

Parental suicide

The long-term impact on children and young people



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ONE OF THE MOST TRAUMATIC experiences that can occur in childhood is the death of a parent (Raphael 1984), and death by suicide further complicates bereavement adaptation (Shepherd, Barradough 1976; Pfeffer *et al* 1997; Sethi, Bhargava 2003). This paper arises out of an ongoing research project investigating the bereavement of children and adults after the suicide of a parent. Research objectives include an examination of the influence of parental suicide on the process of identity construction and pre- and post-suicide family dynamics. The project also explores the memorialising work of those bereaved by suicide, and the interviewees' experience of the research process.

Whatever stresses existed before the death, nothing can prepare those left behind for the long-term impact and the complexity of loss experiences after a suicide (Wertheimer 2001). It appears that researchers agree that suicide does complicate bereavement patterns. However, to what degree, intensity and length is an ongoing debate.

Is bereavement by suicide more intense and long lasting?

Paradoxically, there is conflicting evidence on whether people bereaved by suicide suffer more intense and longer-lasting reactions and experiences than, for instance, those bereaved by a 'natural' sudden death (McIntosh 1993; Ellenbogen, Gratton 2001). To further complicate and intensify the debate, a whole body of empirical research suggests that bereavement by suicide is marked more by similarities than by differences, particularly when compared with accidental deaths (Range, Niss 1990; McIntosh, Kelly 1992).

However, these studies do not consider the quality of the relationship with the deceased as a major variable in bereavement adaptation. Furthermore, many of the studies are of a quantitative nature and arguably overlook the significance of changed social relationships following bereavement. Ultimately, meanings are negotiated in the social context and qualita-

tive research, such as the current project, allows for a richer and more complex understanding of how bereaved people construct meaning out of their loss. At the same time, there does appear to be a lack of sociological research into loss of a parent by suicide, hence quantitative studies are valuable in providing an insight into this and the pre- and post-suicide family relationships.

The Leiden Bereavement Study investigated whether kinship relationships to the person who died by suicide impacted on functioning and to what level (Cleiren *et al* 1994). This methodologically rigorous study employed standardised interviews and used large comparison groups to compare people who had been bereaved by suicide, traffic accident and illness. The researchers argued that the kinship relationship had previously been underestimated as a risk factor for problematic adaptation. Their findings suggested that there were no long-term differences in adaptation between those bereaved by suicide and those bereaved by road traffic accidents and illnesses; rather, the intensity and shape of bereavement was defined by the quality of the relationship with the deceased.

The importance of the quality of the relationship as a major variable in bereavement adaptation is supported in an early study. Thirty years ago, British researchers Shepherd and Barraclough

(1976) carried out a longitudinal, partially-controlled study on children bereaved by the suicide of a parent. Comparing the data with a comparison group, the study concluded that children who had experienced the suicide of a parent were a vulnerable group with an increased risk of delinquency and higher than average levels of psychiatric disturbance. However, the researchers also acknowledged that it is impossible to isolate suicide as a variable. The children's reactions will have been affected by, for instance, their pre-existing relationship with the deceased and the quality of post-suicide familial relationships.

ABSTRACT

This paper reports on a work-in-progress research project exploring adults' experiences of childhood or adult losses after parental suicide. Suicide is the violent and immediate severing of the parent-child relationship, and findings from the research indicate that family communication in its aftermath may be severely disrupted. The censoring of grief, ambiguity of stories told to the bereaved, avoidance of details and suppressing of grief are common threads. Consequently, the grief process may be delayed. The search for the why and how of the suicide, the memorialising, and the finding of a connection with the dead parent may take place many years later.

A major difficulty for children and young people bereaved by suicide is that, whilst they are struggling to understand the tragic death of a loved parent, there may also be pre-existing stresses within the family. Communication and interaction between family members may already have been tense and fraught with difficulties (Cerel *et al* 2002). Previous studies which have investigated parental suicide have found, overwhelmingly, that children will have been living for some months, if not years, with the parent suffering from mental ill health (Shepherd, Barraclough 1976; Cerel *et al* 2002), for instance self-harming, and the strain of this will have impacted on family life well before the actual suicide. It is possible therefore, that ambivalent feelings about the death may exist, for instance, relief that the parent's psychological or physical suffering is over, or that a disruptive member of the family is no longer with them (Wertheimer 2001).

To sum up, it is difficult to assess the extent and intensity of reactions to bereavement by suicide, and consistent research findings remain elusive. Hence examining social relationships, and in particular familial and emotional relationships, is central to our understanding. A key variable is the quality and intensity of the bond that existed between the deceased and the surviving child. Though it can be argued that any death of a parent in childhood or young adulthood can have extensive and long-lasting consequences (Demi, Howell 1991), there is little doubt that the effect of parental suicide on the bereavement process is not straightforward, as it poses added difficulties not seen in other forms of bereavement (Hauser 1987; Silverman *et al* 1994).

THE RESEARCH

Views of loss

The current study is underpinned by the concept of continuing bonds in which bereaved people, through mental, emotional and imaginative activity, retain and maintain bonds whereby they remain involved and connected to the deceased (Valentine 2008; Klass *et al* 1996). One such perspective is Walter's (1996) biographical approach, which outlines how we integrate the memory of the dead into our ongoing

daily lives through conversations with others. Árnason (2000) expands this further to suggest that bereaved people are not just creating a history of the deceased, but also (re)creating 'stories' that 'emplot' and characterise their emotions and relationship with their deceased parent. Thus these stories are not just about the deceased, they are also about the bereaved. Furthermore, from the perspective of continuing bonds, for an ongoing social presence in the lives of the living, meaning-making can also be created through spaces, places and objects associated with the deceased (Valentine 2008).

Methodology

Whilst it is recognised that a legal definition is necessary, coroners are reluctant to return a verdict of suicide unless there is clear evidence of the person's intent to take their life. By strictly classifying and categorising suicides, the needs and experiences of those whose parents' verdicts were returned as accidental death, misadventure or undetermined injury are often overlooked. In this project, participants frame their parents' deaths as suicide, whether or not the verdicts were recorded as such.

One significant, recurring finding suggests that there was often no shared expression of grief within the family at the time of the suicide

To date, 24 in-depth conversational style interviews have been undertaken with participants bereaved by the suicide of a parent. All interviewees self-selected and their names and locations have been changed. A sub-study of their experience of participation in the research project has been carried out, with some fascinating data arising, such as the therapeutic value of engaging in the research. However, unfortunately there is not scope to explore this here.

Only four participants were male. The over-representation of females in bereavement research is well documented (Barrett, Scott 1990; Range, Niss 1990; Mitchell *et al* 2004). In

total, 13 participants lost a parent in middle and late childhood or as a young person (under 18 years of age). Eleven had lost a parent as an adult, although it is important to note that five of those were bereaved between the ages of 18-21 years. The length of time since the death ranged from 11 months to 53 years.

Deaths included 13 mothers and 11 fathers and the implications of this will be explored in the finished doctoral research. Working within a collaborative paradigm and also to further validate the project, all interviewees will be offered an opportunity to review the findings and also all potential articles, including this paper. The analysis of data collected so far has identified a number of emergent themes which have subsequently been thematically coded.

KEY FINDINGS

Family communication

One significant, recurring finding suggests that there was often no shared expression of grief within the family at the time of the suicide. This is supported by Demi and Howell's (1991) findings, which outlined that families who were bereaved by a suicide were less likely to discuss the death than those who had been bereaved by accidental or natural death. Another finding indicates how closed communication appears to be a familiar pattern in bereavement by parental suicide. Children, in particular, were often not told how their parent died or were told ambiguous stories about the death:

...there was a tin box under the bed and I got the tin box out and papers of my mother's in there and I found my father's death certificate. And it said he took his own life, so I knew. (Will)

...they made a big thing of 'hide the local papers' and 'quick, we don't want the kids to see this'. And they thought it was for the best to keep it away from us. (Martin)

The suicide may have been the culmination of years of difficulty often marked by previous suicide attempts, threats of suicide, and familial disruption, hence family communication patterns may already have been challenged before the death. Communication is further disrupted by, for

instance, blame, shame, anger and real or imagined stigma, all of which are barriers to positive and open family communication and interaction.

Previous research illustrates that well-functioning families who exhibit direct communication and positive emotional interaction and become 'allies in grief', facilitate healthy adaptation to bereavement (Barlow, Coleman 2003: 191).

Communication allows children and young people to process their grief, and family cohesion and closeness can be an important source of support (Nelson, Franz 1996; Schoka Traylor *et al* 2003).

Hiding the pain

Demi and Howell (1991) identified a theme which has emerged in the current research – that of 'hiding the pain' - whereby those bereaved by suicide invest a considerable amount of energy in hiding their grief from other family members:

...so I just probably couldn't, um, you know, have all that emotion and see her get sad. I think her feelings scared me actually, um, and inhibited me. (Sarah)

In a closed relationship system, bereaved family members are often unable to communicate with each other for fear of upsetting other family members (Bowen 1994). One consistent view in bereavement literature is that ultimately, if a child or a young person hides their distress and pain, this will impede adaptation to bereavement (Worden 1996; Holland 2001).

Findings from the current research project suggests that not only do both children and young people hide the pain of their loss from their surviving parent, but that this can become a long-term habit of protecting parents and other family members (Barlow, Coleman 2003: 195). Even as adults many years later, talking about the suicide may be threatening as it could cause emotional harm to themselves, the surviving parent and also the family as a whole unit.

The importance of memory and material objects

The lack of opportunity to talk about their dead parent and share memories with other family members denies the young people the opportunity of

integrating good memories of their deceased parent (Walter 1996). The death by suicide of a parent is overwhelming for many children and young people, and the blocking out of events may be a self-protective mechanism. This was reported by a number of the interviewees:

...because I think after the event, I wiped such a lot. (Teresa).

I've got no recollection and that scares me a little because I don't remember – I don't remember that time. I just don't remember. (Sophie)

This loss of memories was quite distressing in itself. Some were upset not to be able to remember the characteristics of the deceased parent and time spent together. Yet memory is not just created through talk, but also through material objects. Riches and Dawson's (1998) research illustrated how photographs may aid in writing the 'last chapter' and when viewed privately can provide a means for the bereaved to seek emotional release. Also, if viewed within the family context they offer an opportunity for meaning-making that could help make sense of their collective loss. A finding of the current research project is that after the death, evidence of the dead parent was often removed and, even in adulthood, a number of interviewees still had few personal possessions belonging to their deceased parent:

There's no pictures up of him. Nothing. You know, and she just said to me, 'look, he's died. He's gone. We've got to move on with life'. (Rachel)

...everything that was anything to do with her was removed from the house straight away. (Tim)

Memory with the passing of time becomes neutral (Klass *et al* 1996), yet material objects belonging to the dead parent could have helped the interviewees fill the gap between life with the parent and a world without them.

The place of rituals

Significant rituals, such as a funeral, may also help to bridge the gap between past and future, as they help children to accept the reality of their loss (Requarth 2006). However, for the interviewees, as well as not having events properly explained, being sent

away from home and being denied the opportunity to attend the funeral were common experiences:

...I'd never even been to the grave, so I didn't even know where it was, and uh, he took me down that day and that was the first time I ever saw it. (Tim)

I think, because I have a lot of resentment in a way for having a lack of information. Um, and some of it specifically is about my father's funeral, which I didn't go to. (Sarah)

Even many years later, not having been able to say goodbye to their parent publicly at a funeral created a level of resentment and anger in a number of the interviewees. Some had worried that the deceased parent, even though they were dead, may have thought that they did not care or love them. Subsequently as adults, several have created a memorial, such as placing a kerbstone or planting a tree.

Anger and blame

Findings from this research project suggest that there can be long-term anger and blame directed at the surviving parent for withholding information and giving ambiguous details. In excluding the children, the surviving parent may have believed that they were protecting the bereaved child, though this may also have reflected the parent's need to protect their own sense of self and their attempts to deal with grief and secondary losses (Shapiro 1994). Yet arguably, and possibly unintentionally, in closing off communication the surviving parent was censoring the young person's grief, with long-term consequences.

In contrast, another finding is an apparent lack of anger or blame for the suicide directed at the dead parent. This may be out of loyalty but often there is an understanding by interviewees that their parent was ill. From the perspective of some interviewees, their ill parent was living in a vortex of, for instance, medication, being hospitalised, the psychological pain of mental ill health and perhaps separation from family:

Then I realised how bad her pain must have been and that made it okay... So in a way she kind of had my blessing I suppose in a way to do that. I never felt angry ever anyway. (Rose)

Fear and depression

For some participants at certain points in their lives, their parent's mental ill health and mode of death have cast a long shadow and as a result they may have developed a heightened sense of mortality and a level of pessimism (Dunne-Maxim *et al* 1987):

I felt... you know, often very – I – I feel prevented from actually just enjoying and – and feeling joy and happiness because I think something terrible is going to happen. (Sarah)

Furthermore, some are fearful that they too may eventually suffer from mental ill health or even die from suicide. Early findings indicate that the parent's age at the time of death was significant for some interviewees. Even the age they themselves were at the time of death occasionally became a landmark (Dunne-Maxim *et al* 1987: 237):

But Elizabeth, I do worry something bad's going to happen to her when she gets to 12. I definitely overprotect her. (Rachel)

However, it appears that once a landmark age has been reached and passed (eg Rachel's 12th birthday), interviewees gained a greater sense of security over their futures

Conclusion

Whilst the current research is a small retrospective study, it does allow for an insight into the long-term impact of parental suicide, particularly where there has been a lack of open family communication. Communication after any loss will often be difficult. However, given the possible pre-existing stresses and the traumatic nature of suicide, there are additional barriers for a bereaved family to overcome.

Shared family reminiscence appears to be important as it aids coming to terms with the death, particularly with a sudden and traumatic loss (Rosenblatt, Elde 1990). To deny children and young people the chance to talk and remember their dead parent is denying them the opportunity to heal within a loving and supportive network. Sharing memories also allows for the children to re-construct their relationship with their dead parent. Even though their parent is dead, the child/parent relationship is still undergoing development, even many years later

into adulthood (Rosenblatt, Elde 1990).

Honest, age-appropriate communication is necessary because, it could be argued, in the absence of details, children and young people will form their own inaccurate and frightening conclusions often including self-blame and guilt, with long term consequences. In addition, allowing children who are able to decide if they wish to attend the funeral or, if appropriate, even see to their dead parent, not only empowers them but may facilitate bereavement adaptation. As one interviewee commented

...otherwise, I'd still be searching for him now. I wouldn't have believed it. (Hannah) ●

References

- ARNASON A (2000). Biography, bereavement, story. *Mortality*; **5**(2): 189-204.
- BARLOW C, COLEMAN H (2003). The healing alliance: how families use social support after a suicide. *Omega*; **47**(3): 187-201.
- BARRETT TW, SCOTT TB (1990). Suicide bereavement and recovery patterns compared with nonsuicide bereavement patterns. *Suicide and Life-Threatening Behavior*; **20**(1): 1-15.
- BOWEN M (1994). *Family Therapy in Clinical Practice*. London: Jason Aronson.
- CLEIREN M, DIEKSTRA R, KERHOF A, VAN DER WAL J (1994). Mode of death and kinship in bereavement: focusing on 'who' rather than 'how.' *Crisis*; **15**(1): 22-36.
- CEREL J, FRISTAD MA, WELLER EB, WELLER R. (2002) Suicide of a parent: child and adolescent bereavement. *The Prevention Researcher*; **9**(2): 9-10.
- DEMI AS, HOWELL C (1991). Hiding and healing: resolving the suicide of a parent or sibling. *Archives of Psychiatric Nursing*; December (**6**): 350-356.
- DUNNE-MAXIM K, DUNNE EJ, HAUSER MJ (1987). When children are suicide survivors. In: Dunne EJ, McIntosh J, Dunne-Maxim K (eds). *Suicide and its Aftermath. Understanding and Counselling the Survivors*. London: WW Norton, pp234-244.
- ELLENBOGEN S, GRATTON F (2001). Do they suffer more? Reflections on research comparing suicide survivors to other survivors. *Suicide and Life-Threatening Behavior*; **31**(1): 83-90.
- HAUSER M (1987). Special aspects of grief after suicide. In: Dunne EJ, McIntosh J, Dunne-Maxim K (eds). *Suicide and its Aftermath: Understanding and Counseling the Survivors*. London: WW Norton.
- HOLLAND J (2001). *Understanding Children's Experiences of Parental Bereavement*. London: Jessica Kingsley Publishers.
- KLASS D, SILVERMAN PR, NICKMAN SL (eds) (1996). *Continuing Bonds*. London: Taylor and Francis.
- MCINTOSH J, KELLY LD (1992). Survivors' reactions: suicide vs other causes. *Crisis*; **13**(2): 82-93.
- MCINTOSH JL (1993). Control group studies of suicide survivors: a review and critique. *Suicide and Life-Threatening Behavior*; **23**(2): 146-161.
- MITCHELL AM, KIM Y, PRIGERSON HG, MORTIMER-STEVENS M (2004). Complicated grief in survivors of suicide. *Crisis*; **25**(1): 12-18.
- NELSON BJ, FRANTZ TT (1996). Family interactions of suicide survivors and survivors of non-suicidal death. *Omega*; **33**(2): 131-146.
- PFEFFER CR, MARTINS P, MANN J *et al* (1997). Child survivors of suicide: psychosocial characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry*; **36**: 65-74.
- RANGE LM, NISS NM (1990). Long-term bereavement from suicide, homicide, accidents and natural deaths. *Death Studies*; **14**: 423-433.
- RAPHAEL B (1984). *The Anatomy of Bereavement*. London: Hutchinson.
- REQUARTH M (2006). *After a Parent's Suicide*. Sebastopol, CA, USA: Healing Arts Press.
- RICHES G, DAWSON P (1998). Lost children, living memories: the role of photographs in processes of grief and adjustment among bereaved parent. *Death Studies*; **22**: 121-140.
- ROSENBLATT P, ELDE C (1990). Shared reminiscence about a deceased parent: implications for grief education and grief counselling. *Family Relations*; **April 1990**: 206-210.
- SCHOKA TRAYLOR E, HAYSLIP B JR, KAMINSKI PL, YORK C (2003). Relationships between grief and family system characteristics: a cross lagged longitudinal analysis. *Death Studies*; **27**: 575-601.
- SHAPIRO ER (1994). *Grief as a Family Process: A Developmental Approach to Clinical Practice*. New York: Guilford Press.
- SHEPHERD D, BARRACLOUGH BM (1974). The aftermath of suicide. *British Journal of Psychiatry*; **2**: 600-603.
- SETHI S, BHARGAVA SC (2003). Child and adolescent survivors of suicide. *Crisis*; **24**(1): 4-6.
- SILVERMAN E, RANGE L, OVERHOLSER J (1994-95). Bereavement from suicide as compared to other forms of bereavement. *Omega*; **30**(1): 41-51.
- VALENTINE C (2008). *Bereavement Narratives*. London: Routledge.
- WALTER T (1996). A new model of grief: bereavement and biography. *Mortality*; **1**(1): 7-25.
- WERTHEIMER A (2001). *A Special Scar: The Experiences of People Bereaved by Suicide*, 2nd edn. Hove, Sussex, UK: Brunner-Routledge.
- WORDEN JW (1996). *Children and Grief: When a Parent Dies*. London: Guildford Press.

Survivors of Bereavement by Suicide
A UK self-help organisation offering emotional and practical support by telephone, email, group meetings and events

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