



SIEC ALERT

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Grief After Suicide: Notes from the Literature on Qualitative Differences and Stigma

Traditionally in western cultures, death by suicide has been morally denounced (Calhoun & Allen, 1991: 96). Suicide deaths may cause assumptions about moral questions of right and wrong and related issues of blame and responsibility (Allen, Calhoun et al, 1993-94: 46). Attitudinal studies of subjects drawn from the general public have often found more blame and attribution of pathology in cases of suicide than other types of death (Rudestam, 1992: 45). Parental survivors of child suicide, in particular, have been judged more harshly, liked less, blamed more, been seen as more psychologically disturbed, and more in need of professional assistance (Calhoun & Allen: 97).

However, the literature does not offer clear answers on whether bereavement after suicide is truly different from grief due to other kinds of losses. Do societal attitudes translate into real behaviours? Are survivors of suicide subjected to social stigma? Quantitative differences have been difficult to delineate although a recent study by Bailley, Kral, and Dunham (1999) has found some measurable variances between survivors of suicide and subjects bereaved by other modes of death, e.g. a significantly greater frequency of feelings of responsibility for the death and higher levels of overall grief (266). Qualitative differences, those based on subjective interpretation, have been noted in most studies of those bereaved by suicide.

Qualitative Aspects of Bereavement After Suicide

Data from interviews indicate survivors of suicide may face greater difficulties in a number of ways, including:

- a prolonged and more intense search for meaning and the reason for the suicide (Wagner & Calhoun, 1991-92: 67).
- a perceived need to deny or conceal the cause of death.
- feelings of being rejected by the deceased (van der Wal, 1989-90: 166).
- distorted notions of responsibility for the death and the ability to have prevented the suicide (Dunn & Morrish-Vidners, 1987-88: 187).
- the perception that one is the subject of gossip (van Dongen, 1993: 126).
- a feeling that the deceased was somehow getting even with the survivor (Bailley et al: 266) or a perception the suicide was malicious (Clark & Goldney, 1995: 30).
- a feeling of being blamed for causing the problems that began the suicidal ideation of the deceased (Silverman, Range & Overholser, 1994-95: 49).
- a perception of being stigmatized.

Suicide Grief and Stigma

A problem particularly associated with suicide bereavement is stigma, whether real or perceived. Many survivors report experiences of stigma including being avoided by acquaintances, having people refrain from talking about the deceased, behaving as if the deceased had not really died, and, in very rare cases, being taunted or ridiculed (van der Wal: 159).

Conversely, Wagner and Calhoun state the available data do not make it clear "whether the survivors [of suicide] are actually *given* less support, or whether they *feel* a lack of support" (62). Solomon (1982-83) observed suicide survivors might feel stigmatized without actually confronting negative attitudes or other potentially stigmatizing events (378).

Self-Stigmatization

What is less well researched among survivors of suicide is a process that Dunn and Morrish-Vidners identified as self-stigmatization (177). Some of the possible motives for this behaviour include:

- low expectations of social support leading to self-imposed isolation (202).
- an inability by the survivor to openly face their bereavement (190).
- not wanting contact with supportive others (193).
- a belief it was necessary to protect others from the survivor's plight (193-194).

van Dongen found parental survivors chose to avoid social situations where they may be asked how many children they have (van Dongen: 133). Survivors in this study also reported their own feelings of anger related to the suicide may have affected their interactions with others to the point where some people avoided them entirely (136). She speculated this self-imposed social isolation may in fact be a coping strategy which allowed the survivor to conserve energy and make the time for their own grief work (137).

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SIEC #930918

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