This chapter provides a portrait of each of the families involved in this research. The parent's pseudonym appears at the top of each portrait. These portraits are structured so that the reader can develop a sense of the interview atmosphere, the parent, and their account of their deceased child. As the remainder of this thesis examines the parental journey following their child’s death, this chapter provides an impression of who the young person was in life from their parents' perspective, prior to developing an understanding of the impact that their death has had on their parents. These portraits outline the young person’s life as well as their death, and the parental journey since.

In the text, italics are used to identify the parent's own words when used. Throughout the remainder of the thesis, each parent will be referred to by their pseudonym with a square bracket of information at the end of the quote that allows the reader to easily identify their details and refer back to the summary table (table 5.1) presented at the end of this chapter. The portraits provided in this chapter differ in length, which reflects varying interview
duration. The parental portraits are presented in the chronological order in which I interviewed the participants.

**Example of in-text reference:**

[Parent pseudonym]:

[Child pseudonym, age at death, relationship to child, number of years since death]

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**FLORENCE**

Driving to the first interview took me on a two-hour journey along dirt roads, past skeletal stock dying during one of the worst droughts in Australian history. This provided me with an evocative setting and plenty of time to consider life, death, and how this interview might pan out. Many peers and colleagues had warned me of ‘opening a can of worms’ by asking parents about the suicide death of their son or daughter. I felt unsure of what to expect. However, I had spoken with Florence a number of times prior to this day, and felt confident that we had developed a comfortable rapport.

Florence and her husband had recently sold their large family acreage, opting for a smaller farm during their retirement. Following Florence’s directions, I arrived at the front gate of the farm at the arranged time. A 60
year old, fit and energetic woman Florence appeared at ease, and prepared to
tell her story. She welcomed me warmly into her home and made a pot of tea
prior to beginning the interview. The home was sparsely furnished as a
result of her only recently moving in, yet there were many photographs and
memorabilia of her children and loved ones. At some points during the
interview, Florence asked that the tape recording be paused while she related
information concerning legal matters that occurred prior to David’s death,
and that were terminated on his death. This information has not been used in
the data analysis or discussion.

Florence began her story by explaining how David had come to live with her
family at the age of sixteen, five years prior to his death. At that time her
other two children had already left home for university. David’s prior living
conditions with his birth family had resulted in him being abused and
neglected for many years. Finally he had left home and was placed in care by
the welfare department in the state of New South Wales. During the
interview, Florence became very emotional as she recounted the wrongs that
had been perpetrated against David by his original family, much of which
she views as contributing to his death. Florence had volunteered to become
David’s foster carer and subsequently put enormous energy into his welfare
during his time with her family. She explained how proud she was that
David had called her his Chosen Mother.
Florence explained that she had seen David experiencing very low times, and recalled details of a time when she feared for his life. Never diagnosed with a mental health condition, David appeared to be resilient. Florence talked about her awareness that many young people who come from such a horrendous background are vulnerable to high-risk activities during adolescence, yet she felt that David was getting on top of things. David was a full time officer in the permanent Army and it was while he was on a special assignment that he died by cutting his wrists and then hanging himself. Florence believes that David was in control and he was going to remove himself from the cause, the thing that was always making his life a misery. Florence relates this back to his birth family.

Following the interview, Florence produced a beautiful selection of fresh produce for us to lunch on prior to my return journey. She also showed me a number of items that had belonged to David, including a photocopy of his suicide note, his army slouch hat, and poems others had written for each anniversary since his death.

In-text reference:

Florence:

[David, 21, foster son, 6 yrs]
JANE AND ALAN

Jane and Alan arranged to visit my university office for their interview. Both in their mid-fifties, they were a well-dressed couple, with a quiet, conservative manner. During the course of the interview we realised that Jane and I had been sitting side by side at the christening of twin boys just a few weeks previously as complete strangers. The church where the christening had been held has special significance to Jane and Alan as it displays a memorial to Leigh, their only son. Jane and Alan also have two daughters. The older daughter is married and recently gave birth to a boy, the younger daughter is studying at university.

Leigh had been living interstate with his wife and their three-year-old daughter. He was a committed father, who Jane reports did all the night time feeds for his daughter when she was younger, and most of the daily care for her since. Over some time the marriage had scurred and Leigh had moved out at his wife’s request. Leigh had been having some employment difficulties, but had recently had an offer of a new career. Jane and Alan realised that this was a difficult time for Leigh, but felt that things were getting better and Leigh was coping. He appeared to be coming to accept that he would have to agree to the divorce.
Leigh had been to visit his estranged wife and that may have been the catalyst that caused it because that was the last anybody saw him alive. A workmate of Leigh's raised concerns for Leigh's welfare when he did not arrive at work over a number of days. Finally, the police entered the house and found Leigh dead from a single gunshot wound to the head. Leigh had been sitting in front of the TV, which was still on, so I fully believe and it helps me to think, it was not premeditated, it was spur of the moment, Jane recalls. As Leigh was not found for a number of days after his death, Jane and Alan do not have an exact death date. They use March 1st for his memorial, as that was the last time he was seen alive.

Jane and Alan had been touring England and were staying with friends when the police located them to inform them of Leigh's death. As Leigh was married, Jane and Alan were the only parents interviewed who were not their child's formal next of kin. Leigh's wife took responsibility for his funeral and burial, much to Jane and Alan's distress. Jane spoke with vehement passion when she said she didn't want him in life, but she won't let him go in death. Leigh lies in an unmarked grave close to where his estranged wife and daughter live. Jane and Alan have tried on numerous occasions to supply a gravestone or to return his body to a local cemetery but to no avail, their former daughter-in-law adamant that she retain control over Leigh's grave.
In addition to the loss of Leigh, Jane and Alan have also been forced to lose contact with their granddaughter, who would now be almost eight years old. At her mother’s insistence, she has not been told how her father died. While Jane and Alan still send letters, cards, and birthday presents to their granddaughter, there is no contact in return. They told me that they do not hold much hope for re-establishing a relationship with her, as her mother forbids contact. They hope instead that they will be able to see her once she is old enough to move out of home.

This interview was held just a week after terrorist bombings in Bali killed eighty-eight young Australians. Therefore, a number of references to these deaths were made during the interview in relation to Leigh’s suicide and how Jane and Alan felt about the loss of so many other young lives through terrorist actions.

**In-text reference:**

Jane (or) Alan:

[Leigh, 29, son, 4 1/2 yrs]

**HELEN**

As Helen lived some distance from where I was staying in an interstate city, we arranged to meet after work in the main mall. We then walked together to
a nearby bar and sat in a semi private corner. Helen bought us a drink and we began to talk. Helen spoke in a quiet, measured way, and as the bar began to fill with Friday night after work drinkers, it became quite difficult to hear her. Often I had to ask Helen to repeat herself and the tape recording of the interview is of poor quality.

Helen began her story telling of her isolation in a violently abusive marriage. Helen had relocated from Tasmania to be with her now ex-husband, leaving her friends and family behind. Together they had three children, a daughter and two sons. James was the youngest child and was only eight or nine at the time Helen left the relationship. Initially the children spent time with both parents, but the unsatisfactory relationship with her ex-husband made shared responsibility for them difficult. Helen recalls it was like a tug-of-war, which I didn't participate in. I just wanted peace.

After some time the two boys decided to live full time with their dad while her daughter spent equal time between the two houses. Helen met and married a new man, buying a house together some distance out of town. Contact with the two boys reduced further as a result of her relocation. Helen did not think that her ex-husband would abuse the children and cannot recall when it was that she became aware that he was doing so. She recalls that James had
other problems too, he was always in trouble at school and with the teachers and getting drunk and getting into trouble and going to court.

Helen was aware of the possibility that James might suicide. About three months before his death, James’s girlfriend had phoned Helen to ask her to come to James, and I really thought that James had killed himself. Then about six weeks before his death, Helen recalls that he had become fascinated with well-known suicide deaths in history. James had asked Helen to get him books recounting Hitler’s last days and the life and death of James Dean.

James had been out all night and had taken home a woman he had picked up at a bar. His long time girlfriend was worried about him and so went to his house early the next morning. She found him in bed with this other woman so they had a row and he got her, and shook her and hit her, which he had not done before and then he sent both women away. Sometime after that he shot himself with his father’s gun. Upon hearing of James’s death, Helen momentarily questioned why his girlfriend had gone there, that if she had not he might have acted differently but I still think he would have done it, from what he had been saying to me. James had been to see a psychiatrist just before his death. Helen reported that the psychiatrist had done a suicide risk assessment and found that James was not suicidal, yet she recalled thinking that James had outsmarted him.
Due to the poor relationship between Helen and her ex-husband, the funeral was very strained and Helen did not feel she was able to participate saying *one of my guilts is that I didn't say what I wanted at the funeral*. Since that time Helen's relationship with her other son also deteriorated and had only in the last few months begun to improve.

At the time of James's death, Helen *really wanted to die* and purposely stopped eating. In the time since, Helen has been unable to cry and says *I just wish I could sit down and cry for him*. From the abusive relationship, to losing contact with her two male children, Helen reports that her pain has existed longer than since James's death. Helen likes to remember James in life, not just his death and loves to talk about his life, but it's hard to find people who are comfortable enough. Helen's strongest feeling is that *I have got something to give* from her experiences of suicide and of living with domestic violence and would like to work with children.

**In-text reference:**

Helen:

*James, 26, son, 3 yrs*
Jean and Gary are both heavily involved in the local chapter of The Compassionate Friends, an international self-help group for bereaved parents. Jane had also been involved in organising the International Gathering of The Compassionate Friends held a few months before our interview, which I had attended. We arranged to meet in their home in a comfortable outer suburb of a capital city. Jean and Gary have an easy manner with each other and talk very naturally about their journey after the death of their youngest son, Ted, seven years ago.

While Jean and Gary say obviously *Ted wasn't happy in some sections of his life*, *but we don't know what*, they do attribute difficulties at work and occasionally *being down in the dumps* as contributing to his death.

Ted was living with some mates, where one Saturday morning he took a friend’s sports car and drove it at high-speed into the path of a semi-trailer. Ted had left a note attached to the fridge at his house, and so while his death certificate says he died from internal injuries, the presence of a note meant that the coroner ruled his death to be suicide.
Jean and Gary talked during the interview about how their existing social networks were unable to deal with Ted's death. They have lost friends, *many neighbours who started out as good friends don't talk about him at all*. Jean and Gary have become wary about how they talk about Ted, if they get to a point where they say he died, or the way he died, they will already have established whether the person they are talking to can handle it, *you tread lightly to start with, you have to protect yourself*. Generally, they say *he died in a car accident*.

Jean and Gary have been able to create new networks through their involvement with The Compassionate Friends. All the people who attend this group have lost a family member and *you realise that you are not alone and even though those meetings are intense you get a lot out of them just by being with other people who have suffered a similar situation*.

Over time the intensity of their feelings about Ted's death have lessened; *It doesn't go away, but it does diminish*. Jean and Gary are acutely aware that they have lost a son, and also his future when *you see his mates with families of their own*. The other two children are now the focus of Jean and Gary's world, they make sure that if there is any sort of problem that it gets talked about because *we wouldn't want the other two to have their life cut short for the same sorts of reasons*, and so their energy goes into valuing each day because *it*
makes you realise that you only have one chance in life and once it is gone, that's it, you don't get a second chance.

In-text reference:

Jean (or) Gary:
[Ted, 23, son, 7 yrs]

PAIGE

Luckily I am a dog person, and am use to being licked and loved by furry, four-legged creatures. As soon as I arrived at Paige's house her white, fluffy dog was all over me, and she did not stop for the next two and a half hours that I was there! Paige's house was dark and cool, beating off the intense heat of summer. Body and Soul, a video that Paige had watched on the night of her son's funeral eight years ago, had been played on television the night before our interview. Paige started the interview by saying that this was a positive sign; it was like an omen, like Adam's approval that you were coming today.

Paige had spent a long time as a sole parent to her two sons and one daughter, after leaving an alcoholic and abusive husband. She is house proud, and tells me how she is saving to buy the government house she has lived in for almost thirty years.
Paige described Adam as a high achiever in all his chosen careers. He had been in the Navy and topped his class before getting an early discharge. A few years later he joined the police force, where for his final exam he was one of very few to receive one hundred percent. But then just a few days prior to graduating into the police force he disappeared, turning up at Paige's house after a number of days. Yet, he would never say why he absconded. From there he worked at a fast food outlet, quickly becoming a manager and was sent to a number of stores around the capital city where he lived, to help them perform better. Yet, when he applied to take holidays the company did not agree to him taking time off and it was getting to him you know, so he just resigned on the spot. Adam had thought he would get another job quickly, but he did not and he had to survive on government assistance for some time.

Paige had a sense that something was not quite right with Adam. It was Paige's granddaughter's birthday and Adam did not turn up at the arranged time, which was highly unusual for him, totally out of character. A week before he had come to Paige's house and commented on things that he would not have usually noticed, like Paige's new haircut or the health of the plants in the backyard. He kept pestering me to take him around the backyard and he knew he wanted to have a look, a final look.
When Adam left that day, it would be the last time Paige saw him. When he was going out to his car Paige said: ‘Come on give me a kiss goodbye and a hug’, as she recalls this, Paige’s voice breaks as she says I am so glad that I got that hug from him.

Sometime the following Saturday night, Adam wrote a letter to his mother and his friends telling them how he could not handle the pain of his life any more, that he had tried to tell them and ask for help, but they hadn’t listened. He wrote that he was terrified of dying, but that he was going to go through with it. He also explained why he had been withdrawing from his family over the preceding few months, saying that this distance made his decision easier to follow through with. Adam then had gone out to his car and put photos of all his family on the dashboard before turning on the ignition, allowing the car to fill with carbon monoxide.

The following afternoon a neighbour had been walking her dog when she heard the car running in the closed garage and called the police. It was just after eight in the evening when they came to notify Paige of Adam’s death. When she was told all Paige recalls is giving this bloodcurdling scream, she said she had never heard anything like it, I can remember just yelling: ‘No, not Adam, no not Adam, no, it can’t be Adam’. This was eight years prior to our meeting.
Because he was not found for some time and the injury that carbon monoxide inflicts on a body, Paige was not permitted to see Adam’s body. This makes it difficult to believe that he is gone, Paige reports, because we never saw him physically, so I need to see that and all I really had was to read the statement telling me what he looked like when they found him and I can understand why we didn’t see him. Paige has a strong belief in the spiritual world, as did Adam. In the years since he has died, a number of events have reinforced this belief, and that Adam is looking out for her, providing a protective role.

Paige and her family feel that Adam is close by, looking over them, and he is actively included in all family occasions. Paige does not see this as being a morbid or sad thing to do. She feels that is a positive way for her to experience Adam in the spiritual world. While some family and friends have reporting having direct contact with Adam, Paige has not. She has been told that this is because she has too much pain around her heart, but she did see his silhouette and heard him saying to her: ‘It’s alright Mum, don’t worry’.

Paige tells me how she feels coping with Adam’s death is getting more difficult over time to deal with. With her two surviving children, Paige made a pact years ago, we said we would never do anything like that to hurt each other that way. Others say how happy Paige is, but she says this is only on the exterior, on the inside I am still really hurting a terrible lot.
On the way to see Julia I felt uncertain. During our phone conversations she spoke in an unsure manner that had unsettled me. With the previous interviews I felt that each parent had provided enough information for me to develop a bit of a feel for who they are. Julia had only told me that her son was twenty-six when he died, that he lived in a housing commission estate and that he had just gone through withdrawal from heroin.

We met on a Sunday afternoon while she was looking after her nine-month-old granddaughter, who was asleep in another room through most of the interview. Julia lives in a poor suburb of a capital city. She is house-proud and has a small, tidy lounge room, where we sit to talk. Julia has a quiet voice and is a small, round woman. Julia has always been an ‘at home’ mother, and had five children. None of the four surviving children live at home. Julia is currently in a relationship with a man who she does not speak highly of. The children have no contact with the father.
Julia cried throughout the interview. The way she talked was very disjointed and highly emotional. Once we finished talking, I discussed with her about accessing grief counselling services. Julia was the only parent in the study whom I felt the need to put in touch with bereavement services. Throughout the interview Julia kept saying *I don't know why he would do that.* She often made reference to how she would like to see Luke in Heaven and ask him why.

Luke became involved in using drugs along with his younger brother. Just before his death he tried to straighten out his life, ceasing to use heroin, and returning to live with his mother. On the day he died, Julia and Luke had walked to town together and then Luke left her to go and get his unemployment benefit. As he always did he bent down and kissed Julia on the top of her head. This was the last time she saw him alive.

From what she can piece together, Julia believes that Luke went from getting his money to the club (*he was a gambler*) and then he went home where he told his brother he was going to get some cigarettes. He then went to the flat they had shared and hung himself from the rafters. Julia was worried about him and sent her other son to look for him. He checked at the flat they shared, but a sheet had been put over the window so he could not see in.
Some time later, (how long was not clear during the interview), Julia sent her partner and her son to look again for him at the flat and that is when they broke in and found him.

*I heard a car pull up and I saw them get out and I knew, I just ran out and went to the shed and locked myself in,* Julia recalls. Julia went to the morgue to see Luke, but she was not allowed to touch him *they’d only let me behind the glass because they said he smelt too bad, being there so long.* Luke had left a note, which Julia produced for me to read. Julia alternates between thinking that Luke planned his death or that he made a spur of the moment decision. Julia says that the *family has just fallen apart since his death.*

Julia talked of being unable to forgive Luke for what he did. She says she cannot understand why he would do this. She feels that *his life wasn’t that bad.* Throughout the interview Julia moves back and forth between mumbling she does not know why he did it, to saying *sometimes I think he is paying me back,* or *someone may have done it to him or I get so mad at him,* but she always comes back to *I don’t know why.*

Julia says Luke was not depressed, that he was a calm boy *like the calm before the storm,* she reports ironically. Julia says she could accept his death had he died in an accident, *but not this.* Julia’s youngest daughter left home to live
with her older sister after being violently raped and bashed. Julia attributes this more to her over-protectiveness of this young woman since Luke’s death and her subsequent lack of confidence as a parent.

Julia says that she does not like being sad, crying all the time, and that she can now after six years go some days without crying. But I would rather have him back today. Julia relates losing her grandmother and her mother within a month of each other, and says how different that was from losing her son, you don’t know what happens after death and you don’t stop being a mother, you still want them to be safe.

In-text reference:

Julia:

[Luke, 26, son, 6 yrs]

JIM

Jim is a well-spoken, clean-cut man in his fifties. He lives in a small bed-sit close to the heart of a capital city. The walls of the main room are adorned with photographs of his three children, two step children, and one granddaughter. He laughs as he tells me that he had originally planned just to have a photo of Matt on the wall, and just kept putting more and more up. We start by talking about Armidale, where I currently live, as he had
previously lived there when his children where young and Matt had attended the same school that my oldest child would soon be starting at.

As I explain the research and my interest in hearing about his journey before, during and after the death of his son, Jim interrupts and says he would like to use a different format. I agree and he begins by telling me that he had asked his ex-wife, Matt’s mother, to be involved in the interview with him. He quoted her response to me as being: ‘I may be in denial, but I don’t think that Matt meant to kill himself’, Jim continues so it was quite interesting to realise that she has a different construction of what happened which is not really surprising perhaps in some ways that we would have different constructions. And I thought, you know, I have fairly clear construction, sense of what my construction of it all is, but that my wife’s construction of it and my two sons, and my two step-children, may have quite different, almost certainly will have quite different, and whether the majority would agree with suicide or whether they wouldn’t, I simply don’t know. I have always assumed that he did intend to kill himself, however misguided etcetera etcetera that was.

Jim then continued by explaining how it came to be that Matt suicided. Seventeen years previously, when Matt was seventeen, he had been put in charge of collecting rent on an apartment owned by a friend of his mother. During this time he had diverted the money and used it, he had effectively
embezzled the whole lot of money and he had spent it on drugs. The amount was not very much, Jim says, perhaps between one and two thousand dollars. Matt’s activities were suspected, and Jim and his mother had given him one night to explain himself. Early the next morning on the way to the place Matt was saying he had deposited the money, he asked his mother to take him to hospital, that he had taken an overdose of anti-malaria tablets. On the way to the hospital he became unconscious and died a short time later.

When telling me why he thinks Matt did this, Jim offers a number of reasons, primarily that he felt bad about taking this money. Jim does not think of Matt as being depressed or suicidal but I guess nobody thinks their kid is. A number of other events may have contributed including recently having to give up cycling due to injury, when he had hoped to become a professional cyclist and had a promising career ahead of him. Matt had also recently changed schools and had moved from being friendly with the sports group to a completely different mob, which was effectively the dope-smoking musos sort of thing.

Over the years since Matt’s death, there have been a few events that have made Jim feel that Matt is close by. Jim recalls Matt every day, chiefly in his prayers. Jim feels that Matt is a benign spirit who kind of has my best interests at heart. Jim says that this feeling of living with Matt does not feel like an
obsession or anything like that, there doesn't seem to be anything wrong with it. Jim has never cried for Matt and says that he thinks this is a deficiency, and while he may not grieve in any obvious way he does maintain the idea that Matt is still around.

Just prior to our meeting the seventeenth anniversary of Matt’s death passed and Jim had organised for his extended family to meet and plant a tree in a nearby park. While this gathering had been organised in Matt’s memory and it was obvious that’s why we were there. Matt was not really talked about on the day. Jim thinks this is because each of us sits with our own sense of Matt without necessarily wanting to discuss it or debate it in any way.

In-text reference:

Jim:

[Matt, 17, son, 17 yrs]

**ROCKHOUND**

Right from when Rockhound first contacted me he was straightforward and matter-of-fact. Rockhound is a well-built and fit man, in his late fifties. He had three daughters. Trajan, his youngest died thirteen and a half years ago. His wife died of cancer about three years before we met. He is in a relationship with a long time friend, and she was present for some of the
interview. Both surviving daughters are in their thirties, are lawyers, and live away from the family home.

My interview with Rockhound was the shortest. In his characteristically humorous manner he spoke frankly about the loss of his youngest daughter. Trajan was a very strong-willed young lady and Rockhound gave many examples of this through the telling of stories about Trajan’s life.

Rockhound can remember times when Trajan had said: ‘I am not going to get old and ugly’ or had teased her dad to run over an older woman on a pedestrian crossing, saying ‘go on hit her, what’s she got to live for, she’s old and ugly’. Rockhound provided comments like these as examples that highlight both Trajan’s attitude and her dislike of growing old. Trajan also seemed to be overly concerned about the predictions of the David Suzuki’s of the world, who are saying doom and gloom.

Trajan had a back injury that had caused her a lot of discomfort and she had had several operations to try to correct it, yet she was living in constant physical pain. On her nineteenth birthday she took a lethal dose of one hundred Valium and one hundred Digesic tablets. Trajan had written a note, in which she was very bitter, mainly because she wanted her friends to go out to a party for her.
Later on Rockhound discovered that Trajan had originally planned to suicide on her eighteenth birthday, but something had stopped her. The coroner ruled that Trajan’s suicide had been caused by depression, although Rockhound and his wife had not detected this. Trajan’s mother would not discuss Trajan’s death, Rockhound found this very difficult. A close friend who had experienced the sudden death of his wife and had written a book about bereavement gave Rockhound a copy, which he found helpful. Rockhound recalls that in the early days, his grief was very classical, and after experiencing all the special family events during the first year he felt a big load off the shoulders. During the third year after both Trajan and his wife’s death, Rockhound experienced some difficulties with his grief.

Now, almost fourteen years on, Rockhound says that Trajan is still incredibly missed but we stumble along. He thinks of the journey since her death as a gradual easing. He still gets the odd tear in my eye when I think about her, and he still wonders: why the heck did you do it, kid? Rockhound says that he has learnt from this experience and he is more sympathetic to people in the grieving process, it changes your attitude.

After we had finished talking, Rockhound’s partner joined us and we talked for another half an hour or so about technology difficulties associated with studies, as she was studying a masters by distance education and had just
had her computer infected with a virus and lost a large amount of her data.
This was a very relaxed and informal interview, with many gaps and stops through the recording, as the phone rang and Rockhound’s partner came and went from the room.

In-text reference:

Rockhound:

[Trajan, 19, daughter, 13 ½ yrs]

DOROTHY

I never met Dorothy in person. Dorothy was very keen to participate in this research, but did not want to meet me face-to-face. She lives in a isolated rural community and had recently experienced a number of break-ins at her home. In her seventies, this had frightened Dorothy. We spoke on the phone a number of times, with one of the calls being a more formal interview. Dorothy has written a book of her life and has had numerous poems published, some of which she mailed to me after the interview.

Dorothy’s son Warwick died twenty-six years ago, and she was the longest bereaved of the participants. Warwick had recently turned seventeen when he jumped off the gap at Sydney’s south head. Dorothy remembers Warwick had recently begun to behave in ways that she did not approve of, and on a
recent visit with him she recalls thinking: *I saw a hoodlum in my son that weekend and I was ashamed of him.*

Warwick had been involved in some illegal activities and Dorothy thought *underworld sorts* might have been following him. Prior to Warwick's death, Dorothy had buried another son who had died after a farm accident, and since then one of her daughters has died from cancer. Yet, it is with Warwick's death that *life has never been the same, never.* Dorothy says that she cannot go to the coast because of the manner of Warwick's death; *I think the sea took my child away.*

Dorothy says that as she gets older it gets harder; that she has a lot of time on her own to think, *I am alone with my thoughts and I only have to hear a song on the radio and I crack up.*

**In-text reference:**

Dorothy:

*[Warwick, 17, son, 26 yrs]*

**PAM**

When Pam first telephoned me, she spoke of the suicide death of her husband, her son, and her brother-in-law. Her concern for her surviving son,
daughter, and grandchildren was her motivation for participating in this research. Pam's concern was for the genetic predisposition to depression that had plagued others in her family and that it may continue in her grandchildren. She was on a mission to gather as much information about suicide as she could. Understandably, Pam spoke about all the suicide deaths in her family, not only the suicide of her 28-year-old son Harry, who died four years previously.

Harry was on a suicide trip; he had made some semi-serious attempts previously, and had rung Pam threatening to jump off a railway bridge into the path of a train. He used to get so depressed that you'd ring him up and he wouldn't talk back. Pam had travelled long distances to be with him during these times in the hope of helping him. Harry had been seen by a number of counsellors and had been taking anti-depressants.

Harry had seemed to be managing. He had been successful in his workplace and had recently purchased a property in a capital city. He had begun a relationship about three months before his death. Yet, after having a fight with his boss and some difficulty arranging a holiday with his new partner, Pam says it was the whole combination of things and at 10 o'clock on Monday he went and just blew his brains out.
Pam struggles with the three suicide deaths in her family. She feels that the small community in which they had lived blamed her for her husband’s death. He had been an abusive man, and Pam felt some relief when he died. When his brother, Pam’s brother-in-law, suicided the two deaths hit Pam hard. She began drinking heavily and taking sedatives and anti-depressants. It was during this time that Harry died. Pam says that she was pretty zonked out during this time and people said to her: ‘You’re so calm since your son has died,’ you know but what did they want me to do, lay down on the floor and scream?

Two years after Harry’s death, Pam stopped taking any medications because I couldn’t remember my phone number. She began to make some positive changes in her life at this time, including moving away from the community she feels held her responsible for her husband’s death. It is now four years since Harry’s death and in the last six months things have been looking up for Pam; I came here and stopped drinking and I don’t take the tablets. I am doing heaps better.

Pam says Harry really was a good kid. He was an excellent kid. However, she adds that she could not get close to him. Pam reports that she had been thinking a few days before our meeting: I never knew my son. When Pam reviews the suicide deaths that have occurred in her family, she is left in disbelief that Harry would choose this death. Since then her surviving
daughter has been on anti-depressants after suffering from postnatal depression, and her son has threatened suicide.

**In-text reference:**

Pam:

*Harry, 28, son, 4 yrs*

**GAYLE AND HAL**

Gayle called me after reading of my research in her local newspaper. Her daughter Jena had died only three months previously. Gayle wanted to participate in the research, hoping it would help her with her grief. Gayle and Hal live on a fruit-growing farm on the tropical New South Wales coastal hinterland. Their house is located within the farm, which means driving through a number of gates into a total netting enclosure. It was a surreal experience. The final gate on the driveway leads to their home, the only part of the farm that is not covered in netting!

Gayle and Hal's home is large and comfortable. The gardens are luscious and full of flowers in bloom, obviously well tended. Gayle met me at the door and showed me through to an eat-in kitchen. Hal joined us there. This was when I became aware that Hal would also be participating in the research. Hal dominated the conversation, often speaking for Gayle, saying that she
could agree or disagree with what he said, but never allowed her the opportunity to do so.

Gayle showed me some photographs of Jena, a beautiful thirty-one year old woman. As the story unfolded, it became apparent that there had been significant issues for a long time; she wasn't a cuddly baby, like she would physically push Gayle away when she tried to cuddle her. Jena had a number of physical conditions, including problems with her eyesight and chronic migraines, which Gayle explained as being part of Jena's anguish in life.

The first time Jena had tried to overdose she was only twelve years old. She was extremely depressed at times, and often took overdoses of over-the-counter and prescription medications. For a time she lived away from home, before returning in the years before she died. Then it was a battle to keep her away from the poker machines, alcohol, and marijuana.

Jena had recently moved to the south coast and it was there she died by hanging. This was the first time she had used a method other than overdosing, so Hal reflects why she chose hanging, maybe it was an instant spur of the moment thing? Hal had been heading down to the snow and had arranged to meet her to give her some of her belongings. As it turns out he was the last to speak to her alive.
A number of events had occurred in the preceding few weeks that compounded on the day. Jena had been convicted of credit card fraud and had also been raped and the day before she died they had a court sitting. Gayle says that Jena was an attractive and practical person but there was something inside her that she didn't like herself terribly much and so she tried to destroy herself all the time.

Hal talked about how they had been completely honest about Jena's suicide to their family, friends, and local community, right from the start: she suicided, she hung herself, she was on drugs and alcohol. Hal thinks this has been beneficial to their grief, because we got the bad stuff out. Living in a rural community they were aware how quickly news travels and I didn't want the rumour machine to get going.

It was at this stage of the interview that I began to realise how significant the apparent discomfort between Hal and Gayle was. Hal decided he had said enough, mostly talking over the top of Gayle. Then the phone rang, so he left the room. During that time Gayle became quite emotional and disclosed her own past sexual abuse perpetrated by her father. She then started talking about how it is a lot harder on the mother, because you're the one that gives birth to that child. Hal re-entered the room, and agrees with Gayle saying that he had
decided to begin the New Year afresh. You've got to get on with it, whether you like it or not you know I am fifty-eight and you're not on this earth forever.

From what I could then gather, Hal had given Gayle some kind of timeframe to get on with your life. However Gayle was clearly struggling with this. I asked whether this pressure had put a strain on their relationship, to which they both agreed instantly. Gayle then spoke out saying: yes, there has been conflict. I sort of need to deal with it in my way and Hal needs to deal with it in another.

Hal made a point of also telling me of the difficulty their only son had had with Jena’s death we had each other’s shoulders to cry on, but our son, had no one and he suffered really badly. Hal explained that he had told Gayle that they were not the first to experience suicide death of a child. He then explained his motivation for participating as being by talking to you if we can save one life, or help somebody then maybe we can achieve something of this big loss. Saying this is why he had cut the piece out of the paper about the research and asked Gayle to call me. This was the first time I had become aware that Hal had initiated their participation.

At then end of this interview I drove away feeling that Gayle had not really had a chance to talk about how she was experiencing her grief for Jena. She
had begun to talk on numerous occasions, and then Hal took over. I had asked questions directly of Gayle in an attempt to involve her in the discussion, but the moment she paused at all Hal would interject. I found Hal's approach during the interview very confusing. He was very charismatic and at times appeared to be very sensitive while at the same time dominating Gayle throughout our meeting. I left this interview exhausted and have often wondered how Gayle might have narrated her experience if Hal had not been present.

In-text reference:

Gayle (or) Hal:
[Jena, 31, daughter, ½ yr]

CARMEN

I was never sure if Carmen would participate in this research, right until I actually met her. She phoned me after reading about my research in her local paper, where it was published under the heading of 'bereavement services' by the newspaper. I sent Carmen the information pack and then did not hear from her. I rang and left a message that she did not return. I sent her a letter saying that if she wanted to participate that would be great, but there was no requirement to do so.
Carmen then rang me and said she definitely did want to participate and I said I would ring closer to the time I would be in her area to arrange a time and place for the interview. However when this time came, it was difficult again to make contact and I missed seeing her while I was interviewing in her locality. Upon returning to the university I sent Carmen a letter saying that I would not contact her again, and that if she did want to talk, to call me. She telephoned me a month later and we made another time to meet a few months later when I could revisit.

On the way to Carmen’s home, I got lost. It was the only interview I was late for, having to ring Carmen on my mobile phone to ask for further directions. Finally, I arrived! Carmen lives in an estate community and there were a number of cars parked in the driveway. Carmen was waiting for me out the front, as we had just finished our phone call. She directed me to park behind all the cars in the drive.

We entered her home together and I noticed a number of dusty, dried flower arrangements on the hallstand. Carmen was a little embarrassed that we could not sit in her lounge room as her son had recently returned from overseas and had a number of packing boxes littered around the room. Instead Carmen showed me through to a comfortable family room, where the most loving, enormous Rhodesian Ridgeback was sunning himself.
Carmen made us a cup of tea and we began. Ray was the youngest son of Carmen's second marriage. She had another son in this relationship and three older children from the previous relationship. Carmen’s oldest grandson was thirteen months older than Ray and they grew up side by side. Carmen shows me photos of Ray and her other children.

The dog moves his position and happily falls asleep on my foot, prompting Carmen to explain that the dog was Ray’s, as are the cars in the driveway. Ray had been a keen pig shooter, but had recently decided to sell his guns and had advertised them. Ray was not happy at work and had been having some difficulties with his girlfriend who was half the problem. Carmen says he was not down and out, but on the inside he was falling apart because of the girl.

On the morning he died, Ray had phoned home from his girlfriend’s place and asked his father to pick him up. When he arrived to collect Ray, he found him very distressed. When he arrived home Ray walked past Carmen who was in the kitchen fixing breakfast and went straight to his room. Carmen started to go after him but her husband said: ‘Leave him, he’ll be all right, he’ll come out for breakfast in a minute’. He did not. Carmen heard a dull thud and she thought Ray had slammed his cupboard door. I went to the room and I only had to stand in the doorway and not for the life of me could I go any
further, I knew what he had done – he was lying in foetal position on the floor with the gun between his legs.

Carmen said she came out screaming and while she really wanted to go and hold him, she could not. She talked about how it would be easier if they had had some warning that Ray might suicide, *some people have warnings, you know kids tell them they're going to try and do something or they try but they don't succeed. We had nothing.*

Carmen and her husband are both in their seventies and Ray’s death has taken its toll. They had been planning a retirement drive around Australia, which they have not yet done. *You have all these dreams and then the death, even the death of one child and it all goes out the window.* Carmen says she is not yet ready to let go of his belongings. She explains that Ray’s bedroom has been left the way it was that day, only with the bloodstain cut out of the carpet. The flower arrangements that I noticed on the way in were from Ray’s funeral. Carmen has not yet been able to throw them out. *The six years doesn’t seem anywhere near that time.*

Carmen said that she and her husband do not plan anymore, that life now had to be day-to-day, *nearly everything we have done has been spur of the*
moment. Carmen concluded the interview by saying that she hoped this year she and her husband would make some definite plans for their retirement.

Carmen offered to make me lunch prior to my four-hour drive home. Unfortunately I had to decline, as I would be late getting back as it was. As I was at my car saying goodbye, Carmen explained why she had pulled in and out of the study prior to the interview, saying she was worried that she may cry. I told her that crying came with the topic and I would probably have been surprised if she had not cried. Carmen laughed and gave me a hug and thanked me for taking an interest in her life. She said as I got into the car that she was so glad that I had made the trip to see her, and I felt grateful that she had participated.

In-text reference:

Carmen:

[Ray, 25, son, 6 yrs]

**KATE**

When arranging to meet, Kate had asked me to pick her up from the school where she teaches. Her son was visiting from another state and had borrowed her car, and as it was the last day of the school term, she had a lot to carry the short distance home. After helping her load the car, we drove a
few blocks to her home, where we unpacked her belongings. During this time we spoke about the weather, and Kate asked me about studying and my children. Kate was casually well dressed; clearly enjoys her profession as a primary teacher, and had an easygoing and immediately likeable manner.

Once in her home, Kate made us a cup of tea and got out some biscuits before we began. We sat in her lounge room, which was comfortable and warm. Kate began by getting out a photo album that had a collection of photographs of Sallie, in no particular order, and she shared with me the stories that went with each photograph. Kate is an eloquent speaker and her descriptions made Sallie seem to come alive during our conversation.

Sallie had been a promising ballerina, and it was through her love of dancing that she had developed an eating disorder, the first of a number of mental health diagnoses. Sallie had been gifted academically, gaining 98.6 from a possible 100 in her final examinations at the end of senior school, meaning that she was in the top two per cent academically in the State that year. She went on to study law at a top university. Sallie loved children, often babysitting for a friend, whose daughter was the only person she said goodbye to prior to her death. Sallie loved people, she had many boyfriends, who would stay around caring for Sallie, long after she had found someone.
new. Sallie was loved by her family and friends and she knew how to love
others: *she knew that she was loved and we knew that she loved us.*

No manner of love could help her through the bouts of depression that
hospitalised her eight times prior to her death. Sallie’s father also suffers *from
severe depression too and a lot, if not all, was inherited in her genes.* She tried many
times to kill herself, usually using a mix of over-the-counter and prescription
medications. She lived a high-risk lifestyle; using drugs, alcohol, and sex to
dull her mental pain and anguish. *She talked openly and honestly about what she
was going through* and she was further diagnosed with borderline personality
disorder just prior to her death.

Kate was acutely aware when Sallie would start her slide in to *the pit of
depression.* About three months before her death, Kate began sleeping in the
hall outside Sallie’s room, so concerned was she that Sallie might suicide.
Kate figured that if she tried to leave in the night, Sallie would wake her
while trying to step over her. Sallie’s doctors had advised her to stop this
practice, that Sallie would likely die by suicide and that Kate would need her
strength then. On the night Sallie died she had walked out of the house
telling Kate that she was off to buy cigarettes. Kate wanted to go with her but
Sallie left on her own.
Kate had been up all night, knowing that something was wrong. She had called her other daughter, who advised her to call the police. She did, but was told that Sallie had not been missing long enough to file a missing person's report. Next she called the local mental health Crisis Response Team, who knew Sallie well, but they did not arrive in time. Just after six in the morning a man out for his morning jog found Sallie in her car, dead from carbon monoxide poisoning. Kate was not surprised when the police arrived to inform her of Sallie's death. Kate is a strong Christian and has used prayer as a way of managing her grief for Sallie, both during her life and in the two years since her death.

Kate's voice still rings in my ears. Her love for Sallie passionately filled every sentence. I left her home that evening touched by a feeling of overflowing love that this mother had for her dead daughter, God, her surviving children, and others whose lives she had touched – the primary school children she teaches and the families she has contact with who have been bereaved through suicide.

**In-text reference:**

Kate:

[Sallie, 28, daughter, 2 yrs]
CHRISTINE

Christine and I met halfway between the towns where we both live – about a twelve-hour return drive for each of us. We met in a coffee shop that her sister had suggested as being quiet for the purposes of an interview. We ordered a coffee each and began to talk. Christine appeared to be a conservative woman in her fifties, although as her story unfolded it became clear to me that she has very ‘new age’ beliefs. She spoke so quickly that I worried about the quality of the tape recording.

She explained that she had had four children. Rupert’s twin had died when he was just a few days old and about ten years ago she had lost a baby girl at 25 weeks gestation. Christine told me that she had been married to a violent man, who had abused her and her son Rupert, but spared her surviving daughter. She said Rupert was a wonderful person, but how he kept it together I don’t know. Rupert was physically, emotionally, and psychologically abused by his father basically from the time he was born. Rupert never told anyone outside the family of the abuse, Rupert wouldn’t even tell his best friend.

Christine is a nurse and she was working at the local hospital the night Rupert died. She finished her late shift and then drove home. Approaching
the house she noticed that the garage door was open and the light was on. Stopping the car and getting out with the lights on, she realised what she first thought was a scarecrow was Rupert hanging from the garage roof rafters. Christine remembers her first reaction being to go up and stroke his cheek and say 'Rupert, you finally did it, didn't you son'.

Christine then went to the house and called for her daughter and her husband and rang an ambulance. Being a local nurse she knew all the medical personnel who responded. When she returned her husband and daughter were trying to cut the rope from Rupert's neck, made more difficult by a black t-shirt he had wrapped around his neck to stop any damage to his body from the rope. Christine says he did this because he was looking out for my sensibilities, he didn't want it to be such a shock for me. With her medical training as soon as she had seen the pallor of Rupert's skin she knew he was dead.

During the first months following Rupert's death, Christine and her daughter would lie in bed together and read. She felt unable to do anything else. About five months after his death, Christine had been watching a television program about a mother welcoming home her teenage son. She suddenly burst into tears and realised I will never be able to welcome him and get on my tiptoes to give him a peck on the cheek, never look into his eyes, never have
him tickle my feet, never see his beautiful grin and it really hit me hard and I thought: ‘Oh, I am not coping’.

Christine began seeing a counsellor. While her husband insisted on driving her, she went alone to the sessions and so for the first time her husband was not able to hear or see what she was doing. This gave her the opportunity to plan to leave him. Around eight months after Rupert’s death Christine left her husband. Her daughter decided to stay in the family home, and only now after two and a half years, is she starting to see her daughter more regularly as her daughter matures and realises why Christine left the marriage. Christine views Rupert’s death as being the catalyst for her to be able to make changes in her own life.

Christine feels that she has grown as a person. At the time we spoke she was planning to use her nursing skills to go abroad with an aid organisation to help in war-torn countries. She talked about being on a spiritual journey feeling that Rupert is close by, sharing her journey.

Christine was very appreciative of the opportunity to talk. She reported that no one asks now how she is going or about Rupert. She felt privileged to be able to help by participating and was thankful that she had been given the
Mary is a middle aged well dressed, rural woman. She is quietly spoken and articulate. Her son, Marc, died eighteen months prior to our meeting. Mary says that Marc was the sort of kid who just didn't fit the mould. Yet, he was a leader and others willingly followed him. However, lacking confidence, he was always a fairly sad sort of kid.

Marc had had these awful black periods, and Mary recalls a past girlfriend telling her, that while she loved Marc she couldn't live with him because he is too time consuming, and I knew what she meant. After they split up, Mary suggested Marc go to the doctor, as she was really worried about him. At that time he started taking anti-depressants and attended counselling.

Marc returned from another country town where he had been living, to be closer to his family, returning to his passion of sports and to university. Marc
met and moved in with a girl about two years before his death and that is the happiest I remember him. Just prior to his death, they had been engaged and although unplanned, she had become pregnant. Marc was over the moon about it and then she had a miscarriage. She was very sick after the miscarriage and moved home to her mother’s place for a short time. Marc didn’t cope and I think that was the beginning of the end.

Marc had gone home for dinner the Sunday before he died and that was the best I had seen him in a long time. Mary saw him again on the Friday and he seemed ok, but he was not. On the Saturday night after returning from dinner with his girlfriend he went outside to put the dogs to bed. When he did not return his girlfriend went outside and found him hanging by the dog lead in the garage.

Mary’s husband’s brother-in-law, a local policeman, was on duty when the call of Marc’s death came in. He was then able to drive out to Mary’s home and inform her of Marc’s death and accompanied her to the hospital to identify him. Mary’s husband was working about an hour out of town at the time, and it took him some time to drive back.

In the time since, Mary has felt very supported by the local community. Her work colleagues responded really well and went out of their way to ensure
they were sensitive to her needs when she returned. Many people *were kind and they continue to be kind*. Although there are some who have not spoken to Mary since.

About six months after Marc’s death, *it all got too much for me*. Mary’s husband was away and through the drought many lambing ewes were dying, and then a neighbour’s dog had got in and killed a lot of sheep, *it was just too much, that was when I finally lost it*. Mary explained that it was during this time that she felt overwhelmed by her grief and felt surrounded by death.

Mary has not yet packed up Marc’s belongings. She says she has tried *but every time I go in there, it is just … I tried once*. Mary and her family have built a rose garden at the front of their house where Marc’s ashes are spread. It is here she feels close to him.

Mary cried a number of times during the interview, the first time she appeared cross with herself for allowing the emotion out saying: *I’m sorry I promised I wouldn’t do this*. A few times I stopped the tape recording and we just sat for a while until she recomposed herself. A couple of times when we stopped we talked about inconsequential things like the weather and other
local issues. I felt that while not having a negative effect on Mary, the interview would have left her emotionally exhausted.

In-text reference:

Mary:

\[Marc, 26, \text{son}, 1 \frac{1}{2} \text{yrs}\]

**LOUISE**

Louise lives on a relatively isolated property about a three-hour drive from where we met in my university hometown. She frequently makes visits to town for medical appointments and was keen to meet one afternoon after she finished at the local hospital. Form the first time I spoke to her, Louise made it very clear that she did not want me to visit her at home. A number of times when we had arranged to meet following a medical appointment, she called to say she was too tired, so we postponed the meeting. After several failed attempts, we finally met in a park near the hospital.

Louise is a large, short woman with brightly coloured, loose clothing. It was a very warm afternoon and we had to move positions a number of times during the interview to keep in the small amount of shade that the trees in the park provided. Louise began the interview by saying it was hard for her to determine where to start her story, whether she should go back to
Charles’s birth. She said it would be hard for her not to focus on her husband’s reactions and how difficult it was for him and Charles to interact but that might not be appropriate because that’s his story and not mine.

Louise says that, as a trained Mothercraft nurse, she thinks that Charles displayed very obvious problems at a very young age and her husband and son clashed from when Charles was about five; they just weren’t comfortable in each other’s company. Louise and Charles had a good, close relationship and she feels that she really lost a mate.

Charles was first treated for depression when he was fourteen years old. Louise tried very hard to get Charles all the help he needed, and often felt blamed for Charles’s behaviour. I felt that nobody was really hearing me, when she tried to get help. Charles died at the age of twenty-seven, six years ago. By that time, Louise says that they had had ten pretty tough years and that was about six years after his first psychiatric admission.

On the day Charles died, Louise had been in town and on her return journey an ambulance passed her and she saw it enter her front gate. She remembers thinking: What has happened? – She was always concerned that Charles and his father would hurt each other. She drove up to the shed where the ambulance was parked and her husband told her that Charles had hung
himself. Louise remembers flinging herself across the bonnet of the car saying: *This is where we are out of chances.* Although Louise seems uncomfortable thinking this, she says that Charles’s death was a relief, ending a *nightmare and it was the end of one and the start of another.*

Only six months later, Louise’s husband was involved in a farm accident where he sustained a brain injury. Louise says that through this injury he is no longer able to recall the emotion he felt about the suicide, and does not talk at all about Charles. He is now quite physically dependent on Louise.

Louise says that she made up her mind very early on that she was not going to let these events ruin her life. She feels that she is an intrinsically happy person and *that sometimes happiness is a decision.* She has done most of her grieving privately and *it was painful.* In the beginning, Louise found it very difficult to go through Charles’s belongings. *At first I couldn’t throw his toothbrush out and then six months later I didn’t know which one it was.*

Louise says that she has reached out to others *who have had the same experience at the cost of it being painful and hurting.* Over time the emotion is getting less and some days pass when she does not think of Charles and *my heart doesn’t, my blood doesn’t chill* with certain things.
When leaving the interview I had the very strong impression that Louise is a very resilient woman, who has learned to live with a man she no longer likes. Throughout the interview I felt that Louise made very conscious decisions about how to live life and then went on to live in that way, regardless of the level of pain she was in. I had the sense that rather than being defeated by her situation, Louise had chosen to stay with her husband, isolated from others and make the most of her days and her life.

In-text reference:

Louise:

[Charles, 27, son, 6 yrs]

WANDA

Prior to starting the interview Wanda made us a cup of tea and biscuits. She led me into a garage that had been converted into a second living room. At the time it seemed like an odd place to hold the interview. During the course of her story, Wanda revealed that this room had been Lance’s and he had in fact suicided in the room, on the lounge where we were sitting. I assume that is why Wanda chose this location.

Lance turned 30 only four days prior to his death. He had been researching ways to suicide and chose the method based on you don’t look so bad if you do
that or something, taking a massive overdose and covering his head with a plastic bag.

Wanda had been concerned for Lance for a long time, but because of his age, she says the doctors he saw never told her anything. Lance had been a promising classical musician and had played with a major Symphony Orchestra. Yet, he had been unable to complete his studies or hold down a regular job. Wanda believes the problem with Lance and a lot of other people who suicide is that they just can't get away from themselves. Lance had been admitted to the local mental health unit and from information gleaned after his death, it appeared that did suffer from depression.

Wanda finds that people do not know how to talk about Lance and you don't know what to say to them. For a while, Wanda attended the local chapter of The Compassionate Friends and found that helpful. She had recently stopped going because she felt she needed to do more to support her husband (who had not attended these groups), and had begun attending mixed groups with him.

Wanda reports that she has thought about Lance everyday for years and years and years and then one day you think: 'Oh, I haven't thought about Lance today', but she is not so far along that we have forgotten him. Wanda says she is
motivated to help others, but I don’t know how to do that. Wanda seemed to be fairly guarded with what she told me through the interview, and had written out a few points that she wanted to cover prior to my arrival for the interview. Toward the end of the interview, Wanda’s husband arrived home and while he did not physically enter the room we were in, Wanda began to conclude her story and I left soon after.

In-text reference:

Wanda:

[Lance, 30, son, 7 ½ yrs]

ABBY AND AIDEN

My final interview was with Abby and Aiden. We sat on their back porch taking in the sun’s rays on the first truly cold day of the year. They have a beautiful home with spectacular gardens, which they obviously spend a lot of time tending. Aiden and Abby have been married for about fourteen years, and Aiden was Jacob’s stepfather.

In the last six months of Jacob’s life he had been drinking heavily and had lost his job and his driver’s licence because of his drinking. He also split with his girlfriend, and it was coming up to his twenty-first birthday, where he would see all his family and he did a few things that he probably was proud of.
Abby and Aiden had been visiting Abby's daughter in Sydney and Jacob was supposed to be staying out of town with his father. On their return, Aiden walked into the house to find Jacob dead.

Abby looks back over Jacob's life and says that he probably did not have very good self-esteem. He used to sit and say: 'I'm a failure,' or 'I'm hopeless'. Abby says that he was very talented, but he was a shy boy too and I think the drinking gave him false confidence. They had tried to access a counsellor at the local community health centre, but were put on a waiting list. An appointment finally became available ten days after Jacob's death.

Working for a government department, Aiden was able to access the Employee Assistance Program for himself and Abby after Jacob's death. Abby had tried some online chat rooms, but found most were North American and I couldn't quite fit in. The other service that they accessed for help was a support group from a town some two and a half hours drive away, who sent over some printed information. They felt that their access to services was very limited.

Abby and Aiden say that since awareness of suicide has become more public, they have found it easier to talk about what happened to Jacob. However, they often feel that people do not understand and they tend to keep to
themselves. They like to remember Jacob as he was, rather than only his death and it does help being able to talk about him. Jacob's death will remain a wound that can be opened up very easily and it will probably never go away.

In-text reference:

Abby (or) Aiden:

[Jacob, 20, son, 6 yrs]

Parents who responded to my call for participation in this study have two things in common – they have all experienced the suicide death of a young adult son or daughter and they wanted to talk about it. Demographically, they represent a cross section of Anglo-Australia, residing in urban, regional and remote localities. Both mothers and fathers participated, sometimes with their partner or spouse and at other times alone. The deceased children covered the age range specified for the study, and had used a variety of methods to suicide, their deaths ranging from six months to twenty-six years prior to the interview.

It is necessary to note here that no parent involved in this research identified as being of Aboriginal or Torres Strait Islander descent. Attracting Indigenous peoples to the research was not an overt sampling criterion. Further, parents were not explicitly asked of their cultural affiliation. This will be further addressed in Chapter 9. The table below provides an overview of each parent and child.
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<th>Code</th>
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<th>Child alias</th>
<th>M/F</th>
<th>Age at death in years</th>
<th>Time since death (years)</th>
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<td>Father</td>
<td>James</td>
<td>M</td>
<td>26</td>
<td>3</td>
<td>Gunshot</td>
<td>Urban</td>
</tr>
<tr>
<td>03-5</td>
<td>Jean</td>
<td>Father</td>
<td>Ted</td>
<td>M</td>
<td>23</td>
<td>7</td>
<td>MVA³</td>
<td>Urban</td>
</tr>
<tr>
<td>02-7</td>
<td>Paige</td>
<td>Mother</td>
<td>Adam</td>
<td>M</td>
<td>28</td>
<td>8</td>
<td>Carbon Monoxide⁴</td>
<td>Urban</td>
</tr>
<tr>
<td>05-8</td>
<td>Julia</td>
<td>Mother</td>
<td>Luke</td>
<td>M</td>
<td>26</td>
<td>6</td>
<td>Hanging</td>
<td>Urban</td>
</tr>
<tr>
<td>18-9</td>
<td>Jim</td>
<td>Father</td>
<td>Matt</td>
<td>M</td>
<td>17</td>
<td>17</td>
<td>Overdose</td>
<td>Urban</td>
</tr>
<tr>
<td>12-10</td>
<td>Rockhounds</td>
<td>Father</td>
<td>Trajan</td>
<td>F</td>
<td>19</td>
<td>13 ½</td>
<td>Overdose</td>
<td>Urban</td>
</tr>
<tr>
<td>10-11</td>
<td>Dorothy</td>
<td>Mother</td>
<td>Warwick</td>
<td>M</td>
<td>17</td>
<td>26</td>
<td>Jump off cliff</td>
<td>Urban</td>
</tr>
<tr>
<td>16-12</td>
<td>Pam</td>
<td>Mother</td>
<td>Harry</td>
<td>M</td>
<td>28</td>
<td>4</td>
<td>Gunshot</td>
<td>Urban</td>
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<tr>
<td>04-13</td>
<td>Gayle</td>
<td>Mother</td>
<td>Jena</td>
<td>F</td>
<td>31⁵</td>
<td>½</td>
<td>Hanging</td>
<td>Regional</td>
</tr>
<tr>
<td>04-14</td>
<td>Hal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
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<td>20-15</td>
<td>Carmen</td>
<td>Mother</td>
<td>Ray</td>
<td>M</td>
<td>25</td>
<td>6</td>
<td>Gunshot</td>
<td>Urban</td>
</tr>
<tr>
<td>17-16</td>
<td>Kate</td>
<td>Mother</td>
<td>Sallie</td>
<td>F</td>
<td>28</td>
<td>2</td>
<td>Carbon Monoxide</td>
<td>Urban</td>
</tr>
<tr>
<td>08-17</td>
<td>Christine</td>
<td>Mother</td>
<td>Rupe-t</td>
<td>M</td>
<td>19 ½</td>
<td>2 ½</td>
<td>Hanging</td>
<td>Rural</td>
</tr>
<tr>
<td>19-18</td>
<td>Mary</td>
<td>Mother</td>
<td>Marc</td>
<td>M</td>
<td>26</td>
<td>1 ½</td>
<td>Hanging</td>
<td>Regional</td>
</tr>
<tr>
<td>13-19</td>
<td>Louise</td>
<td>Mother</td>
<td>Charles</td>
<td>M</td>
<td>27</td>
<td>6</td>
<td>Hanging</td>
<td>Rural</td>
</tr>
<tr>
<td>15-20</td>
<td>Wanda</td>
<td>Mother</td>
<td>Lance</td>
<td>M</td>
<td>30⁶</td>
<td>7 ½</td>
<td>Overdose &amp; suffocation</td>
<td>Regional</td>
</tr>
<tr>
<td>14-21</td>
<td>Abby</td>
<td>Mother</td>
<td>Jacob</td>
<td>M</td>
<td>20</td>
<td>6</td>
<td>Unknown</td>
<td>Regional</td>
</tr>
<tr>
<td>14-22</td>
<td>Aiden</td>
<td>Father</td>
<td>Jacob</td>
<td>M</td>
<td>20</td>
<td>6</td>
<td>Unknown</td>
<td>Regional</td>
</tr>
</tbody>
</table>

Table 5.1: Parent Demographic Data

¹ Urban (population over 50 000), Regional (population over 5 000 less than 50 000), Rural (population less than 5 000).
² Foster mother for six years prior to death.
³ MVA – Motor Vehicle Accident. Presence of suicide note meant cause of death was ruled as suicide.
⁴ Carbon Monoxide – Carbon Monoxide poisoning from car exhaust.
⁵ Aged 31 at time of death is outside set age criteria. However, this young woman was suicidal for many years, making her first serious attempt during early adolescence and regularly attempting in the ensuing years, and was therefore deemed to fit the study criteria.
⁶ Died four days after his 30th birthday
⁷ Stepfather to Jacob for 14 years.
Overview of analysis and discussion chapters

Now that I have introduced you to the parents who provided their stories as the data for this research, it is time to turn to my analysis of their narratives. The data analysis of the parents' stories identified three narrative plotlines common across the interviews. While these plotlines are common, the way in which they played out within each parent's story is unique. The following three chapters each contain analysis of one narrative component.

The next chapter (Chapter 6) presents the plotline that explains the manner in which these parents found their voices silenced in relation to the suicide death of their son or daughter. Chapter 7 examines the plot that referred to the notion of preparedness for the suicide death. The third component drawn from the data (presented in Chapter 8) is the transition that parents made from grieving for their child to remembering their child and the diverse ways in which parents maintained a bond with their child after the physical bond was broken through death. The final and concluding chapter, Chapter 9, draws together these three components that together form the narrative inquiry analysis of living through and living with the suicide death of a young adult child.
Chapter 6

SILENCED VOICES

This chapter explores the first of three plots parents used to narrate their experience of living through and living with the suicide death of their young adult son or daughter. The focus of this chapter is parents' experience of silence. Parents' private stories are used to explain the difficulties they face given the social and cultural context of grief and suicide. This is followed by a discussion examining the impact this silencing has on their grief.

Experiencing silence

Parents who self-nominated to take part in this study, clearly expressed to me how they rarely felt permitted the opportunity to talk about their deceased son or daughter. These mothers and fathers typically commented on the joy of using their child's name without discomfort during the interview, being able to speak freely about the child. These dialogues drew my attention to the importance of this narrative. During the interviews many participants became upset reviewing the events leading up to the death and
the period since, but this did not inhibit their desire to participate or share their experiences and emotions, as Jane explains:

Jane      It is upsetting, but it is not something that you don't want to do. I don't mind talking about it; it is a way of keeping him alive and part of my life.  
[Leigh, 29, son, 4 ½ yrs]

Jane's comment emphasises an important point: parents need to find ways of keeping their child alive and part of their life. Talking and sharing with others is one way of achieving this. Being encouraged to talk about their child and their experience of suicide bereavement occurred in contrast to their usual experience, where they felt unable to talk openly and honestly. Helen's comment reflects this sentiment:

Helen      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.  
[James, 26, son, 3 yrs]

Even when seemingly encouraged, parents' opportunities to talk about their child were limited. The common social convention: 'How are you?' can be quite distancing, unless some reference is made to the 'lost' child. As Christine explains:

Christine People say: 'How are you going?' But they never say: 'How are you going since Rupert's death?' They never personalise it and I wish they would personalise it and then I'll know they are thinking how I am thinking.  
[Rupert, 19 ½, son, 2 ½ yrs]
As Jean describes, she is aware that people ask how she is, but are not really interested in hearing her response. Therefore, she deliberately chooses what to say and what to conceal based on her assessment of her audience’s interest.

Jean You don’t know the other bloke 100 percent and a lot of us can conceal a lot about ourselves and even now people ask us how you are and you usually say: ‘Fine’ or whatever and they don’t really want to hear the story and they are not really that interested.

[Ted, 23, son, 7 yrs]

Both Christine and Jean’s statements identify how parents feel denied the opportunity of discussing their son or daughter. Yet, this is a desired activity. Thus, one of the difficulties these parents face is finding an acceptable way to talk about their deceased daughter or son within the social world of those who have not experienced suicide bereavement.

Parents monitored their conversations based on their own comfort and the perceived lack of comfort of their audience. They became reserved about what they would and would not say in public, always waiting to see how what they said would be taken before entering into further discussion about their child. This constant monitoring could potentially isolate parents, as it did for Julia, who had very limited social support networks.

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

[Luke, 26, son, 6 yrs]

While discussion about their grief was inhibited, parents lamented that they were not given permission to reflect on times past, the happy times when their child was alive. In every other setting parents are allowed to talk about their children, regardless of their age or activity. Yet, for these parents, once their child had died they found they were no longer socially permitted to engage in this activity associated with parenting.

Wanda You’re not given the opportunity and people think you are being morbid and it’s not. You’re trying to remember the happy times, and there were happy times.

[Lance, 30, son, 7 ½ yrs]

All the parents in this study told me they found it difficult to find space to talk about their child and would stop if they perceived audience discomfort. As time went on they were less likely to even begin to engage in conversation about their child. In contrast, Louise explained how she chooses when to, and when not to, discuss Charles. She still actively monitors her audience as she talks, as the others did. Yet, unlike many of the other parents, she continues to talk and feels empowered by this choice, even though she is aware that others may feel uncomfortable. Further, she uses her experiences to help others, even though she reports this is difficult.
Louise I talk about it with people. I have shared a lot with people and I’ve reached out to other people who have had the same experience at the cost of it being painful and hurting, but that’s what I do, if something is going to be hard, I do it and then it ceases to be hard ... I hope I made it as easy as I could for everyone. I feel that I did. I don’t talk about it excessively, though. I don’t refuse to talk about it, I think I have got an in between. I hope I have.

[Charles, 27, son, 6 yrs]

Parents in this sample did ruminate on whether others are uncomfortable because of the suicide death, or whether it would be different had their child not died in this way, as highlighted by Alan and Jane.

Jane I sometimes wonder whether it would be different if he died in a car accident, I don’t know whether it would be much different or not.

Alan You seem to be able to accept it, a car accident, illness, but not this. It is not the same.

Jane A waste ... and you do wonder what people think, you know, does this mean we are bad parents because our child, you know ... these recent Bali Bombings and those young people who were killed, you think, oh, but they just died through no fault of their own. Ours is different and you feel a bit bad about that, because it is a young life so wasted, but in a different way ... they didn’t do it to themselves.

Alan Someone did it to them and you can accept that or understand the fact that people die as a result of someone else’s action.

Jane But it just makes you feel guiltier for what happened to Leigh in a way, because he shouldn’t have done it.

[Leigh, 29, son, 4 ½ yrs]

In relation to suicide death being perceived differently to other forms of death, Jean reported feeling that the sympathy her family received was of a
different quality to other families, indicating that she felt subject to stigmatisation through the suicide.

Jean It is one of those, what’s the word, an embarrassing situation, and stigma still exists, they say it doesn’t but it does and it is very hard as a parent to accept.
[Ted, 23, son, 7 yrs]

Many parents used the deaths of young adults caused by the Bali bombing as a comparison with their own experience. Parents bereaved through these bombings have had avenues open to renew talk about their child since, as the event has been a public interest story throughout the trials of those thought responsible. On the other hand, parents in this study are not afforded any public avenue to discuss their grief for their child.

Due to an internal consciousness of the presupposed stigmatisation of suicide or blatant stigmatisation, parents reported being unsure of how to discuss suicide openly.

Jean Parents whose children’s death certificate says carbon monoxide poisoning or hanging, it is very confronting I suppose, especially if there are younger children involved … Whereas if your child died of cancer it is more acceptable in society’s view … Your child dies and otherwise they would still be here.
[Ted, 23, son, 7 yrs]

As the above comments emphasise, it is difficult to discuss topics that are sensitive, or regarded as non-normative experiences. The death of a child in
industrialised society or the suicide of a young adult is not something that people expect to confront. It is often difficult to comfortably discuss such events with those who have little or no experience of sudden death. Our views, values, and opinions shaped through personal belief systems, experiences, and education influence how we expect others to deal with events based on our own perceptions of how these situations should be dealt with.

Where there is a public acceptability of the type of death (for example, terrorist bombings, accident, or illness) there also appears to be a willingness to discuss the events leading up to and following the death. From these parents' reports, this does not appear to be the case with suicide death of a young adult. Such perceptions, whether socially imposed or internally derived, impeded social comfortability for parents to discuss their child's death and parents monitored to whom and how they talked about their child.

This discussion emphasises the way in which suicide is viewed within these parents' social and cultural context and how this influences their experience of grief. Further adding to the difficulties in discussing suicide, is the manner in which death is viewed more broadly within the community. For the most part, there is a lay understanding of the 'stages' or 'phases' that a grieving
person will experience (Reed 1998; Stroebe et al. 1992), with individuals having particular views based on their own experiences of death. Generally, there is an expectation that a person's grief will end in its entirety within a reasonable, although indeterminate amount of time. Typically, the parents in this study reported being under pressure to finalise their grief within a short period of time after their child's death, as Florence reports:

Florence: He 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.

[David, 21, foster son, 6 yrs]

Florence's narrative highlights the fundamental understanding of grief in our society. That is, a short intense grief period, finalised by the severing of a bond shared with a person once she or he is no longer physically present. Some reports suggest this period should be around six to eight weeks to finalise the connection that was shared with the deceased (Clark, Hillman & Ministerial Council for Suicide Prevention 2001). This expectation did not match these parents' experiences. All parents felt that their experience of grieving their child would remain in some form throughout the remainder of their life.

Finding out that other parents had taken substantial amounts of time to grieve for their deceased child was a useful way for parents to normalise
their own experience. Where generally parents felt pressure to ‘get over it’, knowing that others did not ever sever the link was helpful. A number of parents attended suicide support or parental bereavement groups to enable them to spend time with others whose grief is ongoing. Hearing of, or meeting other parents who had experienced prolonged bereavements, was particularly useful. For example, recently bereaved Gayle found hearing of others long grieving helpful as she was being told by her husband to get on with her life.

Gayle  
I have spoken to mums who have lost their children after ten years and they still have rough days.
[Jena, 31, daughter, ½ yr]

Rather than being judged in everyday settings, many parents turned to those who had some experience of similar events, most often through self-help groups. Those who did not were very isolated, being unable to find avenues for the important task of talking about their child and their grief related to their death. To help understand how parents experience this dilemma, Goffman’s (1963 cited in Lemert & Branaman 1997) concept of the ‘socially spoiled identity’ is useful. This concept identified how people refrain from divulging any information that may further stigmatise them. In this study, as can be seen above, parents tested their audience prior to divulging information about their son or daughter, due to concerns about how their audience might react. Parents are concerned that unfavourable views may
develop if they do talk about their child. In an effort to protect themselves from the risk of disapproval, they refrain from or limit open discussion about their child.

Interestingly, some of these parents engaged in judging other bereaved parents. Illustrating this point, Helen spoke of a mother at her workplace whose daughter had died by suicide. Helen’s son had died three years ago, and she reports feeling that this mother, bereaved approximately five years ago, should not be displaying such emotion publicly.

Helen One of the women that I work with, I can’t think how long it is now since her daughter suicided, but she is very emotional, and I find it hard to understand why she was so emotional for so long, we are talking about five years after, and on the anniversary you couldn’t go near her.

[James, 26, son, 3 yrs]

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

Regardless of their perception of isolation, stigmatisation and discomfort, parents desired to talk about their son or daughter, and attempted to find avenues to do so. The next section discusses these conflicting needs in relation to parents' access to social support.

**Availability of social support**

As reported above, the desire to talk about their son or daughter is a natural part of the grieving process for parents. Engaging in dialogue about their child remained a desire for parents long after the child had died. Yet, parents become tired and uncomfortable assessing whether they should talk about their child, potentially limiting supportive responses from their listeners. When listeners are receptive, as Abby and Aiden identify, it is often because they too have suffered a loss that has opened their eyes to what happens when grieving.

*Abby* With some people you can and some people you feel you can talk to better than others ... How are they going to cope with this or not? I don’t know what it is, some sort of vibes you get off someone else and you think I can say that to this person, or no I can’t say that.

*Aiden* And you often find they have had similar experiences.
Abby Yes, you do.

Jacob, 20, son, 6 yrs

Many parents reported that those who have not experienced sudden death may not have the resources to digest grief of this magnitude. Jean suggests that this is due to the inability of people who have not experienced such grief to even contemplate what it would be like, for they have no experience to guide them.

Jean For those people who have not experienced death of a child just cannot be on the same plane. And as I say, you would not wish this on your worst enemy, but sometimes you wish they would understand a little better.

Ted, 23, son, 7 yrs

Experiencing intense grief sensitised parents to what others had been through that they might not have previously understood, and how they may be able to help others understand grief, or to help those newly bereaved. A number of parents talked about how they had actively helped others, either through formal settings, such as The Compassionate Friends, or through personally connecting with others as Rockhound had done with a neighbour, explaining how his attitude toward those grieving had altered since Trajan’s death.

Rockhound It makes you a lot more sympathetic of people in the grieving process; it changes your attitude a lot. It changed mine anyway with people who are in the grieving process.

Trajan, 19, daughter, 13 ½ yrs
The fundamental point is that because early death is not a normative part of life experience, most do not have any idea how to cope when it does happen, as Jean reports:

*Jean* We were on the other side of the fence 'before ourselves, I guess, because a premature death is not something you think about. By premature, I mean before 80! It is not 'basically on your agenda. You're too busy living life, doing what you have to do.*

* [Ted, 23, son, 7 yrs]

While all parents' access to social support was limited, Julia was the only parent in this study who appeared not to have any support systems that acknowledged her ongoing grief for Luke. She reported that her surviving children no longer wanted to talk about him, and as they were the only people she had talked with about Luke, she is now completely isolated by her grief.

*Julia* It is easier to talk to someone who did know him, and my daughter was great, but she was suffering too and I didn't like to keep bringing it up at home. Now they hardly mention him … They're jealous of him, but I can't help what I am. I have never treated them any different to each other, but I just feel now they think it is time that I let go. They don't say it. They wouldn't say it.*

* [Luke, 26, son, 6 yrs]

For a brief period, usually a few weeks immediately following the child's death, parents reported feeling that there was acceptance about talking openly about their child with regular support networks. As members of their
support network return to their usual routines this window of opportunity appears to close. After this time, most parents looked further afield to have their experiences validated, in some instances totally abandoning prior friendships. For example, after Ted's death Jean and Gary became active members in The Compassionate Friends (TCF) and found solace and acceptance there, after their prior support systems let them down.

Jean Our friends have not been supportive at all ... you realise that you are not alone and even though those [TCF] meetings are intense you get a lot of value out of them just by being with other people who had suffered a similar situation. [Ted, 23, son, 7 yrs]

Support groups were not available to all the parents, particularly those who reside in rural areas. Many of those parents commented that they would have tried support groups if they were located a practical distance away. For example, Florence had once attended her local support group, but as it was more than two hours drive away, she did not re-attend even though she had very limited local resources. The distance made attendance impossible. On the other hand, some parents reported that attendance at support groups would not be beneficial, as Christine explains:

Christine I purposely didn't join in the support groups because to me I thought that is just hearing other people's problems again and I thought I don't want that. [Rupert, 19 ½, son, 2 ½ yrs]
The findings of this study suggest that for many, prior support mechanisms become unavailable soon after the child’s death. Parents become unsure of how to communicate their experience and monitor their audience for clues. Often parents interpret this as a lack of social support. Other researchers report findings that survivors of suicide have limited access to support. Two perspectives are reported. One perspective is that those bereaved are unable to access support from their networks, the other that members of their social networks alleged that they offered support that was not taken up by the bereaved (Seguin, Lesage & Kiely 1995; Thompson & Range 1992; Van Dongen 1993). Therefore, it is possible that parents’ prior supports were offering support but parents were unable to identify these offerings. Either way, these parents felt isolated and unable to discuss their child’s life and death to all but a few limited supportive environments.

‘No way to talk about my child’

Australian society does not afford a person the right to take his or her own life. There is an unwritten expectation that each individual will do everything they can to stay alive, that each life is too precious to waste. The act of suicide is the polar opposite of such a view, being the deliberate act of taking one’s own life. In Australia, suicide is no longer criminal, yet it has criminal overtones and is seen as morally reprehensible. The involvement of
the Coronial system reinforces these beliefs, as suicide death is seen as needing explanation. These systems ensure that suicide remains on the fringe of social consciousness regardless of efforts to try to mainstream it as a public health issue (Knox, Conwell & Caine 2004).

Suicide is not viewed as being a justifiable way to die, especially when the deceased is a young adult. Young adults are viewed as being at the beginning of their contribution to society and thus their death is seen as a tragic waste. By way of comparison, are we so confronted by the number of men over the age of 65 who are now taking their own lives in greater proportions than any other age group? While still causing grief for the families where this occurs, these men are toward the end of their life and thus their productive years are considered over. When a young adult takes their own life, there may also be a sense of being too young to truly know what they were doing, that suicide is permanent. Thus suicide among young adults is rarely viewed as justifiable.

Conclusion

This chapter has examined the ways bereaved parents find themselves silenced in their grief. This leads to parents having little or no opportunity to talk about their child. Their child’s suicide death prevents this in a way that
other deaths do not and therefore suicide is not an *acceptable* death, or an *appropriate* death, or even a *justifiable* death. There are no social conventions or rules for discussing suicide. The social conventions that do exist encourage the position that suicide is neither acceptable, appropriate nor justifiable, and thus parents have no social setting in which to understand their experience.

This set of conventions means that parents have no way to talk about their child, yet they endeavour to find ways to do so, to enable them to keep their child ‘alive’. They are determined not to *kill* their child by excluding them. Therefore, while often unable to publicly acknowledge their child they find ways in which to include them in their own personal existence, particularly through the use of rituals.

Monitoring when and how parents talk about their dead son or daughter was identified as the first of three narratives used by parents when discussing their experience of living through and living with their child’s suicide death. Parents both wanted to, and were restricted from, talking about their child once the child had died by suicide.

On being given the opportunity to reveal their experience of suicide death, these parents provided insight into the social experience of being bereaved in this manner. The following two chapters explore the other two components
used to narrate the parental experience of young adult suicide death, preparedness for the suicide and the continuing bond shared with the child.