TALKING THROUGH THE DEAD: THE IMPACT AND INTERPLAY OF LIVED GRIEF AFTER SUICIDE*

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ABSTRACT

In the aftermath of suicide, grief becomes a multi-faceted experience. Traditionally, this grief was silenced where the shame attached to suicide invalidated a person's need for expression. Even now, it can be difficult for people to fully articulate their grief, let alone find an empathetic audience. How do we examine this grief to more clearly hear the voices of the bereaved, and to better understand how to support those who are grieving a suicide death? Indeed, the ripple of suicide grief touches more than those traditionally considered to be impacted by the death. Whole communities can be affected and it cannot be presumed that researchers do not have their own lived experiences of suicide bereavement. In this way, the newly-opened discourse around the experience of suicide grief needs to be dissected within more practical and appropriate research. A balance needs to be created in research where the voices of grief can be included but the experiential context understood and respected.

111

. . . The stars are not wanted now; put out every one,
Pack up the moon and dismantle the sun.
Pour away the ocean and sweep up the wood;
For nothing now can ever come to any good.
(Auden, 1950, p. 258)

For words that have become so synonymous with a raw expression of loss and grief, W. H. Auden initially wrote "Funeral Blues" as a satirical piece. This eulogy to a politician was first delivered with sarcasm dripping from every word; it mocked the drama so carelessly attached to the unwept death of someone considered important. Yet, these same words similarly demonstrate the sheer emptiness left after the death of a loved one. All that brings light and pleasure, all that brings life, are not wanted when the loss of someone means there is no longer anything left to live for or desire.

THE UNIVERSALITY OF DEATH, THE SILENCE OF GRIEF

It is a trite matter of fact that death is one of the few universal human experiences. All of us will one day die; all of us will experience the death of people around us. Yet, at times, this very universality seems to only heighten the fear attached to death; its uncertainty and unknowability can only become certain and known once experienced. Indeed, it may be this perversity that makes the expression of grief after death difficult; it falls to those who are left behind, who are not dead. Grief is truly individual and experiential, where its performance and journey depends on the relationship between those who are grieving (and alive) and those who are grieved (and dead). The perceived appropriateness of such a journey speaks to more than just social and cultural norms but also how still-living people construct an after-life they have yet to experience. Further, if we are merely stumbling through our own culturally-contextualized experiences of grief, how can we ever begin to understand the grief in the context of others?

The experiences spoken about and studies analyzed within this article are predominantly based within an Australian experience and, consequently, cannot claim to necessarily represent grief experiences within other cultures. As a consequence, this article has not been approached with a view to definitively answer questions about grief in general, let alone that which surrounds suicide. Rather, this article seeks to dissect a still newly-opened discourse to further break the silence around suicide grief.

There is little doubt that silence often remains relatively intact around suicide outside the research community. Conventions of grief can differ depending upon the type of death mourned, from suicide to homicide to accident (Feigelman & Feigelman, 2011; Grad & Zavasnik, 1999; Mancini, Prati, & Black, 2011; Murphy, Johnson, & Lohan, 2003b). While a few studies have found similar experiences with other types of traumatic deaths (see Feigelman, Jordan, & Gorman,

2011; Feigelman, Gorman, & Jordan, 2009), the stigma still attached to suicide in many cultures and societies can taint the grief experience of the bereaved (Biddle, 2003; Dyregrov & Dyregrov, 2005; Fielden, 2003; McMenany, Jordan, & Mitchell, 2008; Sudak, Maxim, & Carpenter, 2008). Previous research has indicated that the feelings connected to suicide grief may not only differ from other forms of grief but may be differently experienced (Bailley, Kral, & Dunham, 1999; Jordan, 2001; Maple, Edwards, Plummer, & Minichiello, 2010; Wojtkowiak, Wild, & Egger, 2012). However, it should also be noted this has not always been the case in every study (Murphy, Johnson, & Lohan, 2003a; Murphy, Tapper, Johnson, & Lohan, 2003c). There can be a loneliness, a misplacement, a shame, felt by survivors that may not be present in the aftermath of any other death. One of the more unique aspects to suicide bereavement is the search for meaning, the need to know "why" someone took their own life; a search which may never end (Fielden, 2003; Henry & Greenfield, 2009; Maple, Plummer, Edwards, & Minichiello, 2007; Wojtkowiak et al., 2012). Indeed, the very label ("survivors") speaks of the difficulties attached to their situation; there is an implication that "nothing now can ever come to any good." For these reasons, as well as shame and embarrassment, silence has been perceived to be the better option. It is not just the directly bereaved who are silenced—"those who come into contact with [them] . . . are often at a loss as to how to respond" (Maple et al., 2010, p. 242). In this way, a choice may be made to say nothing rather than ordinary proclamations of regret or sympathy which seem never to be enough.

Further impacting upon the difficulties of the language around suicide grief is that suicide is still predominantly viewed through the lens of a white-male-medical paradigm. This paradigm has traditionally restricted knowledge of suicidal behaviors to those that occur among men in Western countries, where risk factors and mental illness have been a focus (see Range & Leach, 1998). This necessarily affects how people (not just researchers) talk about suicide; the language of deviancy has been slowly replaced, but the language of illness remains (see Alvarez, 1973; Minois 1999). Further, this paradigm has also influenced the emphasis placed on the types of research conducted. Akin to other health-related fields, there has long been a predominance of quantitative methodologies within suicide research. Their value is not denied but they cannot provide deep understanding of the more immeasurable aspects of the human experience; joy, love, sorrow, and pain. Qualitative methodologies are able to better approach these conditions, yet this work is still rare within the highest-ranked suicidology journals (Fitzpatrick, 2011).

HEARING SUICIDE BEREAVEMENT AND GRIEF

There are myriad difficulties attached to the study of grief and bereavement, and both quantitative and qualitative methodologies have their limitations (see Neimeyer & Hogan, 2001). However, qualitative methodologies differ from

quantitative in that they construct "social realities [to be] inherently multiplistic rather than singular, and the goal of research is less to generate incontestable "facts" than to discover and explore the unique and common perspectives of the individuals being studied" (Neimeyer & Hogan, 2001, p. 105). In this way, qualitative researchers listen to stories authentically told, dissect and analyze the narrative, seek understanding at personal levels. Many studies on traumatic bereavement, including suicide, have found that the grieving often feel isolated silenced in speaking about their experience (see Barnes, 2006; Breen & O'Connor, 2009, 2011; Dyregrov, Nordanger, & Dyregrov, 2003; McMenamy et al., 2008). A quantitative methodology does not allow for these stories, however uncertainly or confidently told, and arguably this could compound the silence of the bereaved. The stories told within the studies on suicide bereavement which do exist are noteworthy in that they provide one of the few opportunities for the bereaved to speak about their loss, to talk about their dead (Maple et al., 2010; Owens, Lambert, Lloyd, & Donovan, 2008; Ratnarajah & Maple, 2011; Ware, 2011). A mother confided:

> I could sit here all night and tell you over the years, and even though his years were numbered, I love to talk about him. But it's hard to find people who are comfortable enough. (Ratnarajah & Maple, 2011, p. 109)

While she was beginning to find the language to communicate her grief, this woman was unable to find an audience able to truly hear her.

Linked to the silence of the bereaved, another theme which emerges from these Australian studies is the time limit seemingly attached to the grief performance of a suicide death. While participants in these studies may have talked about their support networks which existed immediately after the death, there appeared to come a time when these weakened. One woman commented:

> He [foster son] remains special but there are very few people now that I can share his life memories with and that's difficult because you know, people just don't want to be concerned about it now. 'Oh, aren't you over that yet?' they sort of imply. (Maple et al., 2010, p. 245)

For this woman, her community supported her grief for a set amount of time—when this time had run out, she was once again more fully silenced.

Yet, even within the same country, other cultures normalize different performances of grief. Within some Australian Indigenous communities, displays of grief can be quite public; different stages of *sorry business*[1] can continue over several weeks and months, depending upon the person's familial relationship to the deceased (see Glaskin, Tonkinson, Musharbash, & Burbank, 2008). Physical changes connected to grief, such as cutting off one's hair, interact with more

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[1]*Sorry business* is the overall term for the grief process carried out within Australian Indigenous communities. However, its characteristics and rituals differ depending upon one's community and relationship to the deceased.

intangible ones, such as communicating with the ghosts and spirits of one's ancestors (Glaskin et al., 2008; Hunter, Reser, Baird, & Reser, 2001). Certainly, these performances allow for a more outward venting of grief. Yet, it has also been argued, these can also be emotionally draining when the bereaved are experiencing "cycles of grief" (see Tatz, 2005/2001, p. 111; Hunter, Reser, Baird, & Reser, 2001, p. 49). Some Australian Indigenous communities have experienced times where several suicides, and other deaths, have occurred within close succession (Hunter, et al., 2001; Tatz, 2005/2001). Here, "the community is unable to grieve fully and appropriately for one death before another has occurred; the community becomes stuck in seemingly never-ending waves of sadness, anger and apprehension as to when another death will occur" (Tighe & McKay, 2012, p. 243).

RESEARCH AS EXPRESSION

Research allows an avenue through which the voices of the silenced bereaved can be heard without the need for justification and within a safe space; see the work done by Dyregrov and colleagues on the benefits of participating in research (Dyregrov, 2004; Dyregrov, Dieserud, Hjelmeland, Straiton, Lyberg Rasmussen, Loa Knizek, et al., 2011; Dyregrov, Dieserud, Straiton, Lyberg Rasmussen, Hjelmeland, Loa Knizek, et al., 2010-2011). However, researchers occupy a different space to that of grassroots service providers and to that of the suicide bereaved. By dealing predominantly with data, whether quantitative or qualitative, and in contrast to people who work at the grassroots level, researchers can take suicide as a phenomenon rather than an experience; it becomes something which can be examined at a distance. Previous findings and studies are contrasted and compared in terms of their evidence-base, rigor, or validity. Gaps in knowledge become intellectual problems which are sought to be resolved in order to develop more effective interventions. This is not to say that suicide researchers are not impacted by their studies; indeed, Linqvist and colleagues (2008) briefly mention that their interviewers were emotionally distressed by the interview process and needed to work on their ability to psychologically distance themselves from the analysis process. Emotional distance can be a difficult balance as analysis requires reflection and, in very practical terms, multiple readings of transcripts. In this way, it must always be remembered all suicide data were once people who chose to end their lives and, as a consequence, left others behind. Indeed, estimates suggest that each suicide leaves behind six directly bereaved (Shneidman, 1969; Ware, 2011), not counting the impact upon the community, although numbers are difficult to calculate (Krysinska & Andriessen, 2010), and this may be an underestimation! For these people, and many of the grassroots prevention workers, suicide simply cannot be taken from a distance.

Indeed, while researchers debate the validity of methodology and the quality of data, those on the ground necessarily have to react and talk and resolve. This can be especially the case when communities are faced with the loss of several lives to suicide; a situation currently faced in the Kimberley, north Western Australia (see

Silburn, Glaskin, Henry, & Drew, 2010; Tighe & McKay, 2012). Not all communities may be ready to talk and resolve; they may simply react. History has shown that blaming the deceased for their death can be a far more palatable option than looking to what could have been done by the community to prevent the death; the person becomes "mad," "bad," or "unwell" rather than society (Minois, 1999). It can be a fearsome thing to look within the community itself when seeking to understand suicide deaths; indeed, it is an enormous task for a researcher to ask of any participant. While this introspection can lead to the creation of holistic and community-grounded preventative measures, social "skeletons" need to be thrown out of the metaphorical closet. However, those communities brave and determined enough to undertake such an airing must then balance their passion for resolution with the need to ensure that the measures implemented are safe. In this way, their desires complement the role of the researcher but timelines may not always enmesh. It is a far more difficult task for communities to simply wait until findings are validated and an evidence base created. On the other hand, a researcher cannot simply assume effectiveness or safety through third-person anecdotes and good intentions. Rigorous evaluation is required in these instances—the methodology of which needs to be developed by both the researcher and community involved in order to ensure cultural and social relevance and appropriateness. In this way, both quantitative and qualitative methodologies may be utilized depending on what would be most effective and valid within the research setting.

This difficult issue seems to best resolve when there is substantial trust between the community and the researcher. Open and active communication is vital. There is learning to be made on both sides. Indeed, in these situations the role of the researcher needs to be placed within the community. The research conducted must be grounded within both individual and social experiences, but the researcher is also an individual and part of society. This has been examined by both Indigenous and non-Indigenous researchers using a Participatory Action Research methodology (PAR) within Indigenous communities (see Isaacs, Pepper, Pyett, Gruis, Waples-Crowe, & Oakley-Browne, 2011; Isaak, Campeau, Katz, Enns, Elias, Sareen, et al., 2010; Kral, 2012; Tighe & McKay, 2012; Tsey, 2000; Tsey & Every, 2000). While time-consuming, PAR creates strong, grounded research because it allows participants agency in the research process and time for reflection and flexibility as researcher and community learn about each other (see Isaacs et al., 2011; Isaak et al., 2010; Kral, 2012). Given the emphasis on the agency of the participant within PAR, and the ways in which the suicide bereaved may feel silenced and isolated, PAR may be a valid and appropriate methodology for future grief and bereavement research.

PLACING THE RESEARCHER WITHIN THE SUICIDE GRIEF EXPERIENCE

Jaworski has argued that all researchers come with their own "situatedness": ". . . how I, as the researcher, proceed, not as a disembodied subject but as someone

who remains interconnected with the context from which I speak. Being critical about my own reflexivity is precisely what makes speaking on behalf of others possible" (Jaworski, 2007, p. 71). Indeed, if a researcher has also experienced personal grief to suicide, they are then within and part of a community both as a researcher and as a fellow-bereaved. Their own experiences (as a person) must be balanced with their methodological paradigms (as a researcher) which can be emotionally difficult if community cases echo the person's own. Here, self-care becomes vital. While researchers may arguably be able to distance themselves from the topic, the very difficulty of the topic needs to be acknowledged (see Lindqvist, Johansson, & Karlsson, 2008). Yet, shared experiences can also bring benefit to the research. These researchers speak the language of this particular type of grief; they know the terrain. They may be able to more intrinsically provide a channel for the participants' authentic voices. Indeed, Isaak and colleagues have argued that "if we are truly engaged in a partnership endeavor, we may also be required to share of ourselves from time to time" (2010, p. 267).

In the interests of full understanding, it should be disclosed that this article has been written in the knowledge that both its authors have experienced their own grief and loss to suicide. Further, both authors work in the fields of suicide prevention, intervention, and postvention in regional and remote areas of Australia. The issues described and dissected throughout this article are ones that we continue to grapple with and seek to better appreciate.

If researchers are perceived as able to share their experiences when appropriate, it also speaks to the positive experience that participation in research can have for the suicide bereaved. The work conducted by Dyregrov and colleagues (2004, 2011) has demonstrated that research participation can be a positive and painful experience. Participants may initially feel anxious before the interview, but afterwards the majority perceive it to have been a positive experience in terms of gaining insight, venting emotions, and helping others (Dyregrov, 2011; Dyregrov, 2004). However, not all participants report a positive experience (Hawton, Houston, Malmbergand, & Simkin, 2003), so researchers must also incorporate support and care for all participants into their studies.

In this way, the discourse then swings around again to what the most effective way to study suicide grief; how is it best understood? It seems that understanding the roles and importance of narrative and language within suicide research needs to be more fully investigated. Respecting the authentic voice of the suicide bereaved becomes a significant aspect of this research. Quantitative method-ologies are important in that they provide empirical evidence of the problem. In addition to this, qualitative methodologies also allow examination of the emotional journey as well. While the stories told in previous studies have revolved around the death of a loved one, they have not always solely revolved around sadness. Memories of joy and love (of life itself) are also recorded in these narratives. In these studies, the deceased is able to become more than their death—charting their suicidal process means that protective and risk factors are

seen holistically. In collaboration, talking about the dead allows the people left behind to contribute to suicide research where all those involved strive towards the prevention of future deaths.

ACKNOWLEDGMENTS

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