Learning from the Bereaved by Suicide in the Face of Stigma

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Abstract

Three qualitative research studies have been undertaken in Australia into the bereavement experience following the suicide of a family member. Narrative inquiry was used to interpret the data gathered from the in-depth interviews with bereaved informants. This methodology allowed for the exploration of the complex and influential aspects of the informant's grief experiences such as relatedness to the deceased, the informant's age at the time of death, developmental influences, family patterning, and the environmental and social context in which the family lived. This analysis allowed in depth exploration of the meaning making undertaken by the bereaved family members following the loss of a family member to suicide.

Stigma was a pervasive finding through all three studies, in relation to the end of life decisions of the deceased family member, along with those bereaved. It was common that all those bereaved by the suicide of a family member spoke of being silenced in their grief, of not being able to speak openly of their deceased family member, of shaming and blaming experienced from neighbours, their communities and family members. Frequently the stigma of a suicidal death resulted in fractures or breakdown in the wider family system.

This presentation will inform participants of the wide ranging damaging effects of stigma in relation to suicide, in that it prevents those who have suicidal thoughts from seeking help prior to their decision to die, and for those bereaved by suicide from being able to share their grief and find understanding.

Key Words: Family experience of suicide, bereavement, stigma, grief narratives, meaning making.

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1.   Introduction and background

Suicide is a major health issue worldwide. The recent Australian Institute of Health and Welfare (Harrison, Pointer & Elnour, 2009) estimated that the number of deaths from suicide at approximately 2500 in 2008. While the exact number of people affected by each suicide remains unknown (Jordan & McIntosh, in press), conservative estimates indicate that at least six family members affected by the loss (Clark & Goldney, 2000). This results in the possibility of 15000 Australians affected by the loss of a family member each year.

The loss of a loved one through suicide is known to be profound and long lasting (Myers & Fine, 2007). Thus not only is it important to identify those newly bereaved, but also those whose grief is long lasting and potentially disabling. At present there is no way to identify such individuals, nor whom within this group will require further assistance. Thus understanding the needs of this group is vitally important. Prior research has indicated that these family members are themselves at greater risk of suicide following the death of a loved one (De Leo & Heller, 2008)

The three qualitative research projects explored the experience of bereavement following the suicide death of a family member. These research projects sampled parents, children, siblings, partners and other first degree relatives using narrative inquiry to explore in depth the way in which these individuals make sense of the suicide death of their loved one, their grief journey and support needs.

Still in its infancy, this growing area of research is yet to reach consensus as to whether suicide bereavement is quantitatively different to other forms of traumatic grief (Jordan, 2001). However, some research has indicated that there are unique issues related to this bereavement that are experienced more intensely than other types of loss (Callahan, 2005; Jordan,, 2001; Maple, 2005; Mitchell, Kim, Prigerson & Mortimer, 2005; Ratnarajah & Schofield, 2008; Sands, 2008) such as prolonged grief reaction and depression.

2.   Methodology

Findings of three discreet yet related studies are reported. Study 1 explored the grief experience of 22 mothers and fathers bereaved through the suicide death of their young adult son or daughter (Maple, 2005). Study 2 explored the suicide bereavement experience of ten adults who lost a parent through suicide when they were children, adolescents or young adults (Ratnarajah & Schofield, 2008). Study 3 explored the family experience of the death of a first degree relative through suicide and 18 participants were interviewed (Ratnarajah, in progress).

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The study samples were all purposive and convenience, primarily recruited through media reporting. The in-depth interviews were audio recorded and transcribed verbatim. Narrative inquiry methodology allowed the meaning attributed to the family members' suicide deaths to be explored and the grief journey of the participants.

3.   Findings

An important issue strongly identified in all three studies is that every participant proactively discussed the difficulty they have faced since the suicide death of their family member in talking about the life and death of their loved one. While death is an uncomfortable topic for the general Western population[1] to engage in dialogue, the stigma associated with a suicide death was profound. In contrast to their everyday experience, the research interview provided the participant the freedom to speak at length about their deceased family member to an empathic and interested listener, an experience that was deeply appreciated. The participants commonly were longing to share descriptions of their deceased family member and especially the place and role they held in the family.

The importance of the role of dialogue in coming to a meaningful narrative about the deceased person's life and death is known to be of assistance in the grief journey (Neimeyer, 2003). Complicating this meaning making narrative for family members of those who have died by suicide, these family members questioned their own role and relationship with their deceased family member. Also questioned was the reasons that may have attributed to their choice to die, as well as questioning whether there was something they could have done differently that would have changed the outcome. Yet without the opportunity to talk about these issues, all participants identified being silenced in their grief (Maple, Edwards, Plummer, & Minichiello, 2010). For example, Helen says when speaking of her 26-year-old son, James who had died by suicide three years previously:

> I could sit here all night and tell you over the years, and even though his years were numbered, I love to talk about him. But it's hard to find people who are comfortable enough.

4.   Discussion – the impact of stigma in the face of suicide

The impact of stigma as experienced by the family members of the suicide bereaved comes from all facets of society. For many they were

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[1] This is a culturally influenced norm, and the authors accept that these generalisations apply to the dominant Western cultures.

shocked that some of their friends and support networks were no longer comfortable in their presence. This discomfort can be traced back to the earlier condemnation of suicide in previous societies in which suicide was seen as 'sin against the Holy Ghost' (Joiner 2010:2). The awkwardness of neighbours, friends and colleagues when first meeting a person bereaved by suicide can also result from their uncertainty of what to say or even knowledge of how to be supportive. This awkwardness may not be malicious in intent, but is isolating and painful for those bereaved. Furthermore, this isolation and internalised sense of a spoiled social identity may lead individuals to commence censoring their own dialogue in relation to the death.

While being unable to talk about a deceased loved one with friends and the community more broadly, it is the processes within families that have been explored more closely in these studies. Importantly, the relationships within families influence the ways in which the suicide is viewed, along with the strengths and challenges of the relationship prior to the death, and with the surviving family members post death. Each relationship will be briefly explored.

Spousal suicide

Commonly the participants in this research study shared their own feelings of guilt and shame or spoke of the suicidal death of their family member as being a stigma. In spousal or partner suicides, where the death came as a complete surprise, guilt and shame were frequently mentioned as explained by Darryl, after his wife Josie died:

> For a husband not to know how crook his wife was, to ignore the signs, to push it all under the carpet with a hollow promise of 'things will get better'. That is unforgivably not good enough.

Not only were individuals self-blaming, some participants were blamed by other family members for causing their partner's death. Lyn describes her interactions with her family following her husband's death only two months after the birth of their child. She recounted an incident with her sister who is medical practitioner, some weeks following Danny's death. Lyn had hoped for more understanding of her grief.

> Then my sister comes in, shrieks at me, and telling me 'you are not acting like a normal person' well this isn't a normal situation and I don't think there is any normal way to react to this kind of situation. She's telling me I should commit myself to the psychiatric unit.

Children's suicide

Parents who self-nominated to take part in this study, clearly expressed to the researcher how they rarely felt permitted the opportunity to talk about their deceased son or daughter. These parents

typically commented on the joy of using their child's name without discomfort during the interview, being able to speak freely about the child. Parents monitored their conversations based on their own comfort and the perceived lack of comfort of their audience. They became reserved about what they would and would not say in public, always waiting to see how what they said would be taken before entering into further discussion about their child. This constant monitoring could potentially isolate parents, as it did for Julia, who had very limited social support networks.

> The woman across the road thinks I am the weepiest person she has ever met. But I can't tell her. Like sometimes I watch a sad movie and I cry, but I can't keep going to her and saying: 'I'm thinking of Luke'.

These dialogues drew the researcher's attention to the importance of this narrative. During the interviews many participants became upset reviewing the events leading up to the death and the period since, but this did not inhibit their desire to participate or share their experiences and emotions, as Jane explains:

> It is upsetting, but it is not something that you don't want to do. I don't mind talking about it; it is a way of keeping him alive and part of my life.

Jane's comment emphasises an important point: parents need to find ways of keeping their child alive and part of their life. Being encouraged to talk about their child and their experience of suicide bereavement occurred in contrast to their usual experience, where they felt unable to talk openly and honestly. While discussion about their grief was inhibited, parents lamented that they were not given permission to reflect on times past, the happy times when their child was alive. In every other setting parents are allowed to talk about their children, regardless of their age or activity. Yet, for these parents, once their child had died they found they were no longer socially permitted to engage in this activity associated with parenting.

Negatively judging others in similar situations may serve two purposes. The first is that viewing others as worse off than yourself potentially assists in lessening the pain. The second reinforces social beliefs about how people should grieve, as these parents are also part of the broader community that holds these beliefs. It could be that by engaging in negatively assessing other parents suffering of a similar fate, parents are unintentionally worsening their own experience. In effect, this process reflects how parents then view themselves, which as Brabant, Forsyth and McFarlain (1995:81) suggest, is influenced by how we perceive others' perceptions of us. Regardless of their perception of

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isolation, stigmatisation and discomfort, parents *desired to talk* about their son or daughter, and attempted to find avenues to do so.

Parental suicide

Children of the suicide deceased are perhaps the most innocent of all, yet they too suffer from the stigma associated with their parent's death. Laura speaks of her mother's suicide when Laura, still a student heard her mother had deliberately stepped in front of a train.

> You can feel extremely isolated with this kind of death – because even if people ask what happened and I normally just tell them – but they don't know what to say. They sort of look away, and you do feel different, or that there is sort of a – I don't know if the word is stigma. People still ask, and you can see that they don't know how to respond to you.

Sibling suicide

Suicide bereaved siblings have previously been described as the 'forgotten bereaved' (Dyregrov & Dyregrov 2005:714). That is the sibling will be in need of support, as they too are grieving. But where the grieving parents may be unavailable for this support, the result is the siblings being silenced within the family, as well as within their social networks. They spoke of losing the one who shared all of their life experiences, who knew what it was like to be a child raised in that family. Sally stated:

> I felt very isolated in my family. My parents had each other.....At times I was aware of my parents' shame and sense of guilt. Many times I comforted them. This was a conflicted role for me. I wouldn't have done it differently.

Whilst Sally recognises that it can be a healing experience to share her story of her brother's suicide, she is self protective in that she selects who and in what circumstances she will share her story. However she is beginning to take risks with her story and will share her experience. She explains her motivation in volunteering to share her story:

> For me to also contribute as a sibling just raises that profile a little bit more, and maybe that will have some benefit for others. I feel that it is a very particular journey as a sibling, and it raises very particular issues, which are different from a parent, of course. A lot of the focus, in my experience, is that the attention went to my parents. I really understand it, but it is also very hard, because family friends would forget or ignore the siblings.

5.   Conclusion

While each the examples provided speak to the difficulty that those bereaved by suicide find in talking about their loved one, both within and outside the family, there is a strong need to create a memorial in recognition of the deceased loved one. This memorial story is unique to each individual living without the physical presence of his or her loved one. This is despite and in contrast to the many messages of shame or stigma that society places on the suicide bereaved to sever their bonds with the dead. That the suicide bereaved feel silenced in their grief has now been recognised in the literature in relation to suicide (Maple, et al., 2010) and more broadly in the grief literature is the importance of creating a memorial story (Neimeyer, Prigerson & Davies, 2002).

These three research projects identified the effects of stigma following a family member suicide death which effectively silences and may isolate the suicide bereaved at the time in life when they are most in need of support. It is unknown the ways in which this silencing contributes to the higher rates of suicide among the suicide-bereaved, and is therefore critical that these issues are explored more fully. Such an exploration will help to provide the evidence required to develop best practice guidelines for working with individuals following a suicide death. It is important that those who do come in contact with suicide bereaved members of the community, that they listen with genuineness, interest and understanding as each person, whether it is a mother, father, brother, sister, son or daughter, will grieve their loss in a unique and special way.

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