'The stranger inside': suicide-related grief and 'othering' among teenage daughters following the loss of a father to suicide

Anneli Silvén Hagström

Linköping University Post Print

N.B.: When citing this work, cite the original article.

"The stranger inside": Suicide-related grief and "othering" among teenage daughters following the loss of a father to suicide

Anneli Silvén Hagström*, Department of Social and Welfare Studies/Social Work, Linköping University, Kungsgatan 38, 602 20 Norrköping, anneli.silven.hagstrom@liu.se

* Anneli Silvén Hagström is a PhD candidate at the Department of Social and Welfare Studies/Social Work, Linköping University. Her research focuses on adolescents bereaved by parental suicide. She primarily uses narrative and discourse-orientated research methods in order to explore how young suicide-bereaved women and men communicate their experiences to others in a variety of social contexts. Of special interest is *how* the suicide incident reflects upon self-perception and present adult life.

"The stranger inside": Suicide-related grief and "othering" among teenage daughters following the loss of a father to suicide

Abstract

Grief research highlights risks associated with parental suicide during childhood and adolescence: mental illness, social difficulties, repeated suicide attempts and actual suicide. This article aims to explore how these "risks" are constituted, by investigating the relationship between suicide-related grief and "othering" in four young women's narratives on their experiences of losing a father to suicide during adolescence. Othering works through expressions of insecurity, avoidance and outright rejection from individuals in the women's vicinity and even family members. However, what is noteworthy is that othering is also found to work from the *inside*; due to their father's norm-breaking act, the women describe themselves as actually *being* "different" or "strange." Moreover, attempts to "normalize" or "liberate" oneself from the suicide involves attempts to understand its reasons. The preoccupation with "why questions" thereby primarily appears to be a question of self-formation. "The stranger inside" is described as the strongest impediment to seeking social support.

Introduction

About 650 adults (70 % men, 30 % women) aged 30–59 commit suicide in Sweden annually (National Board of Health and Welfare 2011). The number of children and adolescents affected by parental suicide, however, is uncertain; they comprise an invisible group both in Swedish registers and to the authorities. At the same time, grief research demonstrates the risks connected with suicide in the family, and suicide-bereaved children – particularly adolescents – are described as the most vulnerable group, developing mental illness (e.g. depression, anxiety, distress, PTSD, bipolar disorder), social and academic difficulties, abuse, suicidal ideation and attempts, and suicide (Cerel and Roberts 2005; Hung and Rabin 2009; Niederkrotenthaler 2012).

Previous research emphasizes that bereavement following suicide entails complicated grief

reactions like feelings of guilt, shame, abandonment and anger, and ongoing questions regarding the suicide motive (Clark 2001). Children and adolescents are described as limited in their resources for handling such reactions; hence, they depend on support from their social networks to cope with the loss – here, the remaining parent's ability to be emotionally available is of utmost importance (Hung and Rabin 2009). For adolescents, the social environment's "permission" to express themselves about the loss has been found to pre-empt some of the risks mentioned above, and to promote meaning in life, restore and maintain integrity, manage affect and realign relationships (Valente and Saunders 1993). In accordance with this reasoning, if the support from the social network is threatened or absent, teenagers parentally bereaved by suicide might develop the risk behaviours demonstrated in earlier research.

Stigmatization[1] has been frequently described in research on suicide-bereaved adults (Cvinar 2005; Feigelman et al. 2009), and distinguishes grief after suicide from that following other more "natural" causes of death. Stigma foremost comprises the social network's failure to offer support at a time when it is most needed from the mourner's perspective. It has also been discussed in a limited way as the bereaved person's responses to the social network's insecurity, and as a contributing factor both to the (un)willingness to talk about the suicide incident and to social isolation – a phenomenon theoretically explained as "self-stigmatization" (Dunn and Morish-Vidners 1988). In line with earlier reasoning, an important finding in the case of stigma in suicide-bereaved adults is that it may cause the kind of distorted and/or avoidant communication within the family which has been shown to be hinder to suicide-bereaved children's recovery (Hung and Rabin 2009). This finding indicates that the suicide incident might actually *change* the ways the bereaved family communicate; consequently, social and psychological support that has been offered earlier can cease to exist as a result of the suicide.

Research has thus far focused on the "risks" connected to losing a parent to suicide during

---

[1] Stigmatization represents the social process whereby deeply discreditable attributes (e.g. regarding character) are located to the individual and thus reduce him/her into being only what the attribute symbolizes (Goffman 1990 [1963]).

childhood and adolescence, and social support is described as the strongest protective factor. Unfortunately, we do not yet know how the risks connected to parental suicide are constructed, or what processes the suicide incident can initiate within the social networks or even within the young mourners themselves, for example by analysing remaining children's and adolescents' own bereavement stories.

This article results from an open narrative research approach with the intention to explore how four young women who lost their fathers to suicide during adolescence describe their experiences. The aim of the article is to deepen the understanding of "risk" by analysing whether and how the women describe that the suicide incident has affected their self-perception and/or their access to social support.

The article has a social constructionist perspective, as it assumes that self-formation mainly takes place in social interaction and through discursive practices. Identity is understood as "multiple selfhood" (rather than fixed "roles" and "identities") (Davies and Harré 1990); accordingly, the individual is characterized by both continuous personal identity and discontinuous personal diversity – depending on the context. Hence, the question of self-perception is closely tied to what takes place within social relations. The theoretical concept of "subject positioning" (ibid.) will be used in the analysis to focus on dynamic aspects of interaction between the bereaved women and their social networks, whereby the women's "selves" are negotiated through the positions taken and given (to others) in the narratives.

The article builds on earlier research in the assumption that suicide, as an "unnatural" and norm-breaking death, might cause stigmatization, which can hamper access to social support and complicate the grief process. It also adds to previous research by questioning the binary notion that social support is either available or not, or that there is one *ready-made* network. Rather, resting on the idea of "fluid positions" (Davis and Harré 1990), it argues that there are multiple social contexts, heavily dependent on and affected by significant events. This understanding implies that losing a father to suicide might change not only the communication within the social networks, but also one's social relations.

Using the theoretical concept of "othering" makes it possible to understand *how* the subject

positioning described in the women's stories relates to moral boundaries that are being discursively processed by defining "normalcy" and "deviance" – whereby the suicide incident can be constructed as a case of the latter. These boundaries operate in the processes of both identity and stigmatization, and are always present in social interaction; hence the "self" is constantly defined in relation to "the other" (Staszak 2009). Accordingly, "otherness" or stigmatization can be understood as the *crossing* of a boundary that can be "real" or totally imaginary and invisible (Lamont and Fournier 1993). This article investigates whether stigmatization is present in the women's stories, and if so, how "othering" processes are said to affect the women's self-perceptions and their access to social support.

Material and methods

This article is based on a study from Sweden in 2009 (Silvén Hagström 2010), consisting of four young women – two aged 19 and two 27 – who had lost their fathers to suicide between the ages of 15 and 18 (8 months to 10 years previously). The participants contacted the author after being informed about the study. Narrative methodology based on a life-course chart (Clausen 1998) was used to encourage the participants to talk freely and to formulate their life story around the suicide incident. The interviews were recorded and lasted between 95 and 125 minutes. The analysis has followed the principles of thematic and narrative methods (Reissman 2009): First, the interviews were transcribed; second, a thematic analysis was conducted to identify central themes (whereby "othering" emerged as a theme among others); third, the narratives were re-analysed to explore *how* othering processes were described to work related to the women's self-perceptions and access to social support. The study was approved by the Regional Ethical Review Board in Stockholm 2009/1730-31/5.

Narratives

All the women describe how stigmatization is part of the grief process; in two cases, stigma is specifically mentioned and reflected upon. Karolina, aged 27 at the interview, lost her father when she was 15: "People don't know it's a stigma to lose your parent to suicide. It's been hard

5

socially, agonizing […]. Saying 'I have a father in Heaven' and then later, when you get to know each other better, they ask 'Why?' It's also felt…" Mira, also 27 at the interview, lost her father at 18: "I think a lot about stigma connected to losing someone to suicide and… 'suicide survivor' is a strange word to me, because life is absurd in that *we* need to feel different […] Most of my friends don't know what happened to my dad."

Stigmatization is also present indirectly through the description of others' negative reactions. Emelie, aged 19 at the interview, lost her father as she was turning 15. She describes the reactions of her uncles, who had previously been involved in her life: "I remember one of my uncles calling [our] home just after it happened and he'd been drinking a bit and was sad. And I got to hear how sad *he* was, *he* told *me*. And it's *my* dad, what would *I* say? And the other two never got in touch. They don't call. I'm thinking about writing them a letter and telling them to go screw themselves!" Sofia, also 19 at the interview, had lost her father only seven months earlier. She describes the immediate reactions of family friends as strong, due to suicide being the cause of death: "When we called around to tell them what had happened some people got really angry with my dad, saying: 'How can a father do this to his child?' 'Of course you should be angry'. 'It's unforgivable', blah, blah, blah." Anger in the social network following the suicide incident is also present in Mira's case: "And then when we got to the funeral my dad's sister started blaming my mum saying *she* was guilty for his death […] I felt like *I* was guilty for what had happened and I thought 'It's *our* fault that he died.'"

The women say it is difficult to discuss the suicide incident, and their lost father, particularly with peers. Karolina describes being rejected at school: "They didn't dare talk [to me], or left me alone. No one said 'What's up?' or 'How are you doing?' […] It was easier just to leave me alone than to come and talk. Then you felt even more lonely." Sofia describes tensions that occurred whenever conversations about her father were initiated: "As soon as I mentioned my dad everyone went quiet and didn't know what to say. It was a charged atmosphere. And I didn't need them to pat me on the shoulder and comfort me, and such. I just wanted to *talk* about *him*. […] It was very strange that my best friends, the ones I could always confide in… I stopped doing that because I put them in an uncomfortable situation and I didn't get anything out of it."

Mira's description is similar: "Then at some point I also thought that talking about it doesn't help that much. It's just some kind of strange energy that appears between you and your friend when you talk about these kinds of things, because it's a very hard subject for another person […] I tried to cope with it mostly by not talking about it." Emelie decided to keep her father's suicide a secret at her new school, fearing stigmatization: "No one knew at my school, my new school. At the junior high school my closest friends knew, but at my new school it was a secret. Because I thought it was shameful."

The women describe that feelings related to the suicide incident are difficult to articulate even within their own families. Karolina says it is difficult to share her grief with her mother and younger brother: "It was too painful to leave photos of dad out, even where we were together. We should've talked a lot more about what had happened. But it's also hard to reach one another. Everyone's so busy with their own grief." In Mira's case, communication within her family following her father's suicide was limited to allegations between Mira and her mother: "And we didn't talk that much. Well, children talk normally, but we didn't. And for five years my mum and I fought constantly, blaming each other: 'It's *your* fault!' 'No it's *your* fault!'" Sofia is the only one who describes a supportive atmosphere in the family. Her mother had also lost her own father to suicide: "It was a relief. We got closer to each other, the three of us. We were so open with our feelings, talking about everything, taking care of each other. It was very important!" Even though Sofia had lost her father most recently and it is precarious to draw any long-term conclusions, compared to the others she describes herself as healthy and little affected by stigmatization. She attributes her relative well-being specifically to the support she receives from her mother.

The women also describe the experience of losing a father to suicide as operating as an othering process from the inside, due to a fear of being regarded as abnormal. They express how they *actually* have changed due to their experiences and reflect on the "normality" of such changes, using their peers as a point of reference. All the women claim to be more mature than their peers due to their need to cope with the loss. Mira exemplifies how after her father's suicide she stopped feeling connected to her peers, finding activities that she used to take pleasure in now

childish or meaningless: "I've felt like I'm too grown up for my age […] I used to see them but I wasn't… I used to see them every day, go somewhere and have parties, but I stopped this contact. I stopped partying. I stopped drinking and smoking".

The internal othering process is closely linked to suicide as cause of death, and the associated meaning-making clearly affected the women's self-perception. Karolina describes herself as being regarded as an outsider at school even before the suicide incident, but says that afterwards it is *even* harder to approach new peers: "You felt very, very nervous with this automatic question: 'What do your parents do?' Feeling *that*, when you're going to present yourself, is hard. It's not something you say from the beginning. It's a taboo… yes there's a stigma connected to it […] 'here *I* am and *I* lost my father to *suicide*'." Mira tells how she needed to withdraw from others in order to confront herself emotionally with her father's suicide: "That my dad committed suicide was very hard for me. I just decided to write for myself. It was very meaningful to check my thoughts in this way. I started writing but [was] afraid of this word, 'suicide'. '*My* dad committed *suicide* – he *hanged* himself'."

In particular, stories dominated by strong self-accusations reflect a negative or stigmatized self-image. This is the case with Mira and Karolina, who describe ten years of struggling with trying to "find" themselves as distinct from their father's suicide. After committing herself to the philosophy of Buddhism, Mira tried to "forgive" her father – but foremost herself – for the suicide: "*Why* it happened has been such a difficult question for me. Nowadays the question is different, 'What have I learned from this and what can I do about this to help other people?' At least I want to give the message: 'When it happens to you it's not about *you*!' To tell those who survive suicide that '*I* lost my dad to suicide and that's not something that's about *me*', this question, 'Why', it's not a part of *me*, it's not *my* fault and it's not *me* at all, just my *dad*." Karolina, like Mira, has reached a new benchmark in her reflections now that she is a grown woman: "It's also felt like a bitterness, that 'What if?' – the gnawing… Many people think it's *their* fault but it's *not*, it's the person who committed suicide – it's *his* fault. And to incriminate oneself, 'If *I*'d just done this it wouldn't have happened'… But you know if this person decides what to do, it's what he'll do." Nevertheless, Karolina describes herself being "fixated" in the

grief, experiencing the loss of her father today just as present as it was ten years ago.

The interpretation of the suicide incident as an *active choice* by the father to leave his daughter behind is particularly present in cases in which a negative self-image emerges in the stories. Emelie explains that she resented herself so strongly after her father's suicide that she developed anorexia nervosa. She was furious with her father: "Before, I wanted to kill him – my dad. If he had come back I probably would've killed him, or beaten him […] And I don't know if I retaliated by taking revenge on myself. Maybe that's why I was self-destructive with eating disorders and such." Later, Emelie's initial understanding of the suicide incident changed, and she underlines the significance of this new insight for her recovery: "But I met someone who told me that I shouldn't think of it as his having *left* me. Then I said 'But I do' and he said 'It's like cancer, it causes death'. I know that's right, that you're *depressed*. But I didn't see it like that before. I don't know what would have happened to me if he hadn't told me this." All the women describe that the knowledge that serious depression caused the suicide offers relief from guilt, and works against a negative self-image and stigmatization. However, on the whole this more rational explanation of the suicide competes with feelings of abandonment and guilt. Sofia: "And the thing is that it's your *parent* who's supposed to take care of *you* who *leaves you*… Even though you know it's an illness it feels like he made the decision to *leave you*. You try to think so wisely but it doesn't really work."

Reflections and conclusions

As demonstrated, all the women express feelings of stigmatization following their fathers' suicides: on the one hand, the social environment's uneasiness with, and negative reactions towards, suicide as the cause of death; on the other hand, their own feelings of "strangeness" and shame related to the experience of having lost a parent to suicide. They all describe a fear of being regarded as abnormal as the greatest obstacle to seeking social support. Their shame derives from suicide as a moral deviation. As this reflects upon their identity, it can be understood as an othering process from within – hence, "the stranger inside." The activity of meaning-making regarding the suicide motive is central to the women's grief processes. This is

not only a way for them to understand the suicide incident, but also a way to negotiate identity. This article has shown that in cases in which feelings of guilt dominate the narrative there is a connection with a negative or stigmatized identity. However, the belief that depression caused the suicide serves as a relief, and a kind of "liberation" of the self from the suicide incident.

The article illustrates how the women position themselves, in relation to individuals and groups in their social network. Responses from others are primarily described to justify the movement between more active and more passive positions: between support-seeking and resignation or isolation. All women express a need to talk about their deceased fathers, within their families and with individuals in their social network. However, an important finding is that there is no "ready-made" social network; rather, the women experience that almost all relationships are affected by the suicide incident. Individuals described as emotionally present before the incident can cease to be available. The consequence is that the women are mostly left alone to deal with their fathers' suicides.

In a sense, "the stranger inside" is an inevitable result of the fact that others' responses cannot be verified. Still, the results must be understood in relation to social and cultural contexts: how the women see themselves fundamentally depends on the moral values permeating society. Hence, "the stranger inside" can be understood in light of societal discourses circulating through the daughters, whereby they discipline themselves and reproduce the discourse (Foucault 1977). The view of suicide as an immoral and norm-breaking act draws support from the Bible: Since only God has the right to *give* and *take* life, suicide is banned (The Bible, Book of Job 1: 21), and the sixth commandment prohibits murder (The Bible, Second Book of Moses 21:13). Even if the power of religious doctrine may seem virtually non-existent in a secular society such as Sweden, ancient moral rules regarding suicide still exert discursive power. They work in silence through social regulation, and the deviance of suicide becomes discernible only through the crossing of this moral boundary; in this case through the reactions that suicide awakens. Modern discourses such as "the new public health," which has been equated with "the new morality" (Petersen and Lupton 2000), also operate to support the norm.

The women have actively taken the initiative to participate in the study (e.g. compared with

young isolated mourners), and even though time has passed since the suicide incident they still describe that stigma hinders them from talking about the loss. This circumstance strengthens the importance for professionals to take othering aspects into consideration, for example by understanding that they work to hinder the seeking of professional help and that it should therefore be offered, or by working with these aspects as part of bereavement care.

Further research is needed to explore the relationship between suicide-related grief and othering as a phenomenon to examine how stigmatization works in different social contexts. However, research might actually also *add to* this othering by identifying and categorizing young suicide-bereaved individuals as a research interest. Hence, ethical considerations are of great importance. Participating in the social contexts in which bereaved teenagers socialize is one way to reduce the strangeness encountered in more traditional research settings, e.g. meeting spots on the Internet, self-help group activities and professionally arranged bereavement groups.

References

Clausen. John A. 1998. "Life Reviews and Life Stories." In Giele, Janet Z., and Elder, Glen H. Eds. *Methods of Life Course Research: Qualitative and Quantitative Approaches*. London: SAGE Publications.

Cerel, Julie, and Roberts, Timothy A. 2005. "Suicidal Behavior in the Family and Adolescent Risk Behavior." *Journal of Adolescent Health* 36 (4): 352.e.8–14.

Clark, Sheila. 2001. "Bereavement After Suicide: How Far Have We Come and Where Do We Go From Here?" *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 22 (3): 102–8.

Cvinar, Jacqueline G. 2005. "Do Suicide Survivors Suffer Social Stigma: A Review of the Literature." *Perspectives in Psychiatric Care* 41(1): 15–21.

Davies, Bronwyn, and Harré, Rom. 1990. "Positioning: The Discursive Production of Selves." *Journal for the Theory of Social Behaviour* 20 (1): 43–63.

Dunn, Robert G., and Morrish-Vidners, Donna. 1987. "The Psychological and Social Experience of Suicide Survivors." *Omega: The Journal of Death and Dying* 18(3): 175–215.

Feigelman, William, Gorman, Bernard S., and Jordan, John R. 2009. "Stigmatization and Suicide Bereavement." *Death Studies* 33 (7): 591–608.

Foucault, Michel. 1977 [1975] *Discipline and Punish: The Birth of the Prison*. Translated by Alan Sheridan. Harmondsworth: Penguin Books.

Goffman, Erving. 1990 [1963] *Stigma: Notes on the Management of Spoiled Identity*. Harmondsworth: Penguin Books.

Hung, Natalie C., and Rabin, Laura A. 2009. "Comprehending Childhood Bereavement by Parental Suicide: A Critical Review of Research and Outcomes, Grief Processes, and Interventions." *Death Studies* 33 (9): 781–814.

Lamont, Michele, and Fournier, Marcel. 1993. *Cultivating Symbolic Boundaries and the Making of Inequality*. Chicago: University of Chicago Press.

Niederkrotenthaler, Thomas et al. 2012. "Exposure to Parental Mortality and Markers of Morbidity, and the Risks of Attempted and Completed Suicide in Offspring: An Analysis of Sensitive Life Periods." *Journal of Epidemiology and Community Health* 66(3): 233–39.

Petersen, Alan, and Lupton, Deborah. 2000. *The New Public Health: Health and Self in the Age of Risk*. London: SAGE Publications.

Reissman, Catherine K. 2008. *Narrative Methods for the Human Science*. London: SAGE Publications.

Silvén Hagström, Anneli. 2010. "När Pappa Tog Sitt Liv: En Narrativ Studie av Fyra Unga Kvinnors Berättelser om Erfarenheten av att Under Tonåren ha Förlorat sin Pappa i Självmord" ["When My Father Committed Suicide: A Narrative Study of Four Young Women's Stories About the Experience of Having Lost a Father to Suicide During Adolescence"]. MA thesis, Stockholm University.

Staszak, Jean-François. 2009. "Other/Otherness." In Kitchin, Rob, and Thrift, Nigel. Eds. *International Encyclopaedia of Human Geography*. Amsterdam: Elsevier.

The Bible. 2012. www.holybible.com.

The National Board of Health and Welfare [Socialstyrelsen]. 2011. www.socialstyrelsen.se/statistik/bestalladatastatistik.

Valentine, Sharon M., and Saunders, Judith M. 1993. "Adolescent Grief after Suicide." *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 14(1): 16–22.