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ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/cmrt20>

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To cite this article: Colleen Carlon (2020): Making meaning of being bereaved by suicide: an everyday experience, *Mortality*, DOI: [10.1080/13576275.2020.1823353](https://doi.org/10.1080/13576275.2020.1823353)

To link to this article: <https://doi.org/10.1080/13576275.2020.1823353>



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Published online: 21 Sep 2020.



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ABSTRACT

This autoethnography explores the experience of societal meanings of suicide from the perspective of people bereaved by suicide. The research focuses on three autoethnographic stories of everyday experiences in which personal meaning making and societal meanings of suicide intersect in contemporary Australian settings. Personal perspectives are positioned alongside broader discussions of suicide taboo to consider the implications for agency and meaning making. Key differences between conventional notions of stigma and structural stigma, and ways in which suicide taboo influences meaning making for people bereaved by suicide are explored. The paper proposes a recasting of action previously framed as internalised stigma as proactive self-preservation by people bereaved by suicide. It concludes by arguing that building capacity to see the societal taboos of suicide creates opportunities for strengthening agency in personal narratives of bereavement by suicide.

KEYWORDS

Suicide; bereavement; grief; taboo; agency; meaning making

Introduction

We talk about suicide bombers all the time. I had never consciously made the connection between suicide bombers and suicide. It's as if suicide bomber is one word not two. It is an act of terror. Suicide bombers are completely removed from my personal experience of loving someone who ended his life.
... aren't they?

The term *people bereaved by suicide* is used to refer to 'any person greatly saddened by the suicide death of a loved one' (Sather, 2015, p. 68). The number of people directly impacted by suicide may be as high as '1 in 5 during their lifetime' (Andriessen et al., 2017, p. 118). The difficulties of the experience are consistently reported as a high risk of complicated grief and associated poor health outcomes, characterised by silence, isolation, shame, blame, guilt, shock, anger and stigma (for example, Pitman et al., 2018; Shields et al., 2017). Meaning making, the process by which people make sense of events and experiences, is central to ameliorating these risks (Pritchard & Buckle, 2017, p. 1). Current research in the area of meaning making for people bereaved by suicide is focussed on social interactions. The influence of societal meanings on the processes of meaning making for people bereaved by suicide goes largely unnoticed. The research reported in this paper uses

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autoethnography to explore my own experience, as someone bereaved by suicide, of encountering societal meanings of suicide in contemporary Australian settings.

Three narratives of everyday experiences in which my own meaning making collides with societal meanings of suicide are explored through a conceptual framework of structural stigma and taboo. The three narratives combine to portray a process of being able to see and intentionally safeguard myself from the broader cultural meanings of suicide. My own personal experiences are located within empirical and theoretical knowledge of the field to argue general propositions. It is important to acknowledge my experiences are particular and reflect my position of social and cultural privilege, outlined in more detail below, thus the stories presented are self-narratives, as distinct from narratives of suicide bereavement. The opening vignette, an extract from the third narrative, portrays my awakening realisation of the connection between my experience and the sensationalised framing of suicide as mass-murder and terror. The extract is an example of the way societal meanings of suicide push against personal processes of meaning making after suicide loss.

Autoethnography takes a social constructionist approach to knowledge and is underpinned by assumptions that meaning is built through language, conceptual landscapes and the and historical contexts of place and time (Neimeyer et al., 2014). Such an approach acknowledges that meaning making is situated in the 'prevailing negative discourses' of suicide (Sands & Tennant, 2010, p. 102) and occurs under the 'watchful eyes' of a 'society [that] polices bereavement' (Neimeyer et al., 2014, p. 493).

The purpose of this research is to explore the influence of societal meanings in my own-lived experience of meaning making of being bereaved by suicide in contemporary Australian settings. The objectives are threefold;

- to situate the experience of being bereaved by suicide in societal contexts,
- to frame societal meanings of suicide as structural,
- to explore the agency-structure tension in meaning making.

The following section situates the experience of being bereaved by suicide and begins to explore the idea of the *societal meanings of suicide*.

Situating the experience of being bereaved by suicide

Meaning making is essentially a social process that occurs in context and relies on communication, interaction and relationship (Pritchard & Buckle, 2017, p. 1). Current research of the experience of being bereaved by suicide focuses strongly on social settings and human level relationships and interactions (Shields et al., 2017). People consistently report a lack of 'social conventions or rules for discussing suicide' (Maple et al., 2010, p. 247). They describe their social interactions as 'awkward' from 'both sides' (Shields et al., 2017, p. 445). People bereaved by suicide learn to evaluate the capacity of others to cope with their story (Maple et al., 2010) and are frequently asked to provide explanations for suicide (Sands & Tennant, 2010; Sather, 2015). All of which are conditions that can inhibit the communications, interactions and relationships central to meaning making, leaving people bereaved by suicide silenced and unable to speak about their loved one and the cause of death (Shields et al., 2017). Meaning making in suicide grief

parallels other grief experiences, particularly sudden and traumatic death, with the added dimension of the societal meanings of suicide.

Suicide, 'is a broad generic term' (Tatz, 2017, p. 546) which came into use in the seventeenth century (Van Hooff, 1990). Prior to the adoption of the single term the actions of people ending their life were described in a range of ways which reflected the particular and contextualised circumstances of their action. For example, there were 300 Greek and Latin terms which previously described suicide (Van Hooff, 1990, pp. 243–250). In contemporary discussions the single term suicide underpins suicidology and a positivist approach to the scientific research of suicide and suicide prevention. 'Standardised definitions' of suicide are central to systematically identifying the cause of death and as such accounting for the suicide rate (De Leo, 2015, p. 2). The single term supports this task and is foundational to approaching suicide as a public health issue. The World Health Organization (2014) defines suicide as, 'the act of deliberately killing oneself' (p. 12). Definitions serve the purpose of placing boundaries around a phenomenon making it amenable to scientific research. While such a definition underpins the framing of suicide as a public health issue, the assumption of intention positions suicide as a 'highly individual and private act' (Jaworski, 2010, p. 51).

The ambiguity that rests within a public health approach to suicide, which positions intention at the individual level reflects the sociological tension between agency and structure, where agency refers to the capacity of the individual to act deliberately, and structure to the societal conditions that may encourage and/or constrain the same action. Byng et al. (2015), in exploring suicide for young men in the justice system argue that, 'while agency is a property of the individual, it is likely to be influenced by, even if not defined by, environmental and social structure' (p. 938). The focus of the agency structure tension in my research is central to the role of meaning making in the lived experience of being bereaved by suicide such that people have agency in personal processes of making meaning, yet such agency is positioned within the context of broader societal meanings of suicide.

While standardised definitions of suicide are central to the realist epistemologies of suicidology this research draws on a social constructionist perspective, whereby 'suicide does not have a stable, true meaning, but instead a meaning produced by humans in culture' (Richardson, 2015, p. 427). This is the meaning I invoke when referring to the societal meanings of suicide. I will use the terminology of *cultural meanings of suicide* as I explore this idea further. Cultural meanings of suicide unconstrained by definitions and realist knowledge are 'neither neutral nor without connotations' (Richardson, 2015, p. 427) but rather encapsulate a 'manifold of meaning' (Hacking, 2008, p. 3) accumulated across place and time. Hence, meaning making processes for people bereaved by suicide are situated within a broader context of cultural meanings of suicide.

Rishel (2016) characterises being bereaved by suicide as 'living the word every day' (p. 42), because meanings in the societal context shape individual experience. Suicide is a 'sinister and sibilant' word 'fraught with faith, fear, folklore, demonology, dogma, dread, mystery, secrecy, speculation, and tradition' (Tatz, 2017, p. 543). Isaac (2007) points to the way people 'face the inherent contradictions that exist in society [around suicide]: a mixture of sympathy and disgust, spectacle and removal' (p. 1209). A person bereaved by suicide tells of people being 'afraid of me', 'they were afraid of the subject. . . . And I just embodied it at the time' (Chapple et al., 2015, p. 617). While we know much about the

experience of being bereaved by suicide very little research is focused on the situated experience of cultural meanings. In this paper, three autoethnographic stories of everyday experiences each tell of an instance in which my meaning making is confronted by cultural meanings of suicide. On one occasion, the cultural meanings of suicide were plonked, like a roadblock, between my office and my workplace staff room. On the other two occasions they plummeted into my kitchen through my radio. The opening vignette, for example, in which I ponder the relationships between suicide, mass murder and terror thwacked into my kitchen by way of the morning news. My research focuses on my experience, as someone bereaved by suicide, of the broad cultural meanings of suicide. It looks away from human level interactions to explore the experience of being bereaved by suicide within the broader social, cultural, political and historical milieu (Sather & Newman, 2016, p. 117). Meaning making by its very name assumes agency yet it occurs within the context of, and is influenced and constrained by, broad cultural meanings of suicide (Neimeyer et al., 2014). The agency-structure tension in meaning making tips towards structure when people bereaved by the suicide death of their father are caught, for example, between 'two social metanarratives' one of 'strong fatherhood' and one of 'stigmatising suicide' (Ziółkowska & Galasiński, 2017, p. 161). Continuing bonds with their father requires that they distance him from suicide (Ziółkowska & Galasiński, 2017). As such, meaning making relies on denial, or at least suppression, of the cause of death. Alternatively, the balance tips towards agency, when an online community for people bereaved by suicide, take cultural meanings of suicide encountered by participants, such as 'suicide is a selfish act', and deliberately pose a counter narrative of 'the failing society' (Hagstrom, 2017, p. 785). The reframing of suicide, facilitated by the website moderators, demonstrates an intentional process which interrupts broad cultural meanings and restores agency.

Stigma or taboo

This section explores the usefulness of stigma and taboo as ways of talking about the cultural meanings of suicide. It is well established that 'stigmatising attitudes towards suicide' have a flow on effect for people bereaved by suicide, not least of which is the 'reciprocal relationship' between stigma and suicide risk (Carpiniello & Pinna, 2017, p. 2). 'Conventional' notions of stigma (Stuart, 2016, p. 6), locate the problem in the beliefs, attitudes and behaviours of individuals both in the context of social interactions, such as public stigma, and with the internalising of such beliefs as with self-stigma (Sheehan et al., 2018, pp. 332–333). A third mechanism, identified as structural stigma refers to 'societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of the stigmatized' (Hatzenbuehler & Link, 2014, p. 2). An example of structural stigma for suicide is the practice of insurance companies withholding access to policies for people assessed at risk of suicide (Carpiniello & Pinna, 2017, p. 4). In exploring cultural meanings of suicide, the focus of my research aligns with structural stigma as distinct from public stigma or self-stigma. The traditional focus on measurement in stigma research relies on 'subjective' accounts of experience, which are particularly challenged by the 'objective' nature of structural stigma (Hatzenbuehler, 2018, p. 107). While structural stigma is not conceptualised

as objective from a social constructionist perspective the notion does encapsulate the societal scope of cultural meanings.

The term taboo 'can be defined as something necessarily differentiated or excluded from an ordinary life to prevent undesirable phenomena from happening with awe-inspiring invisible power' (Colclough, 2017, p. 585). Social practices subject to taboo may be censured formally through legislation or the informal yet ubiquitous processes of cultural norms, through silencing, cultural distancing and a prohibition on 'interaction' between the broader community, the society, and the social practice, the person or word that is taboo (Allan, 2019, p. 1). Prohibition is secondary to the 'emotion inspired by the thought' of societal taboos (Imber, 2014, p. viii). As such taboos are forbidden, silenced and suggest dangerousness and toxicity. Taboos are indicative of 'the structure of the culture' (Farberow, 2014, p. 4). A recognition of the structural characteristic of cultural meanings of suicide is central to applying the idea of taboo in this research. I use the terminology of *structural meanings of suicide* going forward.

Recent research of the experience of being bereaved by suicide argues taboo is evidenced in the language and metaphors of suicide grief (Overvad & Wagoner, 2020) and is a key disruptor of social relations, which likely inhibits support, for young people bereaved by suicide (Azorina et al., 2019). Chapple et al. (2015) explored the influence of 'death taboo', on meaning making for people bereaved by 'sudden traumatic death' (p. 611) and found that people bereaved by sudden death framed as 'public issues' (p. 622), such as 'a railway disaster or terrorist attack' (p. 615), escape the full burden of taboo; whereas people bereaved by sudden death framed as 'private troubles' (p. 622), the more common experience for suicide, do not. Research focused on self-stigma and public stigma for people bereaved by sudden death from natural and unnatural causes, including suicide, notes a 'degree of taboo in relation to all forms of sudden death' with the 'negativity and social awkwardness encountered by those bereaved by suicide ... as particularly acute' (Pitman et al., 2018, p. 125). Finally, taboos are known to have both positive and negative effects and in relation to suicide both are evident: people bereaved by suicide may be subject to silencing and cultural distancing yet the prohibition of suicide, a societal understanding that underpins prevention efforts, augurs positive effects. Hence efforts to free suicide of taboo, unlike some other taboo topics, such as death from other causes (Tradii & Robert, 2019), are particularly ambivalent; especially so, for people bereaved by suicide.

The research cited above indicates that notions of stigma and taboo can be used interchangeably. Seeking to clarify the difference between the two, Chapple et al. (2015), argue 'taboos operate at a societal level, while stigma and shame are experienced both individually and collectively' (p. 622). While this statement fails to account for structural stigma it nonetheless informs an understanding of the distinction between structural stigma and taboo. Structural stigma is underpinned by a considerable knowledge base in the conceptualisation and measurement of different forms of stigma and focuses on tangible structures such as institutional policies (Hatzenbuehler, 2018), whereas taboo is used in research to evoke more elusive, permeating and fluid notions of structural meaning. The strong focus on measuring and operationalising the different mechanisms of stigma draw attention away from the subtle processes through which the structural meanings of suicide pervade experience. The opening vignette, for example, articulates the connection between suicide and mass murder and terror that rests within the broad

cultural context. While suicide is no longer itself a crime, such associations tether suicide to crime and terror and provide a clear example of the structural meanings of suicide. Notions of stigma, even structural, are too restrictive to account for the experience of being bereaved by suicide in a societal context in which the word suicide ranges from technical term to malevolent construct. Taboo better explains the experience and is key to describing the structural nature of the meanings of suicide explored in this research.

Methods

Autoethnography uses the tacit or experiential knowledge of the researcher as a source of data. Autoethnographies of being bereaved by suicide commonly focus on the experience of living with someone before they end their life, their death, the process of making sense of their death and rebuilding life without them (Rishel, 2016). The focus of such autoethnographies is evocative emphasising the story as the central product of the research (Ellis et al., 2011). In contrast, I frame my research as analytic autoethnography (Anderson, 2006) an approach which positions the stories of lived experience within the cultural context and emphasises constructed and situated knowledges of bereavement (Brennan & Letherby, 2017). An analytic approach to autoethnography positions experiences within the current knowledge of suicide and broader societal contexts. The stories focus on specific experiences of the structural meanings of suicide (Brennan & Letherby, 2017) and, as such, seek to contribute to social constructionist understandings of the experience of being bereaved by suicide.

The connection between the personal and societal that rests at the heart of analytic autoethnography demands that I indicate some aspects of self. I am white, straight and female. I am fifth generation Australian with Catholic Irish heritage. I grew up in a working class context as my mother worked at home and my father did manual work and operated machinery. The reality was more complex in that as the child of practising Catholics I attended private schools. My parents also worked the family farm producing beef and wool in the early years of my life. Access to free tertiary education in Australia in the 1970s places me now in the middle class through professional roles in the education and social service sectors. As is common in the Australian context, I have varying experiences of gender inequality although it is safe to say that for the most part my whiteness and education have protected me from discrimination and prejudice both at the personal and systemic level. The research presented in this paper is influenced by my own social and cultural position of privilege.

My professional work is interdisciplinary. My central interest is sociological perspectives on issues of social justice, and I have moved between education and human service work, developing skills and experience in community development. I completed my PhD in 2016 in the field of community development using case study methodology. My interest in researching the experience of being bereaved by suicide emerged from this work and was driven by a strong personal need to push back on the public discourses of suicide and suicide prevention. I was well versed in public health approaches to prevention, although suicide prevention was never the central focus of my work. At the time of the first story I was particularly blinkered to the extent of suicide stigma in contemporary Australian contexts. While I have not experienced extreme stigma such as being overtly shunned, other people's reactions to my being bereaved by suicide have

consistently startled and unsettled me and are indicative of 'more subtle forms of isolation and shunning' (Hanschmidt et al., 2016, p. 2). I have experienced enough of people's shock, horror and silence to make me wary and cautious about what I reveal and my personal and professional identity combine to make me question the need to do so.

While autoethnography is focused on my experience of being bereaved by suicide I want to acknowledge I am not the only person affected by the death of my late partner. Central to the ethics of this research is a focus on my own experiences of the structural meanings of suicide. My experiences of one-on-one social interactions are not included. The focus on structural meanings promoted in the public domain serves to sequester my exploration of the experience of being bereaved by suicide from that of my family, friends, colleagues and others. This autoethnography has been approved by the Human Research Ethics Committee of the university where I am employed.

Three everyday stories

The three stories that follow portray instances of my own meaning making of the experience of being bereaved by suicide. The demands of the ethics committee set the stage for undertaking a process of interviewing myself, of moving between the role of participant and researcher to bring my lived experience as someone bereaved by suicide to the page. Wall (2008) argues there are clear parallels between people's memories recorded by a researcher and the researcher's memories recorded as data. My self-narratives are confronted in these stories of everyday events by the structural meanings of suicide. It is important to reiterate that the experience of being bereaved by suicide is not universal and the ways in which I respond to and conceptualise the public meanings of suicide portrayed in these stories will not necessarily be the same for other people bereaved by suicide.

Media reporting – if this report raises concerns ...

This story happened in the same year that my partner ended his life, 2011, the same year the Australian guidelines for media reporting of suicide were updated (Australia Press Council, 2011). On this occasion I was listening to Radio National, a nationwide AM radio station of the Australian Broadcasting Corporation (ABC), a publicly funded multimedia network in Australia. The news is reported every half hour.

I was eating breakfast, drinking tea, the radio was on the table, I wasn't paying much attention really, just background noise. The lead story caught my breath. I was hurled to the depths of grief. Cricket commentator, Peter Roebuck, has died in Cape Town. I did not know Peter Roebuck personally, yet cricket is a national sport in Australia and his voice was to me a sound of summer. The cricket had been on in Cape Town. I had been listening to the commentary. I knew he was alive and well only the day before. Shock and loss. I shouted at the radio, 'What happened?'. Suspected heart attack? Stroke? Anger. What happened? No cause of death. No suspected cause of death. No apparent cause of death.

Silence

If this report raises concerns for you call Lifeline on 13 11 14.

My rage subsided. The cause of death was suicide. If the newsroom knew, or it was suspected, he had ended his life, why didn't they just say that. My anger dissipated – I was confused. I was seeing something that I had not been able to see before, an understanding I could not quite grasp. I was left with the experience, shock, loss, anger, confusion and also a sense there was an understanding. Something that could help me, that was just out of reach.

As a researcher I now know the particular report described in the narrative was in line with the guidelines which state that journalists need to 'ensure the death is not reported as suicide until confirmed by official sources' (Everymind, 2014, p. 8). The media guidelines were followed as there remains to this day a question over the cause of death. 'Peter Roebuck died in contentious circumstances officially recorded as suicide' (Shah et al., 2016, p. 295). Further media reporting that followed this breaking news breached media guidelines in a number of ways, most particularly by reporting the means of death (Metherell, 2011). Zion (2012, p. 22) cites the reporting of the death of Peter Roebuck and the public debate of suicide reporting at the time as an example of confusion surrounding the implementation of media guidelines.

I heard this news report within weeks of the death of my late partner and the story clearly demonstrates the 'increased awareness' (Skehan et al., 2013, p. 232), heightened vulnerability and risk of 're-traumatisation' (p. 234) from media reporting of suicide for people bereaved by suicide. At the time I was just beginning to fathom people's unease around suicide was by extension an unease around me. The silence angered me. The process of making sense of my response to the silence, the way in which suicide was both absent and present in the news report, opened a small window to insight. People's unease wasn't just about the death of my partner in particular, it was about suicide in general. Before August 2011 I would have been saddened by the news report, I would have understood the Lifeline message, I would not have noticed the silence.

Structural meaning in media reporting

This first story highlights the societal imperative for silencing suicide. The patterns of media reporting of suicide are determined to some extent by contemporary media guidelines (Everymind, 2014), although historical analysis of media reporting of suicide in the Canadian context tells a longer story. The 1930s are identified as the beginning of a trend in which the cause of death is silenced and euphemisms such as 'no foul play is suspected' appear at the end of media reports (Richardson, 2015, p. 436). Prior to this, print media reports openly identified suicide as the cause of death and frequently led with this point. The practice of reporting the death without actively naming the cause of death gained momentum from the 1950s to become commonplace in the 1970s and 1980s thus enabling reporters to 'allude to suicide without actually saying it' (Richardson, 2015, p. 439). This practice is apparent in the Australian context where 'we limit our public mention to the listing of a Lifeline or Beyondblue hotline number after each news report' (Tatz, 2017, p. 549). Such a cultural norm demonstrates prohibition and silencing

indicative of taboo. Gaining an understanding of the cultural norm of silencing suicide as a cause of death provided me with an insight into the silences I experienced in social settings.

Community prevention – did you not ask?

The second story happened in 2013 around 2 years after the death of my partner. There is a suicide prevention programme in Australia built around a simple question. Are you okay? (R U OK?). Each year communities are encouraged through a nationwide campaign to hold *R U OK? Events* on *R U OK? Day* (Mok et al., 2016). This story happened at my workplace on *R U OK? Day*.

I work at a university and the R U OK? Event was in the middle of campus, between my office and the staff room. Between me and a cup of tea. I literally collided with R U OK? Day. This wasn't my first encounter – previously I had moved away, kept my distance. There was no avoiding it this time. The question challenged me as I walked across campus.

Did you not ask if he was OK?

I was uneasy. I felt shame. I wanted to understand what was happening. I stood my ground. Beyond unease and shame, there was rage and affront. The simple logic, the searing optimism held me accountable. My foot wanted to stamp the ground. My hands wanted to go to hips. This is an affront, STAMP. An affront to everyone who has ever loved someone who ended their life! The rage subsided. My shoulders slumped.

There was something else, inchoate, underneath. Relief maybe.

I was left with the experience unease, shame, rage, affront and a glimpse of something else. I wasn't sure ...

R U OK? Is a very popular programme in Australia it gives people an easy way to take community action around suicide (Maher, 2019). The focus of R U OK? aligns with the agreed safe messaging strategy of encouraging 'help seeking' (Mishara & Dargis, 2019, p. 151). The focus on the 'help-giver' (Maher, 2019, p. 79) positions agency with family and friends. Maher (2019) argues that such a positioning broadens the scope of supports beyond medical services. This proactive realignment may, in this instance, be particularly ambiguous and oblique for people bereaved by suicide.

The story mentions an earlier encounter with R U OK? in which the eruption of shame and anger led me to retreat from the scene; a response that could be interpreted as being silenced or experiencing social isolation, both strong themes consistently reported by people bereaved by suicide (Shields et al., 2017), and action indicative of self-stigma (Sheehan et al., 2018, p. 343). Before August 2011 R U OK? was to me a community awareness campaign, something I would actively support on campus. After August 2011, R U OK? became for me fraught with ambiguity.

Structural meaning – community prevention

This second story demonstrates the precarious position of people bereaved by suicide within the contradictions of the positive and negative effects of suicide taboo. The simple question that sits at the heart of R U OK?, encapsulates the optimism of suicide prevention

(Tatz, 2017). The prevention message seeks to support and encourage ‘help givers’ (Maher, 2019, p. 79), yet doing so has implications for people bereaved by suicide. My portrayal of the experience as one of shame and blame, contrasts with positive reports of participation in such campaigns (Kearns et al., 2017). R U OK? aligns with safe messaging guidelines to ‘encourage help seeking’ (Mishara & Dargis, 2019, p. 130) and contravenes guidelines to avoid ‘simplistic explanations’ of suicide (Mishara & Dargis, 2019, p. 150). Media reporting of suicide, from the Scottish context, identified a strong societal preference for simplistic explanations. The research characterised suicide reporting as a type of ‘why dunnit’ mystery to be solved (Coyle & MacWhannell, 2002, p. 705). Storylines of deviancy, dysfunction, mystery and moral failings of the person who died and their family and friends, provided satisfactory explanations for suicide. While the absence of private failings rendered suicide mysterious (Coyle & MacWhannell, 2002).

The conceptualisation of intention in suicide drives the need for explanations (Sands & Tennant, 2010) and frames suicide as a private trouble (Jaworski, 2010; Marsh, 2016). The structural preference for privatised easy explanations for suicide demonstrates the precarious position of people bereaved by suicide within the positive and negative effects of suicide taboo. These insights illustrate the societal imperative for positioning people bereaved by suicide as being able to offer explanations for suicide (Sather, 2015) and account for the questioning, bewilderment and confusion I have experienced in social settings. Experiences of shame and blame, framed as self-stigma, indicate ‘cognitive-behavioral’ intervention ‘to challenge and replace these thoughts with those that might be more adaptive’ (Sheehan et al., 2018, p. 343). An alternative framing of shame and blame, as an experience of suicide taboo, positions the problem with the suicide prevention messaging as distinct from the person bereaved by suicide.

One word – it’s not just me

This third and final story happened in March 2016 some four and half years into the experience. A Germanwings plane had crashed into a mountain killing 150 people in March 2015 (Soubrier, 2016). There was a lot of news coverage, a lot of speculation about the cause of the crash.

I was in my kitchen again, different kitchen, same routine, minding my own business, eating breakfast, drinking tea, listening to the world through my radio. The Germanwings investigation had a finding. The accident was caused by ...

Suicide.

My tea went everywhere. I was incredulous 150 people were killed. Surely if the plane was deliberately flown into the mountain this was mass murder. Mass murder reported as suicide. The familiar emotions roll through. Not so much rage more outrage, dissipating to confusion, opening up this time to understanding.

Mass murder. Suicide. We talk about suicide bombers all the time. I had never consciously made the connection between suicide bombers and suicide. It’s as if suicide bomber is one word, not two. It is an act of terror. Suicide bombers are completely removed from my personal experience of loving someone who ended his life.

... aren’t they?

Hearing the Germanwings report, that 150 people died from suicide, even though it was not reported as an act of terror, hearing mass murder reported as suicide brought into focus the associations of suicide with crime and terror. Suicide was not silent in this news report. I understood now why people were terrified when they found out my partner ended his life.

The extreme danger and criminality of suicide were carried in this report of mass murder. It was in hearing this report that I realised the association of suicide with murder and terror. This realisation was so surprising to me that I really questioned why I had not noticed this connection previously. I was not associating murder or terror with the death of my partner yet strong associations with these actions come with the word, suicide. My understanding in this moment reflects the sentiment articulated when recognition of the structural nature of meaning is empowering because it relieves the individual of the full burden of the experience – it's 'not just me' (Bergmans et al., 2016, p. 145). The story pinpoints my epiphany of the structural nature of the meanings of suicide. The inchoate feelings of earlier experiences gave way to a panorama of meaning. The silences, the need for explanations, the fear were all expressions of suicide taboo.

It is important to note that Prosecutor Brice Robin, in later reports refused to describe the cause as suicide. 'People who commit [*sic*] suicide usually do so alone ... when we have the lives of 150 passengers involved, I can't call this a suicide' (Australian Broadcasting Company [ABC], 2015). The public discussion around mandatory reporting and employability for pilots suffering from depression in the wake of the Germanwings crash are identified by researchers as an instance of mental health 'structural stigma' (Von Dem Knesebeck et al., 2015, p. 264).

Structural meaning – one word

The final story, including the opening vignette, emphasises the accepted associations of suicide with mass murder and terror. The societal imperative of the single term, suicide, obscures distinctions between suicide and suicide-murder, mass-murder perpetrated by suicide and suicide bombers. A review of the homicide-suicide literature, homicide being the term more commonly used in the Australian context, shows the demographics of homicide-only and suicide-only are evident in homicide-suicide, hence the association is not unreasonable (McPhedran et al., 2018). It also identifies characteristics particular to homicide-suicide. Yet despite these particularities, homicide-suicide is studied through the prism of suicide or homicide, and the knowledge of these different literatures rarely cross over (McPhedran et al., 2018). The specific example of homicide-suicide, signified by the idea of suicide bombers, emphasises suicide. Fear is a defining feature of terrorism and is central to the public recognition of an act of violence as terrorism (Avdan & Webb, 2019; Huff & Kertzer, 2018). Employing suicide bombers heightens fear 'because of the taboo nature of the act' (Avdan & Webb, 2018, p. 6). These insights stand in stark contrast to the public health notions of suicide and provided me with insight to, and plausible explanations for, other people's reactions to learning of my bereavement by suicide in social settings, which were akin to fear and terror.

Discussion

These stories describe personal, rather than universal, experiences of the structural meanings of suicide in contemporary Australian settings. The following discussion situates these stories in the literature and provides an interpretation of key insights.

Bringing structure into view

The glimpses of structural meanings of suicide portrayed in each story parallel the strong emotional responses I experienced many times through human interaction. To this day I continue to have people react with shock, silence or horror. This type of reaction was common and acute in the first few years. The difference between the incidents portrayed in this research and human interactions is that, in the absence of another person, I was able to explore my own reaction more fully. In social settings I was preoccupied with managing the way 'I had upset ... people with the events of my life' (Turner, 2016, p. 83). Being free of the social obligations of human interaction created space for reflection. As I gained confidence with interpreting these insights to suicide, I started to see my one-on-one interactions with people very differently. I started to see that such interactions occur within broader contexts and are underpinned by structural meanings. What was happening was not just between people it was about how we as a society understand, associate, talk about and silence suicide. I was experiencing suicide taboo, a societal phenomenon, the structure of culture.

The capacity to see structure enables a recasting of 'conventional' (Stuart, 2016, p. 6) notions of self-stigma. If a person bereaved by suicide reduces social contact as a form of self-imposed social isolation, the action may be interpreted as a form of self-stigma. Yet if the action is undertaken in response to experiences of suicide taboo it may be recast as a rational self-protective response to the context in which one finds oneself – a form of agency. Self-stigma implicates the people suffering as central to the reason for their suffering. Yet actions viewed by others as self-stigma may be recast as positive and proactive. My own journey in recasting anger and shame as vital emotions in self-preservation was the growing awareness that enabled me to stand and face the R U OK? event on campus. I held onto the idea that R U OK? is an affront for a very long time. It felt like a lifeline in a sea of subtext in which I was not OK. My sense of something being out of reach in making meaning of the experience was the lifeline. The experience was so deeply personal as to render the sociological perspective out of reach yet my practice in viewing society sociologically lay underneath. The first step is to see the structure of suicide taboo.

The stories opened insight to the structural meanings of suicide including:

- societal imperative for silencing suicide
- positioning of people bereaved by suicide as being able to provide explanations for suicide
- reframing of public health issues as private troubles
- centrality of fear and danger to suicide and
- precarious position of being bereaved by suicide within the positive and negative effects of suicide taboo.

Bringing the structural meanings of suicide into view reduces the potency of stigmatising interactions in social contexts. It is a relief.

Cultivating a sense of detachment

Across the time of the three experiences and the process of undertaking this research my capacity to see structure stabilised and strengthened, which in turn opened up the possibility of cultivating a sense of detachment. This process could be described as moving away from being a 'passive' receptacle of the structural meanings of suicide (Sands & Tennant, 2010, p. 111) to proactively challenging those same meanings. The idea of being a receptacle of structural meaning is exemplified by skulking away in shame from my first encounter with R U OK? and the instance, outlined earlier, whereby people bereaved by the suicide loss of their father distance him from the cause of death in order to maintain continuing bonds (Ziółkowska & Galasiński, 2017). A sense of detachment enables people to distance themselves from the structural meanings of suicide rather than distance themselves from their loved one and the cause of death. Cultivating a sense of detachment enables people to pose counter narratives, such as the example outlined earlier of re-framing suicide in terms of the 'failing society' (Hagstrom, 2017, p. 785), and offer a direct challenge to structural meanings. Rather than perceive oneself and the experience of being bereaved by suicide as the problem a counter narrative of the problematic nature of the structural meanings of suicide is possible. As such being able to see and cultivate a sense of detachment from suicide taboo tips the balance to agency in meaning making in suicide grief.

Limitations

Central to the limitations of this research is recognition that tacit knowledge stems from the individual in context and as such my self-narratives of being bereaved by suicide are just that, self-narratives, as distinct from narratives of suicide bereavement. The research also reflects my social and cultural position of privilege and supports arguments for recognition of cultural diversity and intersectionality when researching the experience of being bereaved by suicide.

Implications

The research in this paper provides everyday examples of ways in which suicide taboos may collide with the meaning making processes for people bereaved by suicide. The three stories offer people bereaved by suicide, and practitioners working with them, models for thinking differently about experiences of social settings and societal contexts. The paper offers ways of thinking about the societal context which challenge current notions of stigma and provides suggestions for recasting feelings of self-stigma as rational and proactive choices. Finally, being able to see and develop a sense of detachment from suicide taboo as a societal force, within which experiences of being bereaved by suicide are navigated, may offer people bereaved by suicide, and practitioners working with them, ways of counteracting the effects of structural meanings of suicide, which may be particularly disruptive to their own meaning making. Thereby strengthening their agency in the construction of personal narratives of bereavement by suicide.

Acknowledgments

I'd like to acknowledge and thank Kathy Boxall, Linda Briskman, David Hodgson, Oscar Dobbs, Bronte Gale, Monica Carlon and two anonymous reviewers for their comments on earlier drafts of this paper.

Disclosure statement

No potential conflict of interest was reported by the author.

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References

- Allan, K. (2019). Taboo words and language: An overview. In K. Allan (Ed.), *The oxford handbook of Taboo words and language* (pp. 1–27). Oxford University Press.
- Anderson, L. (2006). Analytic autoethnography. *Journal of Contemporary Ethnography*, 35(4), 373–395. <https://doi.org/10.1177/0891241605280449>
- Andriessen, K., Rahman, B., Draper, B., Dudley, A., & Mitchell, P. (2017). Prevalence of exposure to suicide: A meta-analysis of population based studies. *Journal of Psychiatric Research*, 88, 113–120. <https://doi.org/10.1016/j.jpsychires.2017.01.017>
- Australia Press Council. (2011). *Specific standards on coverage of suicide*. Australia Press Council. https://www.presscouncil.org.au/uploads/52321/ufiles/SPECIFIC_STANDARDS_SUICIDE_-_July_2014.pdf
- Australian Broadcasting Company [ABC]. (2015, March 27). *Germanwings plane crash: Co-pilot Andreas Lubitz crashed plane deliberately, French prosecutor says*. Australian Broadcasting Company. <http://www.abc.net.au/news/2015-03-26/germanwings-co-pilot-andreas-lubitz-crashed-plane-deliberately/6351854>
- Avdan, N., & Webb, C. (2018). The big, the bad, and the dangerous: Public perceptions and terrorism. *Dynamics of Asymmetric Conflict*, 11(1), 3–25. <https://doi.org/10.1080/17467586.2017.1414276>
- Avdan, N., & Webb, C. (2019). Not in my back yard: Public perceptions and terrorism. *Political Research Quarterly*, 72(1), 90–103. <https://doi.org/10.1177/1065912918776118>
- Azorina, V., Morant, N., Nesse, H., Stevenson, F., Osborn, D., King, M., & Pitman, A. (2019). The perceived impact of suicide bereavement on specific interpersonal relationships: A qualitative study of survey data. *International Journal of Environmental Research and Public Health*, 16(10), 1801. <https://doi.org/10.3390/ijerph16101801>
- Bergmans, Y., Rowe, A., Dineen, M., & Johnson, D. (2016). When despair and hope meet the stigma of “manipulation” and “ambivalence”. In J. White, I. Marsh, M. Kral, & J. Morris (Eds.), *Critical Suicidology* (pp. 133–153). UPC Press.
- Brennan, M., & Letherby, G. (2017). Auto/biographical approaches to researching death and bereavement: Connections, continuums, contrasts. *Mortality*, 22(2), 155–169. <https://doi.org/10.1080/13576275.2017.1291604>

- Byng, R., Howerton, A., Owens, C. V., & Campbell, J. (2015). Pathways to suicide attempts among male offenders: The role of agency. *Sociology of Health & Illness*, 37(6), 936–951. <https://doi.org/10.1111/1467-9566.12259>
- Carpiniello, B., & Pinna, F. (2017). The reciprocal relationship between suicidality and stigma. *Frontiers in Psychiatry*, 8(35), 1–9. <https://doi.org/10.3389/fpsy.2017.00035>
- Chapple, A., Ziebland, S., & Hawton, K. (2015). Taboo and the different death? Perceptions of those bereaved by suicide or other traumatic death. *Sociology of Health & Illness*, 37(4), 610–625. <https://doi.org/10.1111/1467-9566.12224>
- Colclough, Y. Y. (2017). Native American death taboo: Implications for health care providers. *American Journal of Hospice and Palliative Medicine*, 34(6), 584–591. <https://doi.org/10.1177/1049909116638839>
- Coyle, J., & MacWhannell, D. (2002). The importance of 'morality' in the social construction of suicide in Scottish newspapers. *Sociology of Health & Illness*, 24(6), 689–713. <https://doi.org/10.1111/1467-9566.00314>
- De Leo, D. (2015). Can we rely on suicide mortality data? *Crisis*, 36(1), 1–3. <https://doi.org/10.1027/0227-5910/a000315>
- Ellis, C., Adams, T., & Bochner, A. (2011). Autoethnography: An overview. *Historical Social Research*, 36(4), 273–290.
- Everymind. (2014). *Reporting suicide and mental illness: A Mindframe resource for media professionals*. Australian Government Department of Health. <https://s3-ap-southeast-2.amazonaws.com/mindframemedia/assets/src/uploads/Mindframe-for-media-book.pdf>
- Farberow, N. L. (2014). *Taboo Topics*. Routledge. (Original work published 1963).
- Hacking, I. (2008). The suicide weapon. *Critical Inquiry*, 35(1), 1–32. <https://doi.org/10.1086/595626>
- Hagstrom, A. (2017). 'Suicide stigma' renegotiated: Storytelling, social support and resistance in an Internet-based community for the young suicide-bereaved. *Qualitative Social Work*, 16(6), 775–792. <https://doi.org/10.1177/1473325016644039>
- Hanschmidt, F., Lehnig, F., Riedel-Heller, S. G., & Kersting, A. (2016). The stigma of suicide survivorship and related consequences: A systematic review. *PLoS ONE*, 11(9), e0162688. <https://doi.org/10.1371/journal.pone.0162688>
- Hatzenbuehler, M., & Link, B. (2014). Introduction to the special issue on structural stigma and health. *Social Science & Medicine*, 103, 1–6. <https://doi.org/10.1016/j.socscimed.2013.12.017>
- Hatzenbuehler, M. L. (2018). Structural stigma and health. In B. Major, J. Dovidio, & B. Link (Eds.), *The oxford handbook of stigma, discrimination, and health* (pp. 105–121). Oxford University Press.
- Huff, C., & Kertzer, J. (2018). How the public defines terrorism. *American Journal of Political Science*, 62(1), 55–71. <https://doi.org/10.1111/ajps.12329>
- Imber, J. (2014). Introduction to the transaction edition. In N. L. Farberow Ed., *Taboo topics* (pp. vii–xxi). Routledge. Original work published 1963.
- Isaac, C. (2007). By their own hand: Irreconcilable silence. *Qualitative Inquiry*, 13(8), 1209–1220. <https://doi.org/10.1177/1077800407308820>
- Jaworski, K. (2010). The gender-ing of suicide. *Australian Feminist Studies*, 25(63), 47–61. <https://doi.org/10.1080/08164640903499752>
- Kearns, M., Muldoon, O. T., Msetfi, R. M., & Surgenor, P. W. (2017). Darkness into light? Identification with the crowd at a suicide prevention fundraiser promotes well-being amongst participants. *European Journal of Social Psychology*, 47(7), 878–888. <https://doi.org/10.1002/ejsp.2304>
- Maher, B. (2019). *R U OK?: The role of community in suicide prevention* (M. Withers & J. McCool, Eds.). Global health leadership: Case studies from the Asia-Pacific (pp. 79–90). Springer.
- Maple, M., Edwards, H., Plummer, D., & Minichiello, V. (2010). Silenced voices: Hearing the stories of parents bereaved through the suicide death of a young adult child. *Health Social Care Community*, 18(3), 241–248. <https://doi.org/10.1111/j.1365-2524.2009.00886.x>
- Marsh, I. (2016). Critiquing contemporary suicidology. In J. White, I. Marsh, M. Kral, & J. Morris (Eds.), *Critical suicidology* (pp. 15–30). UPC Press.
- McPhedran, S., Eriksson, L., Mazerolle, P., De Leo, D., Johnson, H., & Wortley, R. (2018). Characteristics of homicide-suicide in Australia: A comparison with homicide-only and

- suicide-only cases. *Journal of Interpersonal Violence*, 33(11), 1805–1829. <https://doi.org/10.1177/0886260515619172>
- Metherell, L. (2011, November 18). Brogen appalled by Roebuck death coverage. *ABC News*. <http://www.abc.net.au/news/2011-11-18/brogden-appalled-by-media-coverage-of-roebuck-death/3680960>
- Mishara, B., & Dargis, L. (2019). Systematic comparison of recommendations for safe messaging about suicide in public communications. *Journal of Affective Disorders*, 244, 124–154. <https://doi.org/10.1016/j.jad.2018.09.031>
- Mok, K., Donovan, R., Hocking, B., Maher, B., Lewis, R., & Pirkis, J. (2016). Stimulating community action for suicide prevention: Findings on the effectiveness of the Australian R U OK? Campaign. *International Journal of Mental Health Promotion*, 18(4), 213–221. <https://doi.org/10.1080/14623730.2016.1209423>
- Neimeyer, R. A., Klass, D., & Dennis, M. R. (2014). A social constructionist account of grief: Loss and the narration of meaning. *Death Studies*, 38(8), 485–498. <https://doi.org/10.1080/07481187.2014.913454>
- Overvad, A. T., & Wagoner, B. (2020). Grief after suicide: A study of taboo and metaphor. *Culture & Psychology*, 26(3), 369–383. <https://doi.org/10.1177/1354067X19861047>
- Pitman, A. L., Stevenson, F., Osborn, D. P., & King, M. B. (2018). The stigma associated with bereavement by suicide and other sudden deaths: A qualitative interview study. *Social Science & Medicine*, 198, 121–129. <https://doi.org/10.1016/j.socscimed.2017.12.035>
- Pritchard, T., & Buckle, J. (2017). Meaning-making after partner suicide: A narrative exploration using the meaning of loss codebook. *Death Studies*, 42(1), 35–44. <https://doi.org/10.1080/07481187.2017.1334007>
- Richardson, G. (2015). A history of suicide reporting in Canadian newspapers: 1844–1990. *Canadian Journal of Communication*, 40(3), 425–445. <https://doi.org/10.22230/cjc.2015v40n3a2902>
- Rishel, T. (2016). And time stood still: Healing from suicide through research. *Creative Approaches to Research*, 9(1), 39–56. <http://ezproxy.ecu.edu.au/login?url=https://www.proquest.com/docview/1830031152?accountid=10675>
- Sands, D., & Tennant, M. (2010). Transformative learning in the context of suicide bereavement. *Adult Education Quarterly*, 60(2), 99–121. <https://doi.org/10.1177/0741713609349932>
- Sather, M. (2015). Stories matter: A narrative practice approach to bereavement through suicide. *Grief Matters*, 18(3), 68–74. <https://search.informit.com.au/documentSummary;dn=996122773413442;res=IELIAC>
- Sather, M., & Newman, D. (2016). “Being more than just your final act”: Elevating the multiple storylines of suicide with narrative practices. In J. White, I. Marsh, M. Kral, & J. Morris (Eds.), *Critical suicidology* (pp. 115–132). UPC Press.
- Shah, A., Sava-Shah, S., Wijeratne, C., & Draper, B. (2016). Are elite cricketers more prone to suicide? A psychological autopsy study of Test cricketer suicides. *Australasian Psychiatry*, 24(3), 295–299. <https://doi.org/10.1177/1039856216641311>
- Sheehan, L., Corrigan, P. W., Al-Khouja, M. A., Lewy, S. A., Major, D. R., Mead, J., Redmon, M., Rubey, C., & Weber, S. (2018). Behind closed doors: The stigma of suicide loss survivors. *Omega*, 77(4), 330–349. <https://doi.org/10.1177/0030222816674215>
- Shields, C., Kavanagh, M., & Russo, K. (2017). A qualitative systematic review of the bereavement process following suicide. *Omega*, 74(4), 426–454. <https://doi.org/10.1177/0030222815612281>
- Skehan, J., Maple, M., Fisher, J., & Sharrock, G. (2013). Suicide bereavement and the media: A qualitative study. *Advances in Mental Health*, 11(3), 223–237. <https://doi.org/10.5172/jamh.2013.11.3.223>
- Soubrier, J.-P. (2016). Self-crash murder–suicide: Psychological autopsy essay and questions about the Germanwings crash. *Crisis*, 37(6), 399–401. <https://doi.org/10.1027/0227-5910/a000453>
- Stuart, H. (2016). Reducing the stigma of mental illness. *Global Mental Health*, 3, E17. <https://doi.org/10.1017/gmh.2016.11>
- Tatz, C. (2017). Suicide and sensibility. *Death Studies*, 41(8), 542–550. <https://doi.org/10.1080/07481187.2017.1333358>

- Tradii, L., & Robert, M. (2019). Do we deny death? II. Critiques of the death-denial thesis. *Mortality*, 24(4), 377–388. <https://doi.org/10.1080/13576275.2017.1415319>
- Turner, D. (2016). “Research you cannot talk about”: A personal account of researching sudden, unexpected child death. *Illness, Crisis & Loss*, 24(2), 73–87. <https://doi.org/10.1177/1054137315587642>
- van Hooff, A. J. L. (1990). *From autothanasia to suicide: Self-killing in classical antiquity*. Routledge. <https://ebookcentral.proquest.com>
- Von Dem Knesebeck, O., Mnich, E., Angermeyer, M. C., Kofahl, C., & Makowski, A. (2015). Changes in depression stigma after the Germanwings crash: Findings from German population surveys. *Journal of Affective Disorders*, 186, 261–265. <https://doi.org/10.1016/j.jad.2015.07.029>
- Wall, S. (2008). Easier said than done: Writing an autoethnography. *International Journal of Qualitative Methods*, 7(1), 38–53. <https://doi.org/10.1177/160940690800700103>
- World Health Organization. (2014). *Prevention suicide: A global imperative*. http://apps.who.int/iris/bitstream/10665/131056/1/9789241564779_eng.pdf
- Ziółkowska, J., & Galasiński, D. (2017). Discursive construction of fatherly suicide. *Critical Discourse Studies*, 14(2), 150–166. <https://doi.org/10.1080/17405904.2016.1250650>
- Zion, L. (2012). “Best practices” in the journalism ethics frame: A comparative study. *International Symposium of Online Journalism*, 2(1), 71–99.