

# Chapter 7

## THE PREPAREDNESS LENS

This chapter explores the concept of preparedness, the second component identified in these parents' narratives. Preparedness relates to the way in which the parents anticipated, or not, their son or daughter's suicide. Within this narrative component, three plots used to explain preparedness were identified. Some parents anticipated their son or daughter's suicide, while others had no clues that such an event was imminent. For a third group, reasons why their child suicided became evident on reflection after the event.

The three plotlines are presented by introducing the participants who narrated their experience in this way, why they viewed the event from this perspective, and what difference preparedness makes to the grief that parents experience after the suicide of their young adult child. Following this I discuss the importance of developing a narrative to explain preparedness, and how this understanding of suicide bereavement adds to the existing empirical and theoretical literature.

## **Preparedness and suicide death**

As reviewed in Chapter 3, much of the research on suicide bereavement views suicide as a sudden and unanticipated event. This premise is used almost unquestioningly in the current literature, with only a few reports suggesting suicide may in some circumstances, be expected or anticipated. The importance of this expectation is evident in the way that parents highlighted this narrative in their story as discussed in this chapter.

Without exception, parents' narratives about 'why' their child suicided arose spontaneously. In all the interviews parents seemed to feel a strong need to explain this traumatic event. Understanding why a loved one died by her or his own hand is a well documented need among survivors of suicide (for review see Dunn & Morrish-Vidners 1987/88; Van Dongen 1990; 1993). Coming up with a plausible reason for the suicide appears to be an intrinsic desire for those bereaved.

All parents spent considerable time during the interview talking about the motivation that they thought contributed to their son or daughter's decision to suicide. It appears that parents spent time searching for reasons along a continuum of preparedness – from some a sense that their child might suicide to no sense at all. For ease of explanation, I have given the following titles to each of these plots within this narrative component. These are: *Living*

*with a suicidal child: a turbulent–relief plot; We never thought that suicide would happen to us: a tragedy plot; and I didn't recognise the signs: a reflective plot.* Each of these plotlines is presented below using the parents' own words and incorporating existing understanding of suicide bereavement.

***Living with a suicidal child: a turbulent–relief plot***

Three parents narrated stories that were distinct from the others. These parents, all mothers, felt a sense of relief when their child died. Although they commented on how they believed this was not an acceptable view to hold about a child's suicide death, the relief seems inevitable after living with their child's pain for many years and actively trying to 'save' their child.

Plagued by mental health problems, these adult children had lived 'high risk' lifestyles and had suffered greatly from the pain of seeing their dreams fall down around them, according to their mothers. For some, as Kate explains, there had been previous suicide attempts.

*Kate*            *I had been told in a lot of different ways. Eight times she had tried to take her life and so when someone, at first I am sure they were cries for help, then they became really, she usually slashed her wrists and took sleeping tablets and anti-depressants, but the last time she gassed herself ... It was as if I could see her go into this pit of blackness and she would feel herself slipping into it and she would do things to avoid slipping into it and find herself at the bottom of the black pit and to get out would take a lot of energy and struggle until the day came when she went into that black pit and she said 'I know I haven't got the energy, it's not worth it, I*

*cannot get out, and I cannot bear the thought of living the rest of my life' ... So I guess that was the end of the story, but it was also the end of a hell of a lot of pain and suffering, sadness, and dysfunction and none of us would wish her back because it is too painful, too hard ... How could she, how long did she have to continue with that black depression and her hopes and dreams, you could see them gradually being torn down.  
[Sallie, 28, daughter, 2 yrs]*

As Kate demonstrates, Sallie had been suffering for many years with a number of mental health problems. Kate felt that Sallie did not have the quality of life that she wanted for her daughter. Kate had spent considerable time and energy ensuring that Sallie had access to the best possible treatments, and tried to stand by her daughter's side.

Kate describes Sallie's death as the end of pain and suffering, as did the other two mothers who explained their child's death with some relief. These mothers described the suicide as a justifiable means to an end. That is, the pain of life was too much for their son or daughter, and that the path that had been walked already with their child was long and arduous. Mothers had made great efforts to try to help the child, exhausting every possible avenue. In the most confronting dialogue presented below, Kate is told by her daughter's psychiatrist that Sallie will not survive the deep and chronic depression that she has been suffering for many years.

*Kate                    I was sitting waiting in the waiting room at the Doctors and he came out and called me in and he had permission from Sallie to*

*talk to me alone and he told me that she was very sick and the chances of her surviving were minimal and I had to let her go and accept letting her go and as far as my being awake all night keeping guard was not going to save Sallie's life, but it was going to deplete me and I needed all the resources I had to try and live as normally as possible, which was probably good advice – he was right, I wasn't going to stop her.  
[Sallie, 28, daughter, 2 yrs]*

Louise too, knew that there was very little chance of Charles surviving his mental illness following a number of mental health hospital admissions.

*Louise All the warning signs were there that our son had got into, you know he had psychiatric admissions and he was in a lot of trouble. I mean he was 27 when he died and he had ten really, really pretty, I suppose, pretty tough years and I think it was about six years after his first psychiatric admission that he died ... I felt that all the way through since the time that my son was about ten, I felt that nobody was really hearing me.  
[Charles, 27, son, 6 yrs]*

Louise described trying to access services for Charles. She had tried numerous avenues. Being a trained early childhood nurse, she felt that knowing her way around the system benefited her. Yet, she still told of being *fobbed off* by mental health practitioners, and suggested that she thought Charles could have benefited from access to other services.

*Louise I still have the stuff in my house that talks about early intervention and when, what to do if something is not right ... And I did go to doctors and I did try and get help and he saw a psychiatrist and they were just absolutely ineffective and almost would have been blaming me or feeling like I was exaggerating or that it wasn't so.  
[Charles, 27, son, 6 yrs]*

Each of these mothers viewed their child's mental health problems as being so damaging that in the end such problems could overcome their natural instinct to survive. There was also a sense in their words that their child deserved the relief that death would bring.

*Kate*            *My great faith and gratitude is that Sallie no longer had to suffer the pain of this world and to know that at last she literally rests in peace.*  
*[Sallie, 28, daughter, 2 yrs]*

For these mothers, life with their child prior to their death was turbulent. Past suicide attempts, voluntary and involuntary hospital admissions, and high-risk behaviours had all contributed to difficulties within the family. The mothers reported that the roller coaster of revolving mental health problems was a constant source of anguish.

*Kate*            *I remember thinking: 'Oh she is doing so well' because that is one thing as a parent that is very significant. You keep thinking it is going fine, crashing, thinking it is fine, crashing ... Where you think: 'Oh good, it is all behind us now' because you see signs, and she's been in hospital and programs and is holding down a job, that was so difficult, and then that was the beginning of the real end.*  
*[Sallie, 28, daughter, 2 yrs]*

After experiencing their child's disrupted life, these parents *knew* that their child was likely to die before them. All *knew* their child chose suicide as a means out of the pain of living, and they understood their child's choice. Both Kate and Louise stated bluntly that the reason for their child's death

was long-term mental illness, while in addition to James's depression, Helen talked about a combination of recent contributing circumstances.

*Helen            He had high levels of alcohol in his system as well. I don't think, I mean maybe that meant he would be taking more risks than normal, but I still think he would have done it from what he had been saying to me ... I know a lot of the reasons why he did it. I think deep, deep depression, lack of self esteem, alcohol, he had hurt his girlfriend, he was due in court on Monday for assault, I know all of that ... I thought he might have been gay, I really thought even though I knew he was attractive and with a girlfriend, he was so sensitive and such and I thought: 'God if he was he would have been such a mess', because his father is such a bigot, but the psychiatrist said there was no indication of that, but then James was a very convincing liar, so I can imagine that!  
[James, 26, son, 3 yrs]*

Despite their children's histories, these mothers expressed shock when they found out about the suicide, however it was an *expected* shock. They knew it was going to happen, being a matter of when, not if. Finding out confirmed their worst fear, their belief that this would happen, and they no longer had to wait until the time that it did.

*Louise            I remember throwing myself across the front of the car saying: 'This is where we are out of chances'. I think he had a lot of chances ... It sounds weird to say it but it was like, almost a relief, now we are at the end of the nightmare and it was the end of one and the start of another one.  
[Charles, 27, son, 6 yrs]*

Louise's explanation seems to speak for these three mothers. The child's finality and certainty of their death takes the place of the uncertainty and instability – the turbulence – of the child's living.

Expectation or anticipation that a loved one will die is familiar to us all. We all know from a young age that death is the final part of living, and that others around us will die. In industrialised countries however this expectation rarely extends to the death of our children. We are conditioned to believe that our children will outlive us. In the literature on suicide death, anticipating suicide is rarely mentioned, with only a few authors recognising that such a phenomenon exists (Callahan 2000; Reed 1998; Van Dongen 1990).

In contrast to the literature, these mothers demonstrate that for some families there is a considerable time to prepare for the death of a young adult child. These mothers had been involved in ensuring that their child had access to all appropriate services. They *knew* that they had done all that they could for their child. Despite these efforts, they anticipated that their child would die before them, most likely through suicide. Once they had acknowledged the inevitability of this suicide they were able to weave this possibility, unwelcome as it was, into their life story. Their reason for accepting such an



unwelcome possibility is their intimate knowledge of the pain that their child was suffering, and that this pain was unbearable.

The grief these mothers experienced following their son or daughter's death followed a pattern that fits with current knowledge on grieving an anticipated death, rather than the suicide bereavement pattern, which comes from understandings of bereavement following sudden and unanticipated deaths. Comparing these mothers' experiences to those who are suddenly bereaved through unanticipated suicide, homicide, and accident appears to be unjustified (Ellenbogen & Gratton 2001). Looking further afield to expected child death, for example, for parents whose children have terminal illnesses or disability that shortens their lifespan, we are more likely to understand the grief these mothers felt. Currently, there is a mismatch between the personal experience of these mothers and the social discourse around suicide, which does not take into account preparing for the death of a child.

*We never thought that suicide would happen to us: a tragedy plot*

In contrast to expecting, however reluctantly, the suicide death of their child, other parents talked about their daughter or son moving into adult life by buying a car or a house, planning their career, getting married and having children with all of this suddenly terminated by self-inflicted death.

Although some could see that their son or daughter had been *down in the dumps*, experiencing relationship difficulties or problems at work, none realised the potential seriousness of these events. Rather they accounted for these stressors as a normal part of growing up in today's society.

*Carmen*      *Well, the reason that I answered the thing on suicide was the fact that so many people thought that a boy who suicided, there must be something drastically wrong with his life, and there wasn't, you know. He was a good-looking young boy, his girlfriend was half the problem, and he wasn't happy at work, but still that wouldn't be [enough reason for suicide].*  
*[Ray, 25, son, 6 yrs]*

As Carmen suggests, her view of Ray's problems were that these factors were not *enough* to end his life. Ray had a job, he had a girlfriend, a number of cars, many interests and had become involved in buying a house. In other words, he was planning a future. Yet, one morning he came home and fatally shot himself in his bedroom while Carmen was making breakfast.

The parents who talked about their child's death coming as a sudden and complete shock, also talked about how suicide happens to other families, not theirs. Learning about their own child's suicide was something that they never considered they would ever have to face in their family's life. They commented on how they saw their family as open and honest with each other, so suddenly discovering that their child saw no other options but to take their own life was devastating.

*Alan*            *You don't realise that it happens to you too. You've got no inkling that it is going to happen, everything in your family is good and at one solitary point the whole concept changes and it's not ever like it was.*  
*[Leigh, 29, son, 4 ½ yrs]*

From their remarks during the interviews, it appeared unlikely that these parents would find a reason for their child's death. They talked through any number of reasons they thought contributed, before discarding each one an unlikely rationale for suicide.

*Julia*            *I don't know why he would do that. He left a note. Sometimes I think he planned it, sometimes I think it was spur of the moment, but I don't know why.*  
*[Luke, 26, son, 6 yrs]*

The process of trying to determine a reason appears to be cyclical. Within the space of the interview period, each of these parents laid out a reason, discussed it, and then dismissed it, before beginning on another, then returning again to the beginning of the process, as Julia demonstrates:

*Julia*            *I can't come up with a reason that could be so bad that he would kill himself because he wasn't a depressed boy, you know ... I tell you, if I am going to go to Heaven and he's there, I am going to punch hell out of him, really truly. Or at least ask him why, that's all I want to know, why? It's not just me, he's left all of us ... Sometimes I can't wait to die. I am not a religious person but I say a prayer before I go to bed, I say: 'Rotten kid'. I want to be with him, I don't want to leave the others behind, but I need to be with him.*  
*[Luke, 26, son, 6 yrs]*

Over time this cyclical process of continuing to try to determine why their son or daughter suicided does not appear to diminish. Dorothy, the longest bereaved in this sample, was still trying to settle on a reason as to why Warwick suicided.

*Dorothy*      *And I don't know why, he had been home three months before in the Easter and he had been drunk and disorderly, he was so drunk at the races he was robbed ... When the police came to tell me, I said to them 'I loved him. He didn't die because I didn't love him'. It was so devastating. I don't know how we got through. One of my first reactions was: 'How could he do this to me' but my oldest daughter said: 'He didn't do it to you, he did it to himself', but didn't he think of what this would do to me?*  
*[Warwick, 17, son, 26 yrs]*

For the parents who were struggling to find reason for their daughter or son's death, their emotions were volatile during the interview. Being unable to find a convincing rationale for their child's death also appeared to leave these parents in a constant state of heightened grief that affected their ability to function within their family, and within society.

*Julia*      *It hurts as much today as it did that Saturday. I hate Saturdays. I hate them. I try to go walking on Saturdays. I don't know if that sounds silly but I do. I just can't stay in this house on a Saturday. I would go [to support groups] but I think like I am with you, I would just cry.*  
*[Luke, 26, son, 6 yrs]*

These participants seemed to hold an underlying perception that suicide was wrong and that their child should not have done this. Suicide was seen as an

illegitimate cause of death. The suicide was seen as the child perpetrating a cruel act against the parent, with which the parent then had to live for the rest of their life.

*Julia*            *Sometimes I think he is paying me back, I don't know why he did it, I really don't ... I can't accept it, and I even thought that somebody might have done it to him, but that went down the drain ... I wake up in the middle of the night and I think he's there, I can feel it, I can hear his voice and he keeps telling me: 'Sorry'.  
[Luke, 26, son, 6 yrs]*

Miles and Perry (1985:75) report similar sentiments, suggesting that some parents perceive the suicide death as a direct attack on them by the deceased child, and thus the parent may experience guilt for perceived past wrongdoings. An alternative explanation voiced by Carmen was that the child was no longer in control of his or her actions at the time of the suicide.

*Carmen*            *I just don't think they are in control at that stage. They are beyond it and suicide is not about dying. It is about being out of the pain and I truly don't think they realise the finality of it, it washes right over them, they think they are going to wake up after it, something like that. I can't come to, with Ray, he was so in control of himself. It is just so much out of character.  
[Ray, 25, son, 6 yrs]*

Carmen's view of Ray's state of mind at the time of his suicide allowed for her to redirect blame away from Ray and on to his girlfriend, who Carmen blames almost entirely for his death. Conner (2004) suggests that during the week following relationship breakdown there is an increased risk of suicide.

Carmen's story may be an example of this. Ray suffered from major relationship breakdown culminating in the discovery of an affair in the week before he took his own life.

The distinct message from these parents was that their child was happy, healthy and planning their life, then suicided out of the blue with no prior pathological diagnosis or suicidal intent. There was no prior sign of mental illness, nor did any parent mention anything that might indicate that their child could have been 'at risk' of suicide.

Apparently due to their inability to find a reason why their child suicided, these parents did not appear to be adjusting to their child's death. Although some had managed to return to functioning, albeit in a different way from prior to the death, they still had not determined why their son or daughter took his or her own life. Some talked of events that provided reasonable explanations for the suicide, yet these parents did not view these as sufficient.

Responding to a sudden or traumatic death is particularly difficult. Sudden death causes an accelerated change to a person's environment (Hauser 1987 cited in Reed 1998:286), thus making adjustment more problematic. The

parents who narrated this tragedy plot had no expectation that the suicide would occur.

One likely sequel of sudden and unexpected death is a state of traumatic bereavement (Jordan 2001). This appears relevant to the experiences of these parents. Traumatic bereavement is more difficult to integrate, and the shock of the death is likely to prolong grief reactions (Sanders 1993). Utilising Parkes' terminology (1975 cited in Sanders 1993:263), Sanders refers to 'unexpected loss syndrome', which is characterised by 'social withdrawal, continued bewilderment, and protest'. Weiss (1993:282) reports that when:

it is a child that has died, the parent's protective feelings, which make for a near-permanent need to save the child from hurt, produce a protracted phase of protest and search. Associated with this is almost unbearable pain produced at least in part by helplessness to save the child and failure to recover is marked by the chronicity of the grief.

In the current study, these *tragedy plot* parents displayed such characteristics, affirming Weiss' report of reactions to child death. All were still in a state of heightened emotion throughout the interview process, even when for some significant periods of time had elapsed since the death of their young adult child. Given their repetitive use of a cyclical process to try and understand this death it appears likely that these parents will not find 'suitable' explanations for their child's suicide. To come to terms with the suicide and

incorporate it into their worldview without an explanation did not appear to be possible for these parents. Although for some, a return to everyday functioning had been achieved, the raw grief sat only just below the surface, easily disturbed and influencing their ability to carry on with everyday life.

*I didn't recognise the signs: a reflective plot*

The third plotline identified in the preparedness component was where the parents reflected on prior events to determine reasons for their child's suicide death. Using hindsight, parents who did not recognise the signs at the time retrospectively reviewed the events leading up to their son or daughter's death and could now see that there were issues that the child was dealing with that lead to their decision to suicide. Potentially assisted by a recent increase in social awareness of suicide risk signs, these parents were now able to identify behaviours that could be suicide related after their child's death.

In a number of instances, these parents reported that on reflection their child had indicated that he or she was going to self-harm. At the time however, the parent did not identify these signs, rather they viewed them as part of the rocky developmental journey through adolescence and young adulthood. However, after their child died parents recall these signs as contributing to the tragic outcome of their child's death, as Abby explains:



*Abby*            *So recognising the signs, the little bits we have read and heard and I look back and I think he used to sit here in the latter part of his schooling and say: 'I'm a failure' and 'I'm hopeless'. So he did have very low self-esteem, which I probably, I knew that he did but I didn't think it was a major problem. I thought it just part of growing up, part of the teenage years feeling like you're not as good as someone else ... So I suppose we didn't put a great deal of thought into this and I suppose we should have looking back now and you hear people saying about recognising the signs and maybe we didn't fully recognise the signs, if we did we didn't take them seriously.*  
*[Jacob, 20, son, 6 yrs]*

The adolescent and young adult years are often tumultuous in any family, and prior to the death these parents put their child's behaviour down to normal developmental mood swings. Commenting on how their son or daughter was experiencing difficulties at the time, did not lead to these parents labelling their child with a mental illness or signs of depression or heightened anxiety. In Jim's words:

*Jim*            *Certainly when I think of Matt as Matt there was no sense that he was a direfully depressed and that suicidal kind. But I guess nobody thinks their kid is.*  
*[Matt, 17, son, 17 yrs]*

When parents had been concerned about their child's behaviour or mood prior to his or her death and tried to access support for them, such endeavours were rarely successful, as tragically reported by Aiden and Abby.

*Aiden* We had tried to get Jacob counselling through community health ... but he tried to get access to them and he went on a waiting list and they rang us ten days after his death and we said there's no point now, thanks very much.

*Abby* Seemed to be a bit of a hole there, too late really.

*Interviewer* Was that because of a lack of counsellors available?

*Aiden* Yes, we understand that but it doesn't help the situation, it may not have changed the situation, but at least it was an opportunity.

*[Jacob, 20, son, 6 yrs]*

After reviewing the events that lead up to the death, and the coroner's findings after Trajan's death, Rockhound reported how he could not have diagnosed depression in his daughter, but reflected she had probably been clear about her suicidal intention. Prior to her death, Rockhound saw Trajan's moods and behaviours, as part of her *strong will*, but afterwards attributed these as contributory to her suicidal intent.

*Rockhound* But as I said she had talked suicide, and so the lead up, although in hindsight she was probably waving a flag saying: 'Hey, I'm going to top myself one day' but we didn't realise at the time. ... But the coroner found that it was depression. I am afraid that I could say yeah or nay to clinical depression.

*[Trajan, 19, daughter, 13 ½ yrs]*

The way in which these parents told their story presented a clear picture of the reasons they attributed to their son or daughter's death. This story was often well developed in the time immediately following the death and recounted in varying levels of detail when questioned about their child's death in the ensuing years. Although there may have been indications of

suicidal intent prior to the death these were not obvious to the parents and it was only after the event that they interpreted these as significant.

For some of these parents, their child had gone into great detail planning their death with the methods chosen providing a clear picture of a well-planned death, as explained in these comments from Rockhound and Wanda.

*Rockhound* So she had visited two or three doctors it appears and got herself a good stockpile of Valium and Digesic and she took one hundred of each it would appear, and it was very effective and apparently there is this sort of information available through the network. Apparently with Digesic once you've swallowed it, it's almost, even if they stomach pump you, it's pretty much too late. She was very methodical about it.  
[Trajan, 19, daughter, 13 ½ yrs]

*Wanda* I didn't really see his face because it was covered by the plastic bag and apparently he had read that you don't look so bad if you do that or something. He had all these pamphlets on how to commit suicide, like piles of them, and we had no idea. Their rooms are their rooms and they are private and we wouldn't dream of going in and reading their diaries or anything. He felt what he was doing would be less upsetting than other things, so I think: 'Oh well at least he was considerate'.  
[Lance, 30, son, 7 ½ yrs]

Regardless of the level of prior planning, the child successfully managed to keep their intentions from their parent, even where the parent was well trained in detecting suicide risk signs as Christine, a registered nurse, explains.

*Christine*      *Then the doctor arrived ... and I said: 'it is not the same as in the books, it is not like the books, he didn't give away his prized possessions and do this and never being like that beforehand, he didn't do that, it's not like the books' ... He didn't talk about it before, there were no warning signs that I could pick up on.*  
*[Rupert, 19 ½, son, 2 ½ yrs]*

While after the death these parents interpreted events as contributing factors, they held that suicide was an inappropriate way in which to deal with what they viewed as everyday stressors. Commenting on how they could not understand why someone would choose suicide is summarised in the following words from Pam.

*Pam*            *It's a fine line between staying alive and pulling that trigger, I mean [my husband] gassed himself but the other two shot themselves. [My brother-in-law] didn't die straight away, he was on life support, they took him off ten hours later when the [daughters] got to see him. Harry died straight away – he knew what he was doing ... What is it that makes you do that? Stand there and pull the trigger, you know? That's what I don't understand.*  
*[Harry, 28, son, 4 yrs]*

Developing and answering the question 'why' was not necessarily answered by suicide notes or written passages. Paradoxically these could be perplexing, raising more questions than answers.

*Rockhound*    *She did leave a fairly detailed note that sounded like she was very bitter, mainly because she wanted her friends to go out to a party for her the night before and this is when she finally decided to do it, to kill herself. Um, but they all put it off because they had a huge surprise party planned for her on the night of her birthday,*

*so anyway, she was very acid in her note.  
[Trajan, 19, daughter, 13 ½ yrs]*

Parents who 'didn't recognise the signs' have spent considerable time and energy in developing a sense of why their child decided to suicide. Once causes are settled on, parents are able to develop a coherent story piecing together actions, characteristics and events they interpret as having contributed to their child's death.

Over the past 20 years, Australia has seen a rise in the number of young people dying from suicide, and in response there has been government intervention aimed at prevention of suicide among young people. This has led to increased social awareness of suicide, mental health issues and mental illness. Therefore, when facing suicide in their own child it is not surprising that some parents have used this public knowledge of suicide to help understand and frame reasons for the suicide death of their own young adult child.

These risk factors were not identified at a time when they could have been acted upon. Fielden (2003) suggests this lack of early identification is due to ongoing stigma attached to suicide and mental health issues. A stigmatised environment inhibits identification and discussion of potential suicidal

characteristics and discussion about suicide in society generally does not occur, reinforcing a lack of knowledge in the community. A potential consequence of this is that many people are not attuned to suicide as a possibility (Fielden 2003:81). This is seen with this group of parents. It is not until after their son or daughter's death that they were able to recognise suicidal behaviours.

Further, as Fielden (2003) reports, a consequence of the lack of knowledge about suicide behaviours results in the absence of discussion about behaviours that are of concern to parents. Therefore, people may not have:

developed a language around the topic of suicide so that when they intuit that something may be up, not only do they not consider it a possibility, they may not know which words to use to inquire about suicidal intent. (Fielden 2003:281)

During the interviews with these parents, many talked about times when they now think they could have responded to suicidal intent but did not. For example, Wanda talked about being devastated that Lance was a misfit in his home community among his peers, yet was unable to respond, even when she had identified this issue. She was aware that he was making plans that were completely unrealistic and that he had withdrawn from his family, yet she was not able to talk to him about his problems. Wanda talked about how she knew that things were not right with Lance, and yet she was unable to

respond to him in a way that felt comfortable to her – in essence, she did not have a socially condoned language with which to discuss her concerns.

Not surprisingly, these parents exhibited guilt at their own inability to identify the signs that the suicide death of their daughter or son was imminent. Guilt for these parents was much more intrusive than for others due to their knowledge about now identifying signs that they previously could have acted upon, potentially with an alternate outcome where their child may have survived. Those who cannot identify reasons retrospectively and cannot determine why, do not appear to lay blame on themselves because they have no reason for the event to have occurred. The majority of these parents hold on to hope by thinking that the suicide was 'spur of the moment'.

Maine, Shute and Martin (2001:321) report that there appears to be no research that examines parental knowledge about suicide signs or identifying suicidal intent 'despite the fact that parents are well placed to observe significant changes in their child's behavior'. However, even when training in suicide risk signs has been undertaken, parents may be unwilling or unable to identify these signs in their own families. For example, Christine, a trained registered nurse, did not detect suicidal risk signs that her son Rupert had been displaying although she had received suicide risk assessment

training in her workplace. Professional training in identifying suicide may not always transfer to identifying suicidal intent in our own children.

Three plots evident in the current narratives to explain the experience of the suicide death of their young adult child have been presented. The way in which the death is anticipated, or not, influences the way in which parents develop narratives to make sense of the grief resulting from their young adult child's death. The remainder of this chapter examines the importance of preparedness for developing narratives to make sense of events in our lives, such as suicide.

### **Developing narrative to explain suicide**

We have an intrinsic desire to make sense of events that take place in our lives. As social beings, we do this through developing, telling, and retelling stories that gather events into a meaningful tale (Polkinghorne 1995). The narratives that we develop organise our lives and this creates a sense of continuity and coherence to our self-identity over time. This process occurs both internally and at an interpersonal and social level assisting us to order disorder and make meaning out of what is otherwise meaningless, allowing us to adapt to life events and occurrences (Davis 2002; Gilbert 2002; Neimeyer 2004; Neimeyer & Stewart 1996). Although most life events are



easily incorporated into our existing narratives, some have the power to shake our basic assumptions about the world (Janoff-Bulman 1992).

In relation to narrating deaths into our life story, Davis and colleagues (2000:516) suggest that whether or not a search for meaning is initiated after a death, appears to rely on whether an event can be reconciled into the current worldview. When it cannot, the task then is to make adjustments to incorporate the new experience into the worldview (Berger & Luckmann 1966; Braun & Berg 1994; Janoff-Bulman 1992). In agreement, Polkinghorne (1988:21) suggests that when an individual is unable to make sense of an event that has occurred, it is not due to being unable to place the event in the proper category, but rather the difficulty comes from 'a person's inability to integrate the event into a plot where it becomes understandable in the context of what has happened'.

When the event provokes a trauma reaction, the usual ways of developing coherent narratives may become redundant because trauma affects deeper levels than language provides for. The emotional trauma may then become a memory in the absence of a narrative. It is theorised that such a process can lead to a state of continuing heightened emotion (Neimeyer & Stewart 1996). As narrative development is inextricably linked to the audience with whom the story is developed, a paucity of language or a taboo on engagement in a

dialogue can further inhibit narrative development and impair the ability to integrate the event into the worldview (Fielden 2003). Understanding life events is a dual process of identifying meaning to explain the occurrence and being able to incorporate the event into a coherent chapter of the life story.

For parents who experience the death of a child, the meaning structures associated with being a parent are challenged. These meaning structures need to be reorganised in a way that incorporates 'the new reality that one's child has died and that life will continue in the absence of that child, despite that it should not be that way' (Brent et al. 1996:109). Bereaved people have a need to re-narrate their life story in a world where the deceased person ceases to exist in a physical form. Their storyline is disrupted and the bereaved person needs to find ways to reconnect: what came before and what comes after the death, to find a new way to tell their story.

While anticipation of the event assists this process, a traumatic event can seriously hinder such efforts. When an event is anticipated, the narrative that explains it is developing prior to the event. This preconditioning is illustrated by the *turbulent-relief plot* parents: Helen, Kate and Louise.

Braun and Berg (1994) find that the prior meaning structures accommodating the possibility of child death assist early acceptance of the death. Davis and

colleagues (2000:511) maintain 'that for some people, the death of a loved one may represent the end of a chronically stressful situation' or an end to suffering and that while loss is thought to be a major stressor this is not always the case, as demonstrated by Kate, Helen and Louise.

On the other hand, the *tragedy plot* parents, Jane and Alan, Julia, Dorothy, Carmen and Wanda, who had not anticipated the suicide, have struggled and are still struggling to understand their son or daughter's death. The majority of parents, that is, the *reflective plot* parents, were able to incorporate the suicide death of their son or daughter into their worldview, by identifying causes to answer 'why' during their meaning-making search after their child had died. Davis (2002:148) suggests that those unable to achieve this within six months continue to be unable to incorporate the event, noting that an 'excessive focus on a lack of meaning may inhibit growth and healing'. For the *tragedy plot* parents, an inability to make sense of the event has hindered the process of adjusting their worldview to make sense of the death. Yet, inserting any timeframe, such as Davis (2002) has, does not acknowledge the ability of the bereaved to later re-author their grief narrative (Neimeyer 2001).

Preparedness for death informs the narrative that makes meaning of the event. Therefore those who were prepared for the death (*turbulent-relief*) had

prior reason to believe that this event would occur, thus leading to a grief journey that follows an expected death. Those who did not anticipate the death and could not explain it within their existing worldview either adjusted their worldview to explain the event (*reflective*) or were unable to make sense of the event or change their worldview (*tragedy*) and continue in a state of crisis.

Suicide death unearths questions that may not be able to be answered after the death, leaving gaps in narration of a coherent story that can be incorporated into the parents' worldview. For those prepared before, unanswered questions are virtually non-existent. However, for those who did not anticipate the death such questions are at the forefront of understanding why this happened. As Mary noted:

*Mary*            *I really believe [it depends] on how people die, I've read all different books and some have been murdered, died in a car accident and some suicide. But even those children who had been murdered there was a reason why, you know a concrete thing about why they died and that to me has always been the hardest thing, I mean why did he die? Why did he have to die?*  
*[Marc, 26, son, 1 ½ yrs]*

The need to develop an explanatory narrative, to try and understand why someone – their child – would choose suicide was an important task following the death. For some, answers were available through the review of their child's actions and characteristics leading up to the death. For others no

answers were apparent. For most, the suicide death is seen as a waste of a potentially fruitful life.

*Florence*      *I know there are some people who can be so black and white about it and say: 'Well that's the end of the life and that's it' ... But I think it has just left unfinished business. Here's a whole life, a whole young life to be pursued.*  
*[David, 21, foster son, 6 yrs]*

Their ongoing attempts to understand the motivation for suicide have led to dead ends for those parents who narrated a *tragedy plot*. Yet, others have been able to provide a reason 'why' and it is this they use to explain the death to others. For example, for Jane and Alan, who are devout Christians, their minister provided answers where they were unable to do so.

*Jane*            *Our minister explained that he just didn't know what he was doing. You know we are surrounded by doors and we can choose which one we go through but at that time every door was closed for Leigh and there was only one and he didn't know what he was doing and I have to cling to the fact that he didn't know and I am sure he wouldn't have left [his daughter].*  
*[Leigh, 29, son, 4 ½ yrs]*

Developing a meaningful narrative to explain events and incorporate them into an existing or adjusted worldview appears to be of vital importance and relief to parents bereaved through suicide. The way in which this process is experienced is shaped through their state of preparedness for the event.

Acknowledging that parents are a heterogeneous group recognises the diversity of experience prior to the child's death and the varying bereavement responses to the suicide death of a young adult son or daughter. In answer to Rando's (1993) call for research into the diversity of experience within grief type, this research has highlighted three distinct narrative plots that help explain the suicide death of a young adult child.

### **The importance of preparation in suicide bereavement**

The two extreme scenarios within the preparedness narrative, being prepared or not for the suicide, highlight an important dichotomy. Simply put, grieving an anticipated death is a distinct experience from grieving a sudden, unanticipated death.

Within general grief research a few authors have argued for bereavement following expected death to be understood as distinct from grief following anticipated death (Neimeyer 2000b; Stroebe, Schut & Finkenauer 2001). However suicide bereavement researchers have generally failed to make this distinction, typically not questioning the premise that suicide is unexpected and a sudden and traumatic event. Where authors have identified a difference, the importance of this has not been reflected sufficiently in their

analysis (Callahan 2000; Cleiren 1993; Dunn & Morrish-Vidners 1987/88; Van Dongen 1990; 1993).

As the findings from the current study demonstrate, for parents prepared for or anticipating a suicide death, the reasons 'why' have been incorporated into parents' narratives. Alternatively, where parents do not expect the suicide, a suicide rationale narrative does not exist within their frame of reference of previous life experiences (Braun & Berg 1994). The remainder of this chapter discusses the implications of the preparedness lens on current knowledge of parental suicide bereavement.

In studying reactions to suicide death, researchers have noted the overwhelming desire of the bereaved to make sense of the death with the question of 'why' becoming an obsessive rumination (Sanders 1993:264). While many succeed in this effort, some do not (Dunn & Morrish-Vidners 1987/88). Success in this task appears to be related to being able to understand the motivations that led to the suicide (Van Dongen 1990). The findings from this study add another factor to understanding motivation, that is, parental preparedness.

Preparation for the suicide death of a young adult child, as we have seen above, assists a parent in understanding why their child chose to die as they have already been exposed to the reasons (Miles & Perry 1985). This forewarning also allows time for parents to acknowledge that their child's death is likely, prepares them for considering life without their child, and allows them time to broaden their worldview to accommodate these possibilities. This process facilitates the development of a narrative that explains the event by gathering together information from before, during, and after into a coherent storyline.

Most parents that I interviewed were able to explain the suicide death after reviewing in hindsight the events leading up to the suicide after their child's death. Three were prepared for the death, with clear expectations that such an event was likely. Five parents, including one couple, had not expected their child to suicide and were unable to explain their child's behaviour. The remainder were able to identify, in the time since their child's death, causal events and characteristics that allowed them to weave together a narrative explaining their child's actions.

The findings reported here confirm that some suicide deaths are anticipated. Preparation initiates adjustment and integration of the suicide death and is characterised by a lack of rumination on why the child acted in this manner



and a clear, coherent narrative that answers 'why'. On the opposite trajectory, acknowledging preparedness also recognises that some suicide deaths are not expected and if the event cannot be incorporated into the worldview of the bereaved, a protracted traumatic grief reaction is likely to result. A midpoint is where parents adjust their worldview to accommodate their experience once sufficient time has been spent on establishing why and a narrative is developed to weave reasons together that offers acceptable and satisfactory answers.

The implications of this research include that if suicide bereavement literature and researchers continue to use unexpected death as the premise for all suicide bereavement, the range of parental experiences can never be fully appreciated. Using a preparedness lens assists in clarifying the controversy in the research literature over whether suicide bereavement is different to other forms of bereavement. Using the analysis undertaken in this study a review of the current debate follows.

### *Is suicide bereavement different from other forms of grief?*

As reviewed in Chapter 3, a main focus of the existing suicide bereavement literature is comparative research that examines whether suicide bereavement is different from other forms of sudden death with little

consensus either way. The position that has been developed through this chapter assists in providing preliminary clarity to this debate.

As demonstrated by the data and analysis presented in this chapter, while all suicide death is sudden, it is not always unexpected, as is currently assumed in the literature. The 'expected' position is exemplified by Bailey, Kral and Dunham (1999:258), who report that suicide 'by its nature is an unnatural death and one that is most often unexpected (although this determination rests in every case with those bereaved)'. In contrast, the 'potentially expected' position takes into account that many individuals who die by suicide do in fact provide clues about their intentions and these are often recognised as such. As Reed (1998:286) notes, 'the majority of survivors have some prior knowledge that, in varying degrees, suicide is expected'.

To broaden the current comparative framework between suicide and other forms of sudden death to include suicide that is expected is likely to bear more fruitful conclusions. For example, understanding parents who expect their child to suicide – the *turbulent-relief* plot – within a framework of anticipatory grief, and understanding the stories of the *tragedy plot* parents with other traumatic deaths extends our understanding of the different experiences of suicide bereavement, as both a traumatic event and, for some, an anticipated event.

Suicide also appears to differ from other forms of sudden, unanticipated death. Suicide and survivors of suicide have a long history of exclusion and marginalisation with continuing stigma attached to this event. Parents whose child had previous mental illness had already experienced stigma and did not feel an increase of stigma through suicide. Parents who did not anticipate the death were suddenly faced with a stigmatising of their child and their parenting. As Sanders (1993) suggests, this process adds strain to the survivors of suicide and substantially increases isolation. For the mothers already stigmatised, marginalisation was not unfamiliar.

Stigma associated with mental illness and suicide remains in the community (Fielden 2003). Taboos surrounding suicide, in turn, mean that suicide is not openly discussed, thus increasing feelings of isolation and shame on those bereaved in this way, in contrast to those bereaved by homicide or accident which do not have the same social histories (Fielden 2003).

### **Concluding remarks on the preparedness lens**

This chapter has challenged the premise that suicide death is always sudden and unexpected. As the parental narratives in this study make clear, some suicide is expected, and may bring relief for the parent. Where a young adult child has previously attempted suicide and has a long history of mental

illness, parents have time to prepare for the likelihood of the child dying through suicide. In these circumstances, parents weave this likely event into their life narrative, with the possibility of loss of the child already encompassed in their worldview.

Alternatively, for some parents, suicide is sudden and unexpected. These parents are thrown into a traumatic bereavement process in which adjusting to the death of their young adult child may be prolonged. If the parent is able to find reasons for their child acting this way they are able to adjust their worldview to incorporate these new events. For those unable to adjust their worldview to accommodate the suicide death of their child, they remain in a heightened sense of emotion for extended periods leading to chronic grief.

Whether or not a parent anticipated the suicide of their child, all parents in this study found ways of continuing a bond with their son or daughter after the physical bond was broken through death, primarily through the use of ritual to keep their child 'alive'. This narrative component forms the basis of the next chapter.

# Chapter 8

## GRIEVING TO REMEMBER

This chapter explores parents' transition from grieving to remembering, the third narrative component identified in the data. After the suicide death of a son or daughter, parents developed rituals and memorials to remember their child. These are presented first. Within these dialogues a continuation of the bond connecting parents to their child after death was identified. Finally an analysis of this transition is made in light of previous and emerging grief models.

### **Rituals**

On learning of their child's death, parents were not surprisingly, overwhelmed by grief. A period followed where parents recalled feeling disoriented and separate from the day-to-day activities of others. Whether or not the parent anticipated the suicide, they had to incorporate this tragic information into their life. During this initial period, immediately following their child's death, parents had to plan a funeral. After this task was complete, parents initiated rituals individually or within the family to create

a space where they could spend time with their deceased child, continuing to include them in their life.

There were several significant occasions for these parents. One occasion was spending time with their child immediately after their death. Mary commented on how seeing her son was beneficial, providing her with a mental image that could stay alive over time:

*Mary*            *It really helped that we spent time with him right when he first died. It must be difficult for people whose children are mutilated. He just looked like he was asleep, with a little mark around his neck, not much, not as bad as I expected.*  
*[Marc, 26, son, 1 ½ yrs]*

In the short time between when Mary was notified of Marc's death and when she saw him, she began to develop a mental image of how he might look. Here she comments on how he didn't look as bad as she had expected. For others, like Paige, being unable to see their son or daughter after their death was distressing.

*Paige*            *I just wish that he had of been found earlier, that way then we could have seen him, because even to this day, that's what still makes it hard to believe he has gone because we never saw him physically, so and I needed that to see. All I really had was to read the statement telling me what he looked like when they found him. I can understand why we didn't see him.*  
*[Adam, 28, son, 8 yrs]*

Where the parent was unable to see their child's body after death (in all instances due to the condition of the child's body due to the method of suicide) parents typically commented that this had been detrimental to their grief process. A number of parents had found their child's body and therefore had the full force of the suicide scene etched into their memory. In all but one instance, parents reported that spending time with their child after death had been beneficial. For Aiden however, the scene of finding his step-son was intrusive, and he had sought counselling to ease this vision.

### *The funeral*

The funeral was another significant and public ritual for parents. The event symbolised an important time for all families grieving a loved one. These parents talked about ensuring that the funeral was how they imagined that their son or daughter would have wanted it to be, and they planned it according to this view. For example, Mary talked about the family discussions that took place in the week after Marc's death during the organisation of the funeral. There was a need to ensure that the funeral was an event that was a true representation of Marc, a goal that she believes they achieved.

*Mary*            *We had to organise the funeral and [my two daughters] said: 'This is last party he is ever going to have, so it has to be good'. I think it kept us going that week because we didn't have the funeral until Friday ... The funeral was really quite big. We had*

*it at the Cathedral and there were heaps of people who couldn't fit in. The police blocked the road to stop the traffic and one of Marc's mates said: 'Well that's just it, he always knew how to stop traffic!' That was just it, he could do things like that.*  
[Marc, 26, son, 1 ½ yrs]

Mary's description of Marc's funeral typifies comments made by the other parents where the event provided an opportunity for open grieving and confirmation of the impact that their child's death had had on many people. This provided external affirmation that their child was a special person. These parents particularly mentioned the presence of a large number of people at their child's funeral.

*Gayle            Jena would have been overwhelmed with the amount of people there.*

*Hal                Yeah, about 160 people.*

*Gayle            Yeah, it was a really big funeral and a lot of people said that it was one of the most beautiful funerals they had ever been to.*  
[Jena, 31, daughter, ½ yr]

Large numbers of mourners at the funeral appeared to confirm that this child was a special person, not just a suicide statistic, and many people beside the immediate family were left bereaved. As Clark and Goldney (2000:478) suggest, this confirms their child 'meant so much to so many'.



In addition to attendance at the funeral, there were other acts that confirmed to parents that their child was important and would be missed outside of the immediate family. Again from Mary:

*Mary            The hotel where he worked put a photo of him above the fireplace and it is just so nice that people remember him because that is what scares me: What happens if people forget him? The Egyptians used to say that you are never really dead while someone remembers you were alive.  
[Marc, 26, son, 1 ½ yrs]*

Hearing these words from Mary opens a door to a fear that was common to parents. That fear comes from a fundamental question: *What happens if people forget?* The child remains 'alive' while they are remembered, and the parent wants this to continue. As seen in Chapter 6, parents actively try to ensure that their child is kept 'alive' even though they feel social pressure not to. These parents have developed memorials as ways of ensuring that their child continues to be remembered.

### ***Memorials – private and public***

Memorials were important to all the parents. The ways in which these were held varied from family to family, parent to parent. Some parents had planted special gardens in memory of their child. For example, Jane and Alan talked about the memorial garden they planted for Leigh, which included a huge granite boulder as the centrepiece. This garden is especially important

to them, as Leigh is buried interstate, making visits to his gravesite almost impossible. Recently, they had relocated and thought they would have to leave the boulder behind as its weight made it difficult to move. However, family and friends rallied together and helped them to shift the rock to their new home where they have planted another memorial garden around it. This memorial provides a concrete reminder of Leigh, which now has the additional memory of the help and caring of their friends' assistance, as Jane explains:

*Jane                    That is our place where we feel close to him ... Because we were in England and the daffodils were out and here it is around the time to plant daffodils on March 1<sup>st</sup> [Leigh's death date] and his birthday is on August 8<sup>th</sup> and if you plant them on March 1<sup>st</sup> it is surprising how close to his birthday the first ones come out ... there are traditions and it might not work for everybody, I don't know, but for us they are terribly important. He is still part of our family, very much so.  
[Leigh, 29, son, 4 ½ yrs]*

Louise talked about how she finds solace in returning to isolated places on their farm that Charles liked to frequent; rock outcrops and bush hideaways. She told how this provides a special connection to Charles, as she knows that she is the only one who is aware of the location of these places. Louise felt grateful that Charles had shared with her his special places, as she now holds this information inside her and is able to visit these places for her own special time with Charles. Louise guards these places just for herself and has not, and was adamant that she would not, share details of them with others.

Louise        *I have my own personal things that I knew he loved or places that I knew he loved, but that is just inside me. I don't voice that to anyone else.*  
                  *[Charles, 27, son, 6 yrs]*

While most families spoke of rituals that were generally private either individually or within the family as indicated above, for some it also remains important to keep the child remembered outside the family. For example, Wanda and her family donated a prize to the Conservatorium of Music, as Lance was a keen and talented musician who had attended the institute. While originally Wanda thought it would be important for her to present the prize to the winning student each year, this has not eventuated. She presented it once and now other family members do. This ceremony has become a way to have his name said aloud in a positive way, another way to keep his memory alive outside of the immediate family.

Wanda        *We give a music prize at the Conservatorium every year in his name, it is a shield and one of us presents it. I have only done it once and I just couldn't bring myself to do it, I don't know why. It is not that I am ashamed but it's a way of his name being said because you don't say it often and you feel sad that he is not remembered anymore.*  
                  *[Lance, 30, son, 7 ½ yrs]*

Some parents also continued external rituals by becoming involved in suicide prevention programs or helping others bereaved through suicide. This allowed the legacy of their child to be continued, and as Helen explains, means that the child's death can be reinterpreted as not being in vain.

Helen *I am much stronger than I knew I could be and I've learnt so much and I've got a lot to give in losing James and I really feel that I would like to do something ... Not just as a result of his death, but partly due to the learning cycle and that's why as soon as I saw your ad in the paper I thought I could contribute to this. I know that James wouldn't want his death to be in vain, his death to be a waste. I would like to do something with kids, my strongest feeling is that I have got something to give.*  
[James, 26, son, 3 yrs]

Some families had particular rituals that they would perform at certain times of the year in memory of their deceased son or daughter. For Paige and her daughter this was a ritual performed at Christmas each year:

Paige *Every Christmas, [daughter] and I, we've got this candle that was given, everyone was given one at the suicide support group. It was just a red candle and its got a Santa face on one side, but we were told every Christmas to light it and think about the person and anyone else suicided and that and just light it and so every Christmas when [daughter] comes to get me, or she doesn't come over she expects me to take my candle with me, and we just sit quietly by ourselves somewhere and we light them together for a few minutes and but for some reason every time we light them, [daughter's] only gets a flame on it like this [indicates small flame] and mine gets a big long flame like this [indicates long flame], it just keeps on going like this and [daughter] says: 'Look at yours!' and it's just funny.*  
[Adam, 28, son, 8 yrs]

Paige's words here uncover a theme that most of the parents made reference to: the 'supernatural' ways that their child remained an active and dynamic force in the parent's life. Paige talked about how she felt that Adam had some influence over these candles burning in different ways – *it fits with his humour*, she told me. This ritual provided quiet time for Paige and her

daughter to feel close to Adam and to integrate what they view as his humour into the ceremony. Parents talked about the feeling that their child was watching over them, or they might get a *prickly* feeling sometimes, as Christine's words illustrate:

*Christine*      *Sometimes I feel a prickly thing and say: 'Hello Rupert' and it may seem silly or not, I don't know but to me it is a presence and it helps me to have the continuity that Rupert's death has set me free.*  
*[Rupert, 19 ½, son, 2 ½ yrs]*

Here Christine alludes to her belief that Rupert's death gave her the courage to leave her violent husband and to start a new life. Christine has been able to interpret Rupert's death in this way, and she now uses this sense of him to help guide her to make decisions that she would otherwise have difficulty making. Another example of the 'supernatural' ways that parents remain connected with their child is through inexplicable phenomena that have occurred in their family since the child died, as Mary explains:

*Mary*            *But it is really strange, little things like I came home from work one day and there was some Lego in the middle of the lounge room floor and it was really freaky because Marc was always a really big Lego freak and it was this little piece of blue Lego and I have no idea where it came from. It was really strange.*  
*[Marc, 26, son, 1 ½ yrs]*

Dorothy still views Warwick as being an active part of her life. From the night of his death, Dorothy recalls a terrible storm, and both she and her husband having spiritual moments with Warwick on that night.

*Dorothy All I could think is we are here in this warm bed and my son is in the muddy ground. I cried myself to sleep, then at about midnight, I woke up and heard a voice saying: 'Don't cry dear, don't cry', 'Dear' is what Warwick called me. And then at about two o'clock my husband said, and this was totally out of character for him: 'Warwick was just here, standing in the doorway, he didn't look dead'.  
[Warwick, 17, son, 26 yrs]*

Twenty-six years on, Dorothy says that Warwick remains close by to her, that she feels he remains present in her life.

*Dorothy He is never far away, I could just start talking to him, I sometimes wonder if this is a mental condition that afflicts me. I had a portrait painted of him and the eyes follow you around the room, it keeps falling over, that picture for no reason. I keep moving it to different places and it keeps falling over. 26 years and it still keeps falling over.  
[Warwick, 17, son, 26 yrs]*

The parents interviewed for this project all talked about inexplicable events that they believe their deceased child is in some way responsible for. While such discussions would usually be outside the social norm, these parents did not feel that it was unusual for them to be experiencing such phenomena. Discussions about ritual and supernatural phenomena talked to the parents' sense of the continuation of the emotional connection that they had

developed with their child during their life that has continued since their child's death. Parents talked about these rituals as a way of creating space for their memories of their son or daughter to be maintained and developed over time. This also provided an opportunity for reminiscing about the child and for imagining the child in the present day had they not died.

### *Use of technology to create memorials*

Memorials in the twenty-first century may also make use of advances in communication and information technology. This technology plays an important role in remembering the deceased. Internally held representations allow parents to fantasise about their child and what they may be doing now, and how they would have looked at the next age or stage. Now parents can create a virtual child by replaying their child as they were in life at their leisure.

Many parents spoke about having home videos of their son or daughter that they would watch at different times, or of recordings of their child's voice. For example, Paige described a video that Adam made for her that provides an avenue not only to hear Adam's voice and to see him, but also as a reminder of his quirky sense of humour. In this passage, Paige is relating the story of a video Adam had made where he had used the family dog to portray Paige on her birthday:

Paige            *And so Adam had videoed my birthday, supposed birthday ...  
And I'm supposed to be saying: 'No, I'm old, I'm old' and then  
he's in the lounge and he's done a bit more of it and he's saying  
and right: 'Now, I want to thank [the dog] for playing the part of  
[Paige], [dog] Thank you', and then he backed into the hallway in  
front of the hall mirror and so I get to see him in his work clothes,  
to hold the camera up to wave goodbye and when he did the one  
out at the backyard, in front of the tape the hand comes up in  
front and waving to you. And then his birthday, the year before  
he died and that's on the tape as well and I pull that out on  
special times, just to listen to it, so you can hear his voice, he had  
this real deep cackle laugh.  
[Adam, 28, son, 8 yrs]*

These recordings not only provide photographic images, but also deceased children as animate beings, preserved and alive. Sometimes these recordings are not discovered until some time after the child's death. Wanda recalled how her sister was watching television one evening and suddenly and unexpectedly heard Lance's voice – it turns out that he had participated in a television program that his parents had been unaware of and Wanda was then able to record the footage.

Wanda            *It's funny, I still think there are things that I will find out about  
Lance, I mean it is not likely now, but six months after he died  
my sister rang and said: 'I have just seen Lance on the TV'. He'd  
taken part in one of those silly candid camera things ... It was  
actually quite funny and we enjoyed it and videoed it.  
[Lance, 30, son, 7 ½ yrs]*

As seen in Chapter 6 these parents, while silenced by social taboos, actively worked to keep their child alive. These memorials and special times spent thinking about and interacting with their child provide a place for parents to



actively relate to their children. This remembering helps to strengthen the ongoing bond they nurture with their child. Rituals are an important cultural feature and provide comfort without language or when words are difficult to find. They also provide a socially condoned space to engage with the experience of the person and their death, and oftentimes rituals are more tangible than words (Marshall 2004).

Parents involved in this research used rituals to create a space for remembering their son or daughter. They did this through public and private rituals, spiritual beliefs of their child's looking out for them, through remembrance and through the use of public support groups or through wanting to help others, either young people who may be suicidal, or other parents experiencing grief through suicide.

### **Continuing the bond**

Through ritual and feeling an ongoing emotional attachment to their child, the parents have continued a connection with their child *despite* being socially and culturally silenced about their child's suicide. As explored in the grief and bereavement literature (Chapter 3), contemporary linear grief models imply that the goal of grieving is to finally break attachment with the deceased and in doing so, to reach a stage of resolution where grief ceases.

These parents felt pressure to resolve their grief in this manner, but they neither wished to break the bond with their child, nor did they see this as necessary. Although the death of their child had broken the physical bond, the emotional connection remained intact. Parents did not see that not 'finalising' their grief or their ongoing connection with their child as unusual, morbid, or harmful, as Jim explained.

*Jim*                    *I have this sense that Matt is a benign spirit who kind of has my best interests at heart in various ways without going into detail ... And in a very curious way it is a very benign 'living with' too, you know I don't think apart from as I say, I pray for him every day, I don't feel like it is an obsession or anything like that, there doesn't seem anything wrong with it.*  
*[Matt, 17, son, 17 yrs]*

Parents gave themselves permission to continue their connection with their child. Paradoxically, they also felt both compelled and restricted by themselves and the community from talking about their suicide-deceased young adult son or daughter, as explored earlier. While rituals provided space for remembering their child, such an activity remained personal and private. As discussed in Chapter 6, parents felt unable to talk publicly about their child's death or the ongoing emotions that their death created. For parents, this ongoing place for their child within their hearts and minds was universally important, but not as current grief models might suggest, a pathological, unresolved grief response. Parents continued a connection with their child and typically parents moved from actively grieving their child to

actively *remembering* their child. However some remain grief stricken. The following section explores this transition.

### *Transition from before to after*

A traditional understanding of the finalisation of grief is not appropriate for these parents, where a transition from grieving their child to remembering is typically made. This does not include detachment from the child as previously theorised (Kubler-Ross 1969), rather an ongoing and dynamic relationship exists with the child. Through an intrinsic desire to keep the child alive and the use of ritual these parents were able to make a space for their deceased child to be an important part of the ongoing life of the parent.

Immediately after the death, regardless of preparedness for the event, parents were left in a life 'turned upside down' by their child's suicide. All the parents in this study reflected on a time where they were in a state of total disorientation immediately following their child's death. Gayle, whose daughter Jena died only six months prior to our interview, was not surprisingly still grieving the physical absence of her daughter. During the interview, when Gayle was able to express her feelings, she often referred to trying to make sense of Jena's death and how her death fitted into her beliefs and view of the world.

Gayle

*I was watching The Bill the other night and there was a guy on it, he was experimenting with drugs and it went horribly wrong and he had complications and died and it was sort of a realisation for me that Jena was a risk taker too and it could have happened that way too. That was a good thing for me to see ... For me a lot of things that I felt were important in life, perhaps I obsessed over lots of things in the past and a lot of things that I felt were important are not really important. I think death of a child sort of changes your view a lot. I just um, I just, well at the moment, it's just trying to get through each day, that's hard for me. But Hal is able to cope more, better, but as we've said talking to other mums, they are the ones that take it harder ... I am sort of emotional and I take things to heart a lot, where Hal can cope with things, be able to sort of brush them aside but he can cope with emotional issues a lot better.*

*[Jena, 31, daughter, ½ yr]*

As can be seen from these words, Gayle is trying to develop an understanding of how Jena's death fits into her life. Clearly, the importance of discerning 'why' in order to create a coherent narrative appears to play an important role in the transition from grieving to remembering. Those parents who have had difficulty determining 'why', as discussed in the previous chapter, appear to experience protracted grieving for their child, demonstrated here in Julia's dialogue:

Julia

*Maybe talking to you might help, because I never really talk to anybody other than family. It is terrible to lose a child. I mean it is terrible to lose anyone, I loved my parents, but, my marriage broke up, but it is devastating to lose your child. I think I would commit suicide if I lost another child. I couldn't handle it. It hurts so much, you do your best for them, oh, and you don't get to say goodbye. If he were sick, I mean I wouldn't have cared what he had, when I say I treated all my children the same, him and I were different, we had this eye-to-eye contact, you know. I don't have that with the others. Only because he was cheeky, he*

*was a lovable rogue, then he could be a bastard too. Just so sad, makes you feel miserable, I hate crying, I hate being sad all the time. I can't understand why he would do this, I mean he must, he was sensitive to, so he must have known how devastated we would be. That makes him selfish to me.*

*[Luke, 26, son, 6 yrs]*

Over time most parents moved from a state of trauma brought on by their child's death to a new state, which is different from before their child's death, where parents were no longer grieving. In this new state their child sits comfortably with them in *active remembering* where the child is very much part of the parents' life. An example of how this process is undertaken can be seen in Kate's description of her inner representation of Sallie, which she views as a sacred place inside her.

*Kate*            *I am just grateful that I have been able to get up again, but get up with an arm missing and I am constantly thinking of her ... And it is a pleasure, I love to think about her ... It is like where you have a cenotaph and the little light flickering eternally, it's like I have got that burning inside me all the time, a little Sallie Light that's always going to be there and it is precious and don't touch it. It is my hallowed spot and I want to have it there and it is never going to go out, so I carry that little light everywhere, that little Sallie Light.*

*[Sallie, 28, daughter, 2 yrs]*

This extract from Paige's interview tells us how, on one level she knows that Adam is dead, but on another he continues to be active in her life.

*Paige*            *You know it's about a person that's gone, but they're still really there with you, around you watching you and everything, just watching it and listening to it and little things like that, they*

*help.*  
*[Adam, 28, son, 8 yrs]*

In a similar vein to Paige, Christine tells of how she views Rupert as a guide for her throughout the remainder of her life.

*Christine*      *So I guess the biggest thing that I am dealing with at the moment is not necessarily Rupert's suicide, because I've got the feeling that Rupert is with me and he is helping and he will be with me until I can actually figure out the alpha state, until I can be receptive, then I know that I will be guided through my life, my life has purpose for the next 50 years.*  
*[Rupert, 19 ½, son, 2 ½ yrs ago]*

Kate describes how she loves to spend time indulging in Sallie, a very positive and deliberate experience for her.

*Kate*            *Not to the point of morbidity now, I flip through the photos and I have a tape of all her favourite songs – and I love to indulge in Sallie! And that is an interesting thing, a little bit of the reason that I go to that support group, if I am going to be totally honest, is that it is time out to be talking about Sallie and maybe that's even why, I would have a dual reason for speaking with you today. It gives me time to speak about Sallie and it is ok and I can help you in your research, that's definitely a factor, but yeah, I love to talk about her, I love to hear her songs and look at her books ... But I don't get morbid from it and maybe because I can say: 'Well she is in a better place' but the symbolism is important to me.*  
*[Sallie, 28, daughter, 2 yrs]*

These short narratives provide examples of how parents are able to develop a positive sense of where their daughter or son fits into their life in an

ongoing and dynamic manner. While sorrowful that they are no longer alive, these parents are able to find joy in remembering their child.

### *Grieving to remember*

All the parents interviewed for this project described a time during which they developed a coherent description of the events and why they occurred, as discussed in the previous chapter. This time can be described as liminal, or between what came before and what comes after. Early last century van Gennep (1908/1960) wrote of classes of ritual that identified transitions from one state to another- in this instance, from when the child was alive to understanding why the child is dead. Between these states there is said to be a liminal period where neither the before state, nor the after state are fully embraced. Turner (1967:94) further developed this concept of liminal space, defining it as where the inhabitants of this space are 'betwixt and between' their normal social roles. It is during this time that parents were actively grieving and developing ways to carry on without them. For the majority of parents this state was a transitional period, where after some time (without a prescribed timeframe), the parent moved from a state of intense grief to a state of actively remembering their child in a multitude of ways.

During the initial period immediately following their child's death, parents developed memorials as a space where they could actively remember their

child, despite feeling silenced. These memorials are enduring and were a positive experience for these parents encouraging the ongoing bond that the parent felt with the child. Overwhelmingly, parents spoke of an ongoing connection with their child, regardless of the pressure they felt to sever this relationship, suggesting that this process:

is a transformation from what had been a relationship operating on several levels of actual, symbolic, internalized, and imagined relatedness to one which the actual ('living and breathing') relationship has been lost, but the other forms remain or may even develop in more elaborate forms. (Shuchter & Zisook 1993:34)

Such ongoing bonds may serve various purposes at different times during grief. In reinterpreting grief frameworks, Walter (1996:13) suggests that initially these ongoing bonds 'serve the positive function of helping the bereaved to clarify thoughts, deal with unfinished business and emergent relationships, and prepare for the future'. Later, this inner representation of the deceased serves any number of purposes depending on the individual, their family and the social setting.

Over time the relationship between the bereaved and the deceased appears to take on different meanings, and while it is problematic to attempt to delineate markers during grief (Shuchter & Zisook 1993), time does appear to influence the way in which these ongoing bonds are viewed:



[the] emotional pain caused by loss suffered does not move toward forgetfulness. It moves, rather, in the direction of enriched remembrances; the memory becomes an integral part of the mourners personality. (De Vries, Dalla Lana & Flack 1994:53)

Thus far a continuation of a bond with the deceased has been presented in this thesis as a natural part of the parental grieving process. It is timely to acknowledge that for some a continued absorption with the child may be problematic. Pathological identification with the deceased may reflect maladaptive coping skills in other parts of the bereaved person's life (Bonanno & Field 2001). Caution must be noted with the shift away from pathologising many instances of grief. As Stroebe (2001:859) claims grief 'involves psychological disturbance for a majority and mental disorder for a minority of bereaved people'.

Typically, these parents accept that their child is gone, although they may not accept why their child chose to suicide, yet they maintain a relationship with the child after the death, which can be interpreted as a positive and healthy part of their journey through life without the child. The older stage-based paradigms continue to inform public policy and to dominate Western professional and lay expectations of bereavement (McCabe 2003). This narrow understanding influences parents' experiences of the suicide death of a young adult son or daughter and the ways that they talk publicly about the

inner representation of their child. This pressure to 'resolve' grief limits opportunities for remembering the child and involving others.

These findings add support for an emerging grief framework that acknowledges an ongoing connection between the parent and the deceased child. Prior frameworks that encouraged a finalisation of the grief were actively avoided, even though the pressure to do so was overwhelming in social settings.

### **Rethinking the stages framework**

In Chapter 3 the relevance of previous grief models was called into question, and a newer model that acknowledges the continuation of bonds between the bereaved person and the deceased was presented. These parents' experiences add support for models of grief that incorporate the ongoing nature of a relationship that existed in life, continuing after one party has died. Authors such as Stroebe and her colleagues (1992) emphasise the need for a newer model that integrates all previous knowledge of grief and bereavement into a fuller representation of what actually happens when a loved one dies. While the traditional grief trajectory is useful in understanding where parents view themselves to be with their grief, the traditional sense of the grief journey (with a beginning and end), has limited

use without incorporating this broader interpretation. While in the past some acknowledgement of the importance of this facet of grief has been identified, McCabe suggests:

stage theories tend to ignore or downplay the significance of relationship in constructing a sense of self and reality and do not give adequate credence to an internal world of the bereaved where the deceased may continue to 'live'. (McCabe 2003:5)

As a consequence, those who do talk about a continuation of a bond may be labelled as experiencing abnormal or pathological grief. This kind of talk was seen as a non-acceptance or denial of death. Such a model does not fit with the experiences reported by this group of parents and others detailed in the recent bereavement literature (Klass 2000; McCabe 2003). As McCabe (2003:4) suggests, previous models are problematic in that they generally fail to accurately represent the experience of the bereaved by not acknowledging the ongoing nature of the relationship, as is the case in the current work.

In opposition to the stages model of grief, an understanding that a bereaved person does not relinquish their ties with the deceased is necessary to more fully appreciate the grief process. This idea of maintaining or re-establishing bonds with a deceased loved one is not new, yet remarkably absent from the better known grief models:

As we examine the history, we find that phenomena indicating that survivors do maintain bonds with the deceased have been

rediscovered many times, but each time the insight fails to be passed on and incorporated into the next generation of research and theory. (Silverman & Klass 1996:7)

Recently, many researchers have begun to recognise and acknowledge a continuation of the bond that was shared in life and continues after death. Such an idea appears to be gaining support from wider academic and specialist communities. Certainly the idea of a 'one size fits all' approach to grieving is over (Neimeyer 2001). The data collected from bereaved parents in this research adds further support for the continuing and ongoing bonds that people maintain with the deceased.

## **Summary**

In the previous chapters I suggest that the parents involved in this research have found themselves silenced and isolated by their child's suicide death. The parents' preparedness for their young adult child's death helped them to develop a narrative to explain why their son or daughter suicided. In doing this, parents needed to talk with those who knew their son or daughter to help them develop a clear picture, answering why. During this period parents also developed a continuing representation of the child that stayed with the parent into the future, primarily through the use of rituals. The importance of this continuing bond has had limited acknowledgement in the grief and bereavement literature. The following chapter examines how these

insights might better help us respond to parents bereaved through the suicide death of a young adult child, with the primary message being *these parents are grieving to remember, not to forget.*