

TO MOURN AND RESIST STIGMA
NARRATION, MEANING-MAKING AND SELF-
FORMATION AFTER A PARENT'S SUICIDE

ANNELI SILVÉN HAGSTRÖM

Linköping Studies in Arts and Science No. 685
Linköping University, Department of Social and Welfare Studies
Linköping 2016

Linköping Studies in Arts and Science • No. 685

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Distributed by:
Department of Social and Welfare Studies
Linköping University
581 83 Linköping

Anneli Silvén Hagström
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Upplaga 1:1
ISBN 978-91-7685-740-3
ISSN 0282-9800

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Department of Social and Welfare Studies 2016

Printed by LiU-tryck, Linköping, Sweden, 2016

ABSTRACT

Grief following a parent's suicide has been called 'the silent grief': due to a prevailing stigma connected to suicide as a mode of death, the parent cannot be talked about. This silenced or distorted communication complicates grieving youths' meaning reconstruction centred on the question of *why* the parent committed suicide – a question inevitably linked to queries of who the deceased parent was, and that ultimately triggers thoughts about who oneself has become in the light of this experience. Previous research has emphasized how vulnerable parentally suicide-bereaved youths are by categorizing them as 'at risk group' of social and psychological problems and even suicide. However, there is scant knowledge about how these young mourners perceive and manage their own grief and need for social support – knowledge that is essential from a professional perspective. The aim of this thesis is to use a narrative research approach to investigate *what* and *how* young mourners tell of their experiences in a variety of social contexts: research interviews, a theatre play and two chat contexts on the Internet. Since they actively seek to achieve something through their communication with others, mourning youths are seen as storytellers and social actors, rather than passive victims of circumstance. This thesis shows how these young mourners search for a context outside of their immediate daily networks where they can normalize and liberate themselves and their deceased parent from stigmatizing discourses. The possibility of narrating experiences in a de-stigmatizing context supports a renegotiation of how to make sense of the suicide – from a voluntary and selfish act, to an involuntary and desperate act caused by adverse life situations or 'unbearable pain' and depression. This knowledge is applicable to encounters with parentally suicide-bereaved youths in a professional context, such as social work practice.

Keywords: Grief, identity, Internet, narrative, stigma, suicide, theatre, youth

SAMMANFATTNING

Sorgen efter en förälders självmord har kallats ”den tysta sorgen”: eftersom självmord alltjämt är en stigmatiserande dödsorsak kan det vara svårt att prata om den döde föräldern. Sådan tystad eller förvrängd kommunikation försvårar unga sörjandes meningsskapande utifrån frågan *varför* föräldern tog sitt liv – en fråga ofrånkomligen sammankopplad med funderingar om vem den döde föräldern var, vilket ytterst också väcker tankar om vem man själv har blivit i ljuset av denna erfarenhet. Tidigare forskning har betonat självmordsdrabbade barns sårbarhet genom att kategorisera dem som en ”riskgrupp” för sociala och psykologiska problem och till och med självmord. Emellertid är kunskapen knapp om hur dessa sörjande unga själva uppfattar och hanterar sin sorg och sina stödbehov – en angelägen kunskap ur ett professionellt perspektiv. Syftet med denna avhandling är att genom en narrativ forskningsansats undersöka *vad* och *hur* unga sörjande berättar om sina erfarenheter i några olika sociala kontexter: i forskningsintervjuer, en teaterföreställning och två olika chatt-forum på Internet. Eftersom dessa sörjande unga aktivt försöker åstadkomma något genom sin kommunikation med andra förstås de som berättare och sociala aktörer, snarare än passiva offer för omständigheter. Avhandlingen visar hur unga självmordssörjande söker en plats utanför sina vardagliga relationer, där de kan normalisera och frigöra sig själva och den döde föräldern i relation till stigmatiserande diskurser. Möjligheten att berätta om sina erfarenheter i en icke stigmatiserande kontext kan stödja en omförhandling av självmordet – från en frivillig och självisk handling till en ofrivillig och desperat handling orsakad av en svår livssituation och ”outhärdlig smärta” eller depression. Denna kunskap är tillämpbar i mötet med unga självmordssörjande i en professionell kontext, så som det sociala arbetets praktik.

Nyckelord: Identitet, Internet, narrativ, självmord, sorg, stigma, teater, ungdomar

FÖRORD

Jag sitter i en liten bil och kör uppför en bred grusväg, som med svag lutning slingrar sig upp längst ett grönskande berg. Solen skiner och jag tänker att "det här är en fin dag!". Jag har inte bråttom alls och så mycket härligt ligger framför mig. Jag kör – det är meditativt och jag känner mig som ett med bilen. Tiden går. Plötsligt anar jag oråd – något har förändrats. Den förut så trygga lutningen har övergått i en brant stigning. Jag tittar ut. Det ser kallt och kallt ut, träden är borta, och jag ser inte längre någon väg. Jag känner hur jag kör på lösa stenar som rullar tillbaka under mig. Lutningen är nu alarmerande och hotar bilens hela tyngdpunkt. Den slutar i en karg topp som avtecknar sig mot en mörk himmel. Jag undrar var jag är på väg och om jag kommer klara mig ned. Jag stannar bilen och öppnar dörren. Det blåser kraftigt och jag konstaterar att det är dödsdömt att till fots försöka gå tillbaka vägen som jag kom – då kommer jag att kana, tappa balansen och falla. Jag slår igen dörren, tar ett djupt andetag och börjar åter köra; långsamt, långsamt för att försäkra mig om att jag har tyngdlagen på min sida och inte skyddslöst faller bakåt. Jag tänker att vad som än väntar där uppe – där bakom – så måste det vara bättre än det här. Om jag bara överlever.

Drömmen lever starkt kvar i mitt minne och jag tolkar den som en symbolik över färdigställandet av denna avhandling. Att genomgå en forskarutbildning erbjuder möjligheten att få ta del av oceaner av ny kunskap, att möta människor som delar samma intresse av förkovran, analys och diskussion, och att vara på en plats i livet där man växer som människa. Samtidigt är det en miljö full av förväntningar och krav – inte minst från en själv – och det finns en oåterkallelig slutpunkt, vars närvaro blir allt mer påtaglig med tiden. För mig hade denna slingriga och stundtals osäkra resa fram till disputationen aldrig varit möjlig att klara av utan alla de fantastiska personer som har bidragit med stöd,

erfarenheter, kunskap, klokskap, vänskap och humor. Jag vill därför passa på att tacka alla er.

Jag vill börja med att tacka mina doktorandvänner vid Avdelningen för socialt arbete för att jag har fått dela denna resa med just er: Miriam Avorin, David Ekholm, Veronica Ekström, Elin Nilsson, Jessica Sjögren, Christina Söderberg och Nina Åkerlund, samt Jonas Lindbäck som fanns med vid starten. Tack också alla nya doktorander: Kamila Biszczanik, Maline Holmlund, Simon Härnbro, Jenny Löf och Magnus Wiberg, samt alla andra kollegor vid avdelningen för att ni tillsammans har bidragit till en stödande och kreativ arbetsplats. Jag har alltid hämtat kraft i samvaron med er och ni har gjort mina resor till Norrköping värda varenda krona. Ingen nämnd – ingen glömd.

Mina två handledare förtjänar ett eget avsnitt. Margareta Hydén: Det har varit en ära att få arbeta tillsammans med dig! Jag har inspirerats av din skärpa och förmåga att på ett till synes intuitivt och samtidigt meta-analytiskt strukturerat sätt renodla det mest centrala och bortse från sådant som stjälar fokus. Jag har mycket uppskattat våra idérika och roliga handledningstillfällen hemma hos dig med Buster eller på café Rival som kommit att bli vårt stamfik – tack för allt detta! Ulla Forinder: Du har funnits med ända från det att jag skrev min mastersuppsats vid Institutionen för socialt arbete i Stockholm, och jag kan inte nog understryka hur glad jag är att du ville följa mig hela vägen i mål. Tack för din ousinliga uppmuntran, entusiasm och klokskap, men också för att du har blivit en förebild av en stark kvinnlig forskare som är generös mot andra och som visar att nätverk är så mycket mer än man någonsin kan vara själv!

Jag vill samtidigt passa på att tacka Ulla-Karin Nyberg som fick mig intresserad av ämnet för denna avhandling genom sina forskningsprojekt vid Karolinska Institutet. Tack för ditt stöd att påbörja mastersstudier i detta ämne och att söka stipendium för intervjustudien i denna avhandling!

I arbetet med de olika texterna i avhandlingen har andras läsningar och kommentarer utgjort ett ovärderligt bidrag till det som nu är slutprodukten. Jag vill tacka opponent Gunvor Larsson Abbad för din

insats vid mitt 60 % seminarium, liksom bedömargruppen bestående av Else-Marie Anbäcken, Sabine Grüber och Dimitris Michailakis. Tack också till opponent Pia Bülow för din noggranna läsning och kommentarer vid mitt slutseminarium, liksom till bedömargruppen bestående av Ingrid Höjer, Karin Osvaldsson Cromdal och Dimitris Michailakis. Med konkreta och generösa råd har ni har alla bidragit till färdigställandet av denna avhandling. Tack också kommentatorer vid tidigare textseminarier: Yvonne Sjöblom och Mona Livholts, och slutligen alla andra kollegor vid avdelningen som har deltagit vid dessa seminarier. Det har alltid varit berikande att få ta del av era tankar! Enskilda personer är också tackade i de publicerade artiklarna.

Jag vill också rikta ett stort tack till stiftelsen Harald och Louise Ekmans forskningsstiftelse, som har beviljat mig stipendier för två skrivarvistelser på Sigtunastiftelsen hotell och konferens. Det har gett mig en möjlighet till obruten skrivtid när jag har behövt den som allra mest – därtill i en stimulerande miljö med andra forskare och författare. Tack också till Forskningsrådet för hälsa, arbetsliv och välfärd (FORTE) för resebidrag till konferensen med International Association for Suicide Prevention (IASP) i Oslo 2013.

Ett särskilt varmt tack vill jag rikta till alla de sörjande unga efter en förälders självmord, som har bidragit med sina berättelser till denna studie. Tack för att ni har haft modet att dela med er av era erfarenheter, så att vi andra kan lära oss något viktigt om er sorg!

In addition, I would like to thank the Centre for Narrative Research (CNR) at University of East London for the course 'Exploring Narrative research', and especially my tutor Cigdem Esin, who offered very valuable support as I developed the narrative methodology for this thesis. I am also grateful to the journals where my published articles have appeared – *Nordic Social Work Research*, *Narrative Inquiry and Qualitative Social Work* – for their permission to republish the articles in this thesis. Moreover, in each article I thank editors, reviewers and colleagues for their valuable comments and criticism, which helped me significantly sharpen my arguments. While my gratitude remains constant, I do not reiterate any names in this introduction, but refer to

the individual articles. Finally, I would like to express my sincere gratitude to Andrew March, for his critical eye and excellent work on the language in this thesis.

Mina kära vänner, tack för all er uppmuntran under denna tid! Ni vet vilka ni är. Ett särskilt tack till Jenny Silvé, Jenny Karlsson, Hanna Erik, Linda Skantze och Elisabeth Weibahr för befriande skratt och djupa samtal som påminner om det som är viktigast i livet! Tack också mina doktorandvänner utanför avdelningen Gabriela Armuand, Anna Jervaeus, Caroline Tovatt och Lill Hultman för våra samtal om forskarutbildningens glädjeämnen och vedermödor – igenkänning är en underskattad resurs i motgång.

Mamma och pappa, Ulla och Lennart Silvé, tack för allt stöd i stort som smått som kommer med att ni är involverade i mitt liv! Särskilt tack mamma för din ständiga omtanke som gör att du håller dig à jour och för att du alltid har glimten i ögat; du ser det dråpliga snarare än det dräpande i svåra stunder, vilket har varit till stor hjälp i den här processen. Tack pappa för att du är generös emot andra, kända som okända, lekfull och öppen för att utmana tanken. Du har inspirerat mig till att också bli en kunskapssökare om än inom ett helt annat område. I ljuset av ämnet för denna avhandling vill jag framförallt tacka er för alla fina minnen som vi delar tillsammans.

Titti och Ulf Hagström, tack för att ni är de bästa svärföräldrar som man kan önska sig! Ni har varit stödjande till mina forskarstudier trots att det har krävt mycket praktisk avlastning från er sida i vår vardag. Alla uppmuntrande telefonsamtal, sms och spontanfiranden i olika skeden av min forskarutbildning har bidragit till en tydligare känsla av att 'vara på rätt väg' och har pekat på betydelsen av att uppmärksamma också de små framstegen.

Sist men inte minst. Min älskling, Linus Hagström. Tack för att du kom in i mitt liv den där kvällen på Kvarnen för 15 år sedan och skakade om hela min tillvaro och för att jag sedan dess har fått leva ett spännande, glädjefyllt och intellektuellt stimulerande liv tillsammans med dig! Att kunna dela mina tankar om forskningen med dig har varit oskattbart. Det har bidragit till att jag har vågat utmana och tro på mig

själv – utan din närvaro i mitt liv hade denna avhandling aldrig blivit av. Vilgot och Hedvig, mina älskade barn. Tack för att ni är precis de unika personer som ni är! Över allt annat är jag er stolta mamma – ni är det som gör livet meningsfullt för mig varje dag. Många gånger under den här processen har jag önskat att jag hade kunnat stanna tiden och bara vila i samvaron med er utan tankar på avhandlingen. De stunder som jag har gjort det har varit de allra vackraste. Tack för ert tålamod och er uppmuntran! Den här boken är med kärlek tillägnad er med uppmaningen att ta tillvara det som känns meningsfullt i era liv!

Valleberga juli 2016

Anneli Silvén Hagström

ARTICLES

The thesis is based on the following articles:

- I. Silvén Hagström, A. (2013). ‘The stranger inside’: Suicide-related grief and Othering among teenage daughters following the loss of a father to suicide. *Nordic Social Work Research*, 3(2), 185–193
- II. Silvén Hagström, A. (2014). ‘The self-murderer from Orminge’: A bereaved daughter’s remonstrance to ‘rescue’ her Self through a performed memoir of revolt. *Narrative Inquiry*, 24(2), 218–238
- III Silvén Hagström, A. (2016). Breaking the silence: Parentally suicide-bereaved youths’ self-disclosure on the Internet and the social responses of others in relation to stigma. Submitted
- IV. Silvén Hagström, A. (2016). The ‘Suicide stigma’ renegotiated: Storytelling, social support and resistance in an Internet-based community for the young suicide-bereaved. *Qualitative Social Work* (forthcoming, published online)

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CHAPTER 1

INTRODUCTION

Karolina gazed at the floor and spoke in a monotone long into our interview. When she suddenly began to describe her relationship with her father, however, she brightened and spoke with enthusiasm:

Do you want me to tell you who he was, my father? He was very committed to us children and he liked to play. He could build castles in the sand and make ‘food faces’ – you know he made funny faces with our food. He cooked delicious meals [...] and he could play music by ear. He played the drums in a band and before I went to sleep he used to play his guitar and we sang together. He and I were actually the only ones in our family who shared this interest in music. [...] He was young at heart and he used to have lots of frolics with us kids. When his friends called to ask if he wanted to go to the pub, he preferred to be with us.

Karolina described how her father was her greatest support in life, especially when she was bullied at school. One ordinary day her father went missing. After several hours of waiting the police found him hanged in the woods: ‘But they found him later...It was traumatic...yes it was the worst you could hear, that a father who had always been there for you – who took care of you – was suddenly gone...gone from earth’.

Karolina’s bereavement story of her father’s suicide was constructed in an interview in the present study and constitutes the basis for this thesis. It bears witness to the experience of what I later came to hear described many times, at least in initial communications, as an *unexpected* and *inexplicable* suicide. This was often the case even when the parent was known to have suffered from mental illness at the time of suicide, and sometimes even when suicide had been preceded by repeated suicide attempts. Together, this indicates an overall

unpreparedness for suicide among these parentally suicide-bereaved youths and also – when suicide *did* happen – a lack of ready-made explanations for its occurrence. Accordingly, for Karolina, like the many other parentally suicide-bereaved youths¹ who will be heard in this thesis, grief came to be characterized by the question of *why* her father committed the self-inflicted death of suicide, and her own efforts to try to construct a parental-tolerable but also a self-tolerable answer to this question in her search for meaning. Hence, as this study shows, stigmatizing notions of suicide as a deviant and morally norm-breaking death commonly reflect negatively on the identities of both the deceased parent and the child.

Karolina is only one of countless numbers of young mourners who suffer the loss of a parent by suicide. Every year over 800 000 individuals commit suicide all over the world and the number of young suicide bereaved is not possible to survey (WHO 2015). In Sweden alone, four or five people commit suicide every day; and 7304 children, teenagers and young adults lost a parent by suicide between 2004 and 2014 (Statistics Sweden 2016). At the same time, the risks associated with a parental suicide are highlighted in previous research, in terms of social and psychological problems and even the child's own suicide. Notwithstanding, these young mourners represent a remarkably invisible group in both research and practice, and there are gaps in our knowledge of what kind of support they might need. For example, we know little about what and how these young mourners speak about their experiences, and from a wider perspective what function narration could have in their grief. These are burning issues, given that professional

¹ The terms 'parentally suicide-bereaved youths' or 'children' are used with reference to the participants in this study. 'Child' or 'children' defines their position in relation to the deceased parent, rather than their age. Hence, the majority of the young mourners who appear in this thesis are assumed to be in their teenage years or young adulthood (This is discussed further in relation to the study limitations in chapter 4).

practice – not least in the field of social work – constitutes a narrative practice, where on a daily basis we encounter narratives of traumatic and potentially stigmatizing subjects, and need to be able to approach them accordingly.

This thesis addresses these broad questions regarding the grief of parentally suicide-bereaved youths in four narrative studies conducted in a variety of social contexts: research interviews, a theatre play and two different chat contexts on the Internet. These are presented in the format of four separate articles, which, in turn, are introduced and further discussed, and their implications for future research and practice given extra attention, in the forthcoming chapters. My main hope is for the knowledge produced in this thesis to be useful to professionals who meet such young mourners of suicide in their practice, and perhaps more importantly that this knowledge can contribute constructively to parentally suicide-bereaved youths' own management of grief, as they become aware of how the telling of their experiences has the potential to construct alternative meanings and identities from experience – and to resist the prevailing 'suicide-stigma' in society.

Suicide-bereaved youths as a 'risk group' in need of a context for social support

When I first entered the field of suicide bereavement, with a special interest in youths mourning a parental suicide, I was struck by the risks associated with this kind of loss underscored in previous research – first and foremost in terms of mental health outcomes. Despite some uncertainty from partially conflicting research results, these young mourners have been identified as a high-risk group for the development of social and psychological problems (Cerel and Aldrich 2011; Hung and Rabin 2009). Most alarming is the heightened risk of suicidal behaviour and suicide among these young mourners, compared to non-bereaved and parentally bereaved youths from other causes. However, while this research has exhibited a limitless interest in the study of individual risk factors connected to biological and psychological vulnerabilities, our knowledge about how a parental loss by suicide is

processed within the social contexts of these young mourners is notably scarce.

The few existing studies in the field have an almost exclusive focus on the nuclear family as the primary context for grieving. This notwithstanding the knowledge that suicide-bereaved children and youths need emotional support and meaning-making dialogues in order to construct memories of the deceased parent and an understanding of the suicide that relieve them of self-imposed responsibility, and that the remaining parent's lack of resources due to their own grief, feelings of stigma or mental health issues often contributes to such needs being overlooked (Hung and Rabin 2009; Jordan 2001). In fact, family interaction has often proved to be negatively affected and turned into a restrained or distorted communication – or an ‘atmosphere of secrecy’ – intended to protect the children, which instead results in a lack of information and inadequate support (Cerel, Jordan and Duberstein 2008; Hung and Rabin 2009, p. 795; Loy and Boelk 2014). Even open disagreements and accusations about who is to blame for the suicide can sometimes dominate the family interaction (Loy and Boelk 2014). These common social and communicative complications of suicide bereavement have been discussed from the viewpoint of their harmful effect on parentally suicide-bereaved youths' access to support within the family and their immediate circle. We know much less, however, about how these young mourners come to manage such circumstances, and what kind of social contexts and support they themselves are searching for.

Grieving youths as storytellers and social actors

The above-mentioned research on parentally suicide-bereaved youths has thus far helped to make this group of grievers more visible by demonstrating their vulnerability to adverse developments. This research also highlights the vital role of professional support from school, as well as psychiatric and somatic health care and social work when these young mourners are actualized within these practices. Nonetheless, a dominant assumption in this research is that young

mourners are entirely dependent on the remaining parent's potential to be of support, and that deficiencies in this regard – in the family context per se – almost unfailingly lead to a hindered or pathological mourning, the exception being if professional support is provided. This positioning of young parentally suicide-bereaved in relation to their own grief processes and in these contexts for support – where they are primarily seen as passive recipients and victims of circumstance – needs to be problematized. Hence, although parents are usually the primary caregivers in most children's lives, and thus also the most significant resource for support, this assumption ignores these young mourners' agency to initiate action for the benefit of their own needs; for example, by participating in other social contexts of significance to them, and expressing and narratively sharing their suicide loss experience with others, possibly as a substitute for or a complement to the communication taking place, or a reaction to being silenced, within the family. This particularly applies to parentally suicide-bereaved children in their teenage years and young adulthood, who spend a majority of their time *outside* the family. In addition, such participation in other social contexts could mean that alternative means of expression and understanding of the suicide than those prevailing within the family might become available.

This thesis departs from a social constructionist and narrative research approach to young people's grief, which emphasizes these young mourners' agency as storytellers (Neimeyer et al. 2014; Ribbens McCarthy 2007). Central to this understanding of grief is the idea that young mourners need a space to narrate their experiences in order for them to be able to construct meaning and identity following their loss. Grieving is thus understood as a highly situated, interpretive and communicative activity that occurs within the family, in the broader community and even in cultural spheres, where the meanings of loss can be sought, negotiated and temporarily established within narrative processes (Neimeyer et al. 2014). Consequently, this theory calls for a broader socio-cultural lens on the study of suicide-bereaved youths' grief, whereby the individual loss experience must be understood in the

local and global contexts of communication; that is, where the telling of experience actually takes place. One implication of this narrative perspective is that these youths are seen as social actors who seek to accomplish something through their communication and social interaction with others. Accordingly, their participation in other social contexts and groups outside the family, and their subjective agency with the narrative power to initiate resistance and change, are particularly highlighted and constitute a core issue in this thesis. On this basis, the main question for this thesis is not how the parent is coping with grief and its implications for the mourning youth's well-being, but instead what youths who are exposed to a parental suicide *themselves do* through their telling of experience. In this way, this thesis seeks to contribute a complementary perspective on the study of suicide-bereaved youths' grief.

Aim and research questions

The primary objective of this thesis is, from an explorative and narrative research approach, to investigate *what* and *how* teenagers and young adults who have lost a parent by suicide *communicate* about their experiences. However, given that the telling of experience inevitably reflects on how individuals organize experience and in the process construct meaning and identity, and that 'suicide stigma' has been proven to complicate and affect this narrative process, a second aim throughout this thesis is to more closely investigate *whether* and, if so, *how* the analysed narratives are constructed in line with or resistance to stigmatizing discourses of suicide, and with what conceivable implications. Furthermore, since bereavement stories are assumed to be strongly influenced by the socio-cultural context in which the telling of experience takes place, a third aim of the thesis is to delineate what cultural narrative or interpretive frameworks are available and drawn on

at the time of the storytelling. This thesis has therefore been designed to compare different narrative materials produced within a variety of social contexts: research interviews, a theatre play, separate chat threads² on the Internet, and an online self-help community for the young suicide-bereaved. The focus of investigation is outlined and addressed through the different research questions raised in the separate articles in this thesis.

Research position

My research position in this thesis is, in addition to my narrative theoretical approach, guided and influenced by my perspective as a practicing social worker and grief therapist, and an ultimate interest in acquiring knowledge on how we as professionals can best assist parentally suicide-bereaved youths to find the support they need from us. When I initially learned about parentally suicide-bereaved youths' particular vulnerability, I was surprised that in my current position as a counsellor within child and adolescent psychiatry, this knowledge was unknown to our practice, and that this group was not a major priority. Another thing that puzzled me was the absence of suicide-bereaved families seeking support, and, despite the generally high prevalence of suicide among them, of the youths themselves. In five years, I met only one family, a mother and her two teenaged sons in the immediate aftermath of their father's suicide. He had thrown himself in front of a train during a family conflict. My colleague and I were ill-prepared for the meeting with these silent, evasive young mourners and despite our well-intentioned efforts, our contact quickly ran into the sand. Our ordinary crisis support was found wanting and these teenage boys provided no clues about what they needed. They probably did not know

² A chat thread consists of the initial message and all the responses posted in that Internet context.

themselves in this shocking and chaotic situation. For me, this unsatisfactory clinical situation, paired with the lack of in-depth knowledge about the social processes and problems – rather than individual biological or psychological ‘risk factors’ – behind parentally suicide-bereaved youths’ ‘risk outcomes’, spurred me to investigate, and become better informed through, young mourners’ telling of their own experience. This is not an unusual background within social work research. On the contrary, when research questions are grounded in social work practice, it usually leads to a basic inquiry with a high degree of applicability and the potential to develop practice.

Conceptual clarifications

At this stage, it is useful to introduce the meanings of a few key concepts that are used in this thesis and which are therefore important to clarify. *First*, the word ‘child/-ren’ is sometimes used with reference to these young suicide mourners’ position in relation to their deceased parent, and thus not to their age. However, since the majority of the suicide-bereaved who appear in this thesis are in their teenage years or young adulthood, they are primarily described as ‘youths’. *Second*, I have deliberately chosen not to use the concept ‘suicide survivor’ even though it is the most widely used term for suicide-bereaved family members in the research field. This is grounded in the discomfort expressed by some of the study participants. One daughter interviewed said: ““Suicide survivor” is such a strange phrase to me, because life is absurd in that *we* need to feel different’. Instead, I use the term ‘suicide bereaved’, which I find to be more in compliance with these mourners’ self-presentations. For the same reason, I use the phrase ‘remaining parent’ with reference to the parent who is still alive, rather than the more common ‘surviving parent’. *Third*, the words ‘storytelling’ or ‘narrating’ are used in a broad sense with reference to the act of linguistically recapitulating and sharing the parental loss experience with others in everyday social interactions in general, and in the self-selected and thus purposeful contexts analysed in this thesis in particular. ‘Narrative’ or ‘story’ are used with reference to the product

of such communication. The word ‘account’ is used interchangeably, with an emphasis on the fact that not all the communication analysed in this thesis has been constructed into coherent narratives. On the contrary, traumatic experiences are usually verbally incoherent, and told in more rhapsodic, fragmented and pre-narrative formats. Accounts also include more limited claims, statements and queries (see the more detailed description in chapter 3). *Fourth*, the term ‘social support’ is used with reference to any kind of support that is talked about, sought, offered or negotiated within the analysed contexts of communication. This includes for example emotional, cognitive and practical support, information and advice. However, it is beyond the limitations of this thesis to make judgements on the subjective experience of whether the support requested was perceived as having been provided. *Fifth*, ‘stigma’ and/or ‘Othering’ are primarily used with reference to these young mourners’ experiences of differentiation in relation to what is considered ‘normal’ due to the stigma attached to parental death by suicide (see the further clarifications in chapter 3).

Thesis disposition

This thesis consists of a kappa with seven chapters and four articles. The thesis kappa primarily aims to contextualize the reading of the articles. *Chapter 1* has introduced the research problem, aim and focus of analysis. *Chapter 2* localizes the study in a Swedish context and provides a review of previous studies in the field from their research problems and findings, to their limitations and implications for the present study. *Chapter 3* introduces the theoretical framework and central concepts. *Chapter 4* demonstrates the social contexts and methods for material gathering, materials, ethical considerations and study limitations. *Chapter 5* describes the methods of analysis in the composition of a ‘cumulative narrative inquiry’, which is presented through a brief summary of the articles. *Chapter 6* provides the main conclusions and reflections based on the combined materials and findings in the separate studies. *Chapter 7* is a summary of the study’s overall implications for further research and recommendations for future

practice. Lastly, the separate articles are published in the following order: *Article 1*: ““The stranger inside”: Suicide-related grief and “Othering” among teenage daughters following the loss of a father to suicide”; *Article 2*: ““The self-murderer from Orminge”: A bereaved daughter’s remonstrance to “rescue” her Self through a performed memoir of revolt”; *Article 3*: ‘Breaking the silence: Parentally suicide-bereaved youths’ self-disclosure on the Internet and the social responses of others in relation to stigma’; and *Article 4*: ‘The “Suicide stigma” renegotiated: Storytelling, social support and resistance in an Internet-based community for the young suicide-bereaved’.

CHAPTER 2

BACKGROUND AND PREVIOUS RESEARCH

This chapter presents previous research in the field in order to contextualize and explain the motivation for the present study. However, the study subject is first put in a Swedish context – since the material consists of parentally suicide-bereaved youths living in Sweden. There is a statistical demonstration of the number of suicides committed in Sweden, as well as the number of children, teenagers and young adults who have been affected by parental suicide in recent times. The main findings of a number of Swedish and international register studies on the long-term impact of a parental suicide are presented, as well as social and psychological studies of individual and familial grief reactions and parentally suicide-bereaved children's access to social support. Finally, a research-based summary of what distinguishes suicide bereavement from grief related to other modes of death is presented as well as stigma research linked to suicide bereavement. All the research is presented in terms of its respective research problems, strengths and limitations, and thus also the implications for the present study.

Suicide as a global imperative and the case of Sweden

Suicide is a multifaceted and global problem. It can occur throughout the life course regardless of class, gender, ethnicity or religion. At the same time, research has made significant progress in terms of discovering the factors that influence the incidence of suicide, as well as developing measures to prevent it. This includes the development of postvention support to suicide bereaved family members in a suicide

preventive effort.³ Nonetheless, more than 800 000 people commit suicide each year across the world, which is one suicide every 40 seconds (WHO 2015). The global number of family members, relatives and close friends who lose a loved one through suicide is uncountable, but it is estimated that one suicide directly affects at least six closely related individuals (Clark and Goldney 2000). This figure signals the existence of immense numbers of suicide bereaved all over the world, and thus the importance of focusing attention on their expressed need for psychosocial support, not least to prevent future suicides from being generated in generations of grieving children. In Sweden, a country of 9.9 million inhabitants (Statistics Sweden 2016), the registration of suicides shows that 1524 individuals over the age of 15 committed suicide in 2014, of whom 1042 (68%) were men and 482 (32%) women (National Board of Health and Welfare 2015). After a slight decrease in the suicide rate for both women and men in the late 1980s and throughout the 1990s, the rate levelled off and has remained relatively stable since 2000 (NASP 2015).

Cases of suicide are registered and therefore easily countable, although there is always an underestimation due to the number of so-called uncertain suicides, but no regular assessment is made of the number of suicide bereaved family members in Sweden, even though this would be possible through combined register analyses. Statistics obtained for this study in 2015 from the National Board of Health and Welfare (Socialstyrelsen) and Statistics Sweden (SCB), based on a cross-sectional analysis of the Cause of Death Register (COD) and the Multi-Generation Register (MGR), reveal that 592 young mourners, made up of 188 *children* aged 0–12 (52% daughters and 48% sons), 183 *teenagers* aged 13–20 (56% daughters and 44% sons) and 221 *young*

³ ‘Postvention’ is defined by Shneidman (1993, p. x) as ‘the activities that can be performed after the dire death of a loved one, and that look to the mental health of the survivors’.

adults aged 21–25 (52% sons and 48% daughters), lost a parent by suicide in 2014 (see Appendix 1). These figures remained relatively stable in the 11-year period 2004–2014, with only small fluctuations regarding gender. Within this period, the mean number of newly parentally bereaved per year was 664: 217 children (51% daughters and 49% sons), 179 teenagers (52% daughters and 48% sons) and 267 young adults (52% daughters and 48% sons). Young adults are the age group most frequently exposed to a parental death by suicide. In sum, the number of children, teenagers and young adults who were affected by a parental suicide in Sweden between 2004 and 2014 is 7304. Of these, 52% are daughters and 48% sons.

Research on parentally suicide-bereaved youths

It has been claimed in research on parentally suicide-bereaved youths that the field is empirically underexplored, that insufficient attention has been paid to the features of these young mourners' situations both before and after the suicide, and that the field suffers from a lack of evidence-based interventions (Andriessen et al. 2016; Cerel and Aldrich, 2011; Hung and Rabin 2009). In addition, there has been an increased 'psychiatrification' of the field, with a dominant tendency to investigate negative developments and mental health outcomes linked to identified risk factors. This makes alternative ways of understanding and studying youth bereavement unusual or peripheral. The current research status of the field is briefly described and discussed below.

Parentally suicide-bereaved youths as a 'risk group'

Within the medical/psychiatric research field, parentally suicide-bereaved youths' psychological health was first investigated qualitatively in explorative case studies consisting of small study samples (e.g. Cain and Fast 1966; Calhoun, Selby and Selby 1982). Later, cross sectional or case-control studies consisting of sizeable study and control groups emerged, which made it feasible to investigate the long-term consequences of a parental suicide and to compare different groups of young mourners. Such research aims to identify the most

vulnerable – or ‘at risk’ – individuals by asking *who* are in need of or should be offered professional support. Although these studies have in part produced conflicting results, in their recent review Cerel and Aldrich (2011) claim that the group of parentally suicide-bereaved youths should be understood as generally at severe risk of adverse outcomes in terms of their social and mental health, including suicidal behaviour and completed suicide. This particular vulnerability connected to the experience of a parental suicide – especially in childhood or teenage years – is confirmed in a number of register studies of parentally suicide-bereaved youths and adults living in Sweden. The main results of this research are outlined below.

The risk of an attempted or completed suicide among parentally suicide-bereaved youths has been investigated and proved to be hugely increased compared to both the average population and other groups of young parentally bereaved (Cerel and Aldrich 2011; Niederkrotenthaler et al. 2010; Wilcox et al. 2010). The Niederkrotenthaler et al. (2010) case-control study showed the risk of a suicide attempt to be 2.6 times greater and the risk of suicide to be 3.5 times greater compared to the average population. The Wilcox et al. (2010) register study of the age sensitivity of exposure to a parental suicide showed that the risk of suicide was three times greater when the suicide occurred in childhood or the teenage years (but not in young adulthood) compared to those parentally bereaved by other causes. Other studies that have examined the sensitivity of the age of exposure to a parent’s long-term illness (either physical or mental) and attempted or completed suicide have confirmed that a younger age at the time of exposure – first and foremost to a parent’s mental illness and suicide – is connected with increased risk of suicide in the child (Mittendorfer-Rutz, Rasmussen and Wasserman 2008; Niederkrotenthaler et al. 2010; Wilcox et al. 2010). This is confirmed in Kuramoto et al. (2013), which demonstrated a steadily increased risk from five years after the parental suicide and throughout life for the youngest parentally suicide-bereaved, compared to those who experience a parental suicide during teenage and young adulthood. In the latter case, the risk peaked 2 years after the suicide

and decreased gradually over time. Regarding suicide attempts, the reverse was found, with an increasing risk in youths and adults with increased age at exposure (Niederkröthaler et al. 2010). When analysing familial transition patterns, a parent's suicide has been found to be the strongest independent familial risk factor for youth suicide attempts (Brent et al. 2002; Brent and Melhem 2008; Pfeffer, Normandin and Kakuma 1998; Cerel and Roberts 2005; Mittendorfer-Rutz et al. 2008). In families where a suicide has occurred the risk of another suicide has been shown to be twice as high compared to non-suicide-bereaved families (Runeson and Asberg 2003). Other important risk factors are familial psychiatric morbidity, substance abuse and maternal suicide (Mittendorfer-Rutz et al. 2008). While several studies show only a connection between a maternal suicide and mental ill-health in the bereaved child (Mittendorfer-Rutz et al. 2008; Kuramoto et al. 2010; 2009; Pfeffer et al. 1998) a more recent study by Cheng et al. (2014) instead shows a same-sex connection; that is, increased suicide risk in boys if the deceased parent was the father, and vice versa.

Investigations of parentally suicide-bereaved youths' mental health have shown that this group is exposed to a greatly increased risk of depressive symptoms, interpersonal problems, ineffectiveness, anhedonia and negative mood disorder (Pfeffer et al. 2000; Brent et al. 2009), in addition to alcohol and substance misuse (Brent et al. 2009; Melhem et al. 2008). However, Brown et al. (2007) found no differences in functioning in parentally suicide-bereaved youths and comparable groups of young parentally bereaved from other causes, and McManama O'Brien et al. (2015) found no increased risk of alcohol or drug misuse, but a significant risk of developing stimulant, sedative, tranquilizer and opioid use disorders over a lifetime. In addition, parentally suicide-bereaved youths have shown an especially high risk of hospitalization for suicide attempts, depressive, psychotic and personality disorders, and drug disorders (Wilcox et al. 2010; Kuramoto et al. 2010, 2013). However, all young parentally bereaved, regardless of cause of death or age at exposure, were shown in Wilcox et al. (2010) to be at increased risk of violent criminal convictions, which indicates

that the loss of a parent to any mode of death may be a risk factor of adverse developments.

The above results are also confirmed in two Swedish register studies conducted within the project ‘Children as Carers’ by Chess at the Karolinska Institutet, and presented in two of four reports from the Swedish Family Care Competence Centre (SFCCC) at Linnaeus University (Nationellt kompetenscentrum anhöriga/Nka) (Nka 2014a; 2014b). The project was part of a national development strategy, following a directive from the National Board of Health and Welfare, to strengthen the support provided to children and teenagers brought up in families with addiction problems and/or serious physical or mental illness in one of the parents, or following a parent’s death. In these studies, suicide-bereaved youths represented a subgroup of investigation. The main results of the studies are presented in detail below in order to particularly highlight the social and mental health problems commonly correlated with a parental loss by suicide in Sweden.

The report: ‘Att växa upp med föräldrar som har missbruksproblem eller psykisk sjukdom: Hur ser livet ut i ung vuxen ålder?’ (‘To grow up with a parent with addiction problems or mental illness: What does life look like in young adulthood?’) (Nka 2014b), is based on data on 535 000 individuals born in Sweden in 1973–78, and alive and registered in Sweden at the age of 18. The main results of this report showed that 7.8% of the study population had at least one parent who had been hospitalized during their childhood (age 0–17) due to mental illness and/or alcohol or drug misuse. These children were defined as the ‘young carers group’. In a follow-up of this group, in the same report, from the age of 18 to 30–35, 537 deaths among these young carers had been registered. The mortality risk was doubled for children with a mentally ill parent compared to the general population. An analysis of the underlying causes of death showed that this increased risk was primarily associated with a violent parental death (i.e. from suicide, accident or violence) and alcohol and/or drug abuse. In the young carer group, 9–11% of the women and 6–8% of the men were

receiving some form of financial payment from society because of a chronic illness and/or disability by the age 30–35. These rates are two to three times higher than in the general population. After age 18, 20–25% of the women and 15–20% of the men in the young carer group had been patients in specialist psychiatric care, as either inpatients or outpatients. This was also two to three times higher than in the general population. There was a three-fold increase in the risk of being hospitalized for a suicide attempt among this group, in addition to a doubled risk of the presence of an addiction in the children of parents with mental illness.

The report: 'Hälsa och sociala livsvillkor hos unga vuxna som förlorat en förälder i dödsfall under barndomen' ('Health and social living conditions of young adults who lost a parent through lethal causes during childhood') is based on a similar register analysis of the same general population as above ($n=535\ 000$) (Nka 2014a). It showed that 4.1% had lost a parent during childhood (age 0–17), of which 1.7% had lost a parent due to violent causes, meaning suicide, an accident or violence, and 2.4% through other modes of death. The main results indicated that children who lost a parent to violent causes had a two to threefold increased risk of dying during the follow-up period compared to the control group, which consisted of non-bereaved children who grew up in a family with two parents present. When analysing the underlying reasons for the overall increased risk of death in parentally bereaved children aged 18–35, these proved to be primarily associated with preventable deaths (i.e. suicide, accidents and violence) or alcohol/drug abuse. Youths and adults who were parentally bereaved from such preventable causes had a threefold increased risk of dying themselves between the age of 18 and 35, and there was a particularly high risk among the parentally suicide-bereaved. In addition, and in accordance with previous studies, a parental loss by suicide, violence or accident was shown to be strongly associated with mental health problems in adulthood: 17–18% of the women and 14% of the men had received specialist psychiatric care and a diagnosis during the follow-up period, which was more than double the rate of the control group. The

risk of a suicide attempt was particularly high, some three to four times greater in this group. Such a parental loss was also associated with a fivefold increase in the risk of hospitalization due to alcohol and/or addiction problems (6–7% of the men and 4–5% of the women) compared to the control group. This risk was particularly high if the deceased parent was the same sex as the child. The parentally bereaved from other causes also ran a significantly higher risk of being hospitalized for addiction problems than the control group. The overall recommendation based on the latter report is that mourning children who lose a parent through suicide, an accident or an act of violence should be made a priority for postvention measures close to the time of the parental death.

The combined results of all the studies make a clear case that youths who have lost a parent by suicide are exposed to a severely heightened risk of adverse developments of different kinds, and ultimately even their own suicide. These negative outcomes are often also understood as linked to poor living conditions and other risk factors in the family environment preceding the suicide, which highlights the critical matter of also identifying and offering support to children exposed to a parent's long-term morbidity (first and foremost mental illness), abuse, suicide attempts and hospitalization, as well as any other situation where children take on the role of carer for the parent. This is not least a wake-up call for the fields of psychiatry and social work. A case in point for the relevance of the latter is that a particularly 'high-risk group' identified in the two Nka studies was parentally suicide-bereaved youths who had also had experience of institutional placements. They were reported to have the highest levels of mortality, mental health problems, substance abuse and criminal convictions, in combination with economic problems and low levels of gainful employment during the follow-up period.

This 'risk research' has helped to increase the visibility of parentally suicide-bereaved youths and thus also the possibility of action. However, this research provides no answers in regard to how parentally suicide-bereaved youths come to perceive and manage their grief, which

would be to ‘get behind’ risk and investigate its source. Cerel and Aldrich (2011) touch on this when they point out that investigating how suicide is communicated about and how young mourners come to interpret suicide is just as important as investigating the genetics and psychopathology of the young suicide bereaved.

Individual and familial grief reactions and access to social support

While medical/psychiatric research has investigated grief outcomes, psychological and social studies in the field aim to investigate how suicide-bereaved children and teenagers react to and experience a parental suicide, ultimately from the question of *what kind of support* should be provided for these young mourners. In the worst cases, and there seem to be a remarkable number of these in the case of parentally suicide-bereaved youths, the life situation after suicide is characterized by a lack of adequate support. This is also found to be the main contributor to the social and psychological problems presented above. For example, Loy and Boelk (2014), an interview study of 22 adults aged 18–50 who lost a parent by suicide in childhood, asked what helped and hindered their bereavement and how this experience shaped them. The vast majority described the loneliness of their grief due to the negative reactions within their families and social networks. In addition, one in three described how mental health problems interfered with their grieving process; they were struggling with a combination of attention deficit disorder, drug and alcohol abuse, depression, anxiety, attention deficit hyperactivity disorder and bipolar disorder in addition to the grief itself even many years after the parent’s suicide.

Manifestations of grief among parentally suicide-bereaved children have been shown to vary depending on individual factors such as age and maturity, how the suicide was explained to them, the quality of the relationship with the deceased parent, whether the child found the deceased parent, previous traumatic events and their daily life situation (Andriessen et al. 2016; Dyregrov, Plyhn and Dieserud 2012; Hung and Rabin 2009; Ratnarajah, MCouns and Schofield 2008). The latter refers in particular to the remaining parent’s psychological resources, the level

of communication within the family, and support from peers and professionals in the school context and wider social networks. The most common grief reactions, however, are a preoccupation with why-questions regarding the parent's reasons for suicide, as well as feelings of pain, sadness, anxiety, blame, shame and guilt, but also abandonment, anger, yearning and a wish for the deceased parent to return, disappointment in the deceased parent, existential questioning and a dread of other unexpected losses occurring, such as the death of the remaining parent (Andriessen et al. 2016; Dyregrov et al. 2012; Cerel et al. 1999; Ratnarajah et al. 2007). Guilt and shame responses are particularly common among parentally suicide-bereaved youths (Cerel et al. 1999; Hung and Rabin 2009; Ratnarajah and Schofield 2007). While guilt involves blame by the child of him/herself for self-imposed responsibility for the suicide, blame reactions have also been shown to be directed towards the remaining parent from the belief that the parent provoked or failed to prevent the suicide, and towards the deceased parent through feelings of abandonment (Hung and Rabin 2009; Loy and Bolk 2014). Shame reactions are connected to suicide as a stigmatic death, and result in efforts by parentally suicide-bereaved youths to conceal the cause of death and thus also their grief (Sterner Demi and Howell 1991; Loy and Boelk 2014).

Social support and the opportunity to express oneself have been identified an often vital factor in determining outcomes following any type of traumatic event (Pennebaker 1997; Stylianos and Vachon 1993), particularly when it comes to youths (Ribbens McCarthy 2007), and their grief following a suicide (Callahan 2000; Dyregrov 2003). The climate of communication within the family has been identified as particularly important, but at the same time communication problems and other dysfunctions often dominate the life situation preceding suicide, and young suicide mourners often experience other traumatic events and rejections before the suicide (Cerel et al. 2008). This complicates supportive interactions after the suicide. Many parentally suicide-bereaved have witnessed suicide threats and attempts, as well as other stressors before the suicide, such as parental mental health issues,

marital strife or legal troubles, much more so than the young parentally bereaved through other causes (ibid.; Loy and Boelk 2014; Ratnarajah and Schofield 2007; Shepherd and Barraclough 1976).

The role of the remaining parent has been pinpointed as particularly crucial to the possibility that parentally-suicide bereaved youths might experience a healthy grieving process, defined by an absence of mental ill-health (Hung and Rabin 2009; Dyregrov et al. 2012). However, even in families with an open climate of communication before the suicide, distortions in communication may occur as a result of the remaining parent's efforts to hide information about the suicide, including denying, evading and fabricating facts about the event (Cerel et al. 2008; Loy and Boelk 2014), which commonly causes feelings of betrayal and mistrust in the child when s/he is faced with the true circumstances of the death (Hung and Rabin 2009). Such a culture of family secrecy, which is initiated particularly in relation to younger children (Hung and Rabin 2009; Ratnarajah and Schofield 2007, Shepherd and Barraclough 1976), has been found to continue even into the third generation (Cain 2006). Although such concealment is probably intended to be protective, the lack of communication that occurs as a result has proved to be associated with prolonged grief (Nelson and Frantz 1996), and other negative ill-health and grief outcomes (Mitchell et al. 2006). In addition, many parentally suicide-bereaved youths describe parents who are emotionally and physically unavailable after the suicide, so-called 'checked-out parents' (Loy and Boelk 2014, p. 35), first and foremost due to their own grief reactions. This absence of a caring parent may lead mourning youths to feel themselves responsible for the well-being of the family by taking on adult roles and in some instances becoming a care provider to the remaining parent (ibid.).

The surrounding social network might also respond negatively with a consequent lack of support for mourning youths. In Loy and Boelk's study, social responses of a number of actors outside the immediate family were experienced as non-supportive: '(a) law enforcement and medical staff performing initial postsuicide interrogations; (b) extended

family and friends placing blame on the family; (c) peers bullying; (d) well-meaning people expressing pity; (e) clergy making adverse comments; (f) school personnel not knowing how to respond; and (g) people who were previously not close friends with the bereaved trying to suddenly be friendly' (p. 29). In addition, suicide-bereaved youths may also self-stigmatize and withdraw from potentially supportive interactions by fear of being judged (Dunn and Morrish-Vidners 1987). Loy and Boelk (2014) found that nearly one-third of participants reflected on what they described as poor communication skills or an inability to express feelings, which first and foremost were described as a result of a lack of trust in others. A common strategy was described as to conceal emotions and keep silent about the suicide.

Since suicide bereavement has proved often to be an isolating experience, professional support is of even greater importance. However, while professional support seems to be effective for adults and children, adolescents and young adults may need a different approach (Loy and Boelk 2014). In Dyregrov's (2009) interview study with 32 suicide-bereaved youths between the age of 13 and 24, 20% of whom had lost a parent, about their needs for help and support following the death, many expressed frustration over professional contacts. They commonly described how the initial encounter had been disappointing, which led to a loss of motivation to continue contact. Many did not feel that the mental health professionals genuinely cared, addressed their current problems or had any experience of or knowledge about suicide. However, the youths also disclosed that they did not know themselves what kind of help they needed.

The above research shows how social support is often lacking in parentally suicide-bereaved youths' grief, with the consequence that these young mourners also lack a social context in which to communicate their experiences. Thus far, however, research has been primarily limited to investigating the family context, without taking into account young mourners' agency to seek social support *outside* their everyday social networks in order to be able to communicate about the

suicide, or investigating what these young mourners seek to *achieve* by telling their experiences to others – or how they do so.

Is suicide bereavement different?

A central question within the research field of suicide bereavement has long been: ‘Is suicide bereavement different?’ (see Jordan 2001; Jordan and McIntosh 2011a; Jordan and McIntosh 2011b). The question was raised in the title of Jordan’s (2001) first review, which aimed to define the features of suicide bereavement compared to grief after other modes of death. At that time, and since, contradictory answers have been produced depending on study size and comparison group, as well as the different theoretical and methodological orientations of the studies. Extensive efforts have been made to establish *whether suicide bereavement is different* and, if so, *in what way?* (Jordan and McIntosh 2011a). This question is motivated from a clinical perspective, as it is important to identify and recognize suicide mourners’ particular needs as a basis for the specific support interventions offered. It is important, however, not to differentiate suicide bereavement when this is not necessary. It is not possible in this brief section to provide an account of all the studies that address this question. However, what I find most important in the light of the present study is the qualitative ‘thematic’ of suicide bereavement identified in Jordan (2001), and the current knowledge status in Jordan and McIntosh’s updated and co-authored responses to this question (2011a; 2011b).

Jordan (2001) found support in both qualitative research and clinical practice based on the narrated experiences of griever for the fact that a loss by suicide *does* give rise to a unique set of grief reactions that are more complicated and challenging to mourners’ identity, worldview, relationships, well-being, health and life than grief linked to other modes of death. Accordingly, he claimed that mourners beyond the shocking and traumatic nature of this sudden and often violent death, are commonly faced with particular themes or questions in their grief that make them particularly vulnerable and in need of support. This thematic consists of suicide mourners’: (a) ‘greater struggle to find

meaning in the loss of the loved one (meaning-making)', usually from the question: 'Why did ... [my loved one] do it?'; '(b) greater feelings of guilt, responsibility and blame', usually linked to the question: 'Why didn't I prevent it?'; and '(c) greater feelings of rejection and abandonment by, and anger toward, the deceased', usually in the form of the question: 'How could ... [s/he] do this to me?' (Jordan 2001, p. 92; Jordan and McIntosh 2011a, p. 25). Jordan also claimed that the family system is commonly negatively affected by the suicide, in terms of disrupted interactions, and that social networks are more inclined to display negative responses due to the self-violent aspects of suicide. The suicide bereaved were thus also thought likely to experience isolation and stigma caused by an awareness of stigmatization by others. This would affect their own behaviour, for example, leading to avoidance of talking about the suicide or concealment of the cause of death.

At the same time, however, research reviews of comparative studies that included control groups of different bereavement categories showed no significant differences in general mental health outcomes, such as depression, PTSD symptoms, anxiety or suicidal behaviour (excluding completed suicides) (see McIntosh 1993; Sveen and Walby 2008). Nonetheless, this might be explained by the big similarities identified between suicide bereavement and bereavement following other traumatic and violent deaths (Jordan and McIntosh 2011a). In Sveen and Walby's review (2008) of 41 comparative studies of the suicide bereaved and two other bereaved groups – one mourning deaths from natural causes and the other sudden and violent deaths – significant differences were, however, identified when suicide-specific measures were used. The suicide-bereaved reported experiencing higher levels of rejection, shame, stigma, need to conceal the cause of death and blaming than other bereaved (see the discussion of these results in Jordan and McIntosh 2011a). Taken together, Jordan and McIntosh (2011a) summarize the following qualitative features of suicide bereavement, which currently find support in comparative studies:

- 1) 'Abandonment and rejection [...];

- 2) Shame and stigma [...];
- 3) Concealment of the cause of death as suicide [...];
- 4) Blaming – This reaction might be related to possible feelings of anger [...]; and
- 5) Increased self-destructiveness or suicidality [...]' (pp. 30–31).

The following features are *not* currently supported by sufficient research evidence, but are supported by clinical experience and the accounts of suicide mourners:

- 1) ‘Guilt – Guilt can be felt regarding what one did, did not do, imagined one might have done, and so forth [...];
- 2) Anger – Angry feelings may exist toward the deceased, oneself, or others [...];
- 3) Search for explanation/desire to understand why [...];
- 4) Relief – Relationships and daily interactions with suicidal and depressed individuals are often associated with troubled and disrupted lives. With their death, the disruption and problems diminish or disappear [...]. In addition, relief may occur in the case of ... [mourners]⁴ who perceive that their loved one’s psychological pain is now over and they no longer must bear that pain;
- 5) Shock and disbelief [...];
- 6) Family system effects/social support issues/social isolation [...];
- 7) Activism, obsession with the phenomenon of suicide, and involvement with prevention efforts [...]'(pp. 31–33).

The above exposition sets out what is currently known, from both research and clinical practice, of the distinguishing characteristics of suicide-related grief. It once again highlights the vulnerability associated with suicide bereavement. These results are mainly based on

⁴ The original term ‘survivors’ has in accordance with the terminology of this thesis been substituted with the term ‘mourners’.

studies of adult grievers, first and foremost parents who have lost a child by suicide, however, and do not reflect on the possible significance of age. Even so, most of these features can also be found in the research on parentally suicide-bereaved children. Another issue of concern is that this perspective does not take into account the range of individual differences within this generalization of suicide-bereavement, although it does emphasize that grief is ultimately a subjective experience, and that not all mourners respond in the same predefined ways. This means that we know less about how these distinguishing features of suicide bereavement are managed by mourners either individually or collectively.

Suicide as a stigmatic death in historical and contemporary Western societies

Historically in Western culture, suicide has been viewed as a breach of the rule not to interfere in the natural end of life. The French historian Georges Minois (1999) describes how even in the early study of death, suicide was a taboo subject: ‘the silence and dissimulation that accompanied suicide surrounded it with a climate of discomfort’ (p. 1). Historical records from the Middle Ages show that the suicide stigma was fully institutionalized at that time: the bodies of suicides were mutilated as a deterrent to others and to prevent the unleashing of evil spirits. The deceased was also denied a Christian burial on consecrated ground, the family’s property was confiscated and such families were excluded from the community (Cvinar 2005; Minois 1999). The Swedish historians Birgitta Odén, Bodil Persson and Yvonne Maria Werner (1998) describe how suicide was viewed in a Swedish context as a sinful act against God for which bereaved families must suffer economic sanctions and banishment. In the latter part of the Middle Ages suicide also came to be viewed throughout the whole of Western Europe as an offence against the state. Accordingly, ‘the machinery of justice’ within both church and state developed penalties for suicide, which thus became a banned act in a double sense. Among other examples, a case from 1663 provides details of an incident where parson

Samuel Hammarinus took down the body of a maid who had hanged herself and buried it in the cemetery, for which he was ostracized by his parishioners and finally removed from his position. Legislation from this time forbade any citizen from taking care of the body of a suicide, and to do so attracted heavy penalties (Odén, Persson and Werner 1998, p. 84).

Such authoritarian practices no longer apply in contemporary Western societies, but research has shown that stigmatizing practices still operate, and suicide bereaved family members often report stigmatizing experiences within their social networks (Cvinar 2005; Feigelman et al. 2009; Jordan 2001; Jordan and McIntosh 2011a; Pitman et al. 2016; Sveen and Walby 2008). This stigma can be explained as rooted in prevailing understandings of suicide as a deviant and morally norm-breaking death, for which society still affixes blame on the bereaved (see Cvinar 2005; Jordan, 2001; Jordan and McIntosh 2011a). Stigmatizing responses are expressed as informal social disapproval through direct actions taken against the suicide bereaved, as well as failures to provide support, the latter being far more common. For example, Feigelman, Gorman and Jordan's (2009) questionnaire study of stigma in 462 US parents who had lost a child by suicide showed that the experience of stigma was first and foremost associated with a so-called empathic failure, embedded in the non-supportive responses by people perceived as close relations at a time in life when support was most needed – and thus also most expected from the mourners' perspective. This phenomenon is also known as 'disenfranchised grief' (Neimeyer and Jordan 2002). These non-supportive responses were: (a) "a wall of silence", where significant others studiously avoided all further discussions about the deceased child; (b) "the absence of a caring interest", where significant others rarely asked about ... [mourners'] well-being; and (c) "unhelpful advice", where suggestions completely disregarded the long-term and transformative nature of the grieving process after suicide' (Feigelman, Gorman and Jordan 2009, p. 603). As a consequence of this empathic failure, suicide-bereaved parents reported having felt offended,

wounded and abandoned in their grief, which was shown to be associated with grieving difficulties, depression and suicidal thinking. In an interview study of 22 Australian parents who had lost a child by suicide (Maple et al. 2010), a similar central theme was their experiences of having been ‘silenced’ – by both others and themselves – in order to avoid the discomfort connected to suicide. The parents explained that they wanted to talk about their child’s suicide, but did not feel allowed to within their social networks. In addition, all the parents experienced themselves as deviant, since their reactions differed from traditional grief theories and normative ideals of bereavement.

While stigmatic experiences have proved to be a defining feature of suicide bereavement in adults, there is a lack of systematic studies of stigma in parentally suicide-bereaved youths. However, as previous qualitative studies have shown, stigma is described as present in parentally suicide-bereaved youths’ grief in terms of others’ negative and non-supportive responses and their own silence, secrecy and avoidance. In their early qualitative study of the long-term effects of suicide bereaved youths’ experiences of a parental or sibling suicide, Sterner Demi and Howell (1991) showed how stigma, in terms of feeling ashamed or tainted by the suicide, was a central feature of grief. As a result, young mourners developed strategies for ‘hiding’ the pain connected to the loss; for example, by denial, keeping secrets, fleeing, working or addictive behaviour. In a majority of cases, the loss experience was not talked about at all until a space for ‘healing’ arose. This was commonly years later in a professional contact induced by the problems that their suppressed grief had caused, usually social problems, mental or physical health issues and addiction. A more recent cross-sectional study of young people mourning a suicide in their family showed that these mourners perceived themselves as more acutely stigmatized by their relatives and friends compared to other bereavement groups (Pitman et al. 2016). One recommendation was that young suicide mourners’ high levels of stigma in terms of shame, feelings of responsibility and guilt require a qualitative investigation to

identify whether these grief dimensions limit social functioning, help-seeking behaviour and/or the support offered.

Limitations and implications for the study

This brief review clearly shows that parentally suicide-bereaved youths have been identified as at risk of social problems and negative health outcomes and even suicide. At the same time, suicide has been found to be a loss that requires a particular social processing, and young mourners have commonly described a lack of social support due to family dysfunction and stigma. This all highlights the urgency of finding a social context in which to be able to communicate with others about the parental loss experience. However, there is an overall lack of studies that take young mourners' agency into account, for example by investigating in what way and how they tell of their experiences in self-chosen contexts; and what in the process they are seeking to achieve, not least in relation to meaning-making and self-formation (Ribbens McCarthy 2007). The present study departs from such an approach as it seeks to reveal some of the 'missing voices' in suicide bereavement (see Maple et al. 2014), and thus ultimately help answer the question of what kind of support these young mourners are searching for and how narrating might function to support their grief.

Another matter of concern identified in this review is that the dominant 'risk research' could, contrary to its motives, contribute to suicide-bereaved youths' grief outcomes – as their vulnerability and fear of being predisposed to suicide could actually be reinforced by this approach. For the present study, the words of the psychologist Albert Cain in his pioneering book on suicide bereavement (1972, pp. 23–24) have encouraged me to dare to explore non-traditional and challenging research methods in the field of suicide bereavement:

Proceeding in the face of the taboos, stigma, denial, concealment...so often unleashed by suicide, our research efforts will require an unusual degree of perseverance and ingenuity and must correspondingly permit extra latitude for

occasional unorthodox approaches. And given the clamorous needs of many survivors for psychological assistance, survivor research will often acquire a strong action-research flavour, with all the advantages and limitations implied thereby.

CHAPTER 3

A THEORETICAL FRAMEWORK

This chapter presents the theories that have guided my inquiry into what and how suicide-bereaved youths tell others of their experiences in a variety of social contexts, based on the relevance of those theories to the research and the methods chosen. It is important to note, however, that as this inquiry has gradually developed from an explorative and inductive approach to an abductive approach, these theoretical perspectives and previous research findings have been given a more salient role in the analytical process. The main theoretical perspective in this thesis is a social constructionist and narrative understanding of the grief process. Other central perspectives are theories of youth bereavement and stigma/Othering, as well as related theories about discursive resistance, silence and voice.

A social constructionist theory of grief

This study is grounded in a social constructionist grief perspective (Neimeyer 2001). The perspective emerged as a reaction to the essentialist psychological and medical view of bereavement, which came to dominate our perception of grief in Western culture during the 20th century (*ibid.*, p. 3). The most central orientations of the social constructionist perspective are:

- ‘skepticism about the universality of a predictable emotional trajectory that leads from psychological disequilibrium to readjustment, coupled with an appreciation of more complex patterns of adaptation;
- a shift away from the presumption that successful grieving requires withdrawal of psychic energy from the one who has died and toward a recognition of the potentially healthy role

- of continued symbolic bonds with the deceased person;
- attention to broadly cognitive processes entailed in mourning, supplementing the traditional focus on the emotional consequences of loss;
 - a de-emphasis on universal syndromes of grieving and a focus on “local” practices of accommodating loss among specific categories of the bereaved or different (sub)cultural groups;
 - greater awareness of the implications of major loss for the individual’s sense of identity, often necessitating deep revisions in his or her self-definition;
 - increased appreciation of the possibility of life-enhancing “post-traumatic growth” as one integrates the lessons of loss; and
 - a broadened focus not only on the experience of individual ... [mourners] but also on the patterns and processes by which loss is negotiated in families and wider social contexts’ (ibid., pp. 3–4).

The central idea of this constructionist grief theory is that the loss of a loved one causes a potential *crisis of meaning* in the mourning individual’s life- and self-narrative, which actualizes a quest for meaning and narrative reconstruction or a reaffirmation of fundamental beliefs and identities (Neimeyer 2001; Neimeyer and Sands 2011; Neimeyer et al. 2014). This conceptualization of grief is based on Parkes’ (1971) theory of how a traumatic experience fits into the individual’s existing ‘assumptive worlds’ and Janoff-Bulman’s (1992) theory of ‘shattered assumptions’. Accordingly, traumatic life events may come to shatter our basic and taken-for-granted assumptions about the life world and our self, as it is no longer possible to identify with them and the mourner’s ongoing autobiography is thus challenged or disrupted (cf. ‘biographical disruption’ and chronic illness, Bury 1982). Briefly, such basic assumptions commonly suggest that the world is a benevolent and fairly safe and predictable place, and that the individual

as a member of it is meaningful and morally worthy. Non-normative deaths – suicide in particular – are by their nature more incomprehensible and thus represent a greater challenge, usually providing a ‘shock effect’ to the mourner’s existing world of meaning (Neimeyer and Sands 2011; Sands, Jordan and Neimeyer 2010, p. 249). Consequently, grieving is mainly understood as a narrative process that aims to construct new meanings and identities in the wake of a profound loss – a process that occurs both *within* and *between* people. The social aspects of this process correspond with the need to search for a significant personal meaning while at the same time validating this meaning in social interactions with others. Accordingly, grieving is described as: ‘a situated interpretive and communicative activity charged with establishing the meaning of the deceased’s life and death as well as the post-death status of the bereaved within the broader community concerned with the loss’ (Neimeyer, Klass and Dennis 2014, p. 485). Meaning can however also be searched for and negotiated outside such immediate social networks, and through the use of artistic means (see Thompson and Neimeyer 2014). Meaning-making in grief thus refers to both the *process* of searching for an understanding after loss and the *outcome* of the searching process at any given moment in time (Currier, Holland and Neimeyer 2006). Furthermore, this theory assumes that the meanings that mourners find through this situated interpretive and communicative activity are necessarily congruent with the meanings that permeate the larger sociocultural context, or represent an active form of resistance against them (ibid.). This assumption is shared in this thesis, which thus highlights the relevance of analysing parentally suicide-bereaved youths’ narratives and meaning-making in a variety of social contexts to investigate whether and, if so, how stigmatizing understandings are reproduced or counteracted in their narrative processing in grief.

A youth perspective on bereavement

This thesis is also grounded in a youth perspective on bereavement (Ribbens McCarthy 2006; 2007). This means that young mourners’

agency and power to affect their situation are emphasized in contrast to grieving youths' frequently reported experiences of non-recognition, lack of information and support, and relative powerlessness in grief (ibid.). 'Youth' is understood as a social status and relational category, which has primarily been theorized as a transition between the status of 'child', a category of individuals perceived as innocent and morally non-accountable, and the status of 'adult', a category of full worth and thus also of morally accountable individuals. According to Ribbens McCarthy (2007), this category has primarily been theorized as the period of 'adolescence', which is assumed to consist of certain psychological developmental tasks for the individual to successfully cope with in order to mature into adulthood. At the same time, the cultural expectations that permeate contemporary Western societies portray this as a time in life when 'you can be anything you want to be' (ibid., p. 289). This ambiguity in terms of youth thus leaves space for the negotiation and assertion of issues related to power and responsibility – not least when it comes to grief. In her research, Ribbens McCarthy (2006; 2007) demonstrates how grief is commonly a marginalized experience in young people's lives, although it is statistically normalized because a majority of teenagers experience the death of someone within their social network. This marginalization of young people's grief is claimed to derive from a lack of recognition and thus legitimacy of grief within academic and professional work. The question of marginalization however is of particular relevance given that grief itself is characterized by heightened vulnerability.

Taken together, this highlights the need for grief research in a youth context to address questions related to how young people deal with this vulnerability in public and private, and in the context of differing power relations (Ribbens McCarthy 2007). According to Ribbens McCarthy, one of the most obvious ways to detect young people's agency, despite their relative powerlessness, is through an analysis of their search for meaning in response to their bereavement experiences linked to the need to construct meaningfulness. In addition, it is stressed that the meanings that young people themselves attribute to their experiences could be

crucial to any explanations of the ‘risk’ of ‘negative outcomes’ associated with bereavement (ibid.). The latter is of particular relevance given that parentally suicide-bereaved youths are defined as a risk group, and an inquiry into their meaning-making in grief could potentially provide answers to how these risks occur. This also highlights the relevance of addressing general social attitudes and expert theories, which will affect how young mourners come to understand their own experiences.

Stigma and ‘Othering’

Stigmatization – or stigma – is a central concept in this thesis since it represents a particular focus of analysis. In the following, stigma and the related concept of Othering will be theoretically explained from both a symbolic interactionism perspective and a discourse–narrative perspective in order to clarify which meaning is intended in this thesis.

Stigma as a result of social categorization and self-formation

According to Goffman (1990a), writing from a symbolic interactionism perspective, which assumes that how people act in social relations is dependent on how they come to interpret and negotiate the meanings of others’ behaviour, stigmatizing aspects are present in all social interactions. This is manifest in both our ‘social readings’ of others and our self-presentations, from an endless need to categorize others’ identities and to convincingly define belonging to certain identity categories of ‘normality’ (ibid; cf. ‘impression management’ Goffman 1990b, p. 203). Accordingly, we make some basic assumptions about so-called anticipated others in every encounter, and when the individual in front of us is notably different from these preconceptions s/he is identified as deviant from others in the available category. In extreme cases, this individual is reduced in our minds from ‘a whole and usual person to a tainted discounted one’ (Goffman 1990a, p. 12). The main idea is thus that the self is constantly constructed in relation to a discredited ‘Other’ – a process known as Othering – and that stigmatization primarily functions to safeguard a sense of normality.

Goffman (1990a) argued that a general response to the deviant position of the Other is to construct a stigma theory – or ideology – to explain this status of abnormality, with a particular terminology that becomes part of our daily discourse. Discourse is the language systems on which we draw in our everyday speech, which conversely shapes how we interpret the behaviour of others. Goffman (1980 [1961]) studied, among other social ‘deviations’, how individuals suffering from mental illness became stigmatized by their differentiation and moral denigration, and their subsequent dehumanizing treatment, as well as their efforts to re-establish themselves as human by their telling of a ‘sad tale’ to explain their predicament.

As shown in chapter 2, individuals who commit suicide and their families have experienced stigma in both historical and contemporary Western societies. The process through which, in this case, suicide-bereaved youths are potentially positioned or position themselves as different from others due to a parental suicide is in this thesis referred to as both ‘stigmatization’ and ‘Othering’. However, stigma/Othering also refers to the results of such a process; that is, a position of social exclusion and/or isolation defined by its silence and lack of recognition or social support.

Discursive power and its narrative resistance: Silence and voice

As implied above, stigma and Othering may also be understood in terms of discursive power and narrative resistance. Foucault (1977 [1975]) described a radical shift in the way that Western societies were managed and controlled, in which discourse came to play a central role. This was, in line with the way in which suicide is described above as managed in historical and contemporary societies, a shift away from the exercise of a ‘sovereign power’ – by which the regime controlled the population through the punishment of dissidents, such as suicidal individuals and their families – towards the exercise of a ‘disciplinary power’. The latter means that individuals expose themselves to the scrutiny of others – especially experts – and to their own ‘self-discipline’ through their practice of self-examination. According to Foucault, this is a more

effective and efficient form of social control because it is self-propelled. In agreement with Goffman's (1990a) stigma theory, this control is described as exercised and regulated both *within* and *between* individuals, through striving to achieve and maintain a status of normality. This has led people in modern times to monitoring their own behaviour and the behaviour of others, and to use discourse as a framework for the interpretation of others' behaviour and their own experience. In the 'archaeology of knowledge' (2002 [1972]), Foucault deconstructed the relationship between knowledge and power, and claimed that certain actors always benefit from dominant interpretations – that some 'truths' are valued above and preferred to others. One major implication of this knowledge is thus that once it is widely known, such discursive power makes it possible at least to some extent to question and resist, and thereby contribute to a change in discourse, as well as in its related power relations.

In line with this argument, a narrative perspective underscores the importance of marginalized individuals' counter- or resistance narratives in the absence of larger culturally dominant or prescriptive narratives that cover their experiences (Andrews 2004; Fivush 2010). Fivush (2010) focuses on how an ongoing dialectic between society and the individual, and between voice and silence is always present in people's lives. This raises questions about what is being voiced and what is not; and with what implications for example for identity and well-being. Traumatic experiences for example have been proved to be generally silenced, particularly when the trauma is violent. Trauma victims refer to this as a 'conspiracy of silence' (ibid., p. 91). This silencing occurs not only at the cultural level, but also at the conversational and individual levels, in line with the above-mentioned stigma/Othering theories and the social regulation of self and others. At the same time, Fivush (2010) claims that traumatic events call for a voice, as trauma victims need to be able to testify of their experiences in order for them to be real and to become whole again. Hence, when silence is self-imposed or imposed by others, it can lead to a loss of memory and of part of the self, and cause social, psychological and

physical problems (ibid.). The ability to speak and to be heard, on the other hand, is associated with psychological and physical well-being (Frattaroli 2006; Pennebaker 1997).

Thus, collective storytelling could also be a way to resist silence because when marginalized groups come together, the telling of their experiences might begin to take shape; and by claiming their authority as agents and storytellers articulating their moral stance from experience, they can expose cracks in the dominant narrative that could allow a new and more nuanced cultural narrative to emerge (Andrews 2004; Fivush 2010). This ‘speaking through silence’ may be experienced as healing as it has been shown to be connected to better psychological and physical health, compared to marginalized groups that lack such a shared narrative (ibid., p. 93). For a coherent story to be constructed, however, it is crucial that these individuals have a community of listeners that is willing and able to listen and validate their experiences. This latter discourse-narrative perspective plays a central role in the present inquiry, since narrative processes are understood to have the potential to both reproduce and resist a discursively constructed suicide stigma.

A narrative research perspective

As described in the introduction, I have adopted a narrative and social constructionist research approach in this thesis to analyse how suicide-bereaved youths from a position as storytellers and active agents narratively organize their parental suicide loss experiences, and thereby construct meaning and identity in relation to pre-existing meanings and moralities of suicide. This focus of inquiry assumes, in line with a narrative theory, that stories are composed for particular purposes and for particular audiences at particular moments in time, and that they draw on the taken-for-granted understandings and values circulating in a particular culture. Hence, it emphasizes the link between individual storytelling of personal experience and the larger cultural stories or discourses, which, in line with the above arguments, function to maintain a particular morality and power structure in society (Livholts

and Tamboukou 2015; Riessman 2008; Squire et al. 2014). This narrative perspective is outlined in greater detail below.

What is a narrative?

In this thesis, narrative refers to storytelling, which is a natural part of everyday social interaction between people, but narratives may also be composed and performed on particular occasions. What distinguishes narrative from other forms of communication is that, unlike a description, a narrative builds up a certain ‘plot’, ‘intrigue’ or ‘storyline’ through the characteristic ordering of events, aiming to *explain* to others their wider implications for identity (Mishler 1999; Polkinghorne 1988). Riessman (2008) defines narrative as: ‘the activity whereby a narrator connects events into a sequence that is consequential for later action and for the meanings that the speaker wants the listeners to take away from the story’ (p. 3). This necessitates that the narrator also *selects* particular events to be narrated, presumably before others, and that these events are interpreted, connected and evaluated within the format of the story and with a particular audience in mind. Consequently, a story is seen as purposeful in the sense that it constructs and beneficially carries particular contextual meanings and identities due to its suitable format for engaging and emotionally moving an audience (Riessman 2008; Squire et al. 2014).

Narratives, or stories, usually take the form of oral or written accounts (micro narratives) (Bamberg 2006; Squire et al. 2014), or autobiographies (macro narratives) (Brockmeier and Carbagh 2001; Bruner 1990; Mishler 1999). The latter represent the larger self- and life-stories which we live by and which constitute our temporal construction of narrative identity.⁵ However, the micro narratives of our everyday life, as limited as they may be, represent the ‘building blocks’

⁵ The concept of ‘narrative identity’ is described in more detail in the section on ‘Storytelling, identity and social action’.

of this autobiography, as they are always constructed in consistency with or resistance to our ongoing autobiography (McLean and Pasupathi 2010; Bamberg 2006).

Narratives are naturally performed in face-to-face interactions by the use of language, voice, affective intonations, and facial and bodily expressions; edited and enacted in public and cultural spaces, in the form of speech, a theatre play or a musical performance; and illustrated in the visual arts, as in paintings, photographs and other materialities, or through a combination of different expressive means. Consequently, narratives appeal to all of our senses and affect us emotionally in versatile and profound ways. In this thesis, narrative refers to the process of making a story, but also to the cognitive scheme of the story and to the result of a narrative process. My writing will clarify the meaning intended.

Storytelling, identity and social action

A narrative research approach assumes that when people engage in storytelling they do so because it has effects on social interaction in ways that other modes of communication do not (Riessman 2008). In line with previous arguments, narratives in all their forms, from everyday oral storytelling, to life writing or public speech, share some central achievements. First of all, they function to construct individual or group identities and belongings (Andrews 2004; Bamberg 2006; Brockmeier and Carbaugh 2001; Riessman 2008) because depending on *how* a story is constructed, the narrator strives to be understood in a particular way in the eyes of particular others as listeners, readers or spectators, and the identity claims made by the narrator define belonging to certain identity categories. This idea of narrative identity is in line with Goffman's (1990b) theory of performativity, whereby the narrator makes different and selected aspects of the self visible in social interaction with others, depending on so-called 'impression management'. But narratives also function to make sense of everyday life and to construct order and meaning out of traumatic, chaotic and fragmented life events and biographical disruptions (Bruner 1990; Frank

2013; Polkinghorne 1988). This is made from our selective memory and our choice of the relevant events and characters to portray our history, with respect to which meanings are intended.

Although storytelling also has effects on a personal level, it is primarily understood as a social activity, since narratives are first and foremost constructed through social interaction, but also with the aim of arguing and to persuading an audience that might be sceptical (Riessman 2008). Hence, the particular narrative format functions to emotionally engage others and invite them to enter the perspective of the narrator from the viewpoint of a perceived identification (ibid.). The social side of storytelling also implies that new meanings and identities may be introduced, explored and negotiated in the context of social interaction and that narratives may be co-produced with the power entailed in collective voicing (Andrews 2004; Fivush 2010). Consequently, narratives are highly situated and context-dependent, and they may differ in form and content depending on their historical time and place; and depending on the discourses and power relations that are permeating the larger culture, and the local context of narration at the time of telling. This view of narrative – particularly in the study of suicide as a culturally dependent phenomenon that reflects the relationship between the individual and society – implies that individually and collectively storied experiences produce knowledge and insights about the commonalities of human conditions in a particular culture, which may thus be taught to others as a mobilizing action for progressive social change (Durkheim 1979; Riessman 2008).

What is a narrative analysis?

Narrative analysis is a collective term for the different methods that have in common that they interpret texts in a storied form (Riessman 2008; Squire et al. 2014). What distinguishes these methods is that they focus on the constructive and performative aspects of storytelling. The two central questions in narrative analysis are *how* and *why* a story is told. The first question is linked to both the content and the structure of the narrative, while the latter is linked to the questions of *who* the story

is designed for and what the narrator is seeking to achieve. As mentioned above, since there are many alternative ways of telling a story, this entails questions about why some events are selected before others, why these are organized in a specific way to build up a convincing plot and the cultural resources the story draws on or takes for granted. Another important question might therefore be how stories relate to these resources or larger cultural narratives; for example, *whether* and, if so, *how* they are constructed in agreement with these, or in resistance by taking the form of resistance or counter-narratives (see Andrew 2004; Fivush 2010; Livholts and Tamboukou 2015). These are all central issues in the field of narrative analysis, but the focus and design of individual studies may be very different. In broad terms, Riessman (2008) suggests that a good narrative analysis ‘prompts the reader to think beyond the surface of a text, and there is a move toward a broader commentary’ (p. 13). The different methods of narrative analysis that were chosen for the separate studies of this thesis are described in chapter 5.

CHAPTER 4

METHODS, MATERIALS, ETHICAL CONSIDERATIONS AND LIMITATIONS

The choice of contexts for material gathering in this thesis was guided by the wish to take part of parentally suicide-bereaved youths' telling of experience, but also by the fact that suicide bereavement is a sensitive and potentially stigmatizing subject, which makes it difficult to involve study participants in a traditional way. This prompted me to also approach different contexts where such communication would occur regardless of my involvement as a researcher. This material can be regarded as 'natural' in the sense that it has not been influenced by me as a researcher (Silverman 2005, pp. 119–20). However, this also means that I have been faced with ethical questions or dilemmas in my management of the different material, which deserve particular attention. This chapter presents the different context-dependent methods and materials, and discusses ethical considerations and study limitations.

Teller-focused interviews

The first study in this thesis (article I) is based on material from narratively structured research interviews with four daughters: two aged 19 and two 27, each of whom had lost a father by suicide between the age of 15 and 18. A period of between eight months and 10 years had elapsed since the paternal suicide. The interviews were carried out during the spring of 2009.

As a first step, I advertised for study participants in a members' magazine published by the non-profit self-help organization for suicide bereaved SPES (Riksförbundet för suicidprevention och efterlevandestöd). However, this effort achieved a total lack of response. This is in itself in line with the overall results of this thesis, and is

discussed further in chapter 7. In a second step, I introduced my study at a meeting for the suicide bereaved arranged by SPES, at which the daughters who participated in the study announced their interest in being interviewed. During my work on this thesis, in parallel with the other studies, I have continued to interview suicide-bereaved youths, as they themselves have approached me at lectures and seminars with an interest in being interviewed. However, that material has not been included in this thesis.

The interviews all took place at grief counselling services in the daughters' hometowns. These environments were thus arranged as calm locations where grief could be expressed. The waiting room, for example, might be lit with candles, and fresh flowers, brochures on grief, as well as water, tea and coffee were made available. In the interview situation we sat diagonally across from each other with a small table between us. The interviews were audio recorded and lasted for between 95 and 125 minutes.

A life course chart (Clausen 1998) was used to support the daughters in constructing a life- and self-storyline centred on the paternal loss (Mishler 1999). The interviews began with the question: 'When you look back, have you experienced a significant event, positive or negative, that you would call a turning point in your life? If you can think of several events, please tell me about the one you find most important first'. Each daughter was encouraged to describe this first event in more detail, and other life events in descending order according to the significance in her life, including her father's suicide. Together, we wrote the events on the chart until all the events that the daughters wanted to report had been noted. In the continuing interview, we used this constructed life course chart as our shared understanding of the daughter's life contexts, to which we could refer to clarify the chronology and relation between separate events. Ultimately, this helped both parties to understand what meaning each daughter had attributed to the suicide event within her overall life context.

In line with narrative methods of interviewing (see Riessman 2008), the continuing interview was openly structured to offer space for the

daughters to reflect and to produce a relatively unbroken narrative of their suicide loss experiences. The changeover to this open part of the interview began with the question: 'Where would you like to start telling me about your father? Let's start there'. I only intervened to make sure that I had understood correctly what was said, to follow up on lost threads and with empathy to confirm the content of the story. Notwithstanding my apparent low verbal profile during the interviews, these daughters' bereavement stories should be understood as co-constructed through our dialectical relation – where I from a 'teller-focused interview approach' stimulated and encouraged the daughters' construction of a self-selected bereavement narrative, whereas they chose what and how they wanted to tell their stories with regard to me as an imagined and real audience (see Hydén 2014). When the daughters had finished telling and confirmed that they were satisfied, I sometimes asked a few questions at the end to further clarify the content. In addition, I usually asked about the current relationship to the deceased parent in terms of a 'continued bond' to clarify the relationship to the deceased as part of grieving (see Klass, Silverman and Nickman 1996; Neimeyer, Baldwin and Gillies 2006; Wood et al. 2012).

Follow-up interviews were conducted at the same locations three to six months after the first interview (Widerberg 2002, p. 155), primarily with the ethical research-related aim of presenting a preliminary analysis for the daughters to read and respond to. This is particularly recommended in research of sensitive subjects (Jonsson 1990). However, these interviews were undertaken with a note of caution, as it is not the informant but the researcher who controls the analysis (Widerberg 2002). Potential objections would thus primarily have been understood as further material gathering, for example as an expression of different subject positions taken in relation to the incidents described, which highlight the complexity of experience, but they would also have served to expose apparent misunderstandings that could easily be corrected. In practice, however, these interviews were characterized solely by my reading aloud and by the daughters' immediate recognition

and validation of their past stories – and usually by feedback that the interview contributed to a further processing of the loss, and that their previous stories worked to empower them as they heard and saw their own words. As a rule these meetings also contained the daughters' additional telling of experience. However, this 'continued narrative' primarily worked to strengthen my first analysis and was kept separate from the first narrative. All the interviews were transcribed verbatim and saved for analysis.

A one-woman theatre play

The material for the second study (article II) comprises a one-woman theatre play, *The Self-murderer from Orminge*. The play was performed several times at a small, local theatre housed in a youth recreation centre in Orminge, an eastern suburb of Stockholm, in the autumn of 2011. I saw the play live on one occasion and later obtained a filmed version from the narrating daughter who agreed to participate in this study. The play is 48 minutes long. The film material is documented from behind the small audience, consisting of about 20 people, with a primary focus on the stage. Therefore, only the theatre audience's backs and profiles were captured in the images. The theatre material consisted of visual dramatized scenarios, structured into acts, where the performing daughter used her voice, bodily expressions and emotions to convince the audience to align with her position on the telling of past experiences, leading up to the final act of her mother's suicide (see Rose 2007). This daughter's bereavement story was interpreted as a 'performed memoir' (Cohen 2012), since it consisted of her recapitulation of her relationship to and life history with her mother – described as a mentally ill single mother – before, but also with a glimpse of her after, her suicide. This memoir format allowed the daughter to use fictional elements to reinforce her meaning construction of her mother's suicide, because her narrative was not bound to the autobiographical requirements of detailed accuracy and chronology. This visual material has been combined with the verbatim-transcribed textual material in the analysis

of the play in order to analyse the ‘text/context relation’ (Langellier 1998, p. 211).

A follow-up interview was conducted about one year after the daughter’s performance. On this occasion, I was invited to her home – based on her choice of context. In the absence of a readable text, I informed her of my preliminary analysis, which resulted in a dialogue *about* the play. The daughter recognized my main analytical points, although she herself had not been aware of them all in her writing of the play. Like the interviewed daughters, our meeting resulted in an additional telling of experience, which increased my understanding and strengthened my analysis.

‘Chat thread’ communication on the Internet

The material for the third study (article III) consists of communications in so-called chat threads on public chat blog websites on the Internet. These are separate chat contexts that include all the communications in response to an initial message. This was a communication between young parentally suicide-bereaved ‘chat-initiators’ in their position as ‘support seekers’ and responding suicide bereaved and non-suicide-bereaved ‘chat-participants’ in their position as ‘support providers’. The material was searched for and collected on the Internet using the Google search engine, with the only criterion being that a child mourning a parental suicide must have been the initiator of the chat thread. The keywords used were different combinations of the Swedish equivalents of: ‘chat’; ‘suicide’; ‘bereavement’; ‘grief’; ‘parental loss’; ‘mother’; ‘father’; ‘parent’; ‘killed herself’; ‘killed himself’, ‘committed suicide’, among others. In total, 21 separate chat threads from three different chat blog websites were found and saved for analysis. The three websites were: ‘Familjeliv’ (Family life), 10 chat threads; ‘Kuling.nu’ (Gale.now), 9 chat threads; and Flashback, 2 chat threads. The chat blog websites represented a variety of Internet contexts for social interaction and communication on suicide bereavement, but the separate chat threads, with their respective operating frameworks for the interpretation of suicide, also constructed their own social dynamics for

support exchange. All the chat threads had been ended at the time of analysis. Hence, this study should be regarded as a document study rather than a participant observation study of an ongoing chat blog, which is more common in the field of *netnography*.⁶ Nonetheless, the material represents ‘living material’ because it is testament to ‘real meetings’ between ‘real people’ about a sensitive subject such as suicide bereavement at various specific points in time between 2007 and 2014. The material was retrieved on two occasions between 2013 and 2014.

An online self-help community

The material for the fourth study (article IV) was also identified on the Internet in the above-described search process. It comprises a ‘guest book’, which is similar to a chat blog,⁷ on a Swedish website that is primarily aimed at the suicide bereaved, but also at suicidal individuals. The website was created by two young women who had both lost a younger brother by suicide. The most strongly stated purpose of the website was to offer a space for connectedness and support between the suicide bereaved, arising from the idea that such support is normally lacking in society at large. Another purpose for communication was also given: to share the often negative but also positive experiences of psychiatric care in order to raise a unified voice for political change. The material consisted of communication of an ongoing nature between the website editors and the website participants over a timespan of five years, and covered a total of 610 chat messages from 6 September 2009 (from the first posting) until 28 September 2014 (when it was retrieved). This communication was regarded as at least temporarily ended at the

⁶ Netnography is a collective term for the different ethnographic research methods used to analyse the behaviour of individuals on the Internet.

⁷ A chat blog is a space for online interaction and communication on various topics. It is linked to a website and is monitored by the website editors.

time of material collection, since no final posting was found unanswered. Hence, this should also be regarded as textual and at the same time living material constructed in the past, rather than as participant observation material constructed in a so-called ethnographical now, where the researcher collects and analyses the material in the process of its construction (Hastrup 1995, p. 15).

Ethical considerations

As noted above, ethical issues have been a particularly important part of this thesis, given that suicide bereavement is a sensitive and potentially stigmatizing research subject, especially when the mourners are young (see Hydén 2008; Omerov et al. 2014; Runesson and Beskow 1990). However, a background complexity to this matter is that although qualitative researchers in the field of social work have an overall responsibility to protect marginalized individuals and groups in society, they also have a responsibility to make their situations visible to a larger audience in order to contribute to change in their interests (Padgett 1998). In the separate studies, I have as far as possible followed the ethical guidelines for research within the human sciences published by the Swedish Research Council (Vetenskapsrådet 2016). The first two studies (article I and II) were conducted in full accordance with these guidelines. Although the analysis in the second study is based solely on a theatre play, which is public material, I conducted a follow-up interview with the daughter that was subject to these guidelines. The third and fourth studies (article III and IV) contain material produced in different Internet contexts. This raises specific research ethical issues, not least related to the question of informed consent, even though – or more precisely because – a formal ethical vetting procedure and approval by the Regional Ethical Review Board was not required. The ethical considerations and measures taken to ensure the integrity of the research participants are demonstrated below.

Research interviews

In the interview study, the participants were properly informed about the study – both orally and in writing – before they signed a written consent to their participation. This information included a description of the study background and its purpose, and of me as the researcher, in addition to detailed information about the interview situation. The study participants were also informed that the interviews would be sound recorded, depersonalized and stored in a locked archive at Linköping University, and that the material would be kept depersonalized in future publications and presentations at research conferences. In addition, they were informed of their right to withdraw their participation at any time without the need to explain themselves. These basic conditions of information and consent were also met in the second study. The participants were also made aware of the increased feelings of distress that may occur through being reminded of and talking about traumatizing life experiences in a research interview, and about the possibility of receiving follow-up grief counselling in their home town should such a need arise. However, suicide bereavement research has shown that talking about the suicide loss experience in research interviews is usually experienced as positive, due to the opportunity to further process the experience and to construct meaning from the loss in a supportive context (see for example Dyregrov et al. 2011; Omerov et al. 2014; Runesson and Beskow 1990). The Regional Ethical Review Board in Stockholm approved the first study (2009/1730-31/5) and the Regional Ethical Review Board in Linköping approved the second study (2012/380-31).

Netnographic research

In the field of netnography, ethical research recommendations have emerged as a way to protect the integrity of Internet users in relation to research. Sharf (1999, p. 251) describes, for example, how the words ‘harvesting’ and ‘lurking’ have evolved with reference to the unethical ‘collection of the words of others’ on the Internet. To avoid this kind of one-sided and non-reflective approach, a main recommendation is for

researchers to make themselves known to the individuals and groups whose words are to be used in research, to inform them about the study and ask for their consent. However, in the case of my two Internet studies it was not feasible to contact individual participants in the analysed chat forums for retrospective permission to use their accounts, since they were no longer active in these contexts. In this and similar cases, the individual researcher is instead recommended to perform an ethical balancing between the two above-described and seemingly contradictory interests: to protect the research participants' or informants' integrity, on the one hand, and the interests of the research, on the other – that is, the need for specific knowledge in the field of study. It is particularly relevant to consider whether the purpose of the research is in conflict with or could be harmful to the aims of the individuals and groups who participated in the Internet contexts; for example, by leaving them open to ridicule, embarrassment or other forms of harm. Conversely, it should also be considered whether the research would benefit the group in some way; for example, by helping to legitimize the group's function and needs (Sharf 1999). Another critical issue to consider in this ethical weighting is whether the material is considered part of the public space or a private room (Fjell 2010; Sveningsson Elm, Buchanan and Stern 2009).

My standpoints on the above matters are that: first, these contexts can be considered both public and private – public since they comprise open websites for anyone to participate in, without the requirements of a user ID; and private because the communications consist of personal information about traumatic life events. In addition, the chat participants made certain assumptions about intimacy and trust, and were unaware of their possible exposure to research. Second, the intended audience for these websites is countless numbers of people who might visit them and read the original posts at any time, while the method of publication of citations in my thesis protects the chat participants from direct disclosure of personal information. Third, and perhaps most importantly, the aim of this thesis is considered to be in line with the study participants' interests, since this thesis will help to raise these

young mourners' voices of concern, and their need for support in grief. The website editors' explicit declaration of purpose in the fourth study strengthens this belief, as they clarified that they were particularly keen to make the narrated experiences of the many suicide-bereaved public, in order to reach out to and inform uninitiated others, and thereby counteract the suicide stigma in society. Beyond this, the analysis of the Internet material does not intend to draw any conclusions about the behaviour of individuals, but instead to analyse the larger stories and patterns of communication that are indicative of what has been narratively achieved in the whole of these contexts. Concretely, these ethical considerations resulted in measures being taken that are in line with ethical research recommendations to protect the integrity of the chat participants by the omission of all aliases, the time and date coordinates of separate postings, and such personal information that could possibly reveal the identity of individual participants in my publications (*ibid.*). In addition, all the posts have been translated from Swedish to English, which excludes the possibility of searching for verbatim excerpts on the Internet.

In conclusion, it is my overall ethical stance in social work research that it is my responsibility to perform exactly this kind of research into vulnerable and potentially stigmatized groups in society, in order for research to be meaningful both to the participants and to our practice (cf. Dyregrov et al. 2011; Omerov et. al. 2014; Wilkinson and Thelwall 2011).

Study limitations

This section outlines the limitations that a study such as this is inevitably faced with. One such obvious limitation concerns the selection of study participants. Hence, although there has been a 'purposive theoretical sampling' of research contexts, where different 'cases' of materials were chosen from what were assumed among themselves to be a complementary narrative nature (Silverman 2005, p. 129), young daughters have predominantly voiced their experiences of a parental suicide in all the materials. This is exclusively the case in

the interview study and the theatre play, but also a dominant tendency in the Internet contexts. Although age and gender are not verifiable on the Internet, this conclusion is drawn based on the specified age, or living conditions consistent with a younger age group, and the chat participants' use of gender typical aliases and/or their reported position as a daughter. In addition, a majority of these daughters are mourning a father. This outcome however is not surprising, given that research on gender typical coping strategies in youth show that young women more often seek social support to express themselves about traumatic experiences than young men, and that male suicides are twice as common as female in Sweden, due to the more lethal and irreversible methods used by men (Frydenberg 2008; National Board of Health and Welfare 2015). This gendered limitation must be considered in relation to the study results. However, in the cases where young men do voice their experiences in Internet contexts, their communication has been shown to be in line with the main results of this thesis. Nor has it been possible to identify any differences dependent on whether the lost parent is a mother or a father, which was possible in previous research. Instead, it seems that the quality of the relationship between child and parent is of greatest importance for what has been perceived as lost.

Another limitation regarding the study group is that all the study participants were self-selected in the sense that they were well motivated to communicate their experiences and/or seek support in the context analysed in comparison with silent or even isolated suicide mourners. The Internet material was chosen, however, with the direct intention of finding parentally suicide-bereaved youths – particularly young men – who did not feel comfortable narrating their experiences in face-to-face interactions. The decision proved to be the correct one, as these were indeed the contexts where mourning sons were found. It is unknowable whether the mourning youths who appeared on the Internet were more isolated than others in a similar position. This is likely, however, and a general connection has been found between isolation and lack of social support outside the Internet and more frequent involvement in online self-help groups in an extensive study of suicide-

bereaved adults (Feigelman et al. 2008). The limitations in regard of representativeness discussed above might call into question the generalizability of the research findings. However, following a theoretical rather than statistical rationality, this study seeks to generalize from the cases to theoretical propositions, rather than from populations (Bryman 1988). In addition, the knowledge-produced concerns what are understood as commonalities of human life – such as social processes of grief and stigma – which itself has a general value. However, another limitation of using the narrative material is that narration has only been investigated as it occurred in the telling present or as it was documented in the past, and it is therefore not possible to identify any long-term processes or consequences.

Finally, in line with a social constructionist and narrative approach, the knowledge produced in this thesis consists of my interpretations of the storied material of others. I therefore make no ‘truth’ claims, in the sense that my interpretations are indisputable. Instead, my conclusions represent what I found most likely in each separate strand of material, but also given the repetition of the central findings in diverse narrative materials produced in a wide variety of social contexts by the use of different methods – a so-called validation by triangulation (DePoy and Gitlin 2005; Silverman 2005). In addition, I have adopted a reflexive research approach, in the sense that I have been aware of the power built in to my interpretations, as they became a constituent of ‘reality’ as it will be perceived in this thesis. Accordingly, I have made my research position clear and consistently presented the narrative material together with my analytical observations in order to make the analytical process transparent (Aull Davies 2008). This means that I ultimately leave the readers to determine the validity of my interpretations.

CHAPTER 5

A CUMULATIVE NARRATIVE INQUIRY: PRESENTATION OF THE ARTICLES

The narrative materials described above have been analysed using a variety of different narrative analytical methods, chosen with reference to the material itself and the findings of previous studies. This means that the studies were conducted in a particular order. While the first study had a more explorative focus of analysis, the others aimed to gradually deepen the thematic. Hence, the questions raised in the separate studies build on each other in what can be called a cumulative narrative inquiry. In this chapter, this inquiry is presented in a brief summary of the four separate articles, with a main focus on the methods of analysis performed, followed by the three published articles and one article manuscript. It is possible to read the articles separately, but they can also more favourably be read as part of this cumulative narrative inquiry.

Article I: ‘The stranger inside’: Suicide-related grief and ‘Othering’ among teenage daughters following the loss of a father to suicide

The first study aimed from an explorative and narrative research approach to investigate *what* and *how* four suicide-bereaved daughters communicated with me in teller-focused research interviews (Hydén 2014). The interview material was analysed in a combined analysis of the narrative thematic (Riessman 2008), and the daughters’ subject positioning (Davies and Harré 1990). The narrative thematic analysis investigated what was talked about, while the latter analysis investigated how the daughters positioned themselves and others, such as family members, relatives, peers and professionals, in their bereavement stories, from the assumption that grief is first and foremost a relational

process. One dominant theme or storyline was identified in all the daughters' stories: their experiences of Othering in grief. In article I, this theme was particularly analysed using the linked questions: 'Is stigmatization present in the women's stories? If so, how are "Othering" processes said to affect the women's self-perceptions and their access to social support?' The study showed that all the daughters described themselves as negatively affected by their father's suicide due to the negative social responses of others, which were reported as insecurity, avoidance and even outright rejection, that resulted in an overall lack of social support from family and social networks at a time when it was most needed. In addition, and more importantly, the daughters came to view themselves as different from others – even strange and unloved – due to the effects of the suicide. I came to theoretically explain the latter case of self-stigmatization as 'the stranger inside'. The analysis of the daughters' subject positioning showed how they described themselves as having managed the circumstances of Othering by altering their positions between support seeking and resignation, or even isolation. The movement between active and passive support-seeking positions was mainly motivated by the social responses of others. Together, this analysis made it clear that the suicide stigma was highly present in these daughters' grief and social relations, and that identities were portrayed as *changed* as a result. A primary strategy for counteracting Othering was described as keeping silent about the suicide in order to normalize oneself.

Article II: 'The self-murderer from Orminge': A bereaved daughter's remonstrance to 'rescue' her *Self* through a performed memoir of revolt

The second study was based on the stigma found in parentally suicide-bereaved daughters' grief. It analysed a young woman's theatre play about her experience of her mother's suicide, which took place while she was a teenager. Given the daughter's conscious reuse in the title of the stigmatizing historical concept of 'self murderer', her performed narrative was interpreted as her remonstrance with the stigmatic

position of being the daughter of such a stigmatized mother. The analysis departed from the question: ‘How can a young woman’s performed memoir in a local theatre serve as a readmission of the power to challenge dominating notions of suicide in Western society, which creates the suicide stigma, in order to claim her status as “normal”?’ The focus of analysis became the act of *narration* and its significance to the performing daughter, rather than her detailed oral accounts, where her pre-imagined interaction with the audience was presumed to be decisive for the story being told. In the concrete analysis, the performative and visual aspects of storytelling and the subject positions taken and given to others throughout the story were analysed in particular, in order to identify how the daughter narratively constructed a convincing ‘case’. The latter subject positioning was analysed in line with Bamberg’s (1997) ‘performance-based pragmatic approach’ from three different narrative analytical aspects: how the story characters were positioned in relation to one another within the performed events; how the narrator positioned herself in relation to the audience; and in relation to herself as part of identity construction (ibid., p. 337). In this context, the audience members were positioned as witnesses and a ‘moral court of law’ with the power to offer the daughter ‘absolution’. The results showed that it is possible to resist stigmatizing notions of suicide by the construction of a so-called performative memoir in the public format of a theatre play. This format makes it possible to present a convincing case consisting of alternative de-stigmatizing characters and scenarios, in contrast to the general simplified explanations behind the suicide stigma. For example, the daughter portrayed herself as an active moral character striving to take control of a destructive situation and care for her mentally ill mother. Similarly, her mother was portrayed as tormented by her failed mothering and her lack of desire to go on living, but nonetheless as striving to stay alive for her daughter’s sake. The narrative process of constructing the play also provided an opportunity for the daughter to personally negotiate both the meaning of suicide, and her mother’s and her own identities in the light of this stigmatizing event.

Article III: Breaking the silence: Parentally suicide-bereaved youths' self-disclosure on the Internet and the social responses of others in relation to stigma

The third study was also based on the previous findings of stigma in parentally suicide-bereaved daughters' grief and the assumption that young suicide mourners would be likely to become active on the Internet in order to be able to narrate their experience and seek social support. The Internet is a well-used social arena in young people's lives that is particularly suited to disclosure on sensitive issues due to the possibility of remaining anonymous and its 24/7 availability. The assumption proved accurate, and the identified chat thread communication initiated by parentally suicide-bereaved youths in their position as 'support seekers', and responded to by suicide-bereaved and non-suicide-bereaved chat participants in their position as 'support providers', was analysed structurally to determine: '*What* narrative frameworks for interpretation of suicide were operating in the telling contexts?'; and '*Whether* and, if so, *how* stigma is reproduced or alternatively counteracted' (on structural narrative analysis see Riessman 2008). The results showcased how the grieving chat-initiators primarily adopted a parental- and/or self-blaming approach to suicide, where the suicide was interpreted as a result of the parent's moral failure in abandoning the child, and/or responsibility for the suicide self-imposed from a perception of being a failed or unloved child. The first interpretation was commonly reinforced in the social responses of others, first and foremost the non-suicide-bereaved participants, who constructed a dichotomy between the suicide-bereaved child as 'victim' and the deceased parent as 'perpetrator' in an attempt to relieve blame on the chat-initiator. However, this response probably functioned to reproduce stigma, as the chat-initiator must then identify him/herself as being the offspring of a morally aberrant character. In addition, a lack of response from other suicide-bereaved was likely to result in reinforced Othering. In contrast, long-term suicide-bereaved youths introduced alternative de-stigmatizing meanings of suicide that localized the

reasons for suicide to factors beyond the power of the deceased parent or the child to control.

Article IV: The ‘Suicide stigma’ renegotiated:
Storytelling, social support and resistance in an Internet-based community for the young suicide-bereaved

The fourth study was based on the acquired knowledge about parentally suicide-bereaved youths’ support seeking and their vulnerability to reinforced Othering in their own-initiated chat threads on the Internet. It sought to investigate the power of collective storytelling on a chat-blog website particularly addressed to the suicide bereaved. The analysis of the chat material was guided by the question: ‘What is narratively going on in an Internet-based community of the suicide bereaved?’ The interpretative frameworks that were drawn on in the meaning-making of suicide – in a co-produced bereavement story between the website editors and the chat participants in general, and in the accounts of the parentally suicide-bereaved participants in particular – were analysed by the use of Scott and Lyman’s (1968) taxonomy of ‘accounting practices’ to explain ‘unanticipated’ or ‘untoward behaviour’ (p. 46). Special attention was paid to the justification for action from the ‘mental elements of action’ (ibid., p. 48). In the case of suicide this means the deceased family member’s assumed free will and intention to commit suicide, as well as their knowledge to foresee the consequences of the act, for example, for the child. The results showed how parentally suicide-bereaved youths seek help on the Internet to construct meaning from the parental suicide through their own telling of experience, which usually includes describing the lack of support and instances of Othering outside the Internet. In this chat community, the initially predominant stigmatizing interpretations of suicide from the above-mentioned ‘blaming the parent’ and/or ‘self-blaming approach’ are confronted by a co-produced resistance-narrative, which shifts the stigmatizing focus from individual moral responsibility to structural and psychological circumstances that liberate both parties from blame. Ultimately, the results highlight the strong need of suicide bereaved

youths to normalize themselves in relation to suicide, and the narrative power entailed in the accumulated experiences of the many.

CHAPTER 6

CONCLUSIONS AND REFLECTIONS

In accordance with a social constructionist perspective on grief and a narrative research approach, this thesis has analysed some smaller contexts of communication and social interaction from the perspective of the overall question: *What* and *how* do youths who have lost a parent by suicide communicate to others about their experiences in a variety of social contexts? In addition to the analysis of witnessing experience, this has entailed close attention to what these young mourners as storytellers and social actors under the influence of others as listeners, readers or spectators *do* and, conversely, how they *make use* of social relationships in their grief. When the empirical material from the various investigations is added together in this thesis, rich and diverse narrative material is obtained that allows for meta-reflection. It is thus possible to address the research problem set for this thesis from a broader point of view, since the different materials and research findings correspond with each other and together create a more detailed – albeit far from complete – picture of what it can mean to lose a parent by suicide at a young age, and what purpose and function the act of narration in grief can serve relative to context. The main conclusions and reflections are set out below.

Parentally suicide-bereaved youths *do* seek social support and challenge stigma

Through its provision of narrative material extracted from different social contexts, this thesis demonstrates that suicide-bereaved youths *do* seek social support outside their family and everyday social networks, and most actively so. They even construct their own contexts in the absence of ready-made ones in order to be able to communicate their suicide loss experiences to others. The analysed communications

consistently show these young mourners' urgent need to narrate their loss experiences from a desire to make the incomprehensible and norm-breaking parental suicide at least somewhat more intelligible, through the social and narrative activity of meaning-making. Hence, it has been shown that the central theme in all the materials is the question of why the parent committed suicide, and these youths' subsequent efforts to try to construct a parental- and at the same time self-tolerable answer to this question. Viewed from a social constructionist grief perspective (Neimeyer et al. 2014), this fundamental need indicates these young mourners' as yet unmet need to reconstruct their life- and self-narratives by incorporating the parental loss into their own autobiography. This conclusion is also supported by these youths' recurring reports of a lack of support from individuals in their immediate circle.

Another distinguishing aspect of this communication is that all the suicide-bereaved youths who appear in the different materials in this thesis have either turned to ready-made contexts that offer the opportunity to reach out through their telling of experience to a wider public, such as the teller-focused research interviews in article I, the theatre play in article II and the online self-help chat community in article IV; or created such a public and broadly inclusive context themselves, through their initiative to begin a chat thread about their experience on official websites (article III). The latter might just as easily represent an effort to reach out to a general audience in order to increase the chances of receiving the social support requested. This shared public condition for communication indicates that in addition to the need to construct personal meaning and thus also identity through the narrative construction of experience, there seems to be a need to reach out to people and thereby potentially change the stigmatizing beliefs about suicide in society. Hence, the communication analysed can be regarded as having a double purpose: to search for, negotiate and at least temporarily establish personal meaning and identity; while at the same time de-stigmatizing the experience of suicide bereavement in society. It might in fact be viewed as two approaches serving the same goal: to actively challenge the suicide stigma from within and without.

The suicide stigma: A duplex Othering process from within and without

The overall results of this study provide indisputable support for previous research findings that stigma is a common and often central feature of suicide bereavement (Jordan and McIntosh 2011a; Cvinar 2005; Feigelman et al. 2009). The narrative materials in this thesis showcase how stigmatizing notions of suicide constitute a particular circumstance that young mourners of a parental suicide need to manage in their grief – in addition to the loss itself. Youth has in addition been shown to represent a time in life, first and foremost directly adjacent to the parent's suicide but also when death has been localized in earlier childhood, when meanings of suicide are reconstructed and negotiated together with these young mourners' own identity in the light of their experience. This indicates that these young mourners may be particularly vulnerable to exposure to the suicide stigma, compared for example to adult mourners who might have incorporated a broader repertoire of coherent and morally worthy identities at the time of the suicide. In accordance with theories on stigma as a social problem in general (Goffman 1990a), and previous empirical findings regarding the suicide stigma in particular (Jordan and McIntosh 2011b; Cvinar 2005; Feigelman et al. 2009), the stigma identified in the different narrative materials has been proven to function as a duplex process, whereby a socio-cultural pressure is exerted on these mourning individuals from within and without at the same time, linked to the suicide as a morally deviant death.

From the material as a whole, it is evident that these young suicide mourners tend to differentiate and discipline themselves by the internalization of the same stigmatizing moral discourses that produce the suicide stigma in society, for example, by blaming themselves or portraying the family as a dysfunctional environment that creates shame and silence, thereby reproducing this discourse (Foucault 1977). As mentioned above, 'self discipline' refers to the phenomenon where suicide-bereaved youths attribute characteristics to themselves in

accordance with moral and thus accusatory discourses on suicide, through which they could ultimately come to perceive themselves as an abandoned, unloved or failed son/daughter of a parent who for egocentric reasons failed in his/her moral responsibility to stay alive and care for them. Alternatively, the parent has been considered mentally ill and both parent and child relieved of responsibility, notwithstanding the remaining stigma connected to mental illness (Goffman 1990a; Thoits 2015). I have theoretically explained this phenomenon of self-stigmatization occurring in the young suicide mourners' bereavement narratives as 'the stranger inside' (article I). The stigmatizing approaches by which suicide-bereaved youths come to interpret their parents' suicides in terms of individual or parental responsibility have in this thesis been theoretically explained as the 'self-blaming' approach or the 'blaming the parent' approach (article III and IV).

The blaming the parent approach has been shown to be commonly reproduced by the social responses of others. Hence, the other side of the suicide stigma comprises the non-supportive and usually judgmental social responses of others. In the material, such responses have been evident in both the form of the mourners' *reported responses* by individuals in their family and social networks and the *visible responses* as they appear in the Internet material for this thesis in the form of 'mixed material' by suicide-bereaved and non-suicide-bereaved individuals (Goffman 1990a, p. 23; article III). However, these different contexts must also be considered as related to one another, since the lack of social support in everyday social networks has been frequently referred to as a highly motivating factor for suicide-bereaved youths seeking social support elsewhere – for instance on the Internet. This finding corresponds with the study by Feigelman et al. (2008) of adult suicide bereaved Internet users, which found a correlation between a reported lower degree of social support and greater experience of stigma off-line, and ascribed increased importance of and higher participation frequency in online self-help communities. This thesis highlights the critical but at the same time vulnerable position of the young suicide mourners who seek social support on the Internet. Particularly in the

cases where they fail to connect to other suicide bereaved, or they are faced with stigmatizing responses first and foremost from non-suicide-bereaved, they may experience reinforced otherness (article III).

Two strategies on stigma: ‘Keeping silent’ or ‘breaking the silence’

As a consequence of the above-mentioned duplex Othering process, a primary strategy among the parentally suicide-bereaved youths to counteract the social exposure to stigma and to normalize themselves has been described as *keeping silent* about the suicide event in everyday social networks. However, because it is derived from stigmatizing notions about suicide as a morally deviant and norm-breaking death, as well as shame and self-blaming responses in the bereaved child, this culturally and socially imposed strategy has been shown to have the opposite effect. From the overall results of this study, which show that parentally suicide-bereaved youths actively seek support *outside* their everyday social networks in order to be able to communicate about the suicide event, this strategy must be understood as a hindrance to the processing of the suicide loss experience and as a contributor to the preservation of stigma, which is primarily defined by silence.

By contrast, strategies to actively break the silence by talking, writing or even publicly speaking about, or performing a dramatized form of, the suicide loss event have been shown to facilitate the processing of experience. However, these narrative activities, as they have been investigated in this thesis, have been shown to be likely to have different outcomes in terms of stigma depending on *what* narrative frameworks for the interpretation of suicide have been made available or are drawn on in the context of the telling. These different frameworks are, as is shown in particular in the two Internet studies in this thesis (articles III and IV), narratively introduced through the *offering* of social support by the non-suicide-bereaved, and through the narrative *exchange* of experience between the suicide-bereaved. In the communication between suicide-bereaved youths as chat initiators and ‘support seekers’ and non-suicide-bereaved ‘support providers’,

stigmatizing understandings were reproduced in spite of the well-intentioned motives of the responders. These responses were commonly derived from a constructed dichotomy between the child as ‘victim’ and the deceased parent as ‘perpetrator’, with the aim of relieving the mourning youth of self-blame. However, such an interpretation of suicide as verification of moral failure at the same time constructs the mourning youth as the son/daughter of the same immoral character (article III).

Previous studies on online self-help groups for the suicide bereaved have highlighted the importance of communication and exchange of social support between the griever themselves – first and foremost from the recognition entailed in each other’s experiences and grief reactions – and thus its built-in potential for normalization (Feigelman et al. 2008; Hollander 2001). In this thesis, the communication about experience with other suicide bereaved in supportive and non-judgemental social contexts on the Internet has also been proved to work as a potential ‘eye-opener’, because of the resistance narratives on stigma that circulate and attract attention in such web communities (article IV). This communication could potentially enrich and de-stigmatize these young mourners’ meaning-making and contribute to a changed interpretation of the parental suicide through the construction of their own bereavement narrative.

The active and social approach that many of the young mourners in the different material have taken in their search for answers to the question of why their parents committed suicide has been theoretically explained in this thesis as the ‘meaning-searching’ approach (articles III and IV). In line with the above-mentioned de-stigmatizing meanings distributed between suicide-bereaved youths, this approach particularly aims to find such alternative or opposing meanings that resist the stigmatizing notions of suicide, which people are more usually the bearers of. However, cases where this kind of meaning-searching is not explicitly articulated also represent a resistance to the suicide stigma, since suicide-bereaved youths are able to break the enforced silence connected to stigma through their telling of experience.

The ‘choice’ of context and audience enables different communication

In line with the narrative theoretical perspective, this thesis has shown that suicide-bereaved youths construct their bereavement narratives or accounts differently depending on the socio-cultural context of telling, who the imagined or real audience is and what responses the narrator hopes to evoke in others (Riessman 2008; Squire et al. 2014). This becomes apparent in the material as a whole, as there are a variety of narrative formats in terms of detailed richness, coherence and reflectivity in the analysed communication. The narration by the mourning daughters in teller-focused interviews (article I) and a theatre play (article II) consists of longer, composed and reflective bereavement stories, which purposefully address the why-question of the parental suicide and the discredited identities of the deceased parent and the daughter generated by stigmatizing notions of suicide. These stories also represent clear counter- or resistance-narratives to the suicide stigma, because they portray characters and scenarios that are in opposition to the simplified and general discourse on suicide, in an effort to morally restore discredited characters and help the recipients learn something from their experiences beyond this dominant discourse. While the interviewed daughters verbally told their stories in interactions with me as a researcher – negotiating in the telling moment what was to be disclosed and not depending on how they wished to be understood by me and the wider audience of future readers – the performing daughter had written her story beforehand from a freer position with only her imagined audience in mind. In addition, the public theatre setting and the visual and embodied scenography of the latter daughter’s storytelling facilitated a powerful hearing for broader political points.

In contrast to this cohesive storytelling with its intrinsic narrative points addressed to the audience, the communication in the two Internet contexts (article III and IV) consists largely of shorter and even fragmented narrative accounts that primarily represent an opening into a conversation in which others are invited to participate. The narrator thus

only reveals a limited report of her experience, a stance or opinion, or questions of concern for others to respond to. This communication can partly be explained as a natural and chaotic way of telling of traumatic experiences (see Forinder 2008; the ‘chaos narrative’ in Frank 2013, p. 97 and the ‘disorganised narrative’ in Neimeyer 2004, p. 54), given the often-declared circumstance that the parental suicide had only recently occurred, which means that it may have been less processed. However, it might also be explained by the particular expectations of the Internet as a context built on more frequent social interaction between narrator and readers, where more immediate responses from others are to be expected. One consequence of this is that the experience is more clearly co-constructed through the interaction between different actors with their respective agendas and values. This becomes apparent not least in the mourning narrators’ negotiation between alternative interpretations of suicide in this interaction. However, longer personal narratives also exist in Internet contexts, which are likely to serve the above-mentioned purpose of constructing an own narrative of experience, perhaps for others to read and learn from or as a platform to connect with similar grievers.

Nonetheless, regardless of the format, it becomes apparent in all the materials that the parental suicide constitutes a life- and self-challenging event that is in need of a certain kind of social support, and that storytelling is used as a tool in the ‘solution’ to the suicide stigma problem – both in the individual case and in society at large.

Narrating as a way to construct meaning and identity

In accordance with the social constructionist account of grief (Neimeyer et al. 2014), this thesis has shown how both the individual and a collective telling of experience contribute to the construction of meaning and identity in grief. In addition, these features of the analysed communication have usually been narratively processed through the construction of an ‘event story’ and a ‘back story’ (ibid., p. 488), and in accordance with the three steps in Sands’ (2009) ‘tripartite model’ of

meaning-making in suicide bereavement (see also Sands, Jordan and Neimeyer 2010).

According to Neimeyer et al. (2014), the *event story* refers to the telling about the loss itself and its impact on the mourner's life. In the Internet materials (article III and IV), where the telling usually takes place in close proximity to the suicide incident, the event story has consisted of shockingly detailed or brief reports of the suicide event, and most often the suicide is referred to as an unexpected and inexplicable event in the grieving youths' lives. This was often the case even where the parent was reported as having suffered from mental illness or made repeated suicide attempts. The latter applies also to the research interviews (article I) and the theatre play (article II), although usually a longer time has elapsed since the suicide. In accordance with the 'crisis of meaning' theory outlined in chapter 3 (Neimeyer and Sands 2011), the suicide has thus commonly been described as an event that calls the life and the self into question as they have been perceived up until the time of the suicide. Hence, in accordance with Janoff-Bulman's trauma theory (1992; cf. Janoff-Bulman and Frantz 1997), the suicide event shatters previous assumptions about the life world as a somewhat safe and predictable place and the self as a morally worthy and valued individual. Consequently, the life course has usually also been referred to in the narratives as divided into 'before' and 'after' the suicide, in line with the concept of 'biographical disruption' (see Bury 1982). This became particularly evident in the interviewed daughters' reported life course charts. The 'before life' was in most cases emphasized as a 'normal' life and the parent as having been in a 'normal' or even excited state of mind at the time of the suicide; whereas the 'after life' was defined by the child's current position, in terms of feeling left behind, abandoned, confused, sad, inconsolable, angry or even furious, empty, lacking a life purpose, and so on. These states of mind have almost exclusively turned into a quest for meaning, regarding why the parent committed suicide, in order to make grief more manageable – a query that also initiates the articulation of a back story.

The *back story* represents the mourner's attempts to narratively reconstruct the relationship with the deceased in order to 'restore some sense of attachment security' and to 're-establish a sense of continuity' in life (Neimeyer et al. 2014, p. 489). In the present analysis of parentally suicide-bereaved youths' communication, the back story has primarily been constructed from the above-mentioned need to investigate the imaginable reasons for suicide. However, and this is perhaps particularly the case with suicide-bereavement, the event story and the back story appear to have a more complex and interdependent relationship. This is because the event story seems to demand an immediate explanation from the mourner, which is to be found in the shared life history with the deceased, while the narrative construction of the back story will, in turn, have implications for how the suicide event affects the mourner-narrator's current position and identity.

In her study, Sands (2009) discovered a distinguishing narrative processing in suicide bereavement and developed the 'tripartite model' accordingly (Sands, Jordan and Neimeyer 2010, p. 263). This model identifies key themes in bereavement as mourners' struggle to narratively process the loss, and to change and restore different aspects of their assumed world in relation to the deceased, the self and significant others (Jannof-Bulman and Berg 1998). This largely matches the findings of the parentally suicide-bereaved youths' narrative processing examined for this thesis. In the first step, metaphorically termed 'trying out the shoes', mourners are usually occupied with the shattered image of the deceased and the 'why-question' together with the intentional aspects of suicide – that is, the belief that the suicide contained some kind of message. In addition, the mourners commonly investigate questions of their own responsibility, criticize themselves and thus experience feelings of guilt, self-blame and low self-esteem. In their relations with significant others, they may experience stigma, reduced communication about grief and fear of new loss events occurring. In the second step, termed 'walking in the shoes', mourners are trying to get closer to the deceased family member's mindset and imagine their pain before the suicide, for example by searching for new

information about the deceased family member's life, which could eventually support the construction of a new understanding. However, this step is initially characterized by an intense inward focus on the pain of the life and death of the deceased, narrative disintegration, despair, meaning-making difficulties and a questioning of the value of living. At the same time, the communication with significant others is usually characterized by strategies to protect oneself through silence, difficulties in articulating the intensity of grief, withdrawal, misunderstandings and stigma. In sum, this is a position of increased vulnerability as the mourner may come to identify with the deceased family member's loss of life meaning, and, in combination with the lack of support experienced, thus come to see suicide as a 'solution' to his/her own situation. In a third step, termed 'taking off the shoes', mourners are described as less occupied with the practical circumstances of the death and ruminations on the intentionality of suicide. Instead, a transformative space has opened up for the mourner to construct a bereavement story that bears witness to the suffering of the deceased, but which at the same time makes it possible for the mourner to reposition him/herself in relation to the deceased. This usually takes the form of a more hopeful reconstructed biography of the deceased and a constructive continued bond, which work to restore a sense of worthiness and personal autonomy, and to repair the broken trust in the deceased, in addition to instilling a sense of order and safety in the world (see Sands, Jordan and Neimeyer 2010, pp. 261–69).

The first two steps are most present in the material, since most of the communications are seeking support with this process. 'Taking on the shoes' has been represented in the narrative materials in this thesis by the parentally suicide-bereaved youths' responses in close proximity to the suicide, in terms of their initial occupation with the why-question and the stigmatizing interpretations of the parental suicide in responses from the two blaming approaches. 'Walking in the shoes' has been represented by these mourners' more active and explorative meaning-searching approaches. However, the theatre play, which is more of a narrative 'closure' of experience with a final message to others, is

consistent with the last step of ‘taking off the shoes’. This is elaborated further below.

The construction of a continued bond

The communication in the different materials has sometimes also been directly addressed to the deceased parent in what theoretically has been explained as a ‘continued bond’ (see Klass, Silverman and Nickman 1996; Neimeyer, Baldwin and Gillies 2006; Wood, Byram and Gosling 2012). Such after death communication was most frequently expressed in the Internet contexts (article III and IV), which seem particularly well-suited to this kind of perhaps more taboo expression. In these contexts, parentally suicide-bereaved youths have written from an anonymous position directly to their deceased parent, usually with ambivalent messages of love, gratitude and longing, but at the same time anger and disappointment linked to feelings of abandonment – all of which have been shown to be common reactions to a parental suicide (see chapter 3). Consequently, this location for such after-death communication must be viewed as a resource in grief, since these self-consuming feelings are permitted to be located and expressed in the relationship, where they belong.

In the theatre play, this communication was taken one step further as the mother was portrayed through the use of a photograph and a voice recorder in her after-death response to her daughter (article II). In this case, the ‘dialogue’ worked constructively as the daughter depicted her mother’s changed position in her life, from that of a forced affliction to a loving guardian who had become a resource in the daughter’s life for the first time. This highlights the transformative possibilities of such a continued bond, in line with the final step of ‘taking off the shoes’ in the tripartite model (Sands, Jordan and Neimeyer 2010, p. 263).

A continued bond was not mentioned at all in the research interviews (article I) until it was asked about. Once this relationship became possible to talk about, all the daughters described how they perceived and maintained a continued bond with their fathers. In three cases, this was described as a resource in grief, since it made it possible to process

the relationships with the father in order to finally forgive him – but also themselves – for the suicide (see Neimeyer, Baldwin and Gillies 2006). In Karolina’s case, however, her grieving even 10 years after her father’s suicide was described as just as intense as on the day of his death, and she identified her continued relationship with her father as the greatest hindrance to her to investing constructively in her continued life – based on a fear of abandoning him. Hence, grief itself was described as a way to stay connected to her father and show her appreciation of their highly valued relationship.

CHAPTER 7

IMPLICATIONS FOR FURTHER RESEARCH AND RECOMMENDATIONS FOR FUTURE PRACTICE

How to involve suicide-bereaved youths in research and practice

The results of this thesis show that the prevailing suicide stigma in society hampers both the seeking of and access to social support among youths who have lost a parent by suicide. In line with previous research, these young mourners' narratives are commonly testament to a lack of support and the Othering experienced in their everyday life. These circumstances constitute a shared backdrop to their underscored need to narrate the suicide loss experience elsewhere – in other social contexts and to other, unrelated people. However, despite this evident need to express themselves, it has not been easy to involve these young mourners in research interviews – probably for reasons linked to stigma and an unwillingness to be or fear of being categorized as a child of suicide through their participation in the research. This difficulty encouraged me to find alternative ways to approach these young mourners' telling of experience, something which became a main feature of the thesis, since I myself ended up visiting the contexts where these mourners had chosen to communicate. The difficulty in inviting young suicide mourners to participate in this study in a conventional way was a lesson learned for me as a researcher. As this situation corresponded with and was explained by the overall results of this thesis, however, this knowledge should also help to inform other researchers and professionals who wish to establish contact with young suicide mourners.

My recommendation is to visit the contexts in which these young mourners spend their time, unless you meet as part of professional practice, in order to make personal contact in conjunction with an

invitation to participate. This makes it possible for the researcher/professional to be an individual with contours and empathy, in whom trust can be developed. An encounter in a face-to-face situation also gives the researcher/professional an opportunity to provide information about the study/intervention and to answer all possible questions. It also, from a narrative approach, makes it possible to emphasize and support the self-defined role of the narrator, with its built-in power to choose which topics will be talked about and how, and also to influence and contribute to potential change of the circumstances perceived as dissatisfying. This general narrative approach is fully in line with ‘constructive social work practice’, which represents an empowering practice for the often traumatized and stigmatized individuals that we encounter daily within social work. This separates the definition of the problem from the person and keeps the main focus on the constructive aspects of self-agency and narrative power, in order to counteract silence, shame, guilt, victimization and the associated powerlessness – in addition to new problems that may follow in their tracks. For a further orientation see Parton and O’Byrne (2000).

Who should be offered support and why?

The recommendations on professional interventions set out below are based on the results of this thesis, but they should also be seen in the context of previous studies on suicide-bereaved youths and their particular vulnerability. Given that the suicide stigma has had negative effects on generations of suicide-bereaved children – commonly characterized by a lack of social support and communication, and a heightened risk of social and psychological problems and even their own suicide – a major recommendation is for the introduction of national guidelines to offer professional support to *all* mourning children and families in close proximity to the time of the parental suicide. In Sweden, such guidelines find support in legislation and are currently being implemented into practice (Hälsa- och sjukvårdslagen 2016). This generalized approach would underline the normality of providing social support following a suicide in the family, and young

suicide mourners would not have to seek help themselves or go through the remaining parent, which would be likely to lead to a higher threshold for their needs to be taken seriously out of reluctance to cause concern. Such a normalization is especially important in relation to suicide-bereaved youths, who might experience difficulty in identifying themselves as being in need of professional help, such as psychiatric care, out of fear of being mentally ill and thus a potential suicide like the deceased parent. However, as the results of this thesis show, such support is not easily provided even where it is formally offered. Therefore, and more importantly, the knowledge about what kind of support young suicide mourners might need in their grief needs be disseminated among a wider range of practice, such as schools, mental and somatic health centres and social work teams, where professionals come in contact with the young suicide bereaved. Such an effort would certainly increase the likelihood that these young mourners will be identified and offered proper support. It was for example this kind of knowledge that I myself lacked as a counsellor when I met the two grieving sons mentioned in the introduction to this thesis.

That said, not all suicide-bereaved youths will need professional support. Many will manage fine within the loving and caring relationships available and with supportive conversations within their family and everyday social networks. Nonetheless, this broad offer and provision of support would be a way to reach out to the most vulnerable individuals and families who may not seek support even though they are strongly in need of it.

What professional support should be offered?

Perhaps more important than the question of who should be offered support is the question of what supportive interventions should consist of. This thesis has shown that the suicide stigma is the main complication for these young mourners in their grief. This problem is dependent on the time and culture in which we live, and consequently it primarily needs to be addressed on the same general level. I return to this below. First, however, I briefly outline a few recommendations for

meeting with young suicide mourners within professional practice, based on a few thematics regarding the need for social support identified in the material and supported by previous research.

A narrative approach to mourning youths' telling of experience

A major recommendation based on the results of this thesis is that the support offered should primarily focus on suicide-bereaved youths' preoccupation with the 'why-question' regarding the deceased parent's reasons for suicide, and the associated need to construct meaning and identity through the telling of experience. This requires a professional environment arranged as a calm, secure and supportive space, which enables the young parentally suicide bereaved to narrate whatever they find most important. Professionals are thus recommended to adopt a teller-focused approach to encourage such free storytelling (see Hydén 2014), with the ultimate aim of supporting the construction of a personal bereavement story. A life-course chart may also favourably be used (see Clausen 1998), to clarify the mourning youth's life context and the chronology and relation between separate life events, including the parental suicide (see the section 'teller-focused interviews' in chapter 4). A meaning searching approach to suicide, through which the young mourner is encouraged also to construct a biography of the deceased parent's life, out of own quest for meaning, should be supported as the question 'why' arises in conversation. This may involve supporting the mourner to gather more information about the parent's life context in order to better understand the emotional pain behind suicide; for example, by asking questions of others, listening to relatives' stories, reading documents, and so on. In this primarily listening and supportive position, the main focus should be on identifying potentially stigmatizing assumptions that are drawn on as explanations for suicide; that is, whether the grieving youth blames the deceased parent and/or him/herself for the suicide. Such thoughts must then be carefully heard and recognized, before being probed to support a wider meaning construction of suicide.

The provision of a de-stigmatizing narrative framing of experience

Where stigmatizing explanations for suicide exist, this narrative approach should also include the provision of a de-stigmatizing narrative framing of experience. Such a framing is manifest in the professional's active attempts to question taken-for-granted stigmatizing notions of suicide as a voluntary act committed, for example, by an immoral and selfish parent and/or due to the existence of a failed or unlovable child. It also exists in the introduction of alternative meanings to be investigated and negotiated in the telling context by the probing of 'curious questions' (Neimeyer 2004). It is particularly important to highlight the involuntary nature of suicide and thereby achieve a shift in focus from individual responsibility and questionable moral characteristics to factors beyond the deceased parent's or the child's power to control. This can be done, for example, by investigating structural and/or mental health conditions as contributors to unbearable emotional pain. Suicide thus becomes viewed as a desperate, spur of the moment act caused by emotional pain or depression (cf. 'psychache', Shneidman 1993), rather than a contemplated act from a free and informed position, thereby liberating both the parent and the child from blame. The possible notion held by the deceased parent, as part of a 'suicidal mind', that the suicide would also be a relief for the family may also be discussed. From this perspective, suicide might conversely even be interpreted as an act of moral responsibility and caring.

The approach outlined above, with its primary focus on questioning dominant stigmatizing narratives and supporting the narrator's own agency as storyteller of experience, is in broad agreement with Neimeyer's (2004) elaboration of a narrative model to foster posttraumatic growth in traumatized individuals.⁸

⁸ On posttraumatic growth, see also Tedeschi and Calhoun (2004).

Support for a continued bond with the deceased parent

In addition to the above support with meaning-making and self-formation, it is recommended that professionals support suicide-bereaved youths in their construction of a continued bond with their deceased parent. Hence, communication with an inner representation of the parent could function as a resource in grief through continued or reconnected attachment (Klass, Silverman and Nickman 1996; Neimeyer, Baldwin and Gillies 2006; Wood et al. 2012). It is feasible that conflicts with the deceased parent related to the suicide itself and/or the relationship preceding the suicide might be addressed by the child and potentially resolved within this relationship. In cases where there is no mention of a continued bond, the current status of this relationship can be actively asked about, in order to counter feelings of strangeness connected to such a bond and to actualize this resource in grief. Nonetheless, it is important to listen to the quality of the relationship, since it may be connected to more complicated or prolonged grief in cases where this bond constitutes a hindrance to the mourning youth's ongoing life. Consequently, a professional contact may extensively come to deal with the relationship between the suicide-bereaved child and the deceased parent.

Information about common grief responses

It is also recommended that professionals inform parentally suicide-bereaved youths about the distinctive responses to suicide bereavement, in order to normalize these and to actualize this grief thematic in dialogue. These responses are presented more fully in chapter 3 and have to a large extent been confirmed in the narrative materials in this thesis. This particularly applies to feelings of shame and guilt, rejection or abandonment and anger towards the deceased parent and/or oneself, which have been shown to contribute to low self-esteem and negative or even stigmatized identities in accordance with the concept of 'the stranger inside' (article I). However, since a main result of this thesis is that these grief responses primarily depend on the meaning that is

attributed to the suicide, it is important to address the meaning-making of suicide in order to reduce the distress caused by these responses.

Support to the whole family to facilitate open communication

The interventions outlined above could also advantageously include the whole family. This would facilitate family members' understanding and tolerance of different grief responses, in addition to encouraging open family communication about the suicide event in order to counteract distorted or avoided interaction. It is for example important for suicide-bereaved children to receive age appropriate information about the true circumstances of the parent's death, and to be able to ask questions of the remaining parent and other family members (Cain 2002). Such communication may in turn support shared meaning-making and memory construction in grief (see Kaslow and Aronson 2004; Nadeau 2001; 'the family snap shot', Neimeyer and Sands 2011, pp. 18–20).

Support to be connected with other suicide-bereaved youths

A central need expressed in the material for this thesis has been the need for parentally suicide-bereaved youths to be connected to and experience recognition from similar grievers. Instead of or together with the above-mentioned individual or family-based interventions, a professional intervention could thus also advantageously include an opportunity to join a support group with other parentally suicide-bereaved youths. In such a community, common themes of experience could be shared and discussed in line with the above approach. This would be likely to have multiple positive effects in terms of normalization and learning from each other's experiences, in a similar way to the narrative power of 'the collective' demonstrated in this thesis (cf. Groos and Shakespeare 2013; Mitchell et al. 2007). A collective destigmatizing narrative constructed through shared storytelling and the accumulated experiences of the many could have a particularly positive impact on these young mourners' meaning-making of suicide and their self-formation.

In addition, professionally led self-help group interventions should be provided on the Internet to increase the possibility of reaching out to isolated mourners. This would make it possible for them to encounter other young grievors with whom they might identify and communicate freely about their loss experience. However, this communication would need to be monitored by professionals to guarantee that support is provided and to minimize the risk of reinforced feelings of loneliness and Othering in connection to online self-disclosure. A further suggestion is the provision of information about common responses to suicide bereavement in line with the above thematic, and also a self-help writing intervention in connection with such a website (see van der Houwen et al. 2009).

The application of alternative expressive means

Based on the different narrative materials contained in this thesis, it is also recommended that different means of symbolization other than oral telling of experience should be provided and supported within a professional context. These might include the writing of a memoir, diary notes, letters to the deceased parent, questions in grief, literary texts or poetry (see ‘expressive writing’ in Pennebaker 1997); the creation of a performance in form of a theatre or role play or gestalt therapy as embodied narrative (see ‘the body of trust’ and ‘the family snapshot’ in Neimeyer and Sands 2011); the writing and performance of lyrics and music; or the painting or documentary filming of experience. For further suggestions see Thompson and Neimeyer (2014). These are all means of expression that can facilitate narration where this is perceived as difficult in a face-to-face situation – or when words are simply not enough.

A final commentary

As I reach the end of my writing, I am, as I believe is customary in this position, not yet satisfied. During my work, I have listened to numerous stories and witness accounts beyond the scope of this thesis of how young mourners who have lost a parent by suicide have fought, largely

in solitude, to themselves survive the suicide. All these grieving youths have consistently described the ‘abyss’ and the questions that remain, which come from the feeling of being ‘left behind’, in tandem with a silenced communication about the suicide loss experience due to the fear of being labelled as part of a morally deviant and dysfunctional family. Hence, this thesis ultimately represents a call to make persistent efforts to combat the suicide stigma in society as part of suicide-preventive measures. The voicing of the young mourners’ experiences in this thesis is a step in this direction, and hopefully there is much more to come. There seems to have been a breakthrough on this matter recently, since literary memoirs written in adulthood by suicide-bereaved children are appearing more frequently in Sweden and internationally. This is perhaps indicative of a trend for young mourners to gather the courage and strength to challenge the suicide stigma to a greater extent. Such public storytelling might also empower others – the silent mourners – to articulate their personal experiences as well. At the same time, this narrative activity highlights the responsibility of us all as readers and recipients of these stories. We must realize that suicide or suicide bereavement is a concern for us all, as humans and participants in a culture that continually constructs and reconstructs the suicide stigma – and the new suicides that may be a result thereof. Hence, we are obliged to allow ourselves to become emotionally touched and engaged by these experiences, to keep them in fresh remembrance and to let them affect us in new social interactions to come. At this final stage, I found the following message on Facebook written by a young woman from her own experience of having lost a loved one by suicide. By her public writing she too was challenging the suicide stigma and she asked her readers to do the same – to get a wide audience for this de-stigmatizing understanding of suicide in society.

Many believe that an act of suicide is a selfish attempt to escape, because the individual does not care about the ones who are left behind. I can tell you that when a person arrives at this point (s)he believes that the family will be better off without

them. This is mental illness and *not* egotism. The truth: depression is an evil disease that seems relentless. Many of us have been near the edge and some have lost friends and family members. [...] May I ask my family and friends to please copy and paste this status for an hour, to give a moment of support to all of those who suffer from family problems, health issues, fights and fears of all kinds and need to know that someone cares! Do it for all of us, because no one is immune. I hope to see this on the walls for moral support. Thanks!!

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Appendix 1

Age categories	Sex	Year											Total
		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Children 0–12	Daughters	111	125	117	106	109	126	121	94	95	119	98	1 221
	Sons	114	114	111	97	97	109	120	112	81	126	90	1 171
	Total	225	239	228	203	206	235	241	206	176	245	188	2 392
Teenagers 13–20	Daughters	78	88	88	81	93	116	94	73	107	100	102	1 020
	Sons	82	83	77	76	72	105	92	87	90	109	81	954
	Total	160	171	165	157	165	221	186	160	197	209	183	1 974
Young adults 21–25	Daughters	154	156	139	150	172	181	137	121	121	88	105	1 524
	Sons	148	131	162	139	147	136	123	112	103	97	116	1 414
	Total	302	287	301	289	319	317	260	233	224	185	221	2 938
Total	Daughters	343	369	344	337	374	423	352	288	323	307	305	3 765
	Sons	344	328	350	312	316	350	335	311	274	332	287	3 539
	Total	687	697	694	649	690	773	687	599	597	639	592	7 304

Articles

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