was restricted.

In addition, both Katherine and Averly expressed that in their adolescence they found it difficult to cope and they feel that they didn't cope with the situation. When asked, how did she dealt with all the chaos and turmoil she was experiencing, Katherine stated:

> ***"I did not. In fact as I wrote in your questionnaire, I suffer from generalized anxiety disorder. I never went to therapy except for some time a couple of years ago. I think about 2 years ago. In fact, when I started therapy, I was told 'you kept to yourself too much, too long'. As in 'you should have come earlier'" [58-61]***

Katherine felt that she did not cope with her overwhelming emotions that she was experience due to her sister's mental illness. She admits that she was choosing unhealthy strategies to try and cope with her emotions. These included alcohol and cigarettes. Similarly, Averly commented:

> ***"I don't think I coped. I used to find it very difficult to eat. I used to have a lot of anxiety. I didn't know what was happening to me... I don't think I coped well. I used to feel like I don't want to go out, fear of the night, extreme fear of the rain. A lot of fears that resulted that I cannot cope. The stress and anxiety that I felt started to taint my character. I felt embarrassed to speak as my self-esteem was below zero, like I'm nobody. My academics were suffering. I used to feel embarrassed to talk because I used to tell myself "I'm a fool because that's what they tell me' [194-201].***

Suppressing their thoughts and emotions has resulted in both of these participants experiencing extreme anxiety which still lingers in their adulthood.

Theme 3 - Loss

Loss is pervasive in many life-changing events. When a death of a loved one occurs, loss is more recognized than when mental health illnesses are present within the family. Although this loss is less visible, it doesn't make it any less painful than visible loss.

Loss of What Could Have Been

Walter reflected on a memory of himself and his sister when they were still children. He reminisced on a photo of himself and his sister where she had a huge smile on her face. It pains him that Lisa rarely shows her happiness nowadays. Because of the trauma that his sister has been through, Lisa lost her smile and Walter lost his happy sister.

> ***"… at the age of 6, my mother was calling my sister and another girl same age as my sister told my mum "it's useless calling her because she's deaf and blind". {ohh poor girl!} In fact, I'm feeling a bit sad because certain pictures when we were very, very young, my sister might have been 4 or 5 and she is hugging me with a very huge, lovely smile" [61-64].***

Moreover, due to his sister experiencing depression during her teenage years, Lisa could not be the sister Walter wished he had. He wanted his sister to see him as her little brother, to protect him and take care of him. He wanted his sister to give him advice about friends, school, and life. He wished his sister sat him down and taught him life skills. Unfortunately, this did not happen. Walter divulged:

> ***"I was not seen or heard by my sister, by my older sister, which according to the birth order, should be that she protects me, she guides me. She should tell me 'Don't be friends with those people because they will not help you grow', 'If you have problems with the ladies come and I will help you'. I never had this" [297- 301].***

When mental health issues struck her sister, Fiona also saw a huge

change. She started to notice small changes with her sister such as creating a story on a comment Fiona might have passed. Jenna would question and not trust her sister's comments. She always assumed that there was more depth to her sister's comments. Fiona describes how after these small changes, all of a sudden there was a crisis, and her sister was no longer the sister she used to know.

> ***"Cannot recollect what really went on but instantly there used to be an abnormal mental collapse. That in a flash, she was literally gone mental. Even her speech was odd. You could see something was not right. Can't describe it" [65-67].***

Jenna became a different person. Fiona no longer felt comfortable talking to her like old times. She did not mind fighting with her sister, but the tantrums that her sister used to exhibit over a simple word was too much for Fiona to handle. Therefore, their relationship started to disintegrate, and Fiona lost a person that was once trustworthy to her.

> ***"Whereas formerly we used to debate normally, besides arguing and not being able to be logical with one another, our relationship changed. I could not talk to her in the usual way because you can easily utter a word and she gets offended. {mhmm}. And she overreacts. She changed {mhmm}. Changed. We stopped … not being that close but in that close relationship like before" [191-194].***

Likewise, Davinia felt she had lost her brother when she saw a huge change in him. Even though Samuel had been taking medication, for Davinia he was still the same person. Yet when he was hospitalized and given a higher dosage of

medication, Davinia couldn't believe what she was seeing. Her brother seemed to be gone. She couldn't recognize him.

> ***"By this time … I forgot to mention that Samuel had already been going to a psychiatrist and was on various medications. I'm not sure exactly what. I remember there was lithium and not sure what else. But there was a number of things and once in hospital, the dosage increased so we went to visit Samuel and it was like a different person" [218-222].***

Katherine literally lost her sibling for a couple of years. They grew so apart from each other that they did not speak to one another for a while. Since Rose was constantly hurting her emotionally, Katherine no longer wanted to have a relationship with her. Even though they lived in the same household for a number of years before Katherine moved out, they did not speak with one another unless it involved Fabian.

Furthermore, Katherine also experienced the loss of childhood and adolescence. Both life and the environment made her grow up quicker than a typical teenager. She wished that she had a normal childhood and adolescence like her friends which included traditions and good relationships with her siblings and parents.

Similarly, Davinia felt that she had to grow up and leave her adolescence behind. The environment she was growing up in did not allow her to act her age due to the responsibilities imposed on her. She had to take on various roles, as previously described, yet the role of being a teenager was trashed. The chapter of her

teenage years was practically closed with the commencement of new responsibilities.

On the same wavelength as Fiona, Macy grieves the loss of having a normal sister just like her friends. She also feels the loss of having a sister because Samantha was never present when she wanted her to be around. In fact, Samantha would push her away and showed a lack of interest to spend time with her. Not having a typical sister was also challenging for Macy because she had to go through life on her own, just like Walter.

> ***"My sister rarely went out with friends because she didn't want to unlike me. So when I was at the appropriate age to start going out like the rest of my friends my parents wouldn't allow me to do so. So I couldn't compare with my sister. Actually, I wished that my sister went through that phase before me. Maybe it would have been easier for me. We had different life experiences" [65-69].***

Loss of Identity

Adolescence is the period where teenagers start to discover themselves, what they like, where they belong, who they are, and so on. Having a sibling with a mental health disorder may make it more challenging to understand one's own identity. Indeed, Davinia claims that she was always brought up in the shadow of her brother. Davinia felt that she was treated as an extension of Samuel and not as a separate being, with her own identity. She wanted to discover herself away from her brother. Therefore, she went through a period of rebellion where she

experimented with drugs and alcohol, yet her parents knew nothing. She was one person with her friends and a totally different person in front of her parents and this was very confusing for her.

Like Davinia, Walter had difficulty getting to know who he was. He kept pleasing those around him and hoping he was perceived as ***"such a good boy" [310]***. Reflecting retrospectively, he reminiscent ***"I was always boasting. I needed to be loud. I needed to speak. God knows how many people I annoyed" [243-245]***. Yet he knew this was not him and was overcompensating for what his sister was lacking. His sister did not have friends and did not take the spotlight when she was around people. However, his sister took his spotlight at home as her needs were always a priority.

For Averly, knowing who she was also was a difficult process. She was constantly filled with self-doubt because of her brother's thoughts and perception of her. Being a girl was something that Aidan found difficult to accept. Therefore, he would give her a hard time because of her gender especially if she did not abide by his rules.

> ***"He used to insult me a lot because I'm a girl, in the sense that I couldn't wear like a girl. I can't have breasts, I can't have long pretty hair. No I had to be a boy. So for a while I used to dress like a boy" [74-77].***

When looking at her brother's behaviour, the fact that he did not want to grow up coupled with the fact that their parents positively responded to his demand, made her question: ***"Is this odd or am I the odd one?" [41]***. She had a lot of aspirations. She wanted friends; she wanted to go out. She wanted to play sports and listen to Britney Spears. She wanted to live a life totally different from that of

Aiden. Yet her brother would impose on her how she should live her life, what she should listen to and what she should like. Until she became an adult she believed that she was not a good person.

> ***"One of the worse things that I really hated was that he didn't let me listen to pop music, such as Britney Spears. He hid my Britney Spears CD that my cousin gave me because I had to listen to classical music. Listening to the music that I liked according to him would result in me becoming low cultured. The same goes for makeup, or for gelling my hair and so on" [85-89].***

Loss of Social Life

Social life is an important factor for all the participants. Nowadays all of them are surrounded by friends and enjoy spending quality time with them. However, for most of the participants, their social life during adolescence took a hit. Friends' involvement within their journey fell on various degrees.

For example, Macy rarely mentioned her sister with her friends. She felt uncomfortable to talk about what was happening at home if she was asked by her friends. Indeed, she admits that ***"sometimes I would envy my friends when they talked about their relationships with their sisters" [79-80]*** as she could not contribute to the discussions. Moreover, Samantha was not into going out with friends and leaned more to the religious aspects when socialising and this left Macy's parents to be stricter with Macy when she wanted to go out with her friends. Since her parents most often would not allow her to go out, she did not ask them anymore

when she was younger than sixteen. Due to this, she lost some friendships along the way.

Averly had a similar experience as well. She was kept in bubble wrap by her parents and was not allowed to go out. Just because Aiden did not have friends and did not go out often, his sister had to follow in his footsteps. In addition, she could not speak to her friends about how she was feeling or about her brother's behaviour, because she was not allowed to. The family secret was imposed on her. Therefore, she would end up lying about everything that happened at home – ***"so I used to live in a lie basically" [232].***

As an adolescent, Davinia also lived a double life. She was a totally different person with her friends. Same as Macy, with friends that did not know she had siblings, she did not mention anything. She commented that,

> ***"It's not that I lied about things. I just hid the truth most of the time. So, I didn't say I don't have a sibling. I just didn't mention it. You know. I just didn't mention what was going on, what was brewing because at that time Samuel had not been diagnosed yet" [473-476].***

When times were rough at home, Davinia did not invite her friend over like she normally did. She avoided being in her friend's presence as well, possibly to avoid answering questions about her brother. Davinia assumed that her friend knew that something was going on, however they never talked about it.

Nevertheless, both Walter and Fiona felt ashamed of their siblings when it came to their friends. Walter's perception of his sister was that she had a difficult

character to be around. He experienced her that way and did not want his friends to endure what he felt. Since Lisa lacked friends, he was expected to share his friends with her, or invite her to go out with him and his friends. Being the younger brother, he did not want to babysit his sister as Lisa's character was totally the opposite of his. She was not talkative and loud as he was and therefore, he felt that it was not his job to care for his sister's social life. He states that,

> ***"I was a bit ashamed of my sister. I never felt comfortable introducing her to my friends for two reasons. The main one was because I knew my friends would feel somewhat uncomfortable. Two was because of her character. Since she was already a difficult person, honestly, because she didn't speak a lot or take initiative, I didn't want to babysit my older sister. My older sister should take care of me not vice versa" [176-181].***

Resembling Walter, Fiona felt ashamed of her sister's behaviour. In fact, Fiona kept her secret to herself and did not share with anyone, not even her closest friends. Even when she was feeling very sad and angry after one of her sister's tantrums, she would hide the fact that just a couple of minutes or hours before, something big had happened at home.

Unlike the other participants, Fiona felt she had to talk about what was happening at home and about her sister's mental health when she was on the verge of losing her friends. She risked being judged, or her sister being judged, but she did not want to lose her friendships. She valued her friendships dearly. Moreover, she did not want her friends to turn against her just because of her sister's actions. Indeed, she recounted in great detail:

"Never showed my friends any of these signs. I kept acting as if all is good {mhmm}. I started exposing … because we were neighbours, we liked going out together. So I had my friends, and because she had none, she came with us and all was well. Then my friends started to notice something … it was then that I recall of giving them a hint. Once we agreed to go to McDonalds at 7.00 p.m., then fifteen minutes before I called them 'sorry, but I am not coming'. Of course, especially if agreeing with just one friend, they were really angry. I recall another instance when my sister and I were going out with a friend and at the last moment I called her to cancel because a panic had risen and we were not in a good state to go out. My friend was so disappointed, you know, at one moment we were going out and suddenly everything is cancelled. It was at that time that I revealed everything because I did not want to break up the friendship with her because of what was going on at home" [84-89].

Theme 4 – Shaping Adulthood

Mental health is an ongoing illness. It does not end overnight. It may linger into one's adulthood and senior years. If seen as a traumatic event, issues brought about by the experience may persist in adulthood and can impact one's choices, decisions, view of the world and the purpose of life.

Perception on Mental Illness

Mental illness was considered as a taboo subject in Malta for a very long time. People were scared to talk about it and therefore, awareness about mental health was limited. The participants experienced this situation as well. As adolescents, their understanding of what mental illness was was quite limited. Many times, they remained on the surface of the topic.

Even though Angela was the oldest when her brother Raul experienced mental illness, she admits that her knowledge was very limited. She never thought deeply about it or how other people living with someone with mental illness experienced it. Having to go through this journey with her brother's mental illness, was an eye opener for Angela. She admitted that when she was younger and had no idea about mental health, she judged people. Yet her brother's mental illness changed her way of thinking and perceiving mental disorders. Angela believes that even though nowadays there is a lot more awareness about mental health disorders, there is still limited awareness of what the relatives must face when they are living with a person suffering from mental illness.

> ***"I must say that from all this experience, I learned what it means when families have to go through when there are mental health issues in the family. Honestly when I was younger and I am not ashamed to say, I used to say, 'What a simpleton', for such persons. Sometimes people laugh at these individuals. These days, having gone through such an experience, I step into their shoes, and I understand better what they are going through' [88-92].***

Nowadays, Katherine is more open about her own mental health condition with people she feels comfortable with. She still struggles to be open about it with a new partner. There is an internal battle between not caring about what people say when exposing her own mental health issues, and her fear that people may judge her. Therefore, she decides with whom to go into depth and talk about her own personal mental wellbeing. Her fear is that people would not understand her. This could be stemming from her own difficulty to understand her sister's mental health condition. Like Angela, she contemplates that there needs to be much more awareness in the general population. She has first-hand experience from her own family about the lack of knowledge to understand and deal with mental health conditions.

Back in the day, Davinia was cautious about mentioning her brother's mental illness. Resources were not available as they are today and therefore knowledge about mental health was somewhat lacking. Nowadays, after going through this experience herself, she emphasises the importance of being self-aware about one's own mental health and to take the necessary actions rather than hide from the truth.

Somewhat on the same lines, Fiona admits that when she was a teenager, mental health was considered a taboo. Speaking about what was happening to her sister was shameful and she kept things to herself as much as possible before it started to affect her friendships. Fiona found it comfortable to talk about other people's mental health, but she would not mention what her sister was going through. She would not even mention that she was taking medication to treat her own anxiety due to exams. As she grew older and started to realise that every family is different, and that there is no such thing as perfect family, she started to be more open

about her mental wellbeing and that of her sisters.

> ***"Today I am open about it, and I am not ashamed. Mental health is important for me nowadays and there's nothing to be ashamed of. I would talk about my own mental health, my relatives' mental health, my family's mental health. I don't mind. I give it a lot of importance" [262-265].***

Impact on Relationships

Poignant experiences during adolescence may leave an impact on one's future. Through her childhood and adolescence, Katherine described different situations where she gave a lot of her time and energy to help others. Since she lived with her grandmother, many of the responsibilities around the house fell on her shoulders. Her parents found her as a good source of support when they had trouble in life. Moreover, Rose depended on her to take care of Fabian. Therefore, she learnt to always say 'yes' to help others, no matter what her own needs were. This led Katherine to let people take advantage of her and put her own needs aside. It was through this behaviour that she felt accepted.

> ***"My habit is to give more than I receive. I am always going around in the same circle and keep going round. Again, I always need reassurance from everybody, friends, colleagues, relationships because I think that little child in me is still looking for the love and support" [217-220].***

In addition, her relationships with her mother and sister were so toxic, i.e. her boundaries were never respected, that this experience made her believe that those

relationships were normal. Indeed, for her first two romantic relationships, before she started therapy, she chose men who were toxic as well.

> ***"To make matters worse when I was 16/17, I got into a relationship, and it was quite toxic. He knew about these things, and he used to call me 'mental'. So it did not help at all" [105-107].***

> ***"Talking about relationships, after that relationship, I had, I had another one which was a bit toxic" [216-217].***

Like Katherine, Davinia also chose a relationship based on what was normal for her. Unconsciously, she chose a partner with similar character traits as her brother Samuel. She became aware of this choice during therapy. Familiarity brought some comfort in her life.

> ***"I picked something familiar and that was safe because I knew how to deal with it. I didn't know how to deal with... That's the problem of this all. I don't know how to deal with anything beyond this bubble of mine you know" [732-734].***

In addition, she felt that due to a lot of responsibility imposed on her when she was growing up, caring for her brother made her feel autonomous and independent. This led to many clashes with her partner as she tends to take over as she believed she knew what was best.

Seeking approval also applies to Walter's situation. As a teenager, he was constantly trying to seek approval by being loud, being restless, being a good boy through sharing of knowledge, and by going out of his way to help others while putting his needs aside. In his first couple of relationships, he continued to seek

approval from his girlfriends. For Walter, being approved by his girlfriends meant that he was loved. It was later after a couple of years of therapy that he shifted from looking for validation from others, to

> ***"being the man to my woman, not in a possessive way, in a walking together hand in hand kind of way. Knowing that I like, what I don't like and very clear boundaries" [354-355].***

On a different wavelength than the other participants, Averly's brother intruded on her relationships when she was dating in her early adulthood. For some reason, he imposed his opinion on her boyfriends which in return, damaged Averly's relationship with them. In addition, Averly felt that after her journey of her brother's mental illness as well as how her parents' upbringing left an impression on how she related in and perceived relationships. She believed that:

> ***"For me love doesn't exist because I never saw it, I never felt it. I feel heartless, frozen totally. The only way I feel I have a heart is because I love helping others. But I do not believe that others could ever help me or end up loving me because if your own parents and brother never loved you, as perceived from my eyes, I know that they do, but their own way is not the way that I need, how am I going to accept someone else's love" [247-252].***

Impact on Career

The peak of Rose's mental illness occurred during the time that Katherine was doing her A'level and Intermediate exams, which are the steppingstone for further

education, either at a vocation school or university. Her lack of focus during that time ended in failed exams. She was confused which path to take and found no support from her family to guide her on her decisions. Katherine chose to continue in a vocational school and got a certificate as a health assistant. Since she passed all her exams, she continued to study at university but had to terminate her studies as her anxiety was taking over.

Her next step was applying and being accepted in a course towards becoming a Learning Support Educator (LSE). She continued to study to acquire more skills and to be able to support the children she comes across. She believes that if she did not go through her previous experiences during adolescents, she would have become a teacher rather than an LSE. However, she feels intimidated to teach a whole class and feels more at ease with a small group of children.

> ***"If I did not go through all that and had the support I needed, I think I would have made it further. I would have gone further {mhmm}. I'm proud of myself of what I'm doing but I would have been done better" [257-259].***

Angela is another LSE. She already had a set plan of what career she wanted to pursue before Raul's mental illness peaked. However, the way she deals with students may have been affected by her experience of her brother's suffering and trusting issues.

> ***"I do not know if it was this situation, or of work experience or because I work with special needs children that require extra attention and love. Such as showing them that there is always somebody out***

there for them. I try to build trust. But I do not know if it is because I am made this way or because the experience changed me. I have no idea. I am not quite sure about it" [161-164].

Angela finds it difficult to distinguish between her past experiences in relation to her brother and gaining more experience at work. The possibility is that both impacted her work. Whichever one it is, Angela is making a difference to the children who encounter her as their LSE.

Similarly, from an early age, Fiona always knew she wanted to work in a hospital. Therefore, she had a clear path to where she wanted to arrive. Yet, her journey was not so easy as when the situation was rough at home due to her sister's outbursts, her academic work started to suffer. Thankfully, at university she found a lecturer who helped her to come to terms with the situation at home and Fiona managed to graduate as a nurse.

On a positive note, her experience of dealing with Jenna's mental illness during her adolescence has given Fiona the skills to work with her patients in a more holistic manner. She looks beyond her patients' symptoms and seeks to give them the support that they deserve. Moreover, if she feels that her support is not enough, Fiona goes beyond nursing her patients and refers them to the necessary mental health service they require.

"…as part of nursing, I give much more attention to mental health aspect of the patients {OK}, not only the physical aspect. Example if someone comes to measure his blood pressure and talks about the stress, he is going through, I won't say 'this person came to have

his blood pressure taken, that is what he is getting' {mhmm}. If I can't handle him, I always tell the doctor 'Shall we refer him to a psychologist?' or 'this lady has anxiety issues'. It sorts of affects me in that way" [244-249].

Averly's self-esteem was quite low in her teenage years which persisted as she was growing up. Since her brother used to see her as an ***"unaccomplished girl" [70]***, she didn't believe in herself. She didn't believe that she could accomplish anything.

"I felt embarrassed to speak as my self-esteem was below zero, like I'm nobody. My academics were suffering. I used to feel embarrassed to talk because I used to tell myself 'I'm a fool because that's what they tell me'" [199-201].

Yet, Averly continues to dream big and has achieved a lot in her life. She did become a P.E. teacher even though it was not something her parents or her brother saw as an adequate career. Unfortunately, she injured herself and had to adapt to a new career. Her knowledge about sports was not abandoned with the end of her teaching career, but rather she found it useful in her new career where she organises programs for children. She wanted to move away from the negative messages she heard constantly when growing up and focused on her abilities. Even though she was diagnosed with dyslexia and traits of autism as an adult, she furthered her knowledge and entered university to continue studying.

Outlook to Life

Living with a sibling suffering with mental illness can bring about change in the way people look at life. Life can be quite dark and heavy during those moments when one is feeling helpless and hopeless. Yet once one overcomes this darkness, life can be seen from a different perspective.

Fiona admitted that she wasn't alone. As an adolescent she thought that no one was going through what she was experiencing, and no one was suffering as much as she is. When she felt safe to disclose to one of her lecturers what was happening at home, she realised that life is not perfect for anyone and that every family has their own struggles, some more apparent than others. Indeed, nowadays she believes that there is nothing embarrassing when experiencing a mental illness. Mental illness can happen to anyone, and it is nothing to be ashamed of. Regrettably, she admits that her shame kept her from reaching out for help, both for her personally and for her family. Had she chosen another route and spoke to someone, her burden would have been shared.

Moreover, Fiona believes that her experience has given her a new approach to life, and she looks at life through a more appreciative lens. She learnt that mental illness is unpredictable and can happen to anyone. Her family is not an exception. However, she knows that she will not wait to reach out for help if needs be as life is too short to live feeling sad and depressed.

> ***"I appreciate life more and every moment. I know that anything could happen any time because you live an easy life one moment and it changed in a flick of an eye. So I live one day at a time. Anything***

could happen, anytime but I am always ready to tackle anything that comes along you know {mhm}. I appreciate life so much that if I have to go through this again, I am ready to seek help which is only a stone's throw away. I appreciate life so much that I will seek help with every problem that arises and somehow it made me realize that it is not only me that can have problems and that there is no shame to voice it" [295-301].

On the same lines, Angela believes that mental illness can interfere with life in an unpredictable manner. Life can turn upside-down in an instance. Therefore, after going through her own experience, Angela feels that she appreciates life even more. This experience made her grateful to the people in her life and for all her blessings. She admits that difficult experiences make a person approach life more openly.

"How in reality we are nothing, I mean we do not control ourselves in certain matters. I mean, you have to work but then you realize that life is not easy going, I mean every individual goes through matters in life, but you appreciate life more. More so when I did not go through what my brother went through, so I appreciate life more" [144-147].

Unfortunately, Katherine's outlook to life is different from the other participants. Her way of perceiving life is tainted by the traumatic experiences she withstood. She admitted that she struggles to see life as beautiful as others might perceive it. Yet she perseveres and continues to live as best she can without depending on other people's help. She learnt not to depend on others to the

extent that she continues to carry this belief that she should only depend on herself to make her life better.

Struggles in Adulthood

When people grow up and they do not process their trauma, there is a chance that some struggles remain in adulthood. In fact, many of the participants commented that they are still struggling with anxiety in their adulthood. Anxiety persists in Fiona's life nowadays. Even though her sister's mental health condition is much better, and she can finally focus on her life and her family, there are situations where anxiety is triggered.

> ***"These days I suffer from anxiety, and I get anxious on different issues. My sister's chapter is closed you know. But still, I have anxiety" [311-312]***

Due to her overthinking, Katherine still struggles with anxiety. There are days when anxiety takes over and she is not able to function. In fact, when we scheduled the interview, we rescheduled to a better time, as Katherine was having an anxiety relapse and I wanted her to be in a good frame of mind since the interview might trigger some upsetting thoughts.

Davinia gave an in-depth list of the things she still struggles nowadays, one of which is her constant battle with everything that happens to her. Her anxiety kicks in and exacerbates the situation much more than she thinks it should.

In addition, she finds it difficult to express her feelings. Since it was hard for her to show her feelings to those around her, she learnt to shut them down and not deal

with them. She learnt that her feelings ***"never mattered you know. They never mattered" [512]***. Therefore, she made the inference that if her feelings did not matter to others, they did not matter to herself.

> ***"I find it hard to express my feelings as well. Even though I felt a bit of an expert when it comes to psychological matters, even though I haven't actually studied much, only a few credits in university, it's like I know a lot, but I know nothing you know. I know nothing when it comes to myself then" [515-518].***

Lying to people was a way of surviving people's questions in Averly's situation. Through lying she portrayed a picture of a different life that she was living. All those lies also led her to doubt herself - who she was, what she liked and so on. In her adulthood, she struggled with this and had to discover herself through the lies she told herself. I also noticed her emphasising that whatever she was telling me it ***"the plain truth" [85]***, possibly thinking that I was not believing her after disclosing the amount of lies she told as an adolescent. Additionally, she still struggles with

> ***"a lot of lack of self-confidence, self-sabotage myself, criticize myself, I don't integrate with others as I feel below them. Then it started to affect me mentally as well. I don't trust anyone. I don't let anyone come into my life and this is because I feel that my own family fooled me since forever. So I don't trust" [240-243].***

Indeed, Walter admitted that to some extent, he still needs approval from people around him and this resurfaces at some points in his life. He still seeks validation from his managers at work and worries whether his work is up to their

expectations. In addition, the tendency to please people still lingers. He finds it difficult to say 'no' as the fear of displeasing someone overtakes his thoughts. As an interviewer, I noticed his comments such as **"I feel like I'm not giving you enough information" [132-133]** or his in-depth explanation on particular topics. He wanted to please me and give me the best interview that he could.

Personal growth

People may be compared to the yin-yang symbol. Through the darkest nights, stars shine the brightest. For personal growth to happen, it requires moving out from the comfort zone to an unknown territory. Through processing trauma, the participants were able to push themselves and reach a higher potential. No person deserves to struggle and experience trauma, yet one can take the opportunity to learn new ways of being, to reframe one's thoughts and expands one's horizons.

Davinia came to the realisation that she is important as well and that she is different from her brother. She can have similar interests as her brother, but she can allow herself to have different interests as well. Indeed, she recognised that by reaching out for professional help, she can start to discover herself away from Samuel's shadow. Seeking therapeutic help has given her a new way of looking at herself. Rather than spiralling down on the negatives, she is working to learn to handle her life better and loving herself more.

> ***"But that is what I'm trying to work on: handling life better and loving me because loving myself... I didn't love myself for a very long... number of years and now I think I like myself" [856-858].***

One of the shortcomings that Walter recognised and worked upon was empathy. Since his aim was to keep his sister happy as much as possible and help people, he also used to try and uplift people when they were going through a difficult time. Instead, nowadays he willingly stays with people's pain before he feels the need to uplift someone's mood.

Another element of personal growth for Walter was building boundaries with his family and his sister. For years, he experienced a lot of guilt because he was out with his friends and his sister used to pass sneering remarks. He felt guilty when he saw his sister feeling sad or he felt terrified because he feared that his sister would hurt herself. Through therapy and ayahuasca he came to terms with the fact that he is his own being. His sister's life is not his life and whatever she does is her responsibility and not his. Moreover,

> ***"After ayahuasca in 2013 and therapy as well, I started creating boundaries with my family. It was like exploring and discovering who I am beneath all these expectations and shoulds and requirements subconsciously imposed by my family and sister, by my parents and my sister. Then discovering who I am, what I want, what is good for me, what is not good for me, what I really want from a woman, what I really want from a friend. Friends just for the sake of having friends, I didn't need them. I wanted depth. I wanted understanding"[340-347].***

Walter beautifully concluded the interview with an in-depth reflection of what he learnt through his journey and how this journey helped him to grow.

"My job is to take care of myself and nurture my being and my spiritual self and everything else comes later. My job is to put on my own oxygen mask on the plane, and then I can put it on others. To conclude, through this journey I learnt that there's a reason for every season. In every challenge, in every struggle, in every pocket of pain inside of us or outside of us there is an opportunity full of spiritual growth vitamins, and spiritual I'm not referring to God or Buddha, just your own self, human spirit, the warrior whatever. I cannot only do my best, I make a mistake but nowadays I do not beat up myself too much but at the same time I cannot do nothing either. So, finding that balance. But toxicity I don't need it in my life, whoever it is. At work I sometimes have to be patient and more tolerant. Anything toxic, noise? I don't want…" [452-461].

Averly has worked on herself to become a better version of herself. She overcame the belief that she is unworthy and knows that she has a lot to give. From being voiceless she has found her voice to speak out about her needs. Even though she might not always do it verbally with her brother and parents, she created boundaries to become the person she wants to be. No matter the traumatic experiences she faced, and despite the fact that she has not always been able to cope well, she continued to make her dreams come true.

"Nowadays I'm happy with myself even though a lot has happened in my life. I'm helping myself as best as I can. But despite everything I'm happy of the person I am becoming. I'm finding myself. I am proud of myself in the sense that I'm struggling but I'm always winning, even though I'm

dragging myself to the finish line most of the time" [333-336].

"Nowadays I use my voice, I use my brain, I share my opinions, who doesn't like it it's not my problem. And I have a shell. But I'm proud of it" [344-345].

Learning through Suffering – Meaning of Life

With regret in her voice, Katherine describes that she spent a lot of time focusing on helping people who were toxic in her life, including her sister. Yet through all her suffering, Katherine finds meaning in her life through helping others. She believes that her purpose of being is to focus on her own happiness first and foremost and create a family of her own. She wants to break the pattern of her life and have a good relationship with her children.

For Angela, going through this experience helped her to better understand the people around her. It gave her a sense of being which is more in tune with people's suffering. As best she can, she wants to avoid judging people as nowadays she understands that one never knows the pain anyone is currently experiencing.

"You start understanding more the people around you. I might say 'even if I don't know that person, maybe he/she is acting that way because there is something behind it'. So I do not judge a person immediately" [203-205].

Life should be appreciated and lived to the fullest because no one has control over what can happen. For Macy, experiencing her sister's mental illness was a rollercoaster of emotions yet she learnt to focus on her own life. She would not allow her happiness to be affected by what happens around her. Indeed, she

argued,

> ***"being able to distance myself from time to time and be able to live my own life and not being affect from situations that can't be resolved is essential for my own happiness" [161-162].***

During her journey, Davinia's empathic skills have taken over to support her brother. She was there to try and understand what he was feeling, validated his emotions and pushed him to move out of the rut when she deemed it was necessary. Being empathic towards others gives her a lot of meaning in her life and she uses this skill to help others. She is also aware about her position when she is helping others as at times, she tends to lose herself and her needs and falls back to when she was an adolescent.

> ***"It has put in me a feeling that I'm here for a purpose to help others, that is one of the predominant things. Before I didn't actually think about it but now you know I have a lot of empathy. I always was this way, but now I'm actually trying to act on this. So I try to help out. The only issue is that sometimes I forget myself. So maybe I escape by helping out. But it gives me a lot of satisfaction to be there for someone, to help an organization, which is not necessarily a bad trade. I just have to keep in mind not to forget myself along the way" [838-844].***

Similarly, Walter found meaning when helping other people. In fact, he left a very well-paid job to change his career path entirely ten years ago. He felt that it took him quite a while to find meaning in his life. Since he was a young boy, he was used

to helping his sister and being present with her. It gave him a satisfactory feeling when he was helping others. Indeed, Walter admitted:

> ***"Then between 19 till 25/26 I was always trying to work to find meaning but I wasn't finding it. The only meaning I experienced was when I was able to support and to listen to others. Then when I started the psychology degree I left my very, very, very well-paid job in gaming full time. I ended up working part time and studying psychology full time. From the first lesson I knew that this is what I was born to do. In fact, even though very stressful, I love my job" [334-339].***

CHAPTER 6

DISCUSSION

Introduction

In this chapter, the merging themes from the findings will be discussed, embedded with the literature review to satisfy the research question. Subsequently, the strengths and limitations of the research will be discussed. The recommendations and implications were developed based on the researcher's experience through this research study, professional and personal experience and the findings which emerged.

General Findings

Changes within the Family

In agreement with Kinsella et al. (1996) and Safer (2002), it was very evident in my research that mental illness, not only affected the individual with the diagnosis, but also the whole family. It brought imbalance in the family system and influenced each family member in different ways, including healthy siblings within the family. The participants narrated several incidents that showed how their life had changed suddenly and unpredictably, especially when the mental health disorder was at its peak. Moreover, the participants did not just focus on how their siblings affected their life while growing up, but also on how the whole experience had shaped their identity. Living within a family system, there is not always a clear-cut boundary of who affects who, as experiences are intertwined.

According to birth order, it is expected that the older siblings act as pseudo-parents to the younger siblings. The older ones are expected to be role models and care and support by giving advice to the younger ones (Jenkins Tucker et al., 2001; Slomkowski et al., 2001). Indeed, there is a lack of research to show how mental

illness interferes with birth order expectations. From my research, I noticed that birth order did not create a hierarchical dynamic among the siblings. Rather, Walter, Macy, Averly, Katherine and Davinia, all wanted their older siblings to help them make sense of adolescence and the chaotic emotions and thoughts during that period. However, their older siblings were not in a position to provide the care, support and advice that the younger siblings were yearning for. Rather, most of the participants were the ones to provide support to their older sibling.

A striking factor that distinguished some participants from others was the age when the mental health condition first emerged. In line with Marsh and Dickens (1997), the younger participants seemed to be more affected by the situation. In early adolescence, teenagers are not yet mature, and their coping skills might have not yet developed. In fact, Averly and Katherine found it more difficult than the others to find ways of coping as their sibling's mental illness developed in early adolescence. In keeping with Rolland (1994) theory regarding children developing skills, the older participants had acquired more skills and were able to develop different roles to better support their sibling in this grapple. Indeed, Davinia took various roles to support her brother by calming him down, and Walter protected his sister from his parents' arguments to prevent his sister from getting more upset.

Interestingly, confirming to Delisi et al. (1987) study, in my research, more than half of the participants suffered or are still suffering from anxiety. This shows Dia and Harrington's (2006) argument of the importance to assess the home situation and support the siblings from an early start. It doesn't mean that supporting the siblings from an early start will prevent anxiety disorders, but it can help them to build skills with which they can deal with the environmental factors. Since mental illness affects all family members in different ways, Kozlowka and Elliott (2017)

argues that family therapy is helpful to look at the family as a whole unit rather than individually and therefore each member can become more aware of each other's feelings, needs and ways of working together in a more harmonious manner. Unfortunately, this was not experienced by the participants as they did not have the opportunity to attend family therapy.

According to Erikson (1968) rebelling is an expected behaviour during adolescence which helps to define one's identity. It is a phase where the teenager starts exploring oneself and finds ways to assert one's autonomy. Indeed, most of the participants in my research did rebel, yet not in front of their parents as they felt that the parents expected them to be a good example to their other sibling, as also stated by Safer (2002). Another reason for hiding their rebellion was not to put an extra added burden on their parents knowing that they already had a lot to deal with.

Safer (2002), posits that it is fairly common that children or adults who experience having a sibling with mental illness has the tendency to please those around them. It was also a recurring aspect that one of the roles that the participants upheld was people pleasing (Safer, 2002). Many felt that it was fundamental to not upset the people around them, especially their siblings. Therefore, participants like Walter, Davinia, Averly, Fiona and Katherine tended to walk on eggshells around them to avoid any ways of triggering an episode. In addition to pleasing people, some participants also felt that they had to adapt to their sibling constantly. Accommodating their sibling did not always end with their sibling being happy either. Yet the good outweighed the bad and pleasing their sibling was better than being caught in the middle of an episode.

Dealing with Sibling's Mental Illness

Going through the process of change appeared to be a lonely process for the participants especially since the parents barely communicated any information about what was happening, leaving the healthy siblings lost in their own thoughts. As indicated in the findings, most of the participants were teenagers more than twenty years ago and mental illness was still in the process of being acknowledged and predominantly seen as a taboo (Agius et al., 2016) and therefore the role of counsellors was not to deal with psychological or social issues but rather deal with career choices (Bauman, 2008; Galea, 2012).Indeed, the participants found it difficult to reach out to guidance and counselling since the purpose of such services was not targeting their needs. Therefore, the knowledge and awareness on a national level about mental illnesses was limited.

In agreement with Marsh and Dickens (1997), some participants such as Walter and Averly experienced their parents' denial that their offspring is suffering from depression and/or anxiety disorder. In Walter's situation, this denial made it difficult for his sister to accept her situation and ask for help. On the other hand, Averly experienced a lot of self-doubt on her feelings and thoughts about her brother's mental illness when she saw that her parents were not accepting the situation.

Apart from the individual suffering from mental illness who had to deal with their own symptoms, the other family members also had to deal with the symptoms, some directly with the symptomatic behaviour while others indirectly, i.e. subjective and objective burden as described by Horwitz and Reinhard, (1995). For instance, Katherine and Averly were direct targets of their siblings and therefore had to find ways

to deal with the situation and also protect themselves. Moreover, all the participants experienced regular episodes of outbursts due to their sibling's symptoms during their adolescence.

Besides experiencing the effects of the symptoms exhibited by their siblings, my research participants also experienced several emotions including fear, sadness, helplessness, hurt and anger (Greenberg et al., 1997; Newman, 1966). At some points in their life, some emotions were more intense and more difficult to cope with than at other times. In addition, it seems that similar to Marsh and Dickens (1997) most of my participants learnt to hide their feelings as many times their feelings were neglected by those around them. Indeed, in line with Kinsella et al. (1996) my participants wanted some attention on themselves which they tried to achieve in different ways. Walter was loud around his friend. Davinia started wearing dark makeup before going out. Katherine would constantly be readily present to help everyone around her. Averly wanted to excel in sports. Not expressing feelings, or having feelings generally ignored, did make the participants mature faster to support their family in their needs. However, this happened at the expense of their emotional needs (Sanders et al., 2014).

Similar to the participants' experience in Kinsella et al. (2006) study, my participants described how their feelings were rarely validated, and some wished that a relative had understood what they were feeling and therefore would be given the opportunity to express their worries and concerns. Interestingly, a few believed that they did not need to tell their parents what they were feeling as they assumed their parents knew since they were also experiencing the same situation. Yet, unlike Bank and Kahn (1997) no participants ever felt that their siblings' mental illness was their fault – or at least they did not share such a

feeling during the interview.

Also, due to sudden changes within the household, the participants described that they became independent at an earlier stage than their peers. This was also found in Barnable et al. (2006) research. Becoming independent to cater for one's own needs brought about more responsibility on oneself. The participants had to step up and find ways and solutions rather than wait for their parents to accommodate them. As explained by Safer (2002), this increase in responsibility could be due to the fact that their parents were giving more attention to the sibling in need. Some took responsibility automatically on themselves, while others felt that responsibility was thrust upon them without their consent. At times, the amount of responsibility felt excessive on the participants. For instance, Davinia felt a ***"mountain of responsibility" [204]*** on her shoulders, that was out of line for a sixteen-year-old.

Bank and Kahn, (1997) state that younger siblings experience resentment and guilt because they still crave attention from their parents, even though they understand the needs of their sibling. On the contrary, in my research this was not exposed. Anger towards their sibling was experienced as well as guilt but not due to the lack of attention from their parents. It was mostly because they could not live their life to the full as a typical, free teenager.

In agreement with Sin et al. (2014), embarrassment was felt by several participants especially in relation to their friends. Fiona, Macy and Walter expressed how they wished that their sisters were similar to their peers as at times it was embarrassing to be around their sisters. Indeed, as adolescents, some also selected people to speak to about their sibling for fear of being judged due to having a sibling

with mental illness. In fact, as mentioned in the literature review, individuals experiencing having a sibling with mental illness would not easily disclose this information with anyone for various reasons (Karnieli-Miller et al., 2013; Kinsella et al., 1996; Ohaeri & Fido, 2001). Angela, Katherine, Fiona and Davinia spoke about what was happening at home when they felt safe that their confidante would not discriminate or judge them. Some feared that they would not be understood and therefore be rejected. Others felt it was not necessary to mention that they had a sibling.

All the participants emphasised that living with a sibling with depression and/or anxiety disorder is challenging and finding ways of coping with what life was throwing at them was essential. There are various healthy and unhealthy coping mechanisms that individuals make use of to face different challenges (Cohler, 1987; Kinsella et al., 1996). Some participants adhered to healthy coping mechanisms, while a few practiced both positive and negative coping mechanisms. As time went on, the negative practices shifted to more positive ones. Most of the participants used escaping, either physically or mentally or both, to relieve themselves from the stressful situation at home. For instance, Fiona enjoyed going out for long walks or remained in Malta rather than going home to Gozo, when the need for respite arose. Macy and Davinia would escape on the internet, chatting or playing games with their friends to ignore what was happening around them. Angela found solace in a friend who was going through a similar situation. On the other hand, Walter used drugs to escape mentally from all the pain that he was feeling to find immediate relief, while Katherine self- harmed to ease her pain.

In agreement with Ma et al. (2015), it is difficult to determine whether these coping mechanisms were solely to cope with the challenging situation in relation to

their sibling's mental illness, or due to other stressful home and life factors. As can be seen from the participants' stories, some of the participants had other factors causing concerns – parental conflict, a parent with mental illness, issues with friends making their feelings more intense. Moreover, the participants were also using these coping mechanisms to discover and form their identity through all the turmoil and hormones they were experiencing during their adolescence.

Feeling confused and uncertain about the mental illness and what was happening around them was a common feeling for the participants as adolescents. Davinia and Katherine did their own research to try and understand what was happening around them. The fact that their parents were not very knowledgeable about mental illness did not help the situation as discussed by Marsh and Dickens (1997). Yet finding more information about the mental health disorder did not necessary help the participants to feel less helpless, unlike what Kinsella et al., (1996) stated. Fear still remained since most of the times, the siblings' behaviour was unpredictable. This led to extreme outbursts at home and an unbalanced home situation.

Loss

The presence of mental illness can shake the relationship between siblings with the possibility of losing the friendship (Bowman et al., 2014; Sin et al., 2014). In their study Cole and Kerns (2001) state that sister-to-sister relationship holds a stronger bond than mixed-gender relationships. This was not the case in my study. There was a mixture. In line with Cole and Kerns (2001), Walter did not have a strong bong with his sister while Fiona did have a stronger bond with her sister before the mental illness emerged. Yet in the other cases, some held stronger bonds with

mixed-gender relationship or didn't hold a strong relationship with same gender. There is limited research on how mental illness affects the bond between siblings. However, a couple of the participants felt that mental illness had stolen their sibling away from them as also seen in Bowman et al (2014) and Sin et al. (2014) studies.

On the same lines with Marsh and Dickens (1997), a few of the participants also mentioned that mental illness stole the sibling they once knew. It seems that in the early stages, when the mental disorder was emerging and seemed to be taking over everyone's life, the sibling they once knew was being engulfed by the disorder. As adolescents, the participants could not understand what was happening to their sibling. Similar to Kinsella et al. (1996), a couple of my research participants started to distinguish the behaviour produced by the mental disorder and their sibling.

In agreement with Fox et al., (2002), there was a noticeable difference in how the siblings related with one another. More than half of the participants described that there was a lot of conflict and hostility between them and their sibling. This behaviour was internalised to the point that it resulted in the participants' own anxiety and low self-esteem as explained by Dunn (2000). Individuals started losing the personality they had during their childhood.

As discussed in the literature (Lefley, 1989; Stein et al., 2005) a sense of personal loss was the result of the intrusion of mental illness in their lives. Adolescence is the time to develop and evolve one's identity (Erikson, 1968), however many of the participants found it difficult to express their identity without the possibility of upsetting those around them. Therefore, most of the time, the

participants acted as their parents expected them to which as Safer (2002) explains distorted their true self.

Moreover, in congruence with Safer (2002) not being authentic in their way of living, made some of the participants feel unnoticed, unseen and unheard - invisible. They adapted so much to the situation and to what their sibling needed, that many of the participants felt that during adolescence they did not know who they truly were and at times they did not know what they needed. Their needs were never met before their siblings' needs and they therefore grew up thinking that their needs are not important. Participants felt they had to change their actions or behaviour if it was going to upset their sibling which further led to the loss of self and authenticity.

Having an offspring with a mental illness can be draining for parents. There is a possibility that much of the parents' attention will be given to the offspring who needed it (Marsh & Dickens, 1997), which happened with some of my participants. A few felt that their parents knew how they were feeling, even though they did not need to verbalise it. However, many felt that their parents were not emotionally available to them or did not want to be a burden with their emotions and therefore felt that they may have also lost their parents.

Due to the needs of their siblings and the amount of time and energy the parents were putting in to help their offspring, little time was left to cater for the younger healthy child (Lukens et al., 2004). Therefore, this made a few participants feel unloved and forgotten. Even though they were old enough to understand that their needs were not as severe as their siblings, some still wished to be seen and acknowledged rather than left feeling abandoned. Indeed, they did not feel as important as their other sibling (Pillemer & Suitor, 2014). These experiences

were also described in Marsh (1998) and Pillemer and Suitor's (2014) studies.

Shaping Adulthood

As already mentioned, mental illness in Malta was not a topic of discussion decades ago (Chetcuti, 2013; Galea 2017; Schembri, 2009). Indeed, mental illness within the family brought about taboo issues especially to the participants whose sibling's mental health conditions emerged over twenty years ago. As stated by the Canadian Nurses Association (2005), as adolescents, my research participants were unwilling to seek help. Fear of what people may say and think about them and their family dominated their actions. The participants were very selective regarding who to trust with their story and therefore only mentioned bits and pieces to their friends when they had a good reason to do so. Yet, their perception about living with a person with mental illness shifted and as adults, they no longer see it as a taboo. Rather they encourage those around them to reach out for help if needs be. Indeed, following Brickell et al. (2009) idea to combat stigma in a positive manner, my participants believe that this can be done by improving the knowledge and attitude towards mental illness.

It was very visible from the participants narratives, that this journey had been tough and intense at different phases of their trajectory. As Davinia depicts it, it is very easy to spiral down and think about the negative aspects that one comes across in one's experience. Stopping, reflecting, and healing generated personal gains for all the participants. Since mental illness hit home, the participants have started to view mental health disorders from a different point of view. As a result, the participants no longer remained on the surface of the mental illness issue. They

believe they can better understand relatives who are facing similar situations and therefore feel they are able to help even more. Indeed, this may have led to the participants helping other people to compensate the inability of not being able to always help their sibling or parents while growing up.

Agreeing with Pals (2006), it has been evident in this study that following this traumatic experience while growing up, searching for therapeutic help has transformed the participants overtime. It is noticeable that those participants who recounted their life story during therapy for several months and even years are rediscovering themselves. As Sourcie et al. (2012) also discuss, the participants are coming to terms with the way their old self functioned during adolescence, and they are now viewing adulthood as an opportunity to build new perceptions of who they are. Averly, Katherine, Fiona, Walter, and Davinia openly spoke about reaching out to therapy to "***put the jigsaw puzzle back together***" [Davinia, 757].

Indeed, most of the participants have sought help as adults and confronted their emotions. This was a healing step to their journey and the participants have reported that indeed personal growth did occur. While growing up, a few of the participants did take some recreational drugs to inhibit intense feelings, however at a point, the participants felt ready to work on their own emotions. In addition, Katherine realized that she did block painful memories as a way of protecting herself.

Finding difficulty in trusting friends may lead to issues with commitment and intimacy (Kinsella et al., 1996). Indeed, a few of the participants found it difficult to commit in a relationship before they worked on themselves and rebuilt new skills. Moreover, Kinsella et al. (1996) posit that there are times when the healthy sibling cuts off family ties completely. This was not the case in my study. However, in situations

when the family was demanding, the participants created boundaries to prevent them from feeling overwhelmed and ending up ignoring their needs. Indeed, similar to Moorman's (Moorman, 2002) participants, my research participants created their own autonomy and independence. Specifically, in the cases of Fiona, Averly, and Kathrine they instilled the boundary of leaving home but still kept in contact and visited often.

As the participants became adults, their relationship with their siblings shifted. As discovered by Whiteman et al. (2011), I also found that as the participants grew up, conflicts decreased and so did intimacy. Reasons for this shift are still lacking (Fingerman et al., 2012). However, I noticed that the participants created clear boundaries both with the parents and their siblings, including limiting contact time, visiting when the situation at home is more harmonious and explicitly expressing their role is not that of a therapist These boundaries were needed to avoid getting enmeshed in emotions which hinder their progress in finding themselves and their own happiness.

Interestingly, six out of the seven participants happened to hold a job in the helping profession which was also evident in Lively and Buckwalter's (1995) research. The remaining participant, Davinia was unemployed during the time of the interview, however she was volunteering in an organisation while seeking a job. I sought for recruits in different areas, however, it seems that this research attracted people from the helping profession. Moreover, even though this journey may have not necessarily impacted their choice of profession, it does influence their way of working with people.

It was a struggle for all the participants to focus on their studies as the

thoughts of what was happening at home were overpowering them, resulting in failures along the way. Through this journey, the empathy skills they used with their siblings flourished. Along similar lines to Lively and Buckwalter, (1995) the participants wanted to utilise empathy in their daily work. Unlike what Lively and Buckwalter (1995) stated, participants did not mention that they wanted to overcompensate for the guilt or impotence they might have felt when they were still growing up.

Furthermore, when asked about mental illness and their future, rather than focusing on intimate relationships and future children (Hatfield & Lefley, 2005), my participants' uncertainty lied in whether they would experience the same mental illness as their sibling or not. However, this fear was quickly diminished as the participants stated that they would seek help if that would ever happen. The participants were more concerned with changing previous family patterns in relation to mental illness to more healthy patterns, such as reaching out for help, talking about it with the children and having a better open relationship with their children or future children.

Most of the participants experienced violence from their sibling while growing up and at times even had to visit their sibling at a mental health institution. In congruence with various research studies (Smith & Greenberg, 2008; Solomon et al., 2005), Fiona and Katherine's case has led to a poorer quality of relationship with their sibling as adults. Macy stated that their relationship is somewhat better because they do not meet often and when they do, it is for a short time. However, the way the participants are currently providing support to their sibling is unclear. Yet, what is clear is that the participants can recognize their responsibilities and their place when to assist and when not, and therefore are able to live a better quality of life. The participants know that mental illness is not a phase. It is a continuous

process without a destination. The participants are between the ages of twenty-five and thirty-nine and one or both parents are still present in their lives. Therefore, the participants have not spoken about their caregiving role, a concept discussed by Horwitz, (1993a). If the participants had lost both their parents, or if their parents had been elderly, the caregiving aspect could have emerged. Since Walter's mother had just died a couple of weeks before, it might have been too early for his father to emphasise Walter's caregiving role to him.

In line with Sanders and Szymanski (2013), it was evident that post-traumatic growth was high when it came to one's cognitive schemas. In fact, a highlighted outcome from this journey was the greater appreciation towards life which Bauer et al. (2012) also identified. Mental illness was an unpredictable factor in the participants' lives. It was like a storm in the middle of summer. Life is no longer taken for granted and a couple of participants reported enjoying life to the best extent they can. In addition, some participants also mentioned that even though mental illness may interfere in their life at some point, they can always seek help. Not seeking help will result in not living life to the full.

Finding meaning was essential for many of the participants. Most of the participants reflected on their life and saw what their priorities were. Rather than self-pitying because of the traumatic journey they went through, they extracted meaning out of it. Interestingly, following Nietzsche (as cited in van Deurzen, 2010) idea that through their suffering, the participants found the 'why' to live.

Indeed, life was one bumpy ride where their own happiness was sacrificed many times to make others around them happier. Some of the participants, such as Macy, Fiona, Davinia, Walter and Averly mentioned the importance of their own happiness and nurturing themselves. Self-care in terms of creating boundaries,

taking care of their needs, doing what makes them happy and giving themselves priority over others needs was what the participants are working towards for healthier well-being.

Strengths and Limitations

There were several limitations on this project that I would like to highlight. Firstly, I am mindful that the sample size of the narratives is small. Whilst the aim of the study was not for generalisation, it would be useful to carry out more interviews with a wider range of people from different walks of life. This research seemed to have attracted participants who went through therapy and processed or are processing their journey, making them more readily available to participate to help me collect the data.

Homogeneity was key to having participants with similar characteristics. I wanted my participants to have lived on the Maltese islands during the time when their sibling's mental illness emerged due to the possibility of reaching out to the same services provided on the islands. Moreover, I kept the age limit between twenty-five and forty-five years as a cut-off line to have a wide age bracket. In addition, it was necessary for the participants to be younger than their sibling as the journey might have otherwise been experienced differently (Bowen, 1993). Indeed, every journey was different, and some participants had more environmental factors impacting their journey than others and therefore it was difficult at times to separate the mental illness of the sibling and other factors which may have been influencing their journey.

Another limitation was the gender of the participants. I only had one male in my

sample and six females. Having more male participants could have given a better understanding of a male point of view and similarities between their patterns may have been noticed. It was difficult to point out gender differences from only one male participant. Moreover, not having non-binary people is another drawback in this research, as sexuality is a crucial factor is adolescence and therefore might play a part in their journey. Yet my research did not aim to focus on sexuality.

Research in mental illness is still limited as time is a dynamic concept where endless changes occur. During their adolescence, all my participants lived in a period where mental health services were still lacking. Mental illness was somewhat a taboo subject twenty years ago which may still be lingering in today's world as finding participants has been quite tough. Participants who came forward have mostly come to terms with their family's situation. Most of them have worked on themselves through therapy and therefore might have felt confident to share their story.

Indeed, this research was done using interviews as a means of collecting data. Even though the necessary data was collected, using more creative ways such as keeping a journal may collect more data. In addition, having a second interview would have been beneficial as it would have given the scope for more space to go deeper into the stories rather than feeling rushed.

Inquiry for Further Research

Even though I searched extensively to find participants, the participants that approached me came from a helping profession. In the findings, it was noted that helping people comes natural to the participants since they are used to taking

responsibility and caring for those in need. It would be interesting to hear the journey of people who chose different career backgrounds and did not choose to seek therapy to process their experience.

To gain more understanding of the perception of siblings, it would be helpful to interview the parents to understand their preconceptions of the impact that mental illness can have on the healthy offspring. Comparing narratives may bring about more awareness of how mental illness impacts the relationship between children and parents. A comparative analysis between the parents' and the siblings' accounts would also shed more light on the expectations and responsibilities parents unknowingly put on children and how the family can support one another.

Furthermore, doing a comparative study between younger and older siblings may result in finding different patterns. If the healthy sibling is older than the sibling with mental health issues, this may yield different experiences, expectations, and responsibilities from the parents.

This research was based on the Maltese islands therefore, the pool of people was quite homogenous. Ideally, this research would be done in a wider context including other countries and cultures. Varied cultures deal with mental illness differently and therefore it would be interesting to compare how different cultures leave an impact on siblings.

The focus of this research was specifically on the journey of the participants experiencing living with a sibling having depression and/or anxiety disorders. It has been noted that the participants were also experiencing physical and/or mental illness such as anxiety, eating disorders and so on. Unfortunately, literature and research on this regard seems to currently be

non-existent. Therefore, it would be interesting if further research focuses on discussing at a deeper length how these elements might have left an impact on the participant's narratives.

Implications for Practice

Through the narratives, it was evident that during their adolescence, most of the participants did not have anyone to talk to about what was happening around them. There were several reasons for this, including that no one reached out to them, their feelings were never validated, and parents unrealistically believed that they did not need any help. It would be highly beneficial if psychotherapists and counsellors in schools seek some sessions with the siblings when one comes across a student suffering from a mental illness.

In addition, parents are the gatekeepers for both the offspring suffering from mental illness and their sibling. As discussed in the literature and findings, mental illness is not just an individual issue but a family issue. Therefore, professionals can work in a more holistic manner so that the parents become more conscious on how tackling mental illness may leave an effect on the healthy child (Kozlowska & Elliott, 2017).

In the broader context, it would be valuable to equip all students with coping mechanisms, problem solving and communication skills. Through Personal, Social, Career Developmental (PSCD) lessons, these skills may be taught indirectly to prepare adolescents and enable them to face challenging situations, not necessarily dealing with mental illness within the family. Adolescence is a turbulent enough

period on its own (Erikson, 1968), and the more skills provided by professionals, the more teenagers will be able to deal with their own emotions and possibly prevent the onset of mental illness (Kinsella et al, 1996).

Even though nowadays, mental health awareness is on the rise, most of the participants believe that if people do not go through this experience, it is still difficult for them to understand what actually happens within the family. Therefore, the participants recommended more awareness about the suffering one may experience even though, they are not the ones dealing with mental illness. Social media may help in this regard.

Combatting stigma positively (Brickell, et al. 2009) by normalising mental health services may be a step forward for more people to reach out. Indeed, the younger the population, the more they grow up to normalise the need for professional help when mental illness interferes in one's life. Using social media platforms by producing content such as short videos and adverts on TV, radio, podcasts and so on, one can reach different generations and foster more awareness on mental health.

Implications for existential practice

We are our own stories. The stories we narrate are not created in a vacuum but through our experience (Chase, 2003). We are influenced by the stories we tell others and ourselves. Even though we cannot control the stories others tell about us, we can influence the stories about ourselves. Through narrative therapy, with gentleness and care, we can rewrite our storyline and

redefine one's identity (Hutto & Gallagher, 2017). When a problem storyline dominates the narrative, the individual is more likely to identify with the problem and therefore one's identity becomes the problem. To add insult to the injury, if the family or people around this individual reinforce the problem, it gives more strength to the problem story (ibid).

The existential psychotherapist can guide the individual through creating one's own Tree of life (Denborough, 2008). He suggests drawing a tree, including roots, trunk, branches, leaves and so on. The client would then fill in each part of the tree with different aspects of oneself such as culture, wishes and inspirations, values, things one cares about, what makes an individual who s/he is, achievements, difficult life events amongst others. Through therapy, the psychotherapists can work with the client to rewrite different headlines for their own identity. For example, the headline "could not cope on my own" can be rewritten as "ability to seek help through therapy".

From my stories, my participants face various challenging experiences where their identity was shaken. Clients going through a similar journey, where their identity is reinforced as a problem, can be assisted to value themselves. While embracing the past, the client can rewrite a better version of him/her/themselves.

One of the basic inquiry of existential psychotherapy is to clarify and understand the values, meanings and beliefs that clients apply in their lives to understand the world and their experiences. When growing up and experiencing trauma, it has been seen from my study that the participants not always understood what was happening and tried to make sense of the situation they

were facing. Working on the freedom to choose how one would like to live their life, leads the individual to live a more meaningful life (May, 1958). Meaninglessness leads to existential vacuum (Frankl, 2004). The existential therapist can guide the client to redefine the problem, identify meaninglessness, anxiety defences and assist in the engaging with life.

Identity struggles is a major theme is my research project. Struggles with identity could be a life-long process starting especially in adolescence. Most of the time, individuals feel that they lost touch of who they really are as they have let other people design their life. This goes in line with Sartre's (1996) philosophy that existence precedes essence and that "man is nothing else but what he makes of himself" (Sartre, 1946). Working with a phenomenological attitude, the existential psychotherapist must observe the phenomenon in its purest form, where prejudices and personal beliefs must be put in the background. Through understanding the experience of their clients, the psychotherapist can introduce the idea of freedom and responsibilities of how of how the client can shed off parts of their identity that they feel was created by society, their family, the impact of living with someone with mental illness, amongst others. Therefore, create their own being, an identity that resonates with who they want to be and not be conditioned by their past experiences hence cultivating what Sartre (1996) call the existential project.

Indeed, the individual must not live in bad faith, but rather take on responsibility to their life choices. Moreover, May (1958) believes that individuals have the ability to choose how they wish to live their lives. It has been observed that my participants were taking over more responsibility on themselves which shadowed their freedom. Therefore, existential therapy helps people to free

themselves from barriers, including unawareness, fearfulness, paralyzing anxiety and so on, that hinder clients from being true to their choices (Yalom, 2020).

Another approach to help clients find meaning in their lives after going through trauma is by Logotherapy (Frankl, 2004). The basic motivation behind this therapeutic technique is by what Frankly calls will to meaning. Therefore, the desire to find meaning in life. The therapist role is to help the client to reframe suffering to achievement, which is on the same lines to Denborough's tree of life. Engaging in the process to each for one's meaning, and eventually coming close to finding the purpose, is connected to one's overall happiness and life satisfaction. It also emphasizes on bringing one's resilience to life (Frankl, 2004).

Dissemination

What's next? How shall these findings be known to the appropriate professionals and policy-makers? How can I make a difference? In order for change to occur, dissemination of findings is necessary. Sommer (2006) promotes the dual dissemination, that is putting forward the results both to other professionals and the general public. Indeed, Sommer (2006) suggests that rather than leaving the journalists to disseminate the findings, the researchers must take up this responsibility to ascertain that the results published to the general public are concise.

I have been invited to speak in various events, including, the 'Family 360^0 conference', CPDs in NGOs and in schools. People from different walks of life have attended this conference and CPDs including and not limited to counsellors, psychotherapists and other mental health professionals, guidance teachers,

teachers and other education personnel and University students. I am sure that throughout these events, there were also siblings who have gone through a similar experience as my participants. I will be open to other events and opportunities to disseminate and build on this research through my clinical practice.

Another way of distributing my acquired knowledge to others is by reach out to the younger generation. Looking through the local PSCD syllabus, mental health awareness seems to be non-existent. In the coming months, I would like to organize a meeting with the Education Officer responsible for PSCD to discuss how mental health awareness and teaching different coping skills can be beneficial to all of our students and not only to those students suffering from a mental illness.

I aim to transform my findings into possibly publishing in a journal article related to adolescence, mental health, the family amongst others. I would like to focus on the different themes that emerged within my research. I also consider disseminating parts of my outcomes in blogs to be shared in different media platforms, targeting different audiences, from children and teenagers to mental health professionals.

Another plan I intend to commence is the introduction of support groups for siblings who are currently facing either living with a sibling with mental illness or living separately but quite active in their lives. Apart from giving a voice, I would also like to create a safe space where one can find support, be supportive and possibly find meaning through this experience – something that my participants never had the opportunity for.

CHAPTER 7

CONCLUSION

The motive behind this research study stemmed mainly from the increasing rates of students diagnosed with depression and anxiety in schools in the Maltese islands, specifically during their adolescence. In addition, through my professional experience, I came across a number of students exhibiting concerning behaviour where further exploration revealed that there was a mental health disorder within the family.

The intention of this research was to explore the thoughts and feelings that the participants felt during their adolescence when mental illness interfered in their lives. I explored what went through their minds when their siblings were diagnosed with depression and/or an anxiety disorder, how their emotions evolved and how they dealt with the challenges that mental illness brings with it. I also focused on how this journey has changed the way they perceived life as adults and the impact it left on different aspects of their life such as career and relationships. The meaning of life was also observed. The participants also concentrated on the personal growth from their journey as well as issues that they still struggle with as adults.

A narrative inquiry was chosen as a qualitative approach to investigate the research questions using semi-structured interviews. Interviews were carried out with seven participants who had a sibling who was older than them and was diagnosed with depression and/or an anxiety disorder. When the symptoms of the disorder emerged all the participants were still in their adolescence, i.e., between twelve and eighteen years of age. Using Elliott (2005), first-order and second-order narrative analysis was used to establish patterns and themes presented in the findings.

Through the seven narratives, four main themes were generated through inductive reasoning. The first theme concentrated on the different roles the participants experienced. Depending on the varying situation, the participants had to

adapt to the needs of their sibling, while putting their own thoughts and feelings aside. Due to their siblings' emergent needs, importance was always given to their sibling which made some participants feel invisible and not seen. There were several expectations from their parents on how they should behave, or how they should relate to the situation while always keeping their sibling a priority. In addition, there were times when the participants were given more responsibility than a typical teenager which resulted in growing up too quickly.

Another main theme focused on was the way the participants dealt with mental illness. There were several emotions that emerged due to their siblings' mental health disorder including fear, anger, aloneness, uncertainty. Additionally, there was a mixture of coping mechanisms that the participants utilised to face the challenges they came across, especially when there was an outburst happening at home and they needed to deal with their intense emotions.

The theme of loss was another theme that transpired from the findings. The participants described that it was difficult to know who they are and what they like. Their identity as an adolescent was distorted due to constantly adapting to the needs of others and trying to please others. They also felt that their social life has taken a step back as some felt ashamed to talk about what was happening at home and preferred to keep things to themselves. Moreover, there was a sense of loss of their childhood and adolescence as they had to grow up quickly. Their dream of having a sibling similar to them was also torn apart when mental illness intruded in their lives. Mental illness had stolen their siblings, their adolescence, and their identity.

Furthermore, the last theme explored how mental illness had shaped participants' adulthood. The participants communicated how as adults, they no longer perceive mental illness as a taboo. It also seems that mental illness has

impacted how they work with other people, while for others, it influenced the kind of job that is satisfying to them. There are still issues that participants struggle with, especially when dealing with their own anxiety and sharing their emotions. Yet, this experience also provided personal growth, including being more empathic and understanding while appreciating life much more. Indeed, the meaning of their life was also observed.

Participants who decided to go to therapy were able to process this experience, becoming more self-aware of how their sibling's mental illness has changed their identity as they were growing up, and how they found ways to break the patterns they acquired as teenagers. Indeed, those participants attending therapy seems to have expressed in their pain, struggles and personal growth in greater depth.

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Appendices

Appendix A – Ethics Approval NSPC and Middlesex

NEW SCHOOL OF PSYCHOTHERAPY
AND COUNSELLING
NSPC Limited
Existential Academy
61–63 Fortune Green Road
London NW6 1DR

Narcisa, Agius De Soldanis Street,
Nadur
Malta
NDR 1341

14th November 2019

Dear Alessandra

Re: Ethics Approval

We held an Ethics Board and the following decisions were made.

Ethics Approval

Your application was approved by Chair's Action.

Please note that it is a condition of this ethics approval that recruitment, interviewing, or other contact with research participants only takes place when you are enrolled in a research supervision module. Once approved, you will be eligible to enroll on Research Project Part 1.

Yours sincerely

Prof Digby Tantam Chair Ethics Committee NSPC

+44 (0)203 515 0223 // +44 (0)207 435 8067
office@nspc.org.uk www.nspc.org.uk @NSPCinfo

Appendix B – Ethics Approval – Education Department Malta

GOVERNMENT OF MALTA
MINISTRY FOR EDUCATION
DIRECTORATE FOR RESEARCH, LIFELONG LEARNING AND EMPLOYABILITY

Tel: 25982743 **researchandinnovation@ilearn.edu.mt**

PERMISSION TO CONDUCT RESEARCH STUDY

Date: 19th May 2021

Ref: R05-2021 804

To: **Head of School – MRC Mosta Primary B**
From: **Director**

Title of Research Study: ***Unveiling the Invisible: A narrative inquiry about the life of adults in Malta, who grew up with a sibling diagnosed with a depressive or anxiety disorder.***

The Directorate for Research, Lifelong Learning and Employability would like to inform that approval is granted to **Alessandra Muscat** to conduct the research in State Schools according to the official rules and regulations, subject to approval from the Ethics Committee of the respective Higher Educational Institution.

The researcher is committed to comply with the General Data Protection Regulation (GDPR) and will ensure that these requirements are followed in the conduct of this research. The researcher will be sending letters with clear information about the research, as well as consent forms to all data subjects and their parents/guardians when minors are involved. Consent forms should be signed in all cases particularly for the participation of minors in research.

For further details about our policy for research in schools, kindly visit www.research.gov.mt.

Thank you for your attention and cooperation.

Claire Mamo
MA Ed (Open)
Research Support Teacher
Directorate for Research, Lifelong Learning and Employability

f/ Alex Farrugia
Director
Directorate for Research, Lifelong Learning and Employability
Great Siege Road | Floriana | VLT 2000
t: +356 25982443 **e:** alex.farrugia@gov.mt | www.education.gov.mt

MINISTRY FOR EDUCATION

MINISTERU GHALL-EDUKAZZJONI
MINISTRY FOR EDUCATION

Appendix C – Ethics Approval - FSWS

Foundation for Social Welfare Services
212, Cannon Road,
Santa Venera SVR 9034

3rd June 2021

Sunflower Court, 3a
Gianni Vella Street
Swatar

To whom it may concern

Alessandra Muscat's request to conduct research within the services of the Foundation for Social Welfare Services has been reviewed. The research aims to explore: Unveiling the Invisible: A narrative inquiry about the life of adults in Malta, who grew up with a sibling diagnosed with a depressive and/or anxiety disorder.

After reviewing this request, the Research Office has given approval for the researcher to recruit participants through an advert.

Although the Research Office has approved the research, the service providers and participants still retain the right to refuse any research request.

It is very important for the applicant to keep in mind that the views expressed by research participants during interviews might not necessarily reflect the FSWS' official position on the topic in question, and this needs to be made very clear in the published study.

Regards,

Ronald Balzan

Ronald Balzan
Senior Research Executive

Section to be completed by FSWS Research Review Panel ONLY

We have examined the above proposal and advise

Approval **Conditional Acceptance** **Refusal**

For the following reason/s if any:
Approval is being given for the applicant to attempt recruiting research participants through an advert. The applicant is to send final versions of a participant recruitment invitation advert (in both Maltese and English), which will then be put up on notice boards at a number of FSWS premises.

Ronald Balzan

Signature Date: 3rd June 2021

Note: If conditionally accepted, the recommended changes must be confirmed with the Research Office before the research can proceed.

Section to be completed by the Research Office for Conditionally Accepted Research ONLY.

The recommended changes stipulated by the Conditional Acceptance have not been implemented and these changes have not been confirmed by the Research Office. As a result of these changes the research is now **Refused**. . ☐

The recommended changes stipulated by the Conditional Acceptance have been implemented and these changes have been confirmed by the Research Office. As a result of these changes the research is now **Approved**. . ☐

Signature Date

If Accepted/Conditionally Accepted to whom the study will be directed:

The Unit/s:
Research Office

The person/s referred	Contact details
Ronald Balzan – Senior Research Executive	ronald.balzan@gov.mt

Foundation for Social Welfare Services
212, Cannon Road, Santa Venera SVR 9034
Tel: 22588000; Fax: 22588939

Appendix D – Demographic Questionnaire

New School of Psychotherapy & Counselling
Fortune Green Road
London
NW6 1DR

The Department of Science and Technology Middlesex University London
NW4 4BT

Demographic Questionnaire

"Unveiling the Invisible: A narrative inquiry about the life of adults in Malta, who grew-up with a sibling diagnosed with a depressive or anxiety disorder"

By answering the following Demographic questionnaire, I would be able to ensure your eligibility to participate in the study.

Participant Identification No: _____

Personal Information

1. What is your gender?

□ Male
□ Female
□ Other

2. What is your age?

_____

3. What is your relationship status?

□ Single, never married
□ In a relationship
□ Married or living with a partner
□ Divorced
□ Separated
□ Widowed

4. Overall, how would you rate your mental health?

 Excellent
 Somewhat good
 Average
 Somewhat poor
 Poor
 Not sure

5. Have you ever been diagnosed with a mental disorder before?

 Yes
 No

If “yes” what have you been diagnosed with?

 Anxiety or anxiety related disorder
 Depression

Kindly specify the diagnosis _____

If “yes” where there any traumatic events happening?

 Yes
 No

General Information

6. Is there a history of mental disorder in your family?

 Yes
 No

7. Which of the family member(s) also has/had a history of mental illness.

☐ Birth Mother

☐ Birth Father

 Sibling/s
 Paternal Grandfather
 Paternal Grandmother
 Maternal Grandfather
 Maternal Grandmother
 Other

8. Currently, how old is your sibling?

_____

9. How old were you when your sibling was diagnosed?

_____

10. What was your sibling diagnosed with?

□ Anxiety or anxiety related disorder
□ Depression
Please specify the type of the disorder _____

11. What was the age of your sibling when s/he was diagnosed?

_____

12. How long was your sibling suffering from depression or anxiety disorder?

_____

13. During your adolescence (12-18 years) were your birth parents together?

□ Yes
□ No

14. Are your birth parents still together?

□ Yes
□ No
□ Other

Thank you for your answers.

Appendix E – Participant Information Sheet

New School of Psychotherapy & Counselling
Fortune Green Road
London
NW6 1DR

The Department of Science and Technology
Middlesex University
London NW4 4BT

Unveiling the Invisible: A narrative inquiry about the life of adults in Malta, who grew up with a sibling diagnosed with a depressive or anxiety disorder.

Thank you for your interest to participate in my research. I am conducting this study in partial fulfilment of a Doctorate in Existential Psychotherapy and Counselling by Professional studies at the New School of Psychotherapy and Counselling (NSPC), collaborating with Middlesex University. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve.

What is the purpose of the research?

I am interested in exploring your experience during adolescence (12-18 years), of living with a sibling diagnosed with depressive or anxiety disorder. I would like to understand what it felt like living with your sibling through his/her disorder. Moreover, I would like to explore if this experience has somewhat shaped your adult life, your career, your attitude towards life and your identity, amongst other aspects. I hope that by coming close to understand your thoughts, feelings and experiences, I can bring more awareness to professionals working in the field of mental health, in order to work more with all the family members.

Why have I been invited to participate?

You have been invited to participate since you meet the criteria that I am interested in, which are:

- You are between the age of 25 and 45
- You have a sibling with a depressive or anxiety disorder, who is older than you and was diagnosed when you were between 12 and 18 years
- Ongoing anxiety or depressive disorder that lasted more than 12 months
- Your sibling is still alive

Do I have to take part?

It is your choice whether to participate or not in this study and you are free to withdraw without consequence. Moreover, if you feel uncomfortable to answer specific questions you have the right to refrain from answering. If you agree to participate in the study, a consent form will be given to you for your signature.

What will happen to me if I take part?

You are being asked to take part in this study due to your reply to my flyer. After answering the demographic questionnaire, I will ascertained that you are eligible to participate. You will be interviewed at least once, at a time convenient for you. The interview is expected to

take about an hour to an hour and a half and will be recorded on a digital recorder. Rest assured that I will be transcribing the data and your name and any third parties' names will not be used. As you might have notice in the demographic questionnaire an identification number was given to you to anonymize the data instantly. Interview will either take place online, via skype, or by taking all the necessary precautions we may meet face-to-face in a clinic, where a Perspex is install to safeguard our health.

What will happen to the data?
I will transfer the data to an encrypted memory stick for storage and delete the recorded file. The data generated in the interview will be immediately coded, known only by myself and stored, together with the USB, in a locked filing cabinet at home. Only one electronic file will contain all of your details such as your name, pseudonym attributed, unique ID code, contact details and demographic details. The file will be password protected, encrypted and stored separately and will be destroyed upon completion of the study. The anonymized transcripts of the interviews, in which all identifying information has been removed, will be retained for ten years from the date of submission (university requirements) at Middlesex University. Results may be published online through a publication of a journal and may be presented in conferences and workshops. I will make sure that any quotes from the interview will not include any identifying information.

What are the possible disadvantages to taking part?
Since it is quite a sensitive issue, some questions might evoke some difficult emotions from past experiences. Talking about the present may also generate reflections about your current relationship with your sibling. I invite you to alert me at any time you feel uncomfortable and wish to stop the interview and I will turn off the recorder. I may recommend various services, such as therapy that you might consider to talk about what was triggered during the interview.

Even though you and your sibling's anonymity will be kept throughout this project, it is your decision whether you would like to discuss/inform your sibling about sharing your experience with me for research purposes. If you choose to discuss with your sibling, do consider their feelings and opinions before participating as this might affect your relationship. Do not hesitate to give your siblings my details in case s/he would like to clarify any questions regarding this research methodology.

What are the possible advantages of taking part?
Through sharing your voice and experiences, I hope to bring more understanding to professionals working with adolescents and families and possibly initiate services for siblings going through similar experiences.

Who is organising and funding the research?
This research study is fully self-funded. It has been organised by myself, the researcher, with the collaboration of NSPC and Middlesex University.

Who has reviewed the study?
All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC research Ethics sub-committee have reviewed and approved this proposal.

If you have any further questions, please contact me:

Ms. Alessandra Muscat
am3004@live.mdx.ac.uk

If you have any concerns about the conduct of the study, you may contact my supervisors:

Dr. Julie Scheiner
NSPC Ltd
61-63 Fortune Green Rd
London NW6 1DR
Tel: 0845 557 7752
Email: juliescheiner@yahoo.co.uk

Ms. Kate Thompson
NSPC Ltd
61-63 Fortune Green Rd
London NW6 1DR
Tel: 0845 557 7752
Email: kate@katethompsontherapy.com

Appendix F – Consent Form

New School of Psychotherapy & Counselling
Fortune Green Road
London
NW6 1DR

The Department of Science and Technology
Middlesex University
London NW4 4BT

Consent form

Participant Identification No: _____

Title of Project: Unveiling the Invisible: A narrative inquiry about the life of adults in Malta, who grew-up with a sibling diagnosed with a depressive or anxiety disorder.

Name of Researcher: Alessandra Muscat

Please tick the boxes

1. I have read and understood the information sheet for the above study and have had the opportunity to ask questions. ☐
2. I understand that my data will be treated anonymously and any publication resulting from this will not report data that can identify me. ☐
3. I understand that participation is voluntary and that I am free to withdraw at any time, without providing a reason and without my legal rights being affected. ☐
4. I agree to take part in the above study. ☐
5. I agree to be audio-recorded. ☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Researcher	Date	Signature

Appendix G – Interview guide

Part 1 – General Questions

Family structure

- Can you describe your family structure during adolescence?

Part 2 – Adolescence

Adolescence

- How would you describe your adolescence and yourself during this period?

Getting to know about the mental disorder

- Could you describe the time when you discovered about your sibling's mental disorder and what challenges you had to face?

Relationships

- Could you describe your relationship with your sibling/s and parents?

Feelings and emotions

- Could you describe the feelings you experienced?

Part 3 - Adulthood

Self

- How did this experience influence your identity as an adult?

Meaning to life

- Going through such experience in life, what meaning do you give to life nowadays?

Interviewer: Let's start by describing your family structure when you were an adolescent, who you were, how many members in the family, what type of family? A basic description of your background

Participant: OK. Basically I was not always present at home because I lived with my grandma. Sometimes I used to stay whole days at home and some days not. Let us say we were not that type of family who were that close, such as… apart from my sister, I have an older brother. I feel such sadness when I see people with their siblings. There's a huge difference! I don't know it its because there is a big age gap between us or because we are not that close. Even as a family, there was, as if everyone…not that we were separated, but we were not… for example looking back at Christmas, we did not have any traditions like everyone else. it is something that even now is still the same and it bothers me a lot but now I'm used to it. I try not to think about it because life goes on and you cannot control these things. Therefore there is nothing to be done. I was never close with my sister. When we were young we were rather closer but it stopped during adolescence when the disorder started showing. Initially, I just could not understand her and I rebelled against her. As it was not controlled back then. Nobody could… as all of us did not have any view, information or background – information about mental health. Therefore nobody, none of us envisaged what she was going through {Alright}. In my teenage years, it was the time when my sister and I lost contact because when she had these episodes, I was the one she attacked. Because of these episodes I got in a bad state too as I could not understand her. We became so apart that we even stopped talking to each other. It's only maybe last year that our relationship improved a bit since our teenage years. {alright}. Not that much but …

Interviewer: You stated that it was during your teenage years that your sister's symptoms were visible, do you recollect other symptoms you saw and could not understand?

Participant: The most important issues, I don't know if it was a symptom, the most issue that got to me was that my sister gave birth to her son Fabian during my teenage years. The boy is six years old and is going on seven. She never wanted to have any relationship with Fabian. When Fabian was a baby, my relationship with him was far more better than her with him. She did not want anything to do with him. Once she threw her mobile at him and I really was so angry at that moment. And when I reacted with her why she did that, like it is her child you know, she told me that's not my child and not to butt in. she used to hurt me with her words. In fact, that day I recall clearly that she told me 'I wish you will never have children of your own'. {ohh no!}. That was really painful because I love children and it is my greatest wish to have my own. I remember it was one of the worst days. I think of all her worst episodes towards me, that was the most painful one. I recall I spend two days crying and I was in a bad state.

{ohh no!}. It literally put me in one of the lowest points. Even if my mum and brother tried to tell her something, she would get angry and throw things at them. She even threw hot tea if she was holding one. She used to break mum's things. Once she tried to commit suicide. I still remember it clearly. She jumped off from the roof to our yard. She was constantly coming in and out of the short stay because she was having these episodes constantly, nearly every day. Quarrels. She even used to beat up my mother. She repeatedly had manic situation. I recall when I used to go visit, I never had the courage to go and see her at the 'short stay' because sometimes she stayed for a long time. Once I went to see her and it affected me so much that I could not manage to go another time because it was horrible.

Interviewer: When you state 'how much it affected me' what kind of impact did this experience leave on you?

Participant: I think mostly fear. It was in those times that she was diagnosed with bipolar. At first nobody could diagnose what she had and were trying to give her different medicine. There was medicine…unfortunately it improves you a bit and often it is wrong for you and she used to get worse. There were times that she really was bad until they found out what is good for her but then she seemed to be better. And at the same time, I started to learn more about the disorder and discovered that bipolar is in fact genetic and I was scared that someday I will end up like her and got so scared, literally panicked. I still feel this fear, but controlled and say 'if it happens, there are ways to control it'. So it affects me less. But still it still there, because observing how she ignores her boy, he is nothing to her. It is painful. Again, to even explain to him when he sees her in that state and I know that often, my father took him to her, when he sees these things happening, how will they affect him? {mhmm, mhmm}. So it was more painful and frightening.

Interviewer: You are mentioning so many things at once {yes} and I'm thinking 'Mamma mia what a journey you went through being a teenager'. How did you cope with such a situation?

Participant: I did not. In fact as I wrote in your questionnaire, I suffer from generalized anxiety disorder. I never went to therapy except for some time a couple of years ago. I think about 2 years ago. In fact, when I started therapy, I was told 'you kept to yourself too much, too long'. As in 'you should have come earlier'. During my secondary years, I went to counselling and then I stopped. But things with my sister started occurring after secondary. Apart those experiences I had at home, I carried my own and I was nowhere close to my mum. In the meantime my grandma died and I had to move back with my family. I saw these things happening, occurring continuously. Life force me t0 grow up. One, I lived with my grandma and without being aware, I was taking care of her and learned how to do all household chores and take care of everything. For my nephew, I seemed to be more as a mother to him, so I had to learn. In fact, I remember my mum and dad hardly ever went abroad or otherwise…because they had to take care of him. Once they were going for a day in

Sicily and today I live in Malta, and at that time I was still studying in Malta. My dad told me 'please make sure that you be here at home' that day. My sister was to be with the boy but he wanted me there. I recall that when he needed his bottle, or nappy changing, she just sat there. All she said was 'think he needs his nappy changed. Do it'. So it seems I had to grow up quickly and the environment did not help that much. Even the fact that mum and day do not have any background knowledge of what mental health is. Therefore they neither understood my sister nor me. I was even beginning, literally, to be suicidal. I used to hurt myself. I went through a terrible period. I really felt bad, after my grandma passed away. So all in all!

Interviewer: A lot of chaos.

Participant: Yes

Interviewer: You mentioned that you went to counselling and guidance when you were in secondary school. What was the reason that you stopped going?

Participant: The first reason that I started counselling in secondary school was because I had no relationship whatsoever with my mum or my sister. The relationship between my sister and mum was on-existent and even mine with mum and I started counselling. They sent another counsellor with mum and another for me but since I left secondary at Form 5, the support stops as well. Then it seemed after that you have to seek support yourself. So I stopped altogether … one my parents did not help me to give me the support and mum has a way of making everything about her. In fact, the counsellor that was sent home for her, she used to make everything about her. According to her, she always needed the help, I never … ever needed anything. She still, even these days, that she needs everything.

Interviewer: It is as if you were not seen as a person and your problems were not seen either.

Participant: Exactly. The same problem, I was never seen. I am still that way. At least I have a good relationship with my dad, meaning he always manages to try and make me feel better and he supports me. In fact, he supports me in therapy too. My mum does not have any knowledge and it is not important for her {mhmm}, yes. That was always the case.

Interviewer: Really interesting the way you started therapy to mend the situation, your relations with your mother instead of what was happening between you and your sister. What sense did you make of what was occurring around you? Being 15, witnessing all this, what reason did you form out of this situation?

Participant: All I wanted at that time was that my life stops. Literally I could not make sense of anything. Literally I remember, those were tumblr days, and I remember writing that I feel like I am drowning. Literally I am trying to spin back up. Literally I am trying to swim to survive. I'm observing everybody having fun and having a normal adolescence and I can't. I'm stuck and I'm not succeeding. Literally I wanted my life to be over because I could not handle everything at once.

Interviewer: What about friends? Did you talk to them on what was happening?

Participant: Yes. I used to open up to them a lot. They used to help me a lot. To make matters worse when I was 16/17, I got into a relationship and it was quite toxic. He knew about these things and he used to call me 'mental'. So it did not help at all.

Interviewer: If I was next to you I would hug you because you really touched my heart.

Participant: Thank you.

Interviewer: It's been quite a journey. It seems that you were suffocating. In fact that is what I feel right now, suffocating, just listening to all this and to be honest I am just thinking, what kept you alive. You mentioned how anxious you were, being suicidal, doing self-harm, toxic relationships with your mum, your sister, partner…so what kept you going?

Participant: Literally I do not even know. I guess I never had the courage to end it. I guess I tried different ways but I was too scared to do it and I guess I never had the courage to do it. As if there was something that stopped me and tell me 'no, you cannot do it'. My friends' support was great. I am still friends with them. That was one reason I think. And then when Fabian was born, Fabian is my world, even today. I think these are the two reasons that kept me going.

Interviewer: Your adoration for him is felt. The way you talk about him is pure love.

Participant: Yes.

Interviewer: Remind me the age gap between you and your sister.

Participant: There is an 8 years age gap between my sister and me, yes I think it is 8 years.

Interviewer: And your brother is again older than you?

Participant: Yes. My brother is much older. In fact, I do not remember him much. I have vague memories of him at home, but he got married and has children. So he's much older. Older than me.

Interviewer: So you had to go through this situation quite alone, without your brother's support, without your parents' support?

Participant: And it is still that way because whatever happens he is not in the picture. Everybody points towards me for all that happens. My mum depends on me, even my father. Everything that happens, it is all on me. Everybody. And I can't … sometimes I feel … last time someone told me, because I feel so tired, I tell them 'you are tiring me, I can't take it anymore"', as 'why me? Why does everyone depend on me?' and others tell me, even my friends 'because you are the only one who always manage to…manage to talk to them all with their ways and you

understand them'. Ok thank you I appreciate but sometimes it is too much. In fact last year I called my brother and begged him 'Please help me because I cannot take it any more'. I told him 'Please I need your help'. But at the end of the day, I still had to do it all by myself.

Interviewer: What are the expectations from your parents, from your sister, from your brother? What do they expect from you?

Participant: like when my dad clashes with my mum, or else there is something going on, or she is feeling out of sorts 'you talk to her please because she listens to you', one. My brother, 'please talk to mum because this and that is happening'.
When my mum clashes with my brother, 'please talk to him, tell him that I suffer bla, bla, bla'. My mum 'because you are the only one for me. I know you understand me'. Again, my sister says nothing, she does not depend on me but at the end of the day her son depends on me. They are in Gozo and I am in Malta, in the sense if I still live in Gozo, I take him everywhere with me. I do everything for him. That is one thing that pains me that I live in Malta because when I am in Gozo, I take him with me everywhere. If I go out with my friends I take him with me. In summer I take him with me to BBQs. Everywhere. I know he depends on me. Every birthday he had, 6 years old, which means he had 6 birthdays, I always planned his birthday parties. I bought him everything. Last year or the year before, she took it for granted that I will plan his birthday party, and told her 'what are you going to do for his birthday?' she said 'Aren't you going to plan something for him'. I was like … and then I put it aside because he is my world so not a problem. But it's like everyone depends on me. Everybody. For instance, my mum tells me her problems daily. My dad does the same because he does not communicate with my mum. It's like that.

Interviewer: Everyone vents with you.

Participant: And I cannot vent with nobody because also mum never calls me. I call her everyday. I do not recall she ever called me to tell me 'are you ok? How was work?' No these things are non-existent.

Interviewer: Simple things that you expect.

Participant: That is all I expect. Those are basic things that I expect from everyone you talk to, the first thing you say. But these things do not go through her head.

Interviewer: No. Sometimes everyone sees their own needs. Unfortunately it is the giver who has difficulty receiving back.

Participant: Yes.

Interviewer: Where these expectations always there? Where these expectations there too when you were younger, a teenager?

Participant: Yes, because I remember when I went to stay with my grandma, I chose to go to live with her. And when she died in hospital they needed the details of the death person. I had to give it to them. I was 16. I gave the details to the hospital staff.

My mother's brothers and sisters do not talk to each other. I had to call each aunt and uncle. Even if they were not on talking terms, I had to call them and give them the message that their mum is dead.

Interviewer: That is a lot for a 16 year old.

Participant: Yes. I always had to take care of these situations. These days I say that I am independent woman but sometimes I wish things were different.

Interviewer: How do you wish things were different?

Participant: Having a normal childhood and adolescence. I would have loved to have that. And I wish that… there are things that they were not in my control but still affected me in the sense, the fact … my mum is estranged from her family and unlike my friends' there is no relationship with my aunts, uncles and cousins. There are so many that are close. I don't have that. There is no relationship with my brother and sister. I never had any family traditions and still don't have them. So…that bond and support from your parents, in the sense, not even this year, I graduated. Mum refused to attend my graduation. I spent 2/3 days crying because I had to accept it, whatever. I loved to have that support my friends had. Especially when I transferred to Malta, I was having a hard time. The fact that my friends' family always called them and on my part I had to call them, they never called. Hello I am 17, 18 years. I know I am independent but it would be nice if you check up on me. Even nowadays, I would like it. I guess even if you are 40 it would be nice if someone checks up on you. I wish I had such things. Even simple facts, just to see the children for example, enjoy the little things. These days I do enjoy the little things. In fact, I ask myself 'am I going to be 26?' even the fact of receiving presents and opening presents, I literally feel like a 5 year old because I really enjoy it. Small things make me happy because I never had them. So…

Interviewer: I am going to ask you a question, if it is too personal don't feel obliged to answer me {ok}. You said it was your choice to live with your grandmother. Was there a reason why you wanted to live with her and not at home?

Participant: She was the only person, and I still say it, she was the only person in my life that never, never, never and ever caused me pain. Never. Never, ever, ever and I still say it to this day and the most person I miss and maybe that is why.

Interviewer: It says a lot {yes}. She was like a mother.

Participant: I often caller her 'ma' and it was quite often. She did her utmost to see me happy. She used to support me. Like she had a different mentality but she still tried her best to make me happy.

Interviewer: how long have you stayed with her?

Participant: I spent more than 6/7 years.

Interviewer: Let's move on to the present, the adulthood phase, what kind of effect this experience had on your life?

Participant: Let's say not a positive effect. I put it behind me and try to face life and it's beauty. But thankfully, therapy helped a lot because there are times when I give up and say to myself that I'm sick of everything. I always feel alone. These days, I live by myself. I wouldn't change it. I wouldn't go back home. Because…let's say since December, my mum made progress and calmed down. She literally succeeds to leave me breathless and cause me anxiety even over the phone. And when I go home, I don't even stay a whole day. Literally I just leave. I can't take that energy. I mean… nowadays, I learned that in life you have to depend on yourself. Maybe I am looking at it wrongly because I do not have any support from anyone, but at the end of the day, I need to depend on myself only. Because …

Interviewer: Because you achieved what you are today by yourself. Such as deciding on career, friends, relations, do you think that this experience left an impact on your decision making?

Participant: Yes. Talking about relationships, after that relationship, I had, I had another one which was a bit toxic. I have been going to therapy for these last 2 years. My habit is to give more than I receive. I am always going around in the same circle and keep going round. Again, I always need reassurance from everybody, friends, colleagues, relationships because I think that little child is still looking for the love and support. That is what my therapist told me. I think it was the last session she told me that, as if I still long for love, support and reassurance that I was supposed to receive when I was young. So it really does affect me. I am hard to trust. Because of all the issues I went through, it is hard to trust anyone. I tend to talk a lot…maybe you noticed. I have the habit to talk on many matters at the same time because so much happened in my life that I do succeed. I have so many things on my mind… yes they affected me. I wish and I still say it, even up to last Monday or Tuesday… In fact when I answered to you and told you I am in a bad phase and literally I had an anxiety relapse, truly, I was real bad because I tend to overthink a lot. I feel I am a bad person where others are concerned. I always feel as if I am doing something wrong and that I am not doing enough. It seems that in these past few months, I learnt that I am enough. I am who I am. Don't try to chance me. If I am a lot, go find less. But sometimes I have bad days and I fail. But it affected too much. I wish my life is not like this and my anxiety doesn't belong in my character but it's part of me so I have to accept it. And even that I'm always scared that I have bipolar traits, that last time I ended up researching and I know there are more than one type of bipolar dna one type I forgot what it's called exactly. I went and asked the therapist, 'do I have it?' She said 'if you have a label on it, if you have it, would it change anything?' I said 'no. I'm still me and things will still be the same'. She replied 'then it's your choice. If you want to know, go ahead, but it will not make any difference'. Again I will not do it so, no.

Interviewer: Regards your career…as you stated you kept on studying, what is your job?

Participant: I am an LSE. I still study part-time. Initially I lost time not knowing what to do. I wanted so many things. My parents stopped me from doing them. I recall

when I started 6th form, I changed subjects many times as at first, I wanted this and then that. As if I couldn't…I couldn't find my ground. I mean, I never, never, never could decide what I wanted. Again, 6th form was my adolescent years. So, I did not do well in my exams. I did not pass all my A'levels and Intermediates, so I decided to go to MCAST. I did a 2-year course and I passed. It was for a health assistant and I could carry on for nursing. I started nursing course at university and while I was still in the first year, my anxiety soured. It was one of my worst years and I spiralled downwards. I could not take it anymore. I stopped the course. I started working but I wanted to work with children. I applied for an LSE. I was accepted and since then I even started attending courses and graduated with a National Diploma and now I am studying for the degree {well done!}. This is my fourth year.

Interviewer: Do you think that the choice in your career was influenced on the basis of what happened in your life?

Participant: What happened had an impact on my career because I wanted to become a Maltese language teacher. It's still in education. Thinking about it, I feel that nowadays, I am not fit to be a teacher because looking at my character, I am not that kind of person…not that I do not have courage, but I tend to get really anxious. I also work in Club 3-16, summer school and sometimes I take charge of a class. Again, when I am in charge of a class, all eyes are on me, not just one person, and this brings me anxiety. Therefore, if I did not go through all that and had the support I needed, I think I would have made it further. I would have gone further {mhmm}. I'm proud of myself of what I'm doing but I would have been done better.

Interviewer: Re-coping skills nowadays, do you think they changed since you were a teenager, to cope with your sister's mental health issues?

Participant: Yes a lot.

Interviewer: In what way?

Participant: The fact that I went to therapy was a big step for me. I did it by myself. I did not have the backup of my mum and dad telling me 'listen you need therapy' or this and that. I went and that was a big step. I'm still trying to figure out more coping skills. In fact, since last week, I am trying out to read books instead of going through social media. And basically I am trying to do things which I am passionate about and that makes me happy. Back then, I did not have any coping skills, just none. I think I was doing all the wrong things that made me worse. I used to drink a lot of acohol, smoke cigarettes, so no. yes my coping skills have changed a lot.

Interviewer: They changes. They have become healthier.

Participant: Yes, yes, very much.

Interviewer: How is your relationship with your sister now?

Participant: I tried, I really tried since last year. I learnt to try to comprehend her since I could not get used to her being like that, how can she succeed to ignore her own son and

she doesn't care. Literally, I did not even know her mobile number. She was basically blocked from all my social media. I did not know her mobile number. Nothing. When I went to my mum's house, I seldom talked to her. It improved but still we don't chat on facebook or check up on each other. All this is non-existent. There are ups and downs such as … not a good one. I wish I was close to my sister but unfortunately, I'm not. At the same time, I used to hate her a lot, a lot. As time went by, I tried to understand what she was going through. Sometimes I say to myself, she creates chaos on purpose not because she wants to. Sorry she does these things on purpose not because she cannot control herself. I don't know. I don't know what she feels, don't' know what is going on in her mind but at the end of the day, I know that she gave me the most important person in my life and the best thing in my life. So I try…

Interviewer: You try to see her in a more positive way

Participant: Exactly.

Interviewer: So you never discussed her mental health issues or maybe she used to express what she must be feeling or not?

Participant: No, she was never, never, never there. It never happened. In fact, I used to try because I really wished that I try to understand her and that it helps but no. I think that not even she has … I watch films but films are not the same. I watch films about bipolar. They know what bipolar is, they know what they feel and what the symptoms are. But I think she herself doesn't know that she has it. She does not know.

Interviewer: What were your emotions when you were a teenager where your sister's mental health is concerned?

Participant: Again, I think, big, big hatred because I could not understand her. I did not know why she did all this. Again scared and hatred. Emotions of confusion because I did not know why she was behaving like that. I did not know why because I was always her target. Such as once, she pushed me down the stairs {ohh no}. Even she showed her hatred towards me and I did not know why. So it made me confused. It made me feel really sad. I was really sad. Often, I used to lock my bedroom door. I even used to hide in place when I used to hear her breaking and slamming things. I used to fear for her son, for my mum because she tried more than once to hurt my mum. I used to fear that my dead would end up in prison if he loses his control. Mum is not that forceful like my dad {exactly}. So I felt all kind of unhealthy emotions.

Interviewer: What went through your mind when you saw these actions of hatred from your sister?

Participant: I could never understand how you can have all the hatred for a person who has your own blood and I questioned myself what I might have done wrong.

Interviewer: How do you look at mental health these days?

Participant: I look at it in a way that … at times I say there has to be more, there

needs to be more help. There should be more awareness on mental health. There is need for more awareness because I am sure that my family does not know what is means. When I try to tell my mum, let's say I try to tell her how I feel, she does not understand it. There are so many people that do not know my feelings, they don't get it. I look at her in a way that it is still a big question, something like that. In fact, there are certain people that God forbid, if you mention … the word 'mental' on it's own, the person is labelled. But these days, I really do not care to say that I suffer from anxiety. I wont talk to everyone in depth about it and everything I went through. I try to support others and let them know that it will be OK and that there is nothing wrong that you have anxiety issues and you have any mental health disorder. Often I feel that I don't care if people say this and/or that. Still hesitant that people don't get me, even when I meet someone new. Currently I have a partner and it was rather scary to open up. But I think now he knows if you don't like it, leave. This is part of me. If he doesn't understand, it's his problem not mine…still there is that scary feeling nagging that people are not going to get me. When I have a panic attack or anxiety attack, it is not always easy to explain what I am feeling. At the same time, I get scared how others are seeing me and how I am going to explain. There is so much more to do about this topic. Much more.

Interviewer: Let's go back to the teenager years because you mentioned a short story, not that I ignored it, but we were discussing so many matters at once and we did not go in depth on this issue. Knowing that it was a shocking story when your sister jumped from the roof into the backyard. You were 15/16 years? {something like that, yes}. You were still a teenager. Can you describe what you felt, what you thought, if you can?

Participant: I try to describe a bit, not that I do not remember, but so many negative things happened similar to this episode, or this story that I tend to … that I realized only this year. Often for instance, when I say something to my friends, they exclaimed 'Kath are you serious? Can't you recall this? Listen Kath do you remember?' But when I talked with my therapist … I'm trying to explain to you that I try to remember, but I'm not always successful. Apart that I tend to forget a lot, my coping mechanism apparently is I put these situations into my … remind me.

Interviewer: The unconscious or subconscious

Participant: In the unconscious, to cope with them. I put them in the unconscious and I don't remember them.

Interviewer: You block them because they are a bit too painful as well.

Participant: Exactly. There are so many. Even if sometimes a person does something to me and my friends say 'Are you serious Kath, how are you being OK with them?' Then I just become myself again and say 'it's true. They re right' {mhmm}. When I became aware of this problem and I'm doing it often, I talked with my therapist and apparently, it is my coping mechanism and I put them into my

unconscious. But I still remember, I recall what happened. I remember my dad telling her something, or she had an episode and was trying to calm her down, when she ran for the roof door and jumped. It was not that high because it was not the upper roof, it was the lower roof. I remember looking down and seeing her lying on the floor. don I knew she wasn't dead. I can't remember the arrival of the ambulance. Nothing. {OK}. All I know that because of the fall, she spent a long time with a … I don't know what it's called, as she broke some vertebrae.

Interviewer: Like a brace?

Participant: Yes that's it.

Interviewer: One of the final questions on the purpose of life. Do you think that your purpose of life was affected by the circumstances that you went through? How do you intend to keep on living your life?

Participant: Yes looking back, in the sense, that if … sometimes I say … I have a relapse … again the most thing I desire in my life is to have children and be a mother. I am adamant about it because I do not have a good relationship with my mother, I do not want to be too old to have children. There is a gap between my mum and me, therefore I want to have them when I'm young and to have a good relationship with them. I want that my children will not go through what I went through. Looking back, I lost so much time. Going through two toxic relationships, I spent too much time on people who were not healthy for me and I gave a lot to people who did not deserve any of it. I can say now that I lost too much time. I try to put it aside and say 'now it is the past, I have to move on and I will do my utmost to enjoy life'. It seems that my purpose in life is improving gradually. For instance I love to travel and I lost too many opportunities to go abroad because of people. So I try to enjoy life and do what I love to do most, to enjoy life. But in my mind there is always that thought to have a family and all that I went through … so I think the purpose … to make the most out of life and say 'I made it! I succeeded'. Also to be a good mother. Then I would say 'ok I did all that I had to do'. There.

Interviewer: And I'm sure you will because you seem to be a really dedicated person.

Participant: I hope so.

Interviewer: You have a dream and I'm sure if you work on it you will manage as long as there won't be any circumstances in life to stop you.

Participant: Exactly that is why I told you the effect on me is because of the situations I have been through. I wasted a lot of time on people. Obviously it effected too much.

Interviewer: But you learn from these people as well. Like, this is a good person for me and this is not a good person for me. Loose ties with these people. I have no more questions for you. I don't know if you'd like to add anything else.

Participant: Mhmmm. No.

Appendix I – Debriefing Form

New School of Psychotherapy & Counselling
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The Department of Science and Technology Middlesex University London
NW4 4BT

The Debriefing Form

Study title: **Unveiling the Invisible: A narrative inquiry about the life of adults in Malta, who grew-up with siblings diagnosed with a depressive or anxiety disorder.**

Researcher: **Alessandra Muscat as a requirement for DProf in Existential Psychotherapy and Counselling by Professional Studies from NSPC and Middlesex University**

Supervisors: **Dr Julie Schiener** and **Ms. Kate Thompson**

Thank you once again for accepting my invitation to participate in my research. Your time, presence and narrative are greatly appreciated. I hope you found the interview interesting. However, if there are any outstanding issues that have been raised through our discussion, I am suggesting some sources of support and information that may be helpful.

- If you wish to further speak to a therapist, Caritas offers free counselling service and support groups. You can visit their website for further details about their services. https://www.caritasmalta.org/services/agency/counselling-and-social-work/
- Cana Movement in Florian offers Counselling and psychological services against a small donation. However, if you are in need of this service and is currently having financial difficulties do contact them and explain the situation. http://www.canamovement.org/servizzi
- Kellimni.com offers instant free support through their website, email or phone application.
- You can also make use of free supportline 179 https://fsws.gov.mt/en/appogg/Pages/support-line-179.aspx
- Should you wish any further help or clarification, feel free to either contact me at am3004@live.mdx.ac.uk or my supervisor at juliescheiner@yahoo.co.uk.

Appendix J – Analysis Sample - Averly

My thoughts	Verbatim	General ideas	Theme
	Interviewer: Sort of to accommodate what he wanted you to be.	Clarifying what I understood	
Could it be because she had grown up having to lie and telling me constantly that she had to lie, she wanted to emphasize that this is not the case? As a woman myself being treated this way triggered anger and frustration.	Participant: Yes exactly. He was very possessive. When I was very young he used to hit me quite a lot, maybe he was joking around or because he was a boy but it's unacceptable. He used to insult me a lot in different ways over different aspects. When it comes to boyfriends he used to go and tell on me with my mother that I'm sleeping with men and using vulgar language describing what I am doing with men, when I'm not doing anything with anyone and I'm not even in the company of men! He used to create a lot of stories about me which were not true. This is the plain truth. One of the worse things that I really hated was that he didn't let me listen to pop music, such as Britney Spears. He hid my Britney Spears CD that my cousin gave me because I had to listen to classical music. Listening to the music that I liked according to him would result in me becoming low cultured. The same goes for makeup, or for gelling my hair and so on. I ended up fighting with my first boyfriend because he heard him say that he was a 'clandestine' because he was thin. Every boyfriend that I had according to him was to go and get fucked. I remember when I had my period, to pick up on me and insult me he used to stick the pads on my bedroom door. All these things that I'm describing I would then end up stressing about them, ending in extreme anxiety. You know when opening pads there is a little bit of rustling, I locked myself in the bathroom and cough, so he wouldn't hear it because then he would know and ends up sticking pads on my door. When you're young this is very uncomfortable, nowadays I don't mind. Back then I was too embarrassed. Same when it comes to underwear and bras. I used to wash them myself because if they are hanged on the line where someone would see them I would be called "dik kiesha, dik qahba" (such a bitch, such a whore). So, I grew up with all this anxiety that I had to hide what is normal.	Realizing an unacceptable behavior Ongoing insults from an early age Creating untrue stories portraying his sister as promiscuous. Participant emphasized that she is not lying and these things really happened. (Previously she mentioned that she had to lie to those around her. Probably was concerned that I would not be believing her) Whatever she did, nothing seemed right. Couldn't be herself. Couldn't express her thought and feelings. It seemed that having different interests than her brother was unacceptable Humiliating her for natural processes led to overthinking a simple task.	Relationship difficulties Lack of authenticity Lack of identity Adaptation Not good enough Shame

		Normal female developmental process had to be kept a secret Her brother's reactions triggered anxiety	
	Interviewer: And who you are at the end of the day.		
A sigh of relief that she is valuing herself	Participant: Yes exactly. As I grew older I started to realize that I'm a very good person, so why should I be treated this way.	Time helped her realize that she's not the way she was believed she was. Getting to know what she deserves	Re-discovering herself Self-growth
	Interviewer: What about your relationship with your parents when you were an adolescent?	My intention was to explore her interaction with her family vis-a-vie what was happening with her brother	
Could it be because her parents always say no, she was afraid to be open about her problems? This is a situation that resonates with me.	Participant: From my end, I was always very respectful towards my parents. I didn't agree with anything they did, but let's put it this way, I always succumb to them as I believed they wanted what is good for us even though there were many things happening. But when we were sick or whatever, they always took very good care of us. So there was always this respect. Yet I never opened up because I used to be judged on anything. I was always the wrong one. Once there was this boy in the private and pulled my hair and bumped my head to the side of the van. I didn't tell my mother because I was afraid. Our neighbor went to tell my mother that I picked on this boy. My mother didn't believe me. At that time my grandfather used to give us one Maltese lira as a pocket money and I had to give him back my pocket money. From there on the relationship started frizzling out as my mother didn't trust me. She couldn't see that I was well-behaved and wouldn't do these things.	Being disrespectful was not an option – Kept one's position in the family very distinct Loyalty towards parents Believed their actions came from a good place. Kept her thoughts to herself A sense of fear from her parents Recounted story of injustice. This led her to start to lose trust in her mother	Betrayal
	Interviewer: Would they understand you when your brother behaved in that manner	Wanted to understand more	

	with you?	her parents' reactions towards her brother's behavior	
Could it be because the parents held the same values of how to be accomplished, they would use preferential treatment with their son? Or could mental health play part in this?	Participant: No. They always believed he was doing nothing wrong. I'm sorry if I'm picturing myself as if I'm an angel but trust me I'm saying the truth. One time I gave him my computer to fix something for me and he found some pictures. At that time I was with a boyfriend, I was old enough to have a boyfriend. He found some pictures where we were hugging and he showed them to my mother and created a story from these pictures. First of all, this is something private and secondly you don't do these things. On the other hand, he used to do much worse than me and I never said anything against him. I thought it was very unfair.	Injustice Re-emphasizes that she's telling the truth Another instance of re-creating untrue stories Kept repressing what was happening	Being silent
	Interviewer: Could you tell me more about your brother's mental health, how it started, any detectable symptoms?		
	Participant: I remember everything unfortunately. Me and my brother used to sleep in the same room. We had two beds next to each other. He used to force me do everything he wants, in a superstitious sense. For example I had to say the same prayer like him. Fair enough, it's the same prayer. We used to play in the evening, but it started to become tedious. We invented this quiz pretending we were doing this program on tv. I started to notice that this program never varied. It was always the same. If you wanted to play you wouldn't play in the same manner every time. It's like you have the same deck of cards and you always draw, 5,6,7. That is not play. you enjoy playing when it's always different. I started to notice that there is something wrong. Then other things started to happen such as "say this, do this move" and I'm like "what the hell?!"	Seems like she did not want to remember the difficult times These events seem painful for her to remember them Rituals seen as games in the beginning. Later, these games became tedious. Odd feeling Rituals started progressing Triggering feelings	Surprise/ Confused
	Interviewer: And how old where you?	For clearer reference for the time-line	
	Participant: I was in primary going to secondary so around 10. Then other things	Confirmation	

	started like putting his shoes in the same place. What used to really bother me, because it indicated that something was wrong was switching on and off the lights. If the sound of switching off or on didn't come out the same as usual he used to press it again. It was difficult for me to hear it and see it every day. If it's a game you doubt the process and start thinking maybe I'm the one thinking that it's tedious but switching on a switch what more is there if it's not a fucked up mind?	that things were not normal Daily struggle to see her brother behave in that manner	Struggling to understand Self-doubt
	Interviewer: What sense did you make out of this?	Wanted to know more about her self-doubt	
Was somewhat shocked by what Averly was recounting. This was the first time I came across such a 'bizarre' behavior.	Participant: I used to feel like he was dominant on me, he imposed things on me and if I didn't do them he used to get very angry, shouts a lot and sometimes even hits me. Nothing major but he would still do it. It was a very restrictive childhood for me. Other things that he used to do, they're really scary! My brother always played the piano and he used to cut his nails to play well. He used to keep them in a can in the wardrobe. We had a place … we called it the secret place in the wardrobe and he used to keep them there. One time I noticed these cans next to each other. Once I didn't go to school and opened these cans and saw all these things including a thread from a jumper, a lot of junk literally. One time I forgot what happened, either I spoke to him … I don't know if he did it in front of me or a can fell, I can't remember, but I asked him what they are. He told me that those things that are part of us … that touched us, we can't lose them. I couldn't understand what he meant. One time we were going to our grandfather's house and a man walked pass us and bumped into him and my brother really hassled. I asked him what was wrong and he said "because I left some dust on that man". I asked him what he meant and he said "that man touched me and the dust is crying because it's no longer on me". I said to myself "there is something wrong". Having said that, the fact that my parent didn't do anything, rather they encouraged him as they thought it was sweet and so they praised him. I was seen as "l-ghardita" (belligerent), literally their words "ghax jien l-ghardita" (you're the belligerent). I wasn't sensible towards my family. I used to	His way or no way Felt she had to obey to prevent anger outbursts Restrictive childhood Recounting events that were scary in a way for her This odd behavior was confusing Averly herself couldn't understand what was happening From an early age she was convinced something was wrong. Yet parents weren't on board. Parents felt she was opposite of	Possessiveness Confusion Lack of understanding

	think I was the bad person and at the same time I was convinced that I wasn't. So I had that clash. How could these people that are so dear to me are perceiving me from this lens that I'm a bitch, I want to go and they are praising him for these stupidities.	her brother	Not belonging