

**The Moral Order of
Suicide:
Family Talk about
Bereavement**

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Submitted for a Doctorate in Sociology

2001



Rage, rage against the dying of the light

(Thomas 2000: 100)

Abstract

I examined here how parents and children (N=16) constructed moral order from their family member's suicide and their own bereavement in their interview talk. I employed a version of membership categorisation device (MCD) analysis to analyse qualitative data in which the interviewees interpreted notions of 'the family', 'suicide' and 'bereavement' by categorising their rights and obligations in the situation. Phenomena and talk always occur in a historical and cultural context, and people use socially sensible explanatory frameworks also to deal with their own life events. The method of MCD examines the way in which people make sense of phenomena by attaching to categories assumptions about their characteristics. This produces descriptions of things that 'go together well', as well as of those which do not. When combined into larger collections (MCDs), these categorisations become such culturally and historically comprehensible social constructions as 'the Western nuclear family'.

In my data, parents and children analysed their (respective) family member's suicide and their own bereavement by talking about, for example, their feelings of 'guilt' and 'abandonment'. In doing this, besides referring to their psychological 'inner emotional experiences', they created moral orders by allocating responsibilities and rights to the different parties involved. The interviewees constructed concepts of 'the family', 'suicide' and 'bereavement' which implied a contradiction between the highly idealised Western image of a 'caring and sharing' family unit and the separate, self-sufficient individual, describing their own family's efforts and inability to understand and help each other. From this tension between ideals and reality in the dominant moral Western family discourse emerged the interviewees' production of moral adequacy in their suicide bereavement talk. The study offers useful insights to sociological research concerning people's 'lived experience', as well as to bereavement study and work where their experiences are often understood exclusively as individuals' inner sensations.

Table of contents

Note on citations in the text	8
Acknowledgements	9
Chapter 1: Introduction	10
<hr/>	
1.1 Task of the thesis	13
1.2 The ‘epidemiology’ of suicide	17
1.3 Personal history	18
1.4 An overview of the chapters	20
Chapter 2: Review of suicide and bereavement research literature	22
<hr/>	
<i>2.1 Culture: the anthropology of suicide and bereavement</i>	24
2.1.1 Cultural understandings of suicide	25
2.1.2 Emotional expression of bereavement	28
2.1.3 Finland as a cultural case	29
2.1.4 Summary	31
<i>2.2 Time: Western history of understanding suicide and bereavement</i>	32
2.2.1 Suicide in antiquity and early Christianity	33
2.2.2 Suicide in late Christianity	34
2.2.3 Legacy of the Renaissance and the Enlightenment	35
2.2.4 Death and suicide in (late) modernity	37
2.2.5 Bereavement and bereaved people historically	38
2.2.6 Summary	40
<i>2.3 Psychological views of suicide</i>	42
2.3.1 Psychological and psychiatric explanations	42
2.3.2 Causes of suicide in the individual’s psyche or relationships	43
2.3.3 Summary	45

2.4 <i>Psychological theories of bereavement</i>	46
2.4.1 The 'stages' and 'tasks' of grief	46
2.4.2 The distinctive nature of suicide bereavement	48
2.4.3 Talking and support groups assisting bereavement	50
2.4.4 Summary and conclusions: limitations of psychological views	53
2.5 <i>Sociological views of suicide</i>	55
2.5.1 Beginning of sociological suicide study	55
2.5.2 Suicide as a social construction	57
2.5.3 Summary	58
2.6 <i>Sociological theories of bereavement</i>	58
2.6.1 Death as an end of relationships	59
2.6.2 'Normality' and stigmatisation	61
2.6.3 Summary and conclusions: sociology of bereavement	63
Chapter 3: Theoretical background in sociology of emotions and the family	65
<hr/>	
3.1 <i>Natural vs. social emotions</i>	66
3.1.1 Emotions as cultural 'performance'	68
3.1.2 Grief historically in the West	70
3.1.3 Feelings of shame and guilt	71
3.1.4 Summary	72
3.2 <i>Individuality and the family</i>	72
3.2.1 Western individuals	73
3.2.2 The Western family in historical perspective	74
3.2.3 Late modern Western family life	76
3.2.4 Death and suicide in the late modern family	79
3.2.5 Summary and conclusions: the family's suicide bereavement	80
Chapter 4: Data, explanatory framework and methods	82
<hr/>	
4.1 Data and its production	82
4.1.1 The interviewees and the questions asked	83
4.1.2 The interview situation	85
4.1.3 Ethical considerations	88

4.2 Analytic framework and methods	89
4.2.1 Narrative storytelling	91
4.2.2 Membership categorisation device (MCD) analysis	93
4.2.2.1 Rights, responsibilities and moral adequacy	97
4.2.2.2 Owning experiences	98
4.2.2.3 Doing ordinariness	101
4.2.2.4 Distribution of knowledge	103
4.3 Summary	104
Chapter 5: Data analysis and outcomes	105
<hr/>	
<i>5.1 Interpreting causes of suicide</i>	106
5.1.1 Suicide as a surprise and a shock – or not	108
5.1.2 Seeing signs	111
5.1.3 Asking ‘why?’	114
5.1.4 Explanatory frameworks	118
5.1.4.1 Problems in relationships	122
5.1.4.2 Mental problems	126
5.1.4.3 Social problems	129
5.1.5 The moral nature of suicide	130
5.1.5.1 Suicide as a ‘voluntary’ or an ‘involuntary’ act	131
5.1.5.2 Suicide as wrong to others	133
5.1.6 Summary	137
<i>5.2 Analysing consequences of suicide</i>	139
5.2.1 Emotions as the bereaved’s social responses	140
5.2.1.1 Feeling guilty and guiltless	141
5.2.1.2 Accusing the deceased: abandonment and betrayal	149
5.2.1.3 Acceptance, relief and learning from the suicide	156
5.2.1.4 Summary	162
5.2.2 The family’s rights and obligations in suicide bereavement	164
5.2.2.1 Ideals and reality: joint or separate grief?	165
5.2.2.2 The value of the family’s presence	172
5.2.2.3 Gendered grief expressions	174
5.2.2.4 Last obligations for the deceased	176
5.2.2.5 Summary	179

5.2.3 Expectations of other people and ‘formal’ support	180
5.2.3.1 The importance of being earnest: telling others or not?	180
5.2.3.2 Rights and responsibilities of different people	185
5.2.3.3 Talking in support groups	190
5.2.3.4 Community and professionals	195
5.2.3.5 Summary	197
Chapter 6: Conclusions and contributions to suicide bereavement research	198
<hr/>	
6.1 Summary of data outcomes	198
6.2 Sociological vs. psychological explanations	201
6.3 Family discourse	203
6.4 The method – and improvements	206
6.5 Uses of the study	208
Bibliography	210
Appendix 1: Summary of the support group discussions	224
Appendix 2: Transcription symbols in data extracts	226
Appendix 3: Methodological aspects	227
Appendix 4: Examples of interviewee profiles	232

Note on citations in the text

In this study, academic literature is cited in two ways:

1. Where the citation appears *at* the end of a sentence and with the full stop *outside* of the brackets, it is with reference to that sentence only.

For example, ____ (Rose 1996: 2).

2. Where the citation appears *after* the end of a sentence and with the full stop *inside* the brackets, it is with reference to several of the previous sentences in that paragraph.

For example, _____. _____. (Rose 1996: 2.)

Acknowledgements

I wish to express my deepest gratitude to my supervisors at different stages of the study, Professor Clive Seale and Professor David Silverman of Sociology Department at Goldsmiths' College, University of London and Professor Anssi Peräkylä of Sociology Department at University of Helsinki. Without their invaluable comments and encouragement, this PhD thesis would have never been finished. I am also grateful to other people who read and commented on versions of this study. Additionally, I want to thank the Finnish Cultural Foundation (Suomen Kulttuurirahasto), Academy of Finland (Suomen Akatemia) and the 100-Year Foundation of Helsingin Sanomat (Helsingin Sanomain 100-vuotissäätiö), who awarded the grants for doing this study. Last but not least, I thank my partner Jo for being there.

Chapter 1:

Introduction

The question which this PhD thesis strives to answer is how the interviewed parents and ‘children’ negotiate interpretations in their talk concerning their family member’s suicide and their own bereavement and how they come to understand themselves and others as certain kinds of human subjects, who construct certain kinds of moral orders. In doing this, the interviewees refer to two basic resources, their own lived experience (practice) and a cultural stock of knowledge (ideals), which create tensions and contradictions in their talk. I shall investigate these resources and the interviewees’ use of them as social constructions.

I wish to contest previous, mainly psychological studies of the family’s suicide bereavement in this study in order to see whether their understanding of suicide as ‘causing’ the bereaved to unavoidably have certain ‘experiences’ and ‘emotions’ could be altered usefully. This means questioning the prevailing, commonly shared stock of knowledge about suicide bereavement to make its socially constructed nature observable. I shall do this by considering the social functions of bereaved people’s talk in the interactive context in which it is produced. I recognise that this study could be accused of reducing bereaved people’s real emotional experiences to their socially negotiated expressions. However, I do not wish to claim anything about the experienced authenticity of their emotions, for example, that they would be just ‘acting’ or ‘performing’ when they describe their emotions and experiences. Indeed, these are often considered as very real indeed. I merely claim that in *talking* about their loss bereaved people also construct moral order, because a moral component is a part of all social action and talk. By talking one can, for example, ward off a negative reputation. I want to point out that whatever their descriptions are about, people use culturally available social resources in ‘doing’ them and, therefore, their descriptions have to be contextualised. For example, even if ‘grief’ actually did always follow from a close person’s death, it certainly ‘means’ different things for people at different times and in different places. I take the view that modern psychologisation of the self has made the perception of grief as an essentially *emotional* phenomenon possible. Additionally, I see that the most plausible way in sociology to study people’s expressions of their emotional experiences is to examine the ways in which they talk about those experiences and analyse the

embeddedness of their descriptions in social, cultural and historical circumstances. I shall demonstrate my perspective on suicide bereavement by applying social constructionist thinking (chapter 4) to earlier studies in the field (chapter 2), to the concepts of 'emotions' and 'the family' (chapter 3) and to my interview data of bereaved people's talk (chapter 5).

I understand 'moral order' in this study to consist of expectations, conventions and rules concerning the general organisation of things within such structures as 'the family', including social roles and the production of their unproblematic 'nature'. Therefore, 'moral order' involves the interviewees' treatment of themselves and others in their talk as accountable for their actions by attributing to them some 'typical' rights and responsibilities. People actually construct moral order all the time in their descriptions because they inevitably *choose* what to say from a range of possibilities, that is, their talk can be seen as 'morality-in-action'. However, it should be emphasised here that I do not consider any moral order to be a *motive* of the interviewees' talk but merely its *effect*. By the concept of 'suicide', I denote whatever the interviewees in their descriptions, or the earlier studies referred to, analyse as being acts of self-killing. 'The family' represents the contemporary Western middle-class nuclear unit of parents with their biologically related children, and 'Western' implies the geo-economic areas of advanced capitalist Europe and Northern America. The notion of 'children' indicates the interviewees' familial position, not any age group. 'Bereavement' includes both aspects of publicly performed 'mourning' and privately 'experienced' grief. Inverted commas are used to emphasise the socially constructed nature of concepts (e.g., 'the family').

In conducting the study, I first did a preliminary analysis of how the interviewees described themes and categories in the data. I then created a theoretical background for the further analysis of the talk in relation to its wider cultural and historical context outside the immediate interviews. In a social constructionist analysis of the family's suicide bereavement, it was necessary to investigate how suicide and bereavement have been understood in studies concerning these phenomena in different parts of the world at different times, particularly in relation to the notion of 'the family'. I carried out this exploration in order to demonstrate that scholarly understandings of the world's events are as changeable as other perceptions of them, even if they were, at their time, widely accepted as absolute truths. Therefore, a social constructionist 'gaze' enables looking at current phenomena (also this study) as products of certain cultural and historical processes rather than something fixed forever at one point in time (see

also Rose 1996: 2). The ways in which the interviewees in this study understand and describe in their talk the causes of their family member's suicide and their own bereavement, invited by me as the interviewer, construct historically and culturally 'sensible' moral orders, which concern the social roles of the people involved and expectations for rights and responsibilities within these roles.

As for the contributions of this study, I wish that the approach to suicide bereavement adopted here will add to empirically based sociological thinking about the social nature of human action by showing how people engage in representing and creating cultural knowledge in and through their interaction even in relation to something that is often considered as their most individual and personal act, that is, talking about their own experiences and emotions. I also hope that the study may help bereaved people realise that, rather than uncontrollably 'bursting out' from inside of them, their 'thoughts' and 'emotions' are, to an extent, based on their socially produced analysis of the situation in which they find themselves. This analysis is linked to their cultural understandings of the way things are and how the world works. Additionally, I hope that people who work with bereaved families may use the outcomes of this study to help the bereaved in understanding their 'own' experiences as also being social phenomena.

In the first section of this introductory chapter (1.1), I shall define the topic and outline the tasks of the thesis in more detail to show why and how the study was conducted, review briefly earlier suicide and bereavement studies, delineate my own sociological approach to suicide bereavement as that of social constructionism, and summarise the idea of cultural and historical influences on the ways in which people talk about their experiences and emotions. In the second section (1.2), I shall recount some general 'epidemiological' data on suicide globally and in Finland (where the interview data were produced) to demonstrate the occurrence of suicide and suicide bereavement in relation to other causes of death. I shall then describe my personal history in terms of this work (1.3) and, finally, give an overview of all the chapters (1.4).

1.1 Task of the thesis

This thesis aims to find a fresh perspective on the emotions and experiences of family members' suicide bereavement, which have been described also in other studies (see sections 2.3 and 2.4; for a similar approach, see also Frith & Kitzinger 1998). In terms of the *thematic* contents of the interviewees' accounts, there was nothing 'new' for suicide bereavement research in my interview data (see chapter 5 and appendix 1). However, instead of the plain 'contents' of the talk I was interested in how my interviewees (and I) as members of a culture came to hear and understand certain kind of talk as 'natural' and unproblematic, which was possible when the essentialistic view of talk as reflecting people's 'true inner experiences' was dismissed. Therefore, the topic of the thesis is not what bereaved people 'really' do, think or feel after their family member's suicide, nor is the interviewees' talk taken at 'face-value' in the sense of simply 'finding' themes in the data and then listing them as findings. Rather, the study strives to analyse how the interviewees *describe* their experiences and emotions in their interview talk, and how their understandings of 'suicide', 'the family' and 'bereavement' can be comprehended as social action by reference to these concepts as culturally embedded and socially functional resources (see also Rabinow 1991: 4).

The family's suicide bereavement has been studied quite extensively in psychology and psychiatry using statistical approaches (Calhoun & Allen 1991: 96), even though McIntosh (1996: 149) complains that "too few studies still exist". These studies have been conducted mainly since the 1970s and concentrate on the 'typical' feelings 'emerging' in the family's 'grief process' or on the family's need for and receipt of social support (Lönnqvist, Aro & Marttunen 1993; Achte *et al.* 1989). The bereaved have also written books, 'survivor accounts', about their loss (Achte 1996; Riikonen 1996), often along the lines of psychological approaches. However, sociological analysis of suicide bereavement is largely missing. This study fills a gap in the research field because, rather than assuming any universal (psychological) human condition, it perceives family members' talk about their suicide bereavement as a social process of making sense of the world. When sociology has been interested in suicide, the studies have concerned the societal processes seen to 'cause' suicidal tendencies in people (Durkheim 1985), or the official procedures of defining 'suicide' (Atkinson 1978; Douglas 1967; see also sections 2.5 and 2.6). There are also studies about the historically and culturally changing meanings of suicide in social psychology (Aldridge 1998; Parkes, Laungani & Young 1997; Pritchard 1995; Järvinen 1994) and

anthropological history (Minois 1999; Murray 1998; Pentikäinen 1996; Hooff 1990; Ariès 1974), which indicate that communities have always marked suicide differently from other forms of death (see also sections 2.1 and 2.2). For example, in Western history moral norms and rules regulating attitudes to suicide and the bereaved have protected the specific interests of the Christian church, kings and the state.

People can be seen to “represent themselves to themselves” in different cultures at every historical moment through the ways in which they handle the “existential moments” of birth and death (Gillis 1997: 203). Besides social history and anthropology, sociology is a suitable disciplinary approach to investigate this due to its orientation to human actions as “processes in time” (Goldthorpe 1987: 2). As thoroughly social beings even in their privacy, people must exploit some common understandings of the world and its events to gain and demonstrate their social acceptability in each other’s eyes. Therefore, in contrast to individualistic and essentialistic psychological studies, I shall examine here the family’s suicide bereavement within the sociological framework of social constructionism (Berger & Luckmann 1966) by applying to my interview data the discourse analytic method (Jokinen, Juhila & Suoninen 1993; Potter & Wetherell 1987) of membership categorisation device (MCD) analysis (Sacks 1992a&b; Silverman 2000, 1998) and the basic idea of narrative analysis of talk as storytelling (Riessman 1993; see also chapter 4 for more about these methods). In doing my analysis, I make a distinction between sociology that simply places social action into pre-determined conceptual categories and sociology that explores how people use categories and their attributes in their actual interpretations of the social world (see also Morgan 1980: 335).

In sum, I shall analyse in this thesis how the interviewees, in collaboration with me as the interviewer, locally invoke social worlds and negotiate moral orders in describing their family member’s ‘suicide’ and their own ‘bereavement’ by using the notion of ‘the family’ as the central organising principle in their talk and by attaching attributes to it. The interview data consist of people living in the highly individualised, privatised and secularised late modern West, specifically Finland in Northern Europe. Due to its geopolitical location and history, Finland has always been a meeting point of Western (Swedish) and Eastern (Russian) cultural influences, but at least during its independence over the last 83 years the country has most strongly identified with the ‘Western’ world. In locating my interviewees’ talk in its cultural context and this study in contemporary sociological debates concerning the production of human subjectivity in discourses (Rose 1996; Rabinow 1991; Foucault 1980, 1973), I shall use historical

and anthropological research to outline varying understandings of ‘suicide’ and ‘bereavement’ in different times and places, as well as social constructionist theories of ‘the family’ and ‘emotionality’. I establish the following four positions as the basis of this study:

- Firstly, understandings of *suicide* as a social act have varied widely over time in the West, from a heroic to an unnatural and criminal act, to the current psychiatric understanding of suicide largely as a genetic ‘illness’ caused by ‘major depression’. The ‘voluntary’ suicidal death seems to have been always considered particularly damaging to the community’s social bonding, and various explanations and regulations have been used in trying to control it. Here, I refer by ‘community’ to all groups of people outside one’s immediate and remote family, extending to ‘society’. Since the dead themselves could not ‘care less’, the community’s approving, blaming or understanding attitudes to suicide have mainly affected suicide attempters and bereaved families, who have variably been subject to social avoidance, blame and shame, loss of the deceased’s property, or sympathetic pity. I shall discuss these issues further in chapter 2.
- Secondly, the Western nuclear *family* has become the idealised and privatised locus of care it is today gradually during the modernisation process. According to Giddens (1990: 1), “modernity refers to modes of social life (...) which emerged in Europe from about the seventeenth century onwards and (...) became more or less worldwide in their influence”. The contemporary ‘family discourse’ to which I refer throughout the study implies the dominant way of discussing family issues in public. This discourse seems ambiguous in suggesting that ‘the family’ is separate from the rest of the community and alone responsible for its individual members, even though these different parties are unavoidably linked together via influences of the culture. At the same time, individuals are expected to be independent and self-reliant. These contradictions derive from nineteenth century Protestant middle class ideals, which valued the notions of mutual dependency and obligations (Gillis 1997: xix) as well as from ideas of secular individuality enhanced by Enlightenment (Morris 1994: 148) and advanced capitalism (Stearns & Knapp 1996: 146; also Giddens 1990). Nowadays, there are several ways to live in and as a family, but ‘traditional’

values seem to still dominate public discourse so that ‘the family’ is morally expected to care for its members and act in the social arena in certain (rather than other) ways. For example, a ‘deviant’ member’s acts can damage also the family’s moral reputation. Therefore, in this study the bereaved family members demonstrated their responsibilities after a suicide through talking about such emotions as guilt and shame (see sections 5.2.1.1 and 5.2.3.1). I shall discuss these issues further in chapter 3.

- Thirdly, I shall view expressions of *emotions* as ‘tools’ with which people are able to comprehend and manage their social relationships. I see emotions as social products of, and responses to, specific historical and cultural human situations rather than bio-psychological eruptions of individuals’ ‘inner selves’, even if they were experienced in this manner in late Western modernity. I understand the interviewees’ expressions of emotions of suicide bereavement in this study as their analytic and interpretative processes in locally collaborative interviews. Whether their emotions preceded the interview occasion or not, they also talked about and demonstrated them to produce themselves as credible and comprehensible in relation to certain social expectations. Therefore, whatever emotions ‘really’ are, they also involve a moral component. I shall discuss this further in chapter 3.
- Fourthly, in a *social constructionist* approach to talk people are perceived to analyse things from particular, yet culturally and socially ‘preferable’ viewpoints concerning the nature of things, which for them become ‘reality’. In interpreting their life events, people are morally accountable for what they say and construct an order of the social world in which certain values and understandings exist while others do not. For example, a family member’s suicide presents people with a special challenge of critique and blame (see section 5.2.1.1). I shall discuss these issues further in chapter 4.

I shall now take a look at the ‘epidemiology’ of suicide globally and in Finland.

1.2 The ‘epidemiology’ of suicide

Here, I offer some general numbers of suicide globally and in Finland to demonstrate its occurrence in relation to other causes of death, even if the reliability of official statistics is questionable since they are gathered according to certain culturally defined rules and understandings (see also section 2.5.2). Suicides are likely to be under-reported in the first place, and the bereaved as well as professionals can remain uncertain about the actual nature of a death (Aldridge 1998: 11; Pritchard 1995: 5). Thus, the reporting of suicide is influenced by cultural construction of social reality (Aldridge 1998: 98).

Suicide has been recently a major public health concern in Finland following WHO guidelines (World Health Organisation 1999) to which the Finnish response was a 10-year comprehensive national suicide prevention project in 1987–1997, involving all relevant authorities in the fields of social affairs and mental health and being the first of its kind in the world (Upanne, Rauteva & Hakanen 1999; Lönnqvist, Aro & Marttunen 1993). I participated in the project by coordinating its last part, the external evaluation in which a group of four independent experts assessed the objectives and outcomes of the project. During the project an average of 1,377 (mainly male) deaths were registered yearly as suicide, this being a rate of 34 persons in 100,000 people (0.03% of the total population; Statistics Centre of Finland 2000). The suicide rate remained quite stable and seemed independent of such ‘factors’ as societal circumstances. For example, the number of suicides did not appear to increase during the heavy economic recession of the 1990s. This would at first seem to confirm the psychological and psychiatric perceptions of the stability of suicide’s causes. However, as noted before, many issues affect the construction of statistics, whereby their consistency is arguable.

Be this as it may, according to international statistics (World Health Organisation 1999) suicide rates have increased by 60 percent worldwide during the last 45 years. For example, in 1999 suicide was among the three leading causes of death in 15–44 year-olds around the world. Yet, only two percent of all deaths globally were registered as occurring due to ‘self-inflicted intentional injuries’, particularly in (Eastern and Northern) Europe and Southeast Asia. This is put in a perspective by comparing it with the leading causes of death, cardiovascular diseases, which comprise 30 percent of all deaths in the world. The three leading suicide countries in 1999 were the Baltic Countries, Russia and Hungary, but also Finland’s suicide rate has long been slightly higher than the average (3% in 1997; Statistics Centre of Finland 2000), ranking the

tenth in the world. (World Health Organisation 1999.) In general, men commit suicide more often than women or their methods are more effective. Women, in turn, engage twice as often as men in deliberate self-harm (Pritchard 1995: 55). Globally, 61 percent of suicides are men and their proportion is even higher in Finland, some 80 percent (World Health Organisation 1999), which happened also to be the amount of male suicides in this study. It is interesting to note, for the sake of comparison, that also in medieval Europe men were three times more likely to kill themselves than women (Minois (1999: 37). Women kill themselves more often only in rural China, which has been explained to occur due to the heavy repression they experience (Kelley 1999; Group for the Advancement of Psychiatry 1989: 95). According to the studies quoted by Stillion and Stillion (1998–99: 81 – 88), men are more likely than women to accept suicide as a straightforward solution to problems and are less compassionate to suicidal people in general.

When suicide is understood to happen for reasons attributable to the person's social conditions, it can be thought of as the most social individual act, that is, as an *isolated* individual's act, which is yet subject to *social* forces (Murray 1998: 42; Marshall 1994: 521). In terms of its aftermath, it seems unlikely that a suicide concerns only the person killing himself or herself, but it probably affects also people close to him or her and the wider community. Suicide terminates the bereaved's immediate relationship to the deceased as well as changes their other social roles. Although no research as yet has been done on the number of people bereaved by suicide (McIntosh 1996), it has been roughly estimated that a suicide affects some ten other people (Heiskanen 1996), especially family, friends and relatives but also such 'outsiders' as mental health and social welfare professionals through their work contacts and practices. Accordingly, some 14,000 people in Finland may face the consequences of a close person's suicide yearly, which is a somewhat higher number than the global average and makes Finland a good case for studying suicide bereavement due to its possible cultural relevance and 'visibility'. Next, I shall recount my personal history in terms of this study.

1.3 Personal history

I started to plan this PhD in autumn 1996, choosing the topic because it was close to my personal experience. Three years earlier, my then partner disappeared after a series of distressing events and was later found dead, which I ended up interpreting as having

most likely been suicide, although the case was never solved and other options remained open too. In terms of this study, then, I identified myself (also to the interviewees) as being a ‘member’ of the group I studied, besides being the interviewer (I shall reflect on how this may have influenced the study in section 4.1). Additionally, the subject of suicide bereavement became personally topical to me again a year later when I started to coordinate the external evaluation of the Finnish Suicide Prevention Project, which gave me a good access to contemporary ‘expert knowledge’ of suicide and the policies of suicide prevention (see the previous section). Therefore, my motives for doing the PhD were personal in two ways: I wanted to find out how other people ‘dealt with’ their experience of suicide by somebody close to them as well as to gain the further qualification for research work.

For the first two years, I conducted part-time study at the Department of Sociology, University of Helsinki (Finland). During this period, I attended two suicide bereavement support groups and got a preliminary knowledge of suicide and bereavement theories and research. It became apparent that Finnish studies of suicide bereavement in the family were practically absent, while international psychological research on the topic was quite extensive. On the basis of my reading on the subject, participation in the support groups and my own experience, I designed the interview guide (see section 4.1.1), produced the data (21 interviews of which 16 were used) and had it transcribed. At the same time, I gathered background material by following public discussions of suicide and its appearance in cultural products. While sketching the methodological framework for data analysis in discourse and narrative analyses, I realised that the way in which I had approached the topic of suicide bereavement so far had been very psychological, that is, trying to figure out *what* people’s experiences (truly) *are*. For example, the common suggestions of suicide bereavement studies and public discussion – that suicide is a painful experience for relatives causing guilt, shame and anxiety, as well as a taboo to families and wider society – had seemed easily understandable and plausible to me. However, while still wanting to keep people with their experiences at the centre of the study, I needed something else for a sociological analysis of suicide bereavement.

In 1998, research grants awarded by Finnish funding foundations (see acknowledgements) allowed me to study full-time for three years at the Department of Sociology, Goldsmiths’ College, University of London. It was here that I found the methodological tool I had been looking for, that is, the ethnomethodologically oriented discourse analytic method of membership categorisation device (MCD) analysis (see

section 4.2.2), which I applied to my data (see chapter 5). With MCD analysis, I was able to understand the interviewees' *talk* about their experiences as interactional and locate it in the social context of its production, which allowed me to also bring into analysis culturally and historically specific resources present in our time for people to make sense of the events of their world. At the same time, I examined earlier studies of suicide bereavement further, to gain a focused understanding of the place of my study in the field as well as its possible contributions, and constructed a theoretical basis for it. In conclusion, in the course of the study my analytic approach – and therefore the topic of the thesis – changed completely from a 'realist' view of the essentialistic nature of people's 'lived experience' to a 'constructionist' understanding of those experiences as socially located and produced in different situations for different audiences. I thus ended up analysing *how* people make themselves and their experiences socially comprehensible as, for example, psychologically 'authentic', rather than listing individuals' bereavement 'symptoms' or the like. I shall now briefly describe the chapters of this study.

1.4 An overview of the chapters

In the following chapters, I shall first describe 'the story so far', that is, explore the academic suicide and bereavement literature which provided me both with the necessary background for understanding my study subject and secondary data, since scholarly perceptions are also socially constructed products of their time. I shall then outline other theoretical concepts with which the data were interpreted, introduce the specific tools employed to analyse the interviewees' talk, analyse the data and summarise the study outcomes. Finally, I shall discuss the study outcomes and draw conclusions from them.

After this introductory chapter, chapter 2 (the literature review) consists of anthropological, historical, psychological and sociological accounts of suicide and bereavement in order to show how these issues have been studied so far and to locate this study in the research field. The literature review provides the reader with an understanding of suicide bereavement as a socially negotiated phenomenon, the understandings of which vary culturally and historically as well as across different disciplines. Psychological views on suicide and bereavement are currently dominant in the West, and sociological theories of suicide and bereavement are introduced here to demonstrate a different way of approaching these topics so that the 'psychological gaze' can itself be included as an object of study. In chapter 3, the study's theoretical

background, I shall set up an understanding of ‘emotions’ and ‘the family’ as social constructions in order to perceive the interviewees’ expressions of ‘suicide bereavement’ as responses to certain moral expectations of their society and time. In chapter 4, I shall describe the interviewees and introduce the analytic tools of the study, membership categorisation device (MCD) analysis and narrativity, with which the construction of social reality is interpreted following the ethnomethodological tradition. In chapter 5, I shall analyse the interview data and describe the study outcomes, demonstrating how the interviewees negotiate moral orders of their family member’s suicide in their accounts of its causes and aftermath. Finally, in chapter 6 I shall draw sociological conclusions about suicide bereavement and suggest contributions that are made by the study.

Chapter 2:

Review of suicide and bereavement research literature

In this study, I aim to analyse how people bereaved by suicide come to talk about their family member's act and their own bereavement in certain ways, understanding themselves and others as certain kinds of human subjects and negotiating moral orders. In this literature review, I shall introduce the main arguments on suicide and bereavement in anthropological, historical, psychological and sociological research to locate the study in the field, recognise that in any cultural and historical context some social practices dominate over others in analysing suicide and bereavement, recount current understandings of Western scholars concerning suicide and bereavement as constituting cultural stocks of 'expert knowledge', and suggest a sociological view of suicide bereavement. The varying perceptions of suicide and bereavement in the studies examined are cultural and social constructions rather than any final words on the topics (see also Rabinow 1991: 4 – 5). For example, different disciplines comprehend the 'causes' of suicide differently, so that while psychology understands certain *kinds of people* to commit suicide (any social motives being just 'triggering factors' to this), social sciences see suicide as taking place under certain *social conditions*.

The main difference in the contemporary West to earlier times in relation to suicide and bereavement seems to be that, instead of religion, these issues are represented and interpreted by psycho-medical expertise, particularly psychology, and mass media (also Walter 1993a: 266, 281). I intend this chapter to convey the idea that in a similar way to doing research, such people as the interviewees in this study make sense of the world's events in their everyday lives by constructing theories of social actions like suicide and bereavement in and through their use of historically and culturally available materials and 'ideals', for example, psycho-medical discourses (see chapter 5; also Littlewood 1992: 1). Use of these materials and types of 'expert knowledge' may be particularly important in suicide bereavement, because 'ordinary people' cannot be responsible for something like suicide. I shall introduce a sociological approach here as a way of theorising on the topics of suicide and bereavement so that the 'psychological gaze' can also be included as an object of study.

In the section on the anthropology of suicide and bereavement (2.1) in this chapter, I shall note a culture's impact on its members in general and recognise the categorisation of different kinds of death, introducing suicide as a special case of this. I shall also summarise the rules of mourning in Western and some other cultures, describe emotional expressions of bereavement in relation to the obligations and rights allocated to people, and introduce the Finnish cultural heritage of suicide attitudes as an aspect in understanding the accounts of the interviewees in this study (see chapter 5). In the section on Western history of suicide and bereavement (2.2), I shall first recount the Western legacy of the rights and responsibilities of individuals and their communities as well as describe understandings of and attitudes to suicide as phenomena varying in time, from a vastly social to a largely personal act. I shall then describe the privatisation of life and death in modernity and turn to the historically condemning or understanding attitudes to the bereaved, noting that the family has always been considered more involved in a suicide than other people.

In the section on psychological views of suicide (2.3), I shall interpret the 'psychological gaze' on causes of suicide as "the history of the present" (Rose 1996: 43) in the contemporary West, which the interviewees in this study also employed in their explanations, touch upon the differences in psychiatric and psychological theorising of suicide and recount studies which suggest that suicide derives from the individual's 'psyche' or his or her social relationships. In reporting psychological theories of bereavement (2.4), I shall explore the 'stage' and 'task' theories of suicide bereavement along with their critics to point out the normative nature of this psychologised 'grief process', review study findings comparing effects of different losses, note that suicide bereavement is understood as particularly painful and stigmatising in psychology, and describe talking and support groups as the main contemporary 'techniques' of suicide bereavement (see also Foucault 1973).

In section 2.5, I shall summarise sociological theories of suicide to demonstrate an approach that enables me to include the normative 'psychological gaze' as an object of study. I shall explore the Durkheimian tradition of suicide study as well as its critics to note that understanding suicide as 'caused' by changing societal conditions rather than individuals' characteristics is also a social construction, and any suicide becomes interpreted and defined as such in a culturally and historically shifting process of social meaning-making. In discussing sociological theories of bereavement (2.6), I shall introduce an understanding of suicide as a social act which terminates relationships and roles, as well as perceive bereavement as a social process in which people use cultural

stocks of knowledge to act in relevant ways, rather than it being something psychologically 'internal' to them. Also in their bereavement, people are social creatures and have to follow a certain social order to make themselves comprehensible and acceptable. However, as a relatively rare and unusual death suicide can be perceived as an 'abnormality', which enables stigmatisation of the bereaved.

2.1 Culture: the anthropology of suicide and bereavement

In this section, I shall describe different cultural understandings of suicide and bereavement in order to demonstrate that, along with mourning practices, the commonly shared 'knowledge' concerning these issues varies locally. Also my interview data of family members' suicides has to be culturally located in the (late modern) West. I shall note here the general impact of a culture on its members and distinguish categorisation of different kinds of death, particularly suicide. I shall also summarise the cultural rules of mourning for suicide, describe emotional expressions of bereavement and different people's obligations and rights, as well as introduce the Finnish heritage in attitudes to suicide.

I adhere here to the perception that comprehension of the whole culture is involved in following a single rule (Wittgenstein 1968). Living in a culture means "making distinctions, discriminating, setting apart, classifying" (Bauman 1992: 38), that is, understanding things by categorising them. In order to discover the specific cultural principles of this categorisation, I shall here look for particular circumstances instead of 'universal' ones (Douglas 1993: xvii, 61). When the interviewees produce the 'private' meanings and everyday values of their individual lives locally, they use their knowledge of moral expectations in their community (Tainio 1997: 291). The individual experience is transferred to the social level in and through the culture's dominant moral orders, which are produced, for example, in talk and bind the two together (Taylor 1982: 18). Attitudes to death and grieving are also issues of moral order (Peräkylä 1985: 45) that can be observed, for example, in the emotions involved (Lee 1994: 1). Since culture provides resources for people to define themselves and others (Aldridge 1998: 31), cultural understandings must also become a part of the bereaved's suicide explanations and, therefore, most probably influence their experiences of it.

2.1.1 Cultural understandings of suicide

People in different societies have been seen to resolve the problems of death and bereavement, the ultimate ending of social relationships, by adopting certain beliefs and customs (Parkes, Laungani & Young 1997: 4; Rosenblatt 1997: 30). For example, the dominant theme of funeral rites all over the world seems to be transition rather than separation, the bereaved family being also subject to rites (Littlewood 1993: 75). Particularly in small-scale cultures people often believe that the spirits of the dead transit from one state to another and occupy several categories and statuses on their way. Social death can also occur before the physical one, so that a person may participate in his or her own death rituals. (Rosenblatt 1997: 31 – 37.) Also the ancient Finns regarded the line between life and death as very thin, and death did not end their social relationships (Achté, Lönnqvist & Pentikäinen 1985: 63). However, as will be noted in section 2.1.3, people who died ‘deviant’ deaths were denied proper death rites and thereby disallowed a place in “the double society” of the living and the dead (Pentikäinen 1996: 19; also Seale 1998: 65). In the late modern West, it seems to be a common attitude that the deceased’s “substantial self” is considered to leave time, place and everyday understandings for good at physical death (Douglas 1967: 285), so that the person is seen as either dead or alive (Rosenblatt 1997: 31). However, outside this ‘rational’ attitude, the interviewees in this study often describe, for example, having experienced strong presence of their dead and dreaming of afterlife with them.

Different kinds of death are often understood and dealt with differently (Rosenblatt 1997: 37), so that certain ways of dying are perceived as normal and ‘good’ while others are deviant and ‘bad’ (Pentikäinen 1996: 19). In cases of ‘good’ deaths, the deceased are seen to have “completed their one and only life” (Walter 1997: 183), whereas this is not the case with ‘bad’ deaths. A ‘normal’ death in the medicalised Western culture is considered to result from an ending of the individual’s physiological processes, while in another culture it can be understood to occur, for example, because the person was cursed (Rosenblatt 1997: 35). In contrast to the ‘good’ death, ‘bad’ deaths are uncontrollable, happening in the wrong place and at the wrong time (Bradbury 1993: 68). Hooff (1990: 161) argues that when it comes to suicide, different cultures either make no distinction between a natural and a violent death, honour a suicide posthumously as an heroic act, deny a suicide the normal death rituals, or assume the person to restlessly travel between the worlds of the dead and the living. To these, the late modern Western attitude could be added according to which those

deceased and bereaved by suicide are simultaneously stigmatised and ‘understood’. A child’s suicide is the most discreditable death in many societies (Young & Papadatou 1997: 204), probably because it operates against such ‘ordinary’ expectations as children outliving their parents.

Differences in attitudes to suicide have been found both within and between cultures (Stillion & Stillion 1998–99: 90 – 91). In particular, idealised cultural understandings can differ significantly from what people do in reality, because they negotiate and construct meanings locally (Atkinson 1978: 22; Douglas 1967: 107, 251 – 257). For example, Bright (1996: 105) argues that even if suicide is today decriminalised in most countries, it can still be ‘disguised’ by hiding incidents of suicide and registering them as accidents. People who kill themselves in communities strongly disapproving of suicide may choose such obscure methods of death as car crashes to cover the traces in order to preclude social punishment to their family (Heritage 1996: 171; Douglas 1967: 209). Religion has often been presented as a social ‘factor’ that either prevents or encourages suicide (see also Minois 1999). In the world’s main religions, suicide is a wrong act interpreted as a rejection of life, which is considered God’s gift (Young & Papadatou 1997: 194). International statistics (World Health Organisation 1999) prove interesting here since, for example, only a few people seem to kill themselves in Catholic and Muslim countries (see also ‘epidemiology of suicide’ in section 1.2). Suicide is still a cardinal sin in the Roman Catholic Church, which Pritchard (1995) illustrates by a contemporary scene of a “shocked local [Greek] community expressing its ambivalence in *attending* the funeral of a suicide held *outside* the village cemetery” (my emphasis). Also Islamic cultures have major religious penalties against suicide. (Pritchard 1995: 1, 11, 72.) In the Jewish tradition, suicide is “an unspeakable crime” and all ‘sane’ suicides, or everybody considered to have committed the act in full possession of their mental faculties, are buried away from the ‘normal’ dead (Levine 1997: 123).

According to statistics (World Health Organisation 1999), most of suicides today seem to occur in those former communist countries that now follow Orthodox Christianity, which may not judge suicide as seriously as some other religions. Of course, these countries are undergoing also other profound societal changes, which affect people’s lives in many ways. In the highly secularised, materialised and ‘humanised’ West, suicides occur to the largest extent in Scandinavia (primarily Finland) and Central Europe. These countries have their most recent religious heritage in Protestantism, which, again, may be a relatively tolerant religion in regard to suicide.

They are highly capitalist, which can be understood to mean more value on economic success than on an individual human life as such. However, politically these countries have been mainly social democrat for the best part of the last 50 years or so which, along with the widely spread psychological discourse, have probably enhanced a rather 'understanding' and 'humanistic' attitude to suicide (see also Atkinson 1978: 53). As will be pointed out in section 2.1.3, Finland has also belonged to the nomadic cultures of Arcticum in which suicide was not traditionally condemned. For example, the Alaskan Inuit have considered a person committing suicide to fare better in the afterlife and suicide to be particularly appropriate when the individual has become a burden to the group (Group for the Advancement of Psychiatry 1989: 37 – 47). It is possible, then, that suicide is a more 'ordinary' and accepted act in Finland than in many other countries.

A culture different from Western Europe but with a high suicide occurrence and tolerance is Japan, where ritual suicide has long been a socially sanctioned practice (Group for the Advancement of Psychiatry 1989: 59). According to Hooff (1990: 108), the "excessive" involvement of the Japanese with their social roles makes them vulnerable to "social disturbances or personal mistakes". As will be seen in section 2.2.1, the ancient Greeks had a similar approach to suicide. Pritchard (1995: 12) notes that in the Hindu tradition women's 'altruistic' suicides (following the death of their husband) appear as acceptable, but a man's suicide is still a taboo. Hooff (1990: 106) argues that in some African cultures threatening to commit suicide is an effective means to put pressure on another person. Alvarez (1971: 49) adds that sometimes a whole tribe's morality and mythology regards suicide as a way to better life. Similar kind of thinking seems to be employed in the 'happy' or 'dignified' ritualistic mass suicides of some cults, for example, the People's Temple or the Davidian Branch. Yet, in the Western media people involved in mass suicides are described as having been somehow 'led astray', because it seems categorically impossible for 'happy' people to commit suicide. This follows the dominant moral order in which suicide is considered to be some sort of pathology (see sections 2.3. and 2.5 for psychological and sociological views of suicide). I shall now turn to describing emotional expressions of bereavement.

2.1.2 Emotional expression of bereavement

In all societies, emotions of bereavement are shaped and controlled for the sake of the deceased, the bereaved and others (Rosenblatt 1997: 36). However, even if most cultures socially sanction crying, fear and anger as emotional responses to death (Parkes, Laungani & Young 1997: 5), there is no universal agreement as to when or how these emotional actions should be conducted in public (see also section 3.1.1). For example, in some cultures the deceased's social position influences the bereaved's degree of crying (Seale 1998: 199). The same emotional expressions can have also completely different connotations in different cultures (Parkes 1997a: 212). Heelas (1996: 174) notes that such 'basic emotions' as anger "show little cross-cultural consistency in meaning" because they can be located differently, for example, in specific body organs or social activities. In the West, the familial bonds between parents and children are often considered as the most important and persisting social relationships and, therefore, parents are likely to experience their bereavement as particularly complicated and intense (see also section 2.2.5 on historical understandings of bereavement and section 3.2 on Western family ideology). A child's 'unnatural' death compels parents to perceive themselves as having failed and lost meaning in their lives as well as hope in their future. A strong stigma attached to a child's suicide can effectively prevent families from grieving in public and receiving social support. (Young & Papadatou 1997: 203 – 204; also Mulkay 1993: 43 – 45.) In this study, half of the interviewees had lost their (adult) child and half their parent (see section 4.1.1).

Some researchers (Parkes, Laungani & Young 1997: 9, 14; Lee 1994: 56; Hockey 1993: 129) argue that grieving is unacknowledged in the West in general and that overt public expression of emotion is discouraged, even if certain therapeutic orientations support 'letting it all out' in the form of powerful emotions (see also section 2.4.3 for bereavement support groups). For example, Thompson (1997: 76) argues that any other but the 'openly expressive' demonstration of emotion can be pathologised in psychological discourse today, and Littlewood (1992: 86) notes that sometimes one's social network continues to reinforce and prolong one's grief unnecessarily. Princess Diana's death in 1997 also arose an unexpected wave of public mourning. However, usually at Protestant funerals distance from the dead is emphasised and their "threatening presence" kept away by a code of serious, formal behaviour (Elias 1993: 24, 32; also Walter 1999: 34), which makes the funeral "a trial of strength" and the 'successful mourner' to be the one who manages to remain calmest (Walter 1996: 22;

also Pincus 1974: 42). By and large, this seems to be also the case in Finland. Grieving is largely considered an individual action consisting of, for example, talking in psychodynamic therapies (Rosenblatt 1997: 40 – 43; Lee 1994: 16) or, at best, in support groups. Lutz (1988: 82, 111, 128, 157, 160 – 176) argues that, in general, Western people ‘deal with’ each other’s misfortune by ignorance (also Lee 1994: 2), that is, by not offering their help, whereas the Micronesian Ifaluk people expect everybody to express a mixture of compassion, love and sadness due to one person’s grief, regarding death more as an end of relationships than of an individual life. Stillion and Stillion (1998–99: 81 – 84) argue, on the basis of many psychological studies, that people other than the bereaved regard suicide as less tragic than any other violent death. However, those who are closest to the bereaved are to some extent expected to help them in their grief, but it is not always apparent even to the family who is supposed and allowed to give support (Littlewood 1992: 84).

In many other societies than the Western ones, complex and enduring mourning rituals require collective participation and can include “a grief heavily laden with joking and laughter, murderous rage, wailing and lamentation or mute unresponsiveness” (Rosenblatt 1997: 32, 36). In the Hindu tradition, for example, everybody who knew the deceased to any significant extent is obliged to attend the funeral (Parkes, Laungani & Young 1997: 14), because they make the bereaved realise that they are not alone, and “the daily crying and wailing” enables open discussion about the deceased (Laungani 1997: 64). At the Jewish funeral, friends affirm the deceased’s individuality by joking at his expense (Douglas 1993: 109). Seven days after the funeral, the mourners are allowed to emerge from their grieving to talk and accept comfort from others, and mourning beyond eleven months is discouraged. Also mourners of suicide are entitled to comfort in the Jewish tradition because they are seen as victims and sufferers rather than guilty. (Levine 1997: 114 – 123.) Next, I shall introduce traditional Finnish attitudes to suicide.

2.1.3 Finland as a cultural case

Statistically, Finland has been among the world’s ‘top-ten’ suicide countries for several years (see section 1.2). Järvinen (1994: x, 32) argues that the Finnish suicide phenomenon should be discussed in terms of cultural models of self-destruction, which sustain and enforce ‘depression’ and ‘isolation’ among the population. In the public discussion of suicide in Finland, the self-destructive tradition seems to be a fairly

commonly shared understanding of Finnish culture. However, it is impossible to say whether or how much Finland differs from other countries in this respect. Nevertheless, in this section I shall briefly investigate the issue of Finns' 'proneness' to suicide in folklore by recounting suicides in the Finnish national epic Kalevala in which a 'self-slaughter' often describes a heroic or necessary death (Achté, Pentikäinen & Fagerström 1987: 145) and by describing some old Finnish myths which show apprehension towards suicide (see also section 2.1.1).

In general, the old Finnish folk stories tried to control deviant behaviour by implying that an individual's 'bad' life had led to suicide, that is, it was his or her responsibility, which lessened the community's 'anxiety' and 'guilt' (Achté *et al.* 1989: 89). However, in Kalevala suicide is generally approved of as a logical result of certain events and actions. For example, the heroine Aino drowns herself to avoid marrying an old man and the anti-hero Kullervo and his sister kill themselves due to incest. Suicide is depicted as appropriate also when the person has become unnecessary to the community and performs a voluntary exit, as the wizard Väinämöinen does in his final departure (see also the tradition of Alaskan Inuits in section 2.1.1). Kalevala's stories date back to 'pagan' times but its poems may reflect also the historical time of their writing when, as a result of the medieval Crusades, Finland was receiving influences both from Eastern Orthodox Christianity and Western Protestantism, which did not absolutely condemn suicide, and Western Catholicism, which did (Pentikäinen 1989: 288 – 292).

In the shamanistic cultures of Arcticum to which Finland once belonged, death was perceived as a transferral to another kind of existence rather than as a complete end of life. However, suicides that could not be understood as 'fate' or 'voluntary' (like the suicides in Kalevala could) were problematic in everyday life since the living could not communicate in the 'normal' way with people who were seen to have killed themselves 'unwillingly'. (Pentikäinen 1996: 20 – 28.) The state of non-communication resulted from the belief that a person's 'soul corpse' lived for as long as he or she would have done under 'normal circumstances'. In the case of an unexpected and 'involuntary' suicide, the 'soul' could stay around forever to haunt the living because the person had died before things could be settled with him or her. This made an 'unwilling' suicide a particularly demanding and threatening death. In this study, the interviewees describe a 'voluntary' suicide as the right of a responsible individual that has to be accepted, at least in principle. However, they understand their *own* family member's suicide to have been mainly an 'involuntary' act, 'caused' by a party other than the deceased or

themselves, which relieves them from responsibility (see section 5.1.5 for the interviewees' descriptions of suicide's moral nature).

In the premodern times in Finland, the bodies of people who had killed themselves were lifted to their coffins with hooks in order to prevent the 'curse' from contaminating and staying with the family. They were buried unwashed on their stomach in the clothes they were wearing at the time. In traditional folk beliefs, the Devil was thought to appear at the moment of self-killing to give advice on how to, for example, hang oneself. People experienced the earth trembling, the house shaking and things moving around when a suicide took place, and some described hearing loud roaring as if the world was coming to an end. The body of a suicide was rumoured to be so heavy that even a horse could not pull it. (Achté, Lönnqvist & Pentikäinen 1985: 62 – 69.) Therefore, suicide has been traditionally regarded with fear or acceptance in the Finnish culture, which attitudes are still observable in such contemporary people's interpretations as those of the interviewees in this study (see section 5.2.1.2 for accusing the deceased for the suicide's consequences and section 5.2.1.3 for accepting the suicide). The interviewees describe also having perceived certain warning signs prior to their family member's suicide, even though these were very different from the ones mentioned here (see section 5.1.2).

2.1.4 Summary

In this section, I have discussed different cultural understandings of suicide and practices of expressing emotions in bereavement in order to demonstrate that, rather than being universal, the shared 'knowledge' of these issues varies culturally and locally. This helps place my interview data, which concerns family members' suicides, in the context of the late modern West. I noted here a culture's general impact on its members, distinguished suicide as a categorisation of death different from others, and introduced traditional Finnish attitudes to suicide. For example, the religious or secular nature of a culture appears to be an important issue influencing the ways in which its members talk about suicide. Suicide seems to be a special case of death in all cultures, being honoured or condemned at any given moment. At different times, both these positions have also been established in the Finnish folklore concerning suicide, and they can still be seen in contemporary people's attitudes.

People are also expected to conduct their public mourning differently in different parts of the world, ranging from intense expressions of emotion to rationally ‘composed’ behaviour. For example, overt public expression of emotion is generally discouraged in the West, even though it is promoted in such bereavement practices as support groups. Furthermore, people in different relationships and roles with regard to the deceased are considered to have different obligations and rights in the aftermath of a suicide and expected to carry out their mourning accordingly. For example, Western parents bear their loss largely alone, whereas in many other cultures the whole community participates in their grief. Next, I shall explore Western understandings of suicide, bereavement and bereaved people further, through a discussion of their historical developments.

2.2 Time: Western history of understanding suicide and bereavement

In this section, I shall summarise research concerning Western understandings of suicide, bereavement and bereaved people from antiquity onwards to demonstrate that the shared ‘knowledge’ of these issues varies in time, even if present conceptions appeared as completely ‘natural’ to contemporaries. As Benedict (in Good 1994: 32) notes, “the very eyes with which we see [any issue] are conditioned by the long traditional habits of our own society”. Therefore, perceptions of things are actually social products, some of surprisingly recent origin. For example, according to Gillis (1997: 210), the habit of the family to grieve a child’s death more than that of an adult emerged only by the twentieth century. I intend to describe here how we have come to the current situation in which suicide and bereavement are perceived as people’s ‘inner’, psychological processes rather than social acts. It is also specific to this time that authorities try to simultaneously promote an understanding attitude to suicide and the bereaved and the prevention of suicide by societal projects (similarly to other ‘health promotion’, see Bury 1997: 9; also section 1.2).

Douglas (1993: xiii) argues that the sacred in a community is that which is recognised as the authority beyond the individual. Generally, in Western history this authority has been allocated to the society or religion. First and foremost, the authority tries to control things that are considered most dangerous to the community’s existence, such as people’s individual passions or death, by promoting moral orders that consist of expectations, conventions and rules concerning the nature of things. For example, the general moral order in medieval Europe, including the concern with suicide, was largely

based on Catholic Christianity, which dismissed suicide as a moral crime (Alvarez 1971: xiii). The controversy between an individual's 'will' and rights versus social determinism and God's or society's rights has been the basic moral problem of social action in the West since antiquity. Time and again, suicide has evoked discussion about an individual's personal freedom and his or her obligations to others. (Douglas 1967: 3 – 4, 17; see also section 5.1.5 for the interviewees' descriptions of the moral nature of suicide.)

2.2.1 Suicide in antiquity and early Christianity

Historical sources (in Minois 1999 and Hooff 1990) indicate that in antiquity and early Christianity suicide was, in general, considered an acceptable way of dealing with *certain* (if not all) kinds of problems. For example, 'the insane' were not held responsible for their "self-murders" because their acts were not considered intentional and, thus, they were not seen as 'guilty' (Pritchard 1995: 23). As in many Western countries today, there was no legal or religious prohibition of suicide for 'free men' in Rome because life was not considered a human right or a gift from gods (Minois 1999: 48). Hooff (1990) argues that the ancient "shame-society" was oriented towards an ideal of heroism in which self-destructive behaviours had little of the "life-preserving and contact-seeking" quality of modern acts, which leave room for others' intervention. However, people did prefer to kill themselves in front of an audience to settle their shame. (Hooff 1990: 78, 108, 129.) In the Stoic tradition, committing suicide allowed a 'free man' to escape social shame by performing a honourable exit (Aldridge 1998: 23), and Greek magistrates even kept "a supply of poison" for those wishing to commit "a noble suicide" (Alvarez 1971: 53). However, those who did not give the Senate a reason for their suicide "were thrown away unburied" (Hooff 1990: 168). The Cynics professed complete detachment from life if it could not be lived "with reason", and the Epicureans instructed a person to commit suicide "without fuss" if life became intolerable (Minois 1999: 44). It is possible to observe a similar kind of attitude in contemporary Japan and the individualistic West, where economic 'failure' can be seen as a shame that makes suicide 'comprehensible'. The interviewees in this study echo these secular 'values' by describing suicide as an individual's basic right, even though they also say that it is wrong to others (see section 5.1.5 for descriptions of suicide's moral nature).

Besides glorification and tolerance, scorn was also a part of the ancient attitude to suicide. According to Hooff (1990: xiv, 71), cruel joking neutralised its “horror”. More clearly than Greek society, the Roman one was divided between admiration for the suicide’s manifestation of individual freedom and hostility towards the antisocial act (Minois 1999: 47). However, also Plato and Aristotle thought that people did not own their lives but were the property of gods or the community (respectively), which made self-killing wrong to these ‘others’ (Minois 1999: 45; Pritchard 1995: 26). For example, in Plato’s Athens the “self-murdering hand” of a suicide was cut off and buried separately outside the city (Alvarez 1971: 42). Even if later Christian thinkers were impressed by the heroism of the (possible) suicides of such ancient philosophers and rulers as Aristotle, Pythagora, Diogenes, Epicurus (Hooff 1990: 36), Socrates, Seneca, Lucretius and Cato (Minois 1999), their conduct was perceived as unavoidably immoral (Minois 1999: 41 – 42). Christian theologians used Plato’s ideas to develop further their understanding of suicide as the murder of the self, which was the image of God, adapting martyr stories to free saints of suspicion of self-murder (Hooff 1990: 13, 146). However, in early Christianity the person’s social origin and motives could still be taken into consideration in judging suicide which was, rather similarly to antiquity, acceptable if done in order to execute an authorised order, to escape shame or to avoid a cruel fate. Nevertheless, death was “not to be sought for itself or out of despair” but had to “testify to faith in God”, and only “indirect and altruistic” or martyr suicides were tolerated. (Minois 1999: 11 – 19, 24 – 31.) Indeed, this was probably because Christ himself could be seen to have given his life voluntarily for others. I shall next take a look at the changed attitudes to suicide in late Christianity.

2.2.2 Suicide in late Christianity

Suicide was truly condemned and criminalized as an offence against God, nature and society in late Christianity, from the fourth century on, when social, economic and political conditions put pressure on public morality. This condemnation may be still reflected in contemporary attitudes to suicide, because the religious order of the world gave way to more secular views again only in modernity. Medieval leaders of society considered suicide an accusation against themselves and the community but refused to bear any responsibility for it. Criminal law was made to forbid suicide because a man killing himself abandoned his family financially. The biblical suicides of Saul, Ahithophel, Simri and Judas were seen to prove that people killing themselves were

evil, and Christian burial was refused to all suicides except for ‘the insane’ and ‘the possessed’ (as seen in the previous section, ‘the insane’ had been excused already in antiquity). Clerical suicides were always declared insane in order to avoid scandals. (Minois 1999: 34, 115, 120 – 129, 143; also Hooff 1990: 136, 163.) However, any other evidence for the ‘insanity’ than the suicidal act itself was rarely offered. The burial of even an insane suicide could cause such unfavourable consequences as “dreadful weather”. (Murray 1998: 111, 167.) The Church had also problems in rationalising its ban, because neither the Old nor New Testament directly prohibited suicide (Alvarez 1971: 45).

The aforesaid probably explains why medieval suicide was ‘secret’, done in private and hushed up if possible (Murray 1998: 22). Should this not have been successful, however, some of the following was likely to happen to the ‘self-murderers’ who offended the community’s moral order: their houses were destroyed or kept closed (Hooff 1990: 164) while their bodies were subject to ritualised public ridicule and disgrace (Anderson 1980b: 50), being dragged, hanged and thrown onto refuse heaps. The living tried to prevent the dead from ‘haunting’ them, for example, by burying them at crossroads so that they could not find their way back home. This ‘wall of shame’ around suicide was not challenged until the onset of Enlightenment. For example, cemetery burial became a normal practice for suicides only in the late eighteenth century. (Minois 1999: 32, 35, 283 – 284.) In Finland, suicide was mainly a matter of criminal law until the sixteenth century when the country became Protestant under the Swedish rule. A hundred-odd years on, the Church adopted a more lenient attitude to suicide. (Achté, Pentikäinen & Fagerström 1987: 150.) I shall now turn to attitudes to suicide at the dawn of modernity, in the Renaissance and the Enlightenment.

2.2.3 Legacy of the Renaissance and the Enlightenment

Alvarez (1971: 54) argues that suicide is tolerated more in “sophisticated” and “rational” societies, while Hooff (1990: 167) maintains that the “totalitarian society” denies the individual this right. Following this logic, ancient societies should be seen as ‘rational’, the Christian one as ‘totalitarian’ and late modernity again ‘rational’. The way in which suicide is perceived depends on the social system of knowledge with which the world is likely to be interpreted at any given time. According to Minois (1999), Christians still considered suicide a “diabolic act” during the Renaissance. However, he notes that at the same time “the modern mind was forming”, when John

Donne stated in his book 'Biathanatos' that at times it was reasonable to kill oneself, and Shakespeare explored circumstances and motives of suicide in his plays. (Minois 1999: 94 – 95, 107.) Indeed, Pritchard (1995: 19) argues that today's interest in Shakespeare's portrayals of suicide derives precisely from the "degree of (...) rationality about them".

The movement to secularise, even normalise suicide really began when some intellectuals and physicians started to analyse 'melancholia' and anxiety as somatic, medical and psychological processes rather than the Devil's work. This work is still going on today (see section 2.3 on psychological views of suicide). Public discussion about the possibility of preventing self-murder by discovering and removing its motives and causes occurred for the first time. Today suicide prevention is a part of more general health promotion programmes (see section 1.2). By the eighteenth century, nearly every physiological function was seen as capable of contributing to a severe mental condition. The secularisation of suicide was greatly enhanced by the censorship-free English press, which presented it in an exclusively human light, so that people killing themselves were increasingly considered victims rather than murderers. Public opinion became increasingly hostile to the forfeiture of a suicide's goods to the state since "children should not be starved because their father destroyed himself". Yet, suicide remained a crime in England until 1961, making it the last country in Europe to decriminalise the act. (Minois 1999: 68, 72, 98, 110, 134 – 139, 183 – 192, 241 – 243, 294.)

By the time of the Enlightenment, 'Nature' was replacing 'God' as the driving force behind things (Schmidt 2001: 136), and self-induced death was represented as a coherent result of refusing life if it brought more troubles than satisfactions. For example, Minois (1999: 235) quotes Voltaire as asking, "what harm does a man do to society who departs from it when he can no longer serve it?" Since this was a common attitude also in antiquity (as seen in section 2.2.1), acceptance of suicide seems to relate to secular times in which the individual is considered to be 'alone' in the world without God or gods and fully responsible for his or her actions. However, the changed societal attitude was reflected also in the creation of such associations as the Humane Society in England, which sought to rehabilitate suicide attempters. The relevant authorities were increasingly concerned about the number of suicides since the young poet Chatterton's death in 1770 and the fictional death of Goethe's Werther four years later, which produced a romantic 'boom' of despairing lovers' suicide. (Minois 1999: 233, 248, 286 – 297.) The legal penalties of suicide were abolished gradually by the nineteenth

century “shift from the individual to society, from morals to problems” (Alvarez 1971: 63), a process which had started with the French Revolution (Hooff 1990: 173). In Finland, the criminal law forbidding suicide was repealed in the late nineteenth century, after which the deceased could be “quietly” buried in the churchyard among other dead (Achté 1996: 42). However, people had often accepted suicide already earlier as a result of harsh living conditions or guilt for an offence (Pentikäinen 1989: 288). I shall next investigate how death and suicide have been understood in (late) modernity.

2.2.4 Death and suicide in (late) modernity

In the modern world, life itself became the most meaningful thing instead of religious expectations of the hereafter (Walter 1997: 181). Death has actually presented a special challenge for modernity because it marks the end of all “reflexive planning” (Mellor 1993: 25), which is so important for modern projects. In modernity, expert institutions were established to be accountable for differentiated tasks that individuals, families or communities had earlier cared for (Giddens 1990: 52). The specialised practice of medicine was organised to deal with modern death so that people no longer died at home or in the streets as a normal state of affairs, but in hospitals. This ‘medicalisation of death’ is said to have transformed death from “the human condition” into “a medical problem” (Walter 1997: 176) and to enforce the illusion of its technical ‘government’ by health care system (Myllykangas, Ruohonen & Ryyänen 1997: 2575). Elias (1993: 45) argues that it is only possible for modern people to regard death as following ‘naturally’ from old age or illness and not from some violent, ‘deviant’ or magical events.

In contrast to the well-organised modern death, suicide necessarily appears as a disturbing and ‘wild’ exception. However, it can be seen that suicide became also medicalised through the modern ‘psychiatric gaze’, which perceives it as a manageable “outcome of pathology” (Petty 2000: 291). Hooff (1990: 96, 120) notes that the way in which modern statistics were constructed biased the comprehension of causes of suicide towards psychological problems, and today depression or some other ‘mental disorder’ is associated with more than 90 percent of all suicide cases in the world (World Health Organisation 1999). The most recent inclusion of suicide in the official agenda of modern systems of control has occurred in the form of national suicide prevention projects (see section 1.2; also Bury 1997 for ‘health promotion’ projects). According to Minois (1999: 315), the twentieth century developments in understanding of suicide in

the West can be summarised by noting that psychiatry and sociology started to recognise the role that “insufficiencies and injustices of the social structure” played in suicide along with “individual moral and mental failings”. For example, besides being an outcome of psychiatric ‘illness’ or psychological distress, suicide could be seen to gain its meaning from the attitudes and values of a market economy, whereby committing suicide involves abandoning a worthless object (that is, oneself), which has failed in the competition (Järvinen 1994: 69). Stillion and Stillion (1998–99: 80 – 81) argue that in late modernity suicide is viewed with such ambiguity that it is difficult to capture any specific attitude to it, even if in general people seem disapproving of it. The contradictory perceptions can further enforce suicide candidates and bereaved families to derive meanings of suicide from the situational characters of their individual case (Douglas 1967: 248 – 251; also Calhoun & Allen 1991: 104). This can be heard to take place in this study, for example, when the interviewees analyse the causes of their family member’s suicide. In their talk concerning the rights and responsibilities of the people involved, they also describe different and opposing attitudes to suicide that create enduring tensions (see chapter 5). Next, I shall depict how bereavement and the bereaved have been perceived historically.

2.2.5 Bereavement and bereaved people historically

As with regard to death, social perceptions of bereavement and bereaved people have varied in the course of Western history, even if some things had remained the same. For example, female relatives have been expected to grieve over the dead in a special way since antiquity (Hooff 1990: 103), even though the prevailing image of women’s open grief does not match the simultaneous expectations of “public behaviour” of modern women (Field, Hockey & Small 1997: xiii). In modernity, the aftermath of death started to focus “on the *needs* of the bereaved” (Hockey 1997: 104; my emphasis). When manifestations of grief were equalled to a disease by the 1950s, bereavement was medicalised (Littlewood 1992: 71), and ‘bereavement literature’ started to emerge in the late 1960s (Hockey 1997: 95). Today grief is perceived mainly psychologically and as a ‘normal’ reaction to any loss, while health care authorities and ‘fellow sufferers’ organise ‘peer help’ for the bereaved (World Health Organisation 1999).

Scientific explanations of death and bereavement have long since overthrown religious ones (Walter 1993a: 273), and it has been argued (Mellor 1993: 11) that death has altogether ‘disappeared’ from public space along with other “problems of meaning”. The privatisation of modern life and ‘sequestration’ of death into individuals’ subjective psychological experience have been blamed for creating “historically unique threats of personal meaninglessness” (Mellor 1993: 12 – 16, 20; also Elias 1993: 4, 11, 19), while death and bereavement were earlier contained in public space through religious beliefs and practices. Furthermore, rather than being ‘natural’, the ‘ordinary’ ways of grieving today seem to actually derive from white middle-class ideals (Field, Hockey & Small 1997: 16). The Victorian era has often been portrayed as a ‘golden age’ of ‘celebrating’ grief (Walter 1999: 35; Littlewood 1992: 77), when women were obliged to “keep alive the memory of the family dead” (Mulkey 1993: 40) by, for example, praying, marking their birthdays and visiting their graves. Gillis (1997: 201) argues that this “cult of the dead” still prevails in the contemporary West, consisting simultaneously of denying death and keeping the dead symbolically alive (also Parkes 1997b: 237; Sinnemäki 1997: 249; Littlewood 1993: 69, 1992: 80). Lee (1994: 35) claims that, instead of death as such, the Western ‘taboo’ nowadays is bereaved people’s mourning, since inhibiting ideals make it impossible for them “to be honest about grief”.

Different kinds of death have been historically considered to require different rituals (see previous sections), and the bereaved have also been ascribed different statuses depending on the mode of death. For example, the attitude to people bereaved by suicide has varied between blaming, approving and understanding. Therefore, even if death in itself is ‘the great equaliser’ of all people, this may never have been the case for the bereaved in the eyes of their community. Achte (1996: 40) points out that, in Finland, the essential effect of the Christian and legal condemnation of suicide (until the nineteenth century) was to cause relatives shame. Also Young and Papadatou (1997: 194) argue that a moral stigma has been traditionally attached to a suicide’s family. For example, suicide is said to have been an “embarrassment” for the family and friends in the eighteenth century Central Europe, since it threatened their “reputation” and “conscience” (Minois 1999: 314). In order to avoid such unfavourable consequences, the bereaved had to try and figure out the causes of a suicide even in antiquity. In the ancient epitaphs of suicides, the bereaved complained about their grief as mourners in a way similar to modern people but, differently from our time, suicide notes tended to blame the bereaved for the act (Hooff 1990: 102 – 103, 145). It has been suggested (Moore & Freeman 1995) that in modern times the family’s stigmatisation took place

only *after* the decriminalisation of the suicidal act because somebody still had to be accountable for it. Acknowledging this, Pritchard (1995: 10) notes that the earlier condemnatory attitudes to suicide can have a cumulative impact on “the distress, shame and stigma, which still surround the issue”. Indeed, in some contemporary psychological studies (Lester, McCabe & Cameron 1991–92: 75) people have been found to strongly disapprove of both suicide and the family involved.

However, Murray (1998: 30) argues that even if families of suicides have often been subject to legal or other blame, in practice attitudes to them have been more accepting, particularly in cases of “well-established people of good reputation”. For example, from the Middle Ages on coroners’ juries were frequently sympathetic to the family in presumed suicide cases and opposed confiscation of the deceased’s goods to the crown (Minois 1999). According to Alvarez (1971: 63), by the nineteenth century families with a suicide were no longer suspected of inherited insanity but could take possession of the deceased’s property as well as bury them and grieve ‘normally’. In the secularised world, there was no obligation to consider suicide an eternal sin any more or to worry about the deceased’s soul, these concerns being overruled by the concept of ‘bereavement’ which prioritised grief (Walter 1997: 169, 181; see also sections 3.2.3 and 3.2.4 for a discussion of the late modern family and grieving).

2.2.6 Summary

In this section, I have discussed Western understandings of suicide, bereavement and bereaved people historically, from antiquity until today, to demonstrate that views on these issues have both changed in time and been repeatedly represented. For example, people who committed suicide in the Middle Ages could be seen to have fallen “into the clutches of the Devil” (Minois 1999: 30, 38) and offend the whole society’s religious order, while today they are often understood to have suffered from clinical depression (Lönnqvist, Aro & Marttunen 1993), which requests mainly the medical profession to come up with some ‘cures’. However, rather than having ‘developed’ in a linear fashion from one attitude to another, the historical perceptions can be seen to have ‘spiralled’ so that different eras have ‘borrowed’ from each other’s understandings rather than adopting completely different approaches. For example, since antiquity it has been commonplace to argue that suicide can be socially accepted if it occurs due to serious physical illness or ‘insanity’, to which today’s debate over euthanasia also relates (Nissilä 1997: 3267). Therefore, in the West suicide has been variably honoured,

condemned and neutralised, while the bereaved have been blamed, approved or 'understood'. In general, both suicide and bereavement are nowadays perceived largely in psychological and individualistic terms, while they were earlier commonly considered to be more connected to the person's social roles. By placing the praising, accusing or dispassionate attitudes to suicide and bereaved people in their historical context, it is possible to recognise here how the suicidal act has been considered as a right or a wrong act depending on the prevalent system of knowledge and explanatory framework.

In this section, I first recounted the ancient admiring and honouring attitudes to suicide as well as the Christian regime's initial tolerance and later condemnation of it. I then summarised the beginning of 'normalisation' of suicide in the Renaissance and its acceptance as a 'rational' act in the Enlightenment. Finally, I looked at (late) modern developments in perceptions of suicide, particularly its psychologisation, as well as noted the currently accepting, disapproving and indifferent attitudes to it. As Walter (1999: 136) puts it, "the Middle Ages were concerned most with the deceased's soul, the Renaissance to the Enlightenment were fascinated by the corpse (...), while the last two centuries have come increasingly to gaze upon the inner world of the bereaved survivor". It could also be said that in antiquity suicide was committed in order to avoid shame, whereas in medieval times committing suicide became a shame (Murray 1998: 35). The family seems to have been always considered as the group of people primarily concerned with suicide, either because of being perceived as responsible and 'guilty' for contributing to the suicide or because of being obliged to mourn as its 'victims'. This is still the case in my data.

Different historical attitudes to suicide and bereavement form a part of the cultural heritage of the West, which surfaces in this study also in the interviewees' explanations of their family member's suicide and their own bereavement (see chapter 5). The interviewees live in the highly secularised, individualised and privatised late modern capitalist West (Finland), which has its cultural roots in Protestantism, a branch of Christianity that has not condemned suicide as absolutely as Catholicism. I shall next describe the current psychological views on suicide as 'the history of the present' Western world.

2.3 Psychological views of suicide

In this section, I shall investigate psychological interpretations of suicide as the contemporarily dominant social construction of Western ‘expert knowledge’ on the issue, which the interviewees in this study also use in their explanations of their family member’s suicide (see section 5.1). I shall touch upon the differences in psychiatric and psychological theorising of suicide and recount studies suggesting that suicide derives either from the individual’s ‘psyche’ or his or her social relationships. The ‘psychological gaze’ has become the central principle of understanding the ‘nature’ of the human being during modernity (Rose 1996; also Rabinow 1991 and Foucault 1973), obtaining its most influential version in Freud’s psychoanalytic work. However, it is often pointed out (Carrithers 1985: 234) that many ideas of modern psychology have emerged, during the secularisation of the Western world, from the Christian notion of soul, in particular the Protestant understanding of a reflexive ‘inner’ self (see section 3.2.1).

2.3.1 Psychological and psychiatric explanations

When contrasted with one another, psychology can be seen to consider people as experiencing and interacting ‘psyches’, while psychiatry deals with them as biophysiologicaly determined entities. Both psychology and psychiatry have tried to find universal, law-like causes and effects for suicide and, consequently, studies in these disciplines have focused on the individuals’ ‘intrapsychic’ and ‘interpsychic’ mind-sets, the dispositions of which are generalised through representative research populations. Due to the similarities in their essentialistic approaches, also psychiatry is included in using the term ‘psychology’ in this section. In general, psychological and psychiatric studies suggest that suicide is ‘caused’ by ‘pathologies’ either in the individual’s mind or in his or her close relationships. ‘Social factors’ are agreed to play a part in suicide as ‘triggers’ (Taylor 1982: 37), but since not everybody in a similar situation commits suicide, it has been ‘found’ to be more common in certain diagnostic conditions, such as ‘major’ (clinical) depression (Lönnqvist, Aro & Marttunen 1993).

It is not well known in psychological research how people who end up committing suicide have themselves interpreted their situation. For example, only few of them leave a message (28% in the Finnish study by Lönnqvist, Aro & Marttunen 1993; also Atkinson 1978: 112 – 116). The bereaved family’s accounts are often

disqualified as unreliable because their closeness to the deceased is considered to distort their judgement (Lönnqvist, Aro & Marttunen 1993). For example, the family can be considered to see the suicide as a “rejection of the pain of living” rather than of themselves (Sommer-Rotenberg 1998), or as trying to rid themselves of responsibility by assuring that all possible was done to prevent the incident (Atkinson 1978: 75). However, the reasons people are reported to have given for their act (Lönnqvist *et al.* 1993a: 33 – 35) are problematic social relationships, hopelessness about the future and a need to free oneself of an unbearable feeling of inner pain. Suicide attempters are most frequently described as feeling angry and isolated, experiences which psychologists have associated with poor communication skills and relationships (Aldridge 1998: 33). Ach   and others (1989: 14) note that the possible “message of distress and helplessness remains unheard”, if others interpret suicide threats and attempts as ‘blackmailing’, accusation, wickedness, irresponsibility or the like. Alvarez (1971: 85) concludes, on the basis of his own experience, that “a survivor [of a suicide attempt] will offer only excuses and rationalisations” in order to hide his depression and shame. I shall now introduce the main arguments of psychologically oriented suicide research that suicide is ‘caused’ by ‘pathologies’ in the individual’s psyche or relationships.

2.3.2 Causes of suicide in the individual’s psyche or relationships

Psychological explanations for suicide centring on the individual (Aldridge 1998: 9, 15; Pritchard 1995: 42; Silverman, Range & Overholser 1994–95: 49; J  rvinen 1994: 25) include bio-physiological aspects of the person’s psychical development, experienced sense of hopelessness, reactions to life events, psychical illnesses, previous suicide attempts and psychiatric treatments. Aldridge (1998: 42, 168) suggests that suicide emerges as a solution to an escalated distress, the resolution of which was first attempted by other means. In the discussion of the genetic basis of clinical and manic depression, some mental health professionals believe that suicide is almost inevitable and actually a ‘blessing’ for certain people (Pritchard 1995: 27, 36, 58; Kaplan & Maldaver 1993: 131). However, more socially oriented researchers (Myllykangas, Ruohonen & Ryy  nen 1997: 2576) have suggested that suicide remains incomprehensible without placing it in the context of the person’s social relationships. For example, Aldridge (1998: 138) argues that relationships restricting the person’s self-expression are particularly common in suicide. Usually the ‘suicidal process’ is seen to have begun long before the actual suicidal act occurs, in events that “deeply

affected the person” (Cronström-Beskow 1989: 26). For example, an individual who has not been emotionally provided for enough as a child is considered to easily feel insignificant and incapable of controlling his or her later life (Lee 1994: 3; Ach   *et al.* 1989: 75), experiencing problems as threats rather than challenges (Heiskanen 1996: 13). Kaplan and Maldaver (1993: 131) warn that parents can contribute to their children’s suicidal behaviour by showing “incongruence between individuation and attachment” in their upbringing.

Separations and losses or the threat of them are considered as potentially damaging to one’s self-esteem in psychology, causing fatal feelings of emptiness, shame and depression (Pritchard 1995: 58; Heikkinen, Aro & L  nnqvist 1993: 65; L  nnqvist *et al.* 1993b: 2; Ach   1989: 79), particularly in children of families with a suicide history (Aldridge 1998: 48, 224; L  nnqvist, Aro & Marttunen 1993). Therefore, suicidal behaviour could be learnt as a social process in the family tradition (Aldridge 1998: 39, 224). Along traditional Freudian lines, J  rventie (1993: 17) and Aalberg (1989: 58) argue that a person’s fatally ‘depressive script’ originates in the early family experience of fearing ‘annihilation’ through the loss of close relationships, when the person ‘objectifies’ himself or herself and directs at himself or herself all ‘hatred’ that was originally meant for the abandoning others. Honkasalo (1989: 35) suggests that actually a child’s first comprehension of death may be identical with the experience of a significant other’s absence. Aalberg (1989: 61) argues that, as a revenge for earlier (real or felt) desertion, suicide can be seen to convey the message ‘now it’s my turn to abandon you’, that is, to be an effort to punish others by making them feel guilty and regretful (J  rvinen 1994: 32; Douglas 1967: 311).

Even psychological studies that take into account the role of social relationships in suicide can be criticised for bio-physiological essentialism, since they consider such events as conflicts or losses to inevitably ‘cause’ people to ‘react’ in certain (suicidal) ways. Aldridge (1998) argues that suicidal behaviour and its meanings should rather be understood situationally, in the context of the person’s ongoing negotiation of his or her social relationships in which certain “regulative rules” of interactive “episodes” suggest next appropriate “moves”. Suicidal behaviour, for example, demands others actions by appealing to mutual rights and responsibilities. Some people can become ‘suicidal’ under certain circumstances in order to achieve some personal and social goals in their relationships, such as a change in others’ behaviour and expectations. If others perceive the suicidal person as ‘too weak’, ‘too sensitive’ or the like, he or she can succeed in avoiding open confrontation with them. (Aldridge 1998: 14 – 22, 31 – 43, 56, 64 – 72,

138 – 149, 152, 253; also Järventie 1993: 47, 110, 191.) Scheff (1990: 196) argues that for a suicide to occur, the troubled person must have analysed other people's responses as characterising hopelessness, helplessness or indifference and conveying the expectation that he or she will eventually commit suicide. In Sacks' (1992a) analysis, suicide ultimately (and paradoxically) happens to check whether anybody cares. For example, since extreme isolation also gains its meaning in the social field as failure in bonding, it can 'lead' to suicide if the individual concludes that there is too much lacking in his or her social life. (Sacks 1992a: 35 – 36.)

2.3.3 Summary

In this section, I have investigated psychological explanations of causes of suicide, or the 'psychological gaze', to demonstrate this to be "the history of the present" (Rose 1996: 43) of Western 'expert knowledge' on the issue, which the interviewees in this study also use in producing understandings of their family member's suicide and in allocating responsibilities for it (see section 5.1). Psychologically, causes of suicide have been located either within the individual's 'pathological' psyche or social relationships. Some studies also hint at the idea that suicide can be 'caused' by a social process of negotiation in which the person interprets his or her situation with other people's 'help'.

However, despite many studies, researchers have not come to any agreement on suicide's 'causes' (Järventie 1993: 2, 24; Alvarez 1971: xiii, 105), apart from a 'cross-disciplinary understanding' that people are more 'prone' to commit suicide when they face certain life events and social circumstances rather than being completely psychogenetically determined to act in such a way (Lönqvist & Upanne 1997: 3145; Heiskanen 1996: 12; Achte *et al.* 1989: 11). Järventie (1993: 24 – 36) concludes that trying to define a universal condition for suicide is not a sensible orientation but, instead, individual suicides should be contextualised in specific cultures and historical times in which they take on different meanings. However, as argued in previous sections, even *contextualised* explanations of suicide are *constructions* of what happened and why, not any 'truths' about the situation. I shall return to this question in section 2.5.2. Next, I shall review psychological theories of bereavement

2.4 Psychological theories of bereavement

In this section, I shall introduce psychological theories of bereavement in order to further describe dominant Western ‘expert knowledge’, which the interviewees in this study also use in understanding their own suicide bereavement (see section 5.2). I shall give an account of the ‘stage’ and ‘task’ theories of bereavement along with their critics to point out the normative nature of the psychologised ‘grief process’, review study findings indicating that suicide bereavement is a particularly painful and stigmatising loss and describe talking and support groups as the main contemporary suicide bereavement ‘therapies’.

People have been found to use psychological theories, for example, in describing their ‘grief processes’ and analysing their emotions after a loss (Wambach 1985–86; Peräkylä 1990: 18; see also appendix 1). Psychological theorising has largely replaced such other belief systems as religion in the modern West in relation to managing personal experiences (see also Kivivuori 1992: 8). By the end of the twentieth century, bereavement was also “fixed within a predominantly psychological set of understandings and interventions” (Clark 1999: ix), which gives an impression that “white men and women grieve according to the dictates of a natural and inner ‘grief process’” (Walter 1999: xv, 35; also Daniel 1998: 36). Psychological explanations can be experienced as empowering, for example, due to suggesting that all difficulties can be ‘overcome’ with the right kind of attitude. In terms of this study, it could perhaps be said that ‘the family’ is the ‘congregation’ to which the ‘religion’ of individualistic and emotional psychology is most vitally applied (see section 3.2).

2.4.1 The ‘stages’ and ‘tasks’ of grief

‘Reclaiming oneself’ after a loss psychologically is thought to require ‘going through’ an intense phase of mourning (Giddens 1991: 10). According to Pincus (1974: 113), the bereaved should understand their reactions to the “emotional shock of grief” as “universal”, “natural” and necessary. Regular ‘stages’ have been suggested to emerge in this ‘grief process’, resembling the stage theory of dying (originally presented in Kübler-Ross 1970; recounted in Lillrank 1998; Saarinen *et al.* 1997; Marttunen *et al.* 1993; Littlewood 1992; Scheff 1990; Denzin 1984). According to Seale (1998: 105), the similarity of these ‘stage’ theories arises from applying the psychoanalytic model of attachment and loss to both dying and bereavement.

The 'stages' of grieving have been described as involving initial shock, disbelief and denial, unreal feelings, despair after realising the factuality of death, 'bargaining', being angry and blaming others, feeling ashamed and guilty, and experiencing abandonment and depression before the eventual acceptance of and adjustment to what has happened (Seale 1998: 105; Harmanen 1997: 30, 124; Pritchard 1995: 145; Marttunen *et al.* 1993: 90; Littlewood 1992: 41 – 55, 135, 159; Scheff 1990: 171; Aalberg 1989: 59; Denzin 1984: 101). The interviewees in this study can be heard to describe similar experiences (see chapter 5 and appendix 1). The general idea of 'stage' theories is that grieving is an active process in which the different phases occur to 'perform' different 'tasks'. For example, the initial 'stage' of shock and disbelief is thought to allow the bereaved time for the first few days of grief to prepare themselves for the painful feelings to come, which are expected to be finally resolved in accommodating the loss. The expected 'achievements' of grieving have been outlined more specifically in the 'task' models of grief (Moore & Freeman 1992), according to which the bereaved should accept the reality of loss, experience the pain, 'let go' of the deceased, adjust to life without them and reinvest their emotional energy into other relationships. However, it has also been suggested (Walter 1996: 8; Littlewood 1992: 74, 163) that the lost people could be 'internalised' as a part of oneself in order to appreciate one's past and preserve the part of one's identity built in relation to them. Successful bereavement is claimed to enable even "personal growth and improved coping strategies", whereas 'unresolved' grief can cause susceptibility to such problems as "psychosis, social decompensation, substance abuse, deviant identity, accidents, psychosomatic illness, and career failure" (Valente, Saunders & Street 1988: 175 – 176).

Littlewood (1992: 17, 99) argues that there seems to be only a limited number of ways in which humans organise and perform their bereavement socially, even if it always happens in a specific cultural context and cannot be understood without taking this into consideration. Seale (1998: 107) notes that the 'stage' and 'task' theories of dying and grieving can be seen as classificatory systems, which enable people to organise their "disturbing experiences" and describe them as 'normal'. However, these theories have also been criticised by saying that no clear phases have ever been observed that everybody goes through in order and successfully but, rather, people adopt different approaches to dealing with death and bereavement across cultures and times (Seale 1998: 106; Lee 1994: 4, 118). Also, such psychological concepts as 'grief process', 'opening up', 'working through' one's experiences and the like have been criticised for assuming similarity in experiences, coherence of processes and eventual

integration (Petty 2000: 288 – 289). Littlewood (1992: xi) notes that the ‘stage’ and ‘task’ theories have actually created coercive rules for ‘normal’ dying and grieving, that is, moral order, which threatens to label any deviation pathological.

The psychological expectations for the ‘normal’ duration of grief, usually a year or two (Ruth & Heiskanen 1985: 119 – 121; Pincus 1974: 124), have also been criticised. For example, Littlewood (1992: xii, 27, 46, 54) suggests that setting any time limits is mistaken because some people cannot accept any explanation for the death, or other reasons prevent them from recovering from the experience. Lee (1994) argues that people’s differently scheduled grieving and recovering is natural since they are capable of using their ‘potential of grief’ in different quantities, and even a ‘solved’ crisis can be experienced as a persistent ‘scar’ from the past. Yet, she maintains, ‘normal’ grief is actually surrounded by “fear and inhibition” of failing to do what is expected. (Lee 1994: 1 – 3, 186; also Lillrank 1998: 29.) Psychological professionals see ‘prolonged’ grief as pathological since, for them, it indicates that the bereaved cannot ‘let go’ of the deceased or continues to grieve because of his or her own problems. For example, Cronström-Beskow (1989) argues that a grief experience which has not been fully “worked through” manifests itself in the bereaved person’s persistent questions concerning his or her own role in the event and worthiness, as well as what more could have been done. She sees that a loss can bring memories of earlier painful experiences “violently alive” so that they “penetrate” the present events and influence the course of the current crisis. (Cronström-Beskow 1989: 43, 66; also Denzin 1984: 58; Giddens 1991: 11.) I shall now explore how psychological studies describe suicide bereavement as different from any other kind of loss.

2.4.2 The distinctive nature of suicide bereavement

People who face disruptive experiences in their lives have been said (Williams 1996: 32) to ask themselves questions like ‘why me?’ and ‘why now?’ relating to the cause of death, as well as ‘what should I do?’ addressing the continuation of everyday life, social roles and relationships, and ‘what will happen to me?’ given the unpredictable outcomes of the situation. This can also be heard in the interviewees’ talk in this study (see section 5.1.3 on asking ‘why?’). As compared to other bereaved people, it has been often suggested in psychological studies (Pritchard 1995; Moore & Freeman 1995; Trolley 1993; Calhoun & Allen 1991) that parents of suicides are subject to particular pressures of “unresolved conflicts and unexpressed emotions” (Miles & Demi 1991–92: 212; see

also data analysis in chapter 5). For example, Murphy (1996: 444) argues that the problems involved in coping with such a violent death can be so enduring as to never allow the loss to be resolved but only “accommodated”. Suicide can be considered differently from dying of, for example, an illness or an accident which were in no ways ‘deliberate’, or old age which can be seen to complete the ‘trajectory’ of life (Pritchard 1995: 145 – 147). However, McIntosh (1996: 148) found similarities rather than clear differences between different types of bereavement in the psychological studies he reviewed.

The most typical feelings after a family member’s suicide have been listed as including guilt, anger, depression and shame (Trolley 1993: 240) as well as upset, confusion and helplessness (Saarinen *et al.* 1997: 981; Douglas 1967: 248 – 249). The interviewees in this study also discussed these kinds of ‘feelings’ (see section 5.2.1). They are considered particularly intensive and disruptive if the bereaved blame themselves or someone else for having contributed to the deceased’s difficulties, or feel that others blame them (Pritchard 1995: 145). For example, bereaved families can fear that the suicide was not just the individual’s isolated act but somehow resulted from their “earlier joint activities” (Heiskanen 1996: 13). Therefore, suicide bereavement is described as particularly guilt arousing and stigmatising. Aalberg (1989: 55 – 59) argues that guilt results from the deceased having left others with basically only two options: either to ‘save’ the person or to be a “reluctant contributor to his or her suicide”. Depression and guilt are said to easily become chronic complications of the ‘grief process’, because the bereaved can perceive themselves as ‘disloyal’ to the deceased when they start to feel better (Saarinen *et al.* 1997: 981 – 985). Littlewood (1992: 45) argues that many people think about killing themselves after a severe loss even if few take action or even discuss their suicidal thoughts directly (see also Saarinen *et al.* 1997: 985). Trolley (1993: 242) suggests that to save them from guilt, the bereaved should be assured that a suicidal process is very difficult to intervene with.

Seale (1998: 54, 201) notes that there may be nowadays a general inclination towards facing death before it even happens, because more than earlier long-term illnesses and old age have enabled ‘anticipatory grief’. Lack of anticipatory grief has been identified as potentially intensifying grief (Seale 1998: 8; Littlewood 1992: 11; Scambler 1991: 103) after suicide, which is perceived usually as a sudden, unanticipated and untimely event (see also the interviewees’ talk about suicide as a ‘surprise’ in section 5.1.1). After a sudden death, the bereaved can experience a lot of hurt and confusion because there was no chance to settle things, evaluate mutual roles



and reach a conclusion about the relationship (Pritchard 1995: 145 – 147; Achte, Lönnqvist & Pentikäinen 1985: 68). They can also be hurt by the ‘disregard’ that the person committing suicide shows for their feelings (Pritchard 1995: 1). Lee (1994) argues that poor relationships cause grief more than death as such, because in a good relationship “the love element rescues the bereaved from their grief”. In her opinion, only suicide can completely break people’s faith in each other. (Lee 1994: 61, 122 – 125; also Rinne 1996: 86.)

It has been noted (Locker 1991: 88) that a person’s chronically difficult situation is particularly burdensome to his or her family, which is expected to provide a lot of emotional support, actions and interventions. Authors of psychological studies of suicide (Aldridge 1998: 44; Pritchard 1995: 2) argue that even if the bereaved felt relieved when the troubled person’s (and their own) acute suffering ended, it began a new distress for them. The interviewees in this study talked about these issues in section 5.2.1.3. It has been estimated quite consistently harder for parents and spouses to adjust to suicide than for adult children and siblings (Murphy 1996: 443; Pritchard 1995: 151; Marttunen *et al.* 1993: 92; Littlewood 1992: 100, 132, 160). However, a mother’s death has been found to increase the bereaved’s suicide risk for many years (Heikkinen, Aro & Lönnqvist 1993: 65). Lee (1994: 6) argues that losing a partner must be the most painful experience because of the shared intimacy and significance to one’s future. As I shall argue later (in section 2.6), however, rather than any relationship ‘causing’ the bereaved’s experiences as such, they interpret their life events in accordance with certain social understandings, which make them perceive their situation in certain ways. Next, I shall investigate academic literature that concerns talking and support groups as ‘therapeutic measures’ in bereavement.

2.4.3 Talking and support groups assisting bereavement

It has been suggested that, rather than any ‘forced’ customs, only those procedures that people create or adopt themselves are sufficient to ‘deal with’ bereavement (Littlewood 1992: xii, 80). However, people always choose their ways to act from a socially available repertoire. In the West, bereavement has been variably considered a matter of religious, communal or private rites (see sections 2.2.5 and 3.2.4). Today Western people are offered such specialised bereavement practices as individual counselling, psychotherapy and support groups, the last of which combines some characteristics of all these approaches. I shall examine here the support group ‘ideology’, because it well

represents typical contemporary thinking and illustrates the methodology of bereavement psychology. Also, half of the interviewees in this study had participated in a bereavement support group, which undoubtedly influenced their understandings of their family member's suicide and their own bereavement, while others had been going to individual therapy or counselling (see in particular section 5.2.3.3). Following a Western trend, Finnish mental health organisations and centres as well as parishes started to arrange suicide bereavement support groups in the 1990s more than ever before, due also to the economic viability of support groups in the conditions of deep recession. However, Littlewood (1992: 78) argues that most bereaved people neither seek nor receive professional help.

Representatives of all psychological support practices seem to be of the opinion that speaking about the deceased and emotions associated with the loss greatly accelerate the bereaved's adjustment to the situation (Marttunen *et al.* 1993: 94; Littlewood 1992: xii, 92) due to the narrative nature of talk, which brings 'the self' efficiently "into discourse" (Seale 1998: 62). However, traditional individual psychotherapy has sometimes been dismissed as being of little value to distressed people, since it cannot offer them the same emotional rewards as does talking with "honest and accepting" others (Aldridge 1998: 20, 157). Nevertheless, Cronström-Beskow (1989: 44 – 47) suggests that if any such 'complications' as "earlier painful memories" emerge as a part of the bereaved's 'grief process', they should be offered psychotherapeutic help to "work through" their experiences and "turn the crisis into a possibility". The interviewees in this study were highly appreciative of talking and support groups as 'therapeutic measures' (see section 5.2.3.3). Nowadays, support groups are often regarded as more suitable than therapy for those bereaved by suicide, because grief is perceived as a 'normal' reaction to death rather than 'pathology' or 'disease' (Moore & Freeman 1995; see section 2.2.5 for bereavement historically). Interactive talking is thought of as more vital for a successful 'grief process' than going through the experiences on one's own, because seeing others' reactions is considered to speed up evaluation of the situation and help people find meanings for the events (Walter 1996: 9; Kleinman 1988: 50). Parkes (1997a: 207) observes that even successful counselling happens *between* the people involved rather than is done by 'one person to another'.

People are frequently reported (Riches & Dawson 1997: 60) to consider only those who have similar experiences as being really able to understand them and engage in their situation (see also sections 5.2.3.2 and 5.2.3.3 for the interviewees' accounts of their expectations of other people). As Petty (2000: 294) puts it, "one has to have 'been there' to know" what the experience is about. Conveying personal meanings of an experience to complete 'outsiders' can be experienced as impossible, since they are perceived as only superficially interested and unable to comprehend the existential questions involved. However, sometimes it can also be accepted and even demanded that 'outsiders' should not try to involve themselves in issues they know nothing about. (Lillrank 1998: 117, 102, 267; Moore & Freeman 1995; also Good 1994: 140; see section 4.2.2.2 for 'owning experience'.) In contrast to this, the most significant aspect about bereavement support groups appears to be the realisation that others share similar experiences and, in the given situation, 'go through' more or less the same 'process' (Seale 1998: 202; Seale & Davey 1996: 164; Walter 1996: 18).

Support groups are actually sometimes against professional approaches to grief because these are seen to lack knowledge of the first-hand experience (Riches & Dawson 1997: 69). People with a similar loss experience often regard each other as "honorary experts" who are in a unique position to understand as well as offer relevant advice and information to each other, valuing one another as 'living proof' of a successful negotiation of the loss (Littlewood 1992: 105 – 106). 'Sharing' one's experiences through talking is considered so crucial in support groups because it enables others' explicit recognition and validation of those experiences (Lee 1994: 78 – 80). Together, the bereaved can 'ratify' each other's understandings and perceive even their most intense reactions to it as 'normal' (Moore & Freeman 1995; Scheff 1990: 7). Seale (1998: 1 – 8, 196) describes how the "performative rituals" of support groups present bereaved people with opportunities to repair their "damaged security" and write themselves into "a dominant cultural script" in and through experiencing "membership of imagined communities".

Experiences of "solidarity" and "togetherness" (Seale 1996a: 15; also Atkinson 1996: 114) in support groups have been hoped to ease the bereaved's possible social stigma and help them to redefine and empower their role in relation to other people, stopping them from withdrawing from social relationships (Moore & Freeman 1995). Besides their "own" people, the bereaved may find such "sympathetic others" or "wise" people (Goffman 1963: 31 – 41, 49) among 'outsiders' who are willing to take their standpoint and "share the feeling that they are human and essentially normal".

According to Moore and Freeman (1995), bereavement support groups have proved effective because “healing is well served by membership in a group that allows a specified time and place for grieving”. Littlewood (1992) argues that people who have participated in support groups have a higher self-esteem and a better ability to experience and express their grief than others. At least group members have become better aware of the ways in which other people understand coping with grief (also Riches & Dawson 1997: 53).

However, support group processes are sometimes described to have also caused participants severe emotional confusion, mainly due to poor group dynamics or unprofessional leaders (Littlewood 1992: 88 – 89). According to a study of parish bereavement groups (Harmanen 1997: 144 – 147), the commonest reasons for members to leave a group are being uncomfortable about handling their experiences in public and the contradicting rights of the individual and the group (for example, taking turns in speech and listening to others). Petty (2000) suggests that rather than talking being a “universal human response to traumatic loss”, the “mutual understanding and recovery” in suicide bereavement groups actually relies on certain understandings of suicide and grieving with which the members construct themselves as “having experienced this particular loss”. She wonders whether group activities might actually “support or produce pathological symptoms” because, for example, in a group in which she participated members who were initially unsure about their ‘anger’ or ‘guilt’ started to produce accounts of these feelings soon after joining. Also describing oneself and one’s family as ‘normal’ seemed to be a norm, at least *before* the suicide, to point out that the family was not responsible for what had happened. (Petty 2000: 288 – 295, 301 – 306.) In this way, support group activities could be understood as a result of socially functional interaction rather than a connection of individuated ‘psyches’ through ‘group dynamics’, since individuals are also expected to construct and communicate their ‘inner worlds’ in certain ways in late modern West.

2.4.4 Summary and conclusions: limitations of psychological views

In this section, I have first investigated general psychological theories of bereavement and then particular theories of suicide bereavement in order to demonstrate the contemporary Western ‘expert knowledge’ of these issues as social constructions, which the interviewees in this study also use in understanding their own suicide bereavement (see section 5.2). The normative psychological theories and studies consider

bereavement, or 'grief process', to proceed through certain 'stages' which each fulfil a 'task'. Suicide bereavement is perceived as the most painful 'loss experience' because of its sudden and, at least to an extent, deliberately caused nature, which is seen to intensify the bereaved's grief and potentially stigmatise them, 'causing' them extra guilt, anger, depression and shame. In particular, suicide is estimated to be difficult for parents who can think that they may have somehow contributed to it. Talking about one's experiences and 'sharing' them with others in support groups is often seen as the best way to 'deal with' bereavement, which thereby becomes recognised and 'normalised'. The narratives of bereavement support groups can actually nowadays serve as the main ritual for the living to remember the deceased (Petty 2000: 304).

However, psychological notions of people's suicide bereavement are also based on such human products as research responses and theoretical considerations, which build up normative suppositions concerning 'normal' and desirable as well as 'pathological' and disagreeable behaviours. For example, when Saarinen and others (1997: 985) argue that bereaved people's feelings of "shame" and "contamination" due to being associated with a suicide are "well hidden" in studies, or that the bereaved do not discuss their own suicidal thoughts, they have no method for 'knowing' about the 'concealed' shame and 'hushed up' suicide thoughts but theorising based on assumptions about 'human nature'. Due to this essentialistic discourse, which locates human experiences 'inside' individuals' 'psychological structure' and presumes them to be relatively universal and unchanging, psychological considerations of people's suicide experiences have several restrictions. For example, the 'emotional stages' of the 'grief process' and their 'tasks' could be also perceived as social constructs with which people respond to culturally and historically variable conventions and expectations (Lutz 1988: 5), even if during their occurrence 'emotions' were lived as absolute embodied reality (Denzin 1984: 93; see section 3.1). Gendered bereavement practices, such as female 'absorption' in grief and male 'rejection' of it, can be psychologically pathologised and contrasted in unhelpful ways, even if they actually are conventions with a long social history (see also Walter 1999: 36).

Therefore, psychological views of bereavement can be seen as contemporary social constructions, which people use as an explanatory framework to understand their own and others' experiences. The production of dominant knowledge relates also to the distribution and use of power in society (Foucault 1980). Psychological 'knowledge' has become the central approach to the nature of human being during modernity as an outcome of secularisation, privatisation and individualisation of life, which turned the

public 'gaze' from God to common people. This project is still alive and well, for example, in the recent growth in different kinds of therapeutic measure for people to 'deal with' their suicide bereavement (in section 2.4.3). However, while people look 'inwards' at themselves to find answers to their problems, they tend to forget that both these problems and the ways in which they are tackled are culturally and historically variable productions. The 'experiencing' and 'feeling' individual exists as an outcome of a certain kind of social order, not in his or her own right. To challenge the psychological views of suicide bereavement and to approach it as a socially negotiated phenomenon, I shall next turn to sociological theories of suicide and bereavement.

2.5 Sociological views of suicide

In this section, I shall examine sociological theories of suicide in order to demonstrate a different way of looking at the issue from the dominant psychological views, which enables me to include also the normative 'psychological gaze' as an object of study. I shall here consider critically the (still enduring) Durkheimian approach to the socially induced 'causes' of suicide by arguing that suicide is as little a social 'fact' of imbalanced societal 'currents' as it is a psychological 'pathology' in any straightforward manner, but it becomes interpreted and defined in and through culturally and historically changing understandings of the way in which the world works. In analysing the interview data, I shall demonstrate how the interviewees carry out this kind of interpretative work, for example, by adopting different explanatory frameworks in exploring the causes of their family member's suicide (see section 5.1.4). As Petty (2000: 292) puts it, suicide opens all options of interpretation at the same time as it ends "all [actual] possibilities of explanation". The search for a suicide's meanings can go on for years, with suggested reasons ranging "from undetected murder to conspiracy" (Pritchard 1995: 148).

2.5.1 Beginning of sociological suicide study

Emile Durkheim began the sociological study of suicide in 1897 with his famous statistical research (Durkheim 1985). In Marshall's (1994: 521) analysis, suicide illustrated to Durkheim perfectly "the necessity for and value of sociological explanation", because it could be seen as an individual act which was yet subject to social forces. Atkinson (1978) argues that, ever since, sociologists' interest in suicide

has been characterised by “fascination from a distance”, which consists of commenting and criticising the theoretical and methodological contents of Durkheim’s study, in particular his definition and classification of suicide and reliance on official statistics. Atkinson points out that Breed was the first sociologist to gather his own data on suicide attempts in 1963, even though he too used official statistics to find his interviewees. (Atkinson 1978: 9 – 10, 35.)

In Durkheim’s approach, the causes of suicide are seen to exist outside individuals, in their changing circumstances. His main argument was that the suicide rate is a ‘social fact’, which is caused by the imbalanced “currents of egoism, altruism, anomie and fatalism” in a society (Taylor 1982: 9 – 11) and which demonstrates the “law-like” relationship of individuals to such social ‘variables’ as religion, social status and level of societal integration (Green 1997: 84). For example, the ‘egoistic’ suicide indicates too much distance in the person’s social relationships and the ‘altruistic-fatalistic’ too little, while the ‘anomic’ suicide arises from insufficient amount of cohesion in the community (Scheff 1990: 4). However, Hooff (1990: 131) criticises these notions since the institutions – community, family and religion – to which Durkheim ascribed the main ‘anti-suicidal powers’ were important in antiquity but did not prevent suicide. Green (1997: 84) is sceptical about Durkheim’s claim that “each society has a definite aptitude for suicide” at every historical moment, which would make the suicide rate even more stable than the general mortality rate (also Pritchard 1995: 91). Alvarez (1971: xiii) is unhappy about the scientific Durkheimian discourse, which he sees to deny suicide any serious meaning by “reducing despair to statistics”. However, in a similar way it could be said that psychological approach reduces ‘statistics to despair’. The most interesting criticism here is that of Atkinson (1978), who points out that no sociological study has ever been able to explain why just suicide, of all possible actions, should result from a certain structural situation. He argues that Durkheim’s approach obscured the utterly social process in which the occurrence and nature of any human action is produced, which will be examined further in the next section (2.5.2). (Atkinson 1978: 15 – 16, 22, 44.)

Despite criticisms, Durkheimian ideas concerning the causes of suicide remain still strong in sociological and sociologically inspired studies. For example, Alvarez (1971: 69) welcomes the shift in the discussion from suicide’s ‘immorality’ to its social causes. Seale (1998: 30) accepts the Durkheimian argument that “suicide may be caused by pathologies in the social bond”. Hooff (1990: 131) credits Durkheim for defending “the integrative powers of modern society” by critically linking “the [dominant] secret,

personal suicide” to “the open society”. Douglas (1967: 36, 105 – 109) agrees with the idea that the less there is connection between people in a society, the more individuals have to rely on themselves and their personal interests, which makes them vulnerable to suicide particularly when their ‘value status’ changes (for example, when they become unemployed). Also Aldridge (1998: 9) suggests that the social conditions of class and unemployment can increase a person’s suicide risk. Pritchard (1995: 60) notes that the group ‘protected’ best against suicide seem to be women with families, while male divorcees are associated most strongly with suicide.

2.5.2 Suicide as a social construction

It is argued in social constructionist sociology (Atkinson 1978) that behaviours and actions are not *essentially* this or that but become categorised and defined in social systems. For example, suicide is not a deviant act by its ‘nature’ but can become perceived as such in certain places and at certain times (see section 2.2). Aldridge (1998: 11 – 13, 80 – 91) points out that describing some behaviour as suicidal and interpreting suicidal actions as, for example, manipulative or communicative are always political processes, following a certain line of argumentation for certain moral and practical purposes. Therefore, the official suicide statistics in which Durkheim trusted were also unavoidably ‘distorted’, because their definitions of acts and their causes were built on culturally and historically specific assumptions and typifications. With these, phenomena can be organised commonsensically and rendered manageable. (Atkinson 1978: 33 – 47, 63, 156.) For example, in order to see a case of suicide as a typical example of a general category, health care staff can argue that some people “commit suicide no matter what you do” (Seale 1998: 203). Certain ‘signs’ around a death are taken to indicate suicide when they are seen to generalise something that has happened earlier in a roughly similar manner (Green 1997: 2, 61). Therefore, only some deaths satisfy the categorical requirements of a ‘suicide’. Other self-inclined deaths can go unrecorded because they look like accidents, the family hides the real nature of the death or it is ‘delayed’ and happens only after some time in a hospital (Atkinson 1978: 52).

In order to identify a suicide, all ‘remains’ of the act, such as the method, place and time have to be ‘read’ in a temporal order to enable constructing and using them as proof (Atkinson 1978: 117, 126). An interpretation of the preceding events seems to be particularly crucial in deciding what counts as a suicide. For example, in the late

modern West it is easier to consider an obscure death a suicide if some sort of a personal crisis can be seen to have influenced on the background. If the person's action can be understood on the basis of an 'adequate' psychological condition – say, despair – caused by some distressing event – like divorce – the death can be justified as a suicide. However, the crisis has to be considered as having had a profoundly personal meaning, since not everybody in the same situation commits suicide. (Douglas 1967: 115, 218.) In contrast to professionals who lean on their 'expert knowledge', family members can use many explanations to construct a plausible suicide description as both 'lay people' and relatives (Kleinman 1988: 27; Atkinson 1978: 170). They can see the suicide as an 'inevitable' and 'logical' outcome of some 'causal' process in order to allocate responsibility for the act in a favourably way for themselves (Pentikäinen 1996: 28; Atkinson 1978: 135). The interviewees in this study analyse their family member's suicide in section 5.1.

2.5.3 Summary

In this section, I have reviewed two kinds of sociological approach to causes of suicide: in the Durkheimian one the suicidal act is explained by 'factual' social causes and in the social constructionist one the ways in which suicide comes to exist are explored in and through its social definitions. I believe that the social constructionist approach is profitably different from essentialistic psychological views. I shall adopt the social constructionist approach to the full in analysing the interview data (chapter 5) in order to see how the interviewees built their descriptions of their family member's life and suicide as well as what socially functional effects this talk can be seen to have. I shall now turn to sociological theories of bereavement to display how also experiencing a loss can be analysed as a social construct.

2.6 Sociological theories of bereavement

In this section, I shall examine sociological theories of bereavement and its social consequences in order to establish a way of looking at people's loss experiences as culturally and historically variable social constructs rather than essentially 'inner' psychological events. The interviewees in this study can also be heard to use these views in understanding their own bereavement (see section 5.2). I shall see suicide bereavement as social action in which people use the knowledge relevant at any given

moment to act in ways that are proper to make them socially comprehensible and acceptable. In analysing the interviewees' talk about their family member's suicide and their own bereavement, I shall demonstrate that new insights can be gained into suicide bereavement by adopting the social constructionist approach.

It has been argued (Walter 1993a: 285 – 286) that since the modern medicalisation of death, bereavement has also been studied mostly by medically trained psychiatrists as an individual rather than a social problem. Even though increasing numbers of sociologists have started to study bereavement (Walter 1999) and death (Clark 1993) in general during the last decade, sociological analysis of suicide bereavement has so far been absent. By and large, sociological literature touching on bereavement (Seale 1998: 149, 193; Lillrank 1998: 42; Giddens 1991: xv; Scheff 1990: 4) has suggested that the social bond between individuals gives human life its central meaning and value, that maintaining this bond is the most crucial of human motives, and that grief is the main reaction to any damage to it. Therefore, suicide can be perceived as a social act terminating important relationships and roles. As a relatively rare and unusual death, suicide is a cultural 'abnormality' that threatens also to stigmatise the bereaved. These issues will be explored in the following three sections.

2.6.1 Death as an end of relationships

When death is perceived through a moral order which concerns the rights and responsibilities of the parties involved, as an end of social relationships, roles and interaction rather than that of a separate individual, it becomes observable that *many* 'deaths' happen simultaneously instead of just one. This kind of moral order can also be heard in the interviewees' talk in this study (particularly in sections 5.1.5.2 and 5.2.1.2). The bereaved lose their special bond to the deceased and possibly also other relationships that came with that tie. (Järventie 1993: 187; Denzin 1984: 147; Pincus 1974: 24.) In some cases, death can really be seen to 'take away everything' life had become, whether or not the person was 'loved', because of the roles lost with him or her (Lee 1994: 8). Therefore, a person committing suicide is considered not only to put an end to his or her own expectations, hopes and joys but also to those of other people (Elias 1993: 59). Along with his or her own continuity, the person 'kills' others' possibility to be, for example, a parent, a child, a partner or a sibling.

At any given moment, people's social relationships are organised so as to allow certain rights and obligations to be attached to different roles. For example, when the meaningfulness of everything started to rely on others in secularised modernity, including the generations to come, rather than on eternity in afterlife or otherwise, people became profoundly 'emotionally' dependent on their family and began to relate to each other as 'significant others' (see also sections 2.2.5 and 3.2.2). Therefore, the agony of death can be seen to derive nowadays from the fear that everything that made life meaningful, that is, everything people experienced together and 'meant' to each other, will be demolished and disappear. (Elias 1993: 32 – 33.) Since also the late modern sense of an individual "self-identity" (Giddens 1991: 10) has been created in relation to others, death can be experienced as particularly dramatic in emotional terms when it happens in one's most significant relationships (Littlewood 1992: xii). People can experience the death of a 'significant other' as losing a part of themselves, which engenders fear that the same will happen again in the future (Lillrank 1998: 129 – 130; Elias 1993: 38).

Therefore, bereavement and emotions do not just 'happen' to individuals psychologically but take place within their culturally and historically charged social relationships in which they respond to certain expectations. In dominant discourses of the contemporary West, suicide seems to be considered a particularly severe loss in parent – child relationships, because the biological 'blood ties' of the 'isolated' nuclear family are thought to make the members particularly accountable for each other (Bauman 1992: 40) in terms of cultural expectations for their rights and obligations (see also section 2.4.2 for psychological accounts of the nature of suicide bereavement and section 3.2.3 for late modern family discourses). For example, parents today are considered responsible both for their (dependent) children's livelihood and for their emotional needs, which has not always been the case (see section 3.2.2). Therefore, whatever events took (or did not take) place in the family prior to a child's suicide can pave the way to the parents' experience of guilt and to others' blaming of them, because their actions can always be seen to have somehow contributed to the act (Scheff 1990: 25). For example, in Miles and Demi's study (1991–92: 203 – 212) almost all parents bereaved by suicide, particularly mothers, reported guilt, which a third of them described as the most distressing aspect of their grief. I shall next explore the concepts of 'normality' and stigmatisation with respect to suicide bereavement.

2.6.2 'Normality' and stigmatisation

To a significant degree, social life is organised by managing the 'normality' and 'abnormality' of things (Seale 1996a: 17) in and through an ongoing production of 'knowledge' concerning the nature of human beings (Rabinow 1991; Foucault 1973). Life changes, such as death, are distinguished either as expectable and appropriate, or unexpected and extraordinary (Gubrium, Holstein and Buckholdt 1994: 52) at any given moment by using one explanatory framework or another. Acting 'normally' has great social rewards (Scheff 1990: 74; Goffman 1963: 95). However, people who commit suicide in late modernity do not maintain the 'normal' understandings of our medicalised world that 'nobody wants to die' (see section 2.2.4). In this study, I argue that the contemporarily dominant 'knowledge' regarding suicide bereavement is psychology whereas it has earlier been religion or medicine (see sections 2.2.5 and 2.6).

It has often been suggested (Aldridge 1998: 144; Walter 1996: 11; Pentikäinen 1996: 19; Littlewood 1992: 21, 73; Scheff 1990: 21) that 'rites of passage' are crucial in facing, organising and 'normalising' social changes brought in by death, since they give the bereaved and their community models for rearranging their conventional roles and encountering new expectations. In classifying and 'understanding' a death it is of importance, for example, whether it was expected to happen or whether it 'interrupted' the individual's and his or her family's life suddenly (Siltala 1985: 169; Pincus 1974: 24; see also section 2.5.2 on social constructedness of suicide). In recent Western history, suicide has been mainly met with condemning and humiliating rituals or no rituals at all, which has made it a 'deviant' death (see section 2.2). From the community's viewpoint, persons who engage in 'deviant' actions fail to perform their social roles sufficiently (Williams *et al.* 1996: 34), and the way in which a community chooses to treat those who deviate from the social norms either contributes to the distress of these people or reduces it (Aldridge 1998: 2). For example, when a person is labelled 'deviant' he or she can lose a 'normal' person's status and be denied full participation in social interaction (Lillrank 1998: 42; Seale 1996a: 11).

The word 'stigma' is used widely to refer to "the disgrace associated with certain conditions or forms of behaviour" (Scambler 1984: 203). For example, Sommer-Rotenberg (1998) argues that the term 'suicide' is stigmatising because it expresses moral judgements about the people involved and, indeed, the concept can be seen to have a 'criminalizing' connotation (for example, translating as 'self-murder' in Finnish). Furthermore, since people can be stigmatised just on the basis of their

'disqualifying' life events (Goffman 1963: 66), bereavement from the 'deviant' death of suicide threatens to stigmatise also relatives (Bright 1996: 106). The family can be labelled with a "courtesy stigma" (Goffman 1963: 44, 134) or even as a 'double deviant' (Scambler 1984: 204), if they are considered to share the deceased's 'discredit' or to have contributed to the suicide by, for example, failing to provide adequate support for the troubled person. Blame seems to be a central part of stigmatising suicide bereavement, since even the 'potential comforters' of the bereaved may blame them (Range & Thompson 1987: 193 – 197). Ach e and others (1989: 89) argue that blame is directed to the person and his or her family since the community's responsibility can be particularly difficult to place and handle in cases of suicide. Freeman (1991: 328) argues that people bereaved by suicide receive less sympathy and support than those bereaved by other causes. For example, parents bereaved by suicide have been reported to 'feel' that they are negatively unique in their experience (Freeman 1991: 329) and that others neglect, reject, avoid and misunderstand them (Silverman, Range & Overholser 1994–95: 41; Lester 1990–91: 215). For example, in Moore and Freeman's (1995) study members of the community approved of the bereaved's expression of shame and considered the family "strange" (also Calhoun & Allen 1991: 97).

Victims of atrocities are particularly threatening to others if their misfortune can be seen as coincidental, that is, as likely to happen to anybody instead of being 'selective' (Lillrank 1998: 119; Seale & Davey 1996: 163). In comparison with other deaths happening for 'inevitable' causes like old age or illness, suicide is a particularly ambiguous event since it involves a degree of 'deliberateness' and can be located somewhere between a 'wilful' act and 'an accident'. Therefore, perceiving a special motivation or intention behind a suicide facilitates allocation of responsibility for it so that its threat can be kept away (also Green 1997: 3 – 7, 175). Others gain the advantage of being able to count themselves as 'normal' in the process of stigmatisation, and they often avoid the stigmatised from fear that their stigma could spread (Aldridge 1998: 83; Goffman 1963: 43, 65 – 66). For example, Pincus (1974: 47) describes how widows can be socially avoided for carrying a "touch of death" around with them. Littlewood (1992: 120) argues that many bereaved people have no chance to talk about their loss to anybody.

Other perceptions of other people's role in the aftermath of suicide have created moral orders of their own kind. For example, in a Finnish suicide study (Marttunen *et al.* 1993: 91) the majority of the bereaved are reported as having said that they received enough support from people close to them. In their study, Wagner and Calhoun (1991–

92: 70 – 71) did not find any indication that the bereaved would have been socially isolated or rejected by others, even if they did view any support by ‘outsiders’ as inherently limited (see also sections 2.4.3 and 5.2.3.3 for sharing the experience with ‘fellow sufferers’). As will be explored later in more detail, people’s participation in each other’s experiences is always unavoidably restricted, in particular if they do not share the experience in question (in sections 4.2.2.2 and 4.2.2.3). ‘Outsiders’ often do not know what to say or do when they face bereaved people, and the joint embarrassment accompanied by the fear of losing one’s ‘face’ prohibits their talking (Lillrank 1998: 122; Walter 1996: 15; Littlewood 1992: 2, 30, 81; Giddens 1991: xii; Scheff 1990: 28). People can also isolate themselves ‘deliberately’ from ‘outsiders’ and keep up their ‘deviance’ actively as a “master status” in order to nourish whatever value their label may have (Seale 1996a: 14; Scambler 1984: 222). Actually, ‘stigmatised’ people often say that, due to their exceptional experiences, they are not just equal to but actually better than others (Goffman 1963: 172). Such understandings of ‘ordinariness’ can be best created in collaboration with others who have similar experiences (see sections 2.4.3 and 5.2.3.3 about bereavement support groups).

2.6.3 Summary and conclusions: sociology of bereavement

In this section, I have noted that suicide can be understood sociologically as an end of social relationships rather than that of an individual, and that people use cultural knowledge concerning their roles in order to act in socially comprehensible and acceptable ways in such situations. I have also considered suicide bereavement as a potentially ‘deviant’, stigmatising and guilt-arousing loss, particularly if the bereaved are considered to be somehow accountable for the act, as often seems to be the case with the family. However, even ‘stigmatised’ people can benefit from their position, for example, in connection to others with a similar kind of experience. I have represented these sociological perceptions in order to establish a way of looking at suicide bereavement, which challenges the contemporarily dominant psychological views and shows them as being also cultural and historical constructs.

Altogether, in this literature review I have introduced the main arguments about suicide and bereavement in existing anthropological, historical, psychological and sociological research in order to locate this study about family members’ suicide bereavement talk, recognise that different social practices are dominant at different times and in different places, and suggest a sociological view of suicide bereavement.

The literature review has enabled me to place my study in the cultural and historical context of contemporary (late modern) West, in which psychology is the most influential 'expert knowledge' concerning the *nature* of human beings and, therefore, also their bereavement from suicide, and where a sociological view can make a new contribution to the field. In this study I shall further suggest, for example, that contemporary, psychologically informed Western norms and expectations concerning different people's social roles and tasks in suicide bereavement influence the bereaved's perception of their situation in certain ways. I shall investigate this in the interview data by analysing how the interviewees' interpretations of their family member's suicide, as well as their analyses of their own experience and descriptions of different people's roles in the situation, can be understood as socially functional and consequential (chapter 5). For example, an influential social function of human interaction seems to be to produce oneself, one's experiences and the intimate circle of other people as 'normal' and, therefore, morally adequate.

After having here established current Western conceptions of suicide bereavement as the referential framework of this study, I shall now move on to the theoretical part of the study to introduce the central concepts of data analysis, 'emotions' and 'the family'. It has emerged from this literature review that in late modernity the family is considered to be the most important actor in the aftermath of suicide and that the most essential expectation of their roles toward each other is (psychological) emotionality. The interviewees in this study were also invited to talk from their position as family members and their talk was morally charged with expectations attached to these categories. Therefore, I shall study their descriptions of their family member's suicide and their own bereavement as culturally and historically situated social constructs. The Western nuclear family is a particularly interesting 'meeting point' for psychological and sociological aspects of contemporary suicide bereavement, because there culturally individualised grief encounters a highly morally categorised social institution.

Chapter 3:

Theoretical background in sociology of emotions and the family

In this study, I analyse how family members bereaved by suicide come to talk about the suicidal act and their own bereavement in ways through which they understand themselves and others as certain kinds of human subjects and construct moral orders. I demonstrated in the previous chapter that understandings of ‘suicide’ and ‘bereavement’ vary culturally and historically so that, for example, ‘emotional’ expressions of grief range from public (social) mourning practices to almost completely private (psychologised) ones (see also Parkes, Laungani & Young 1997). The data of this study are also produced in a specific cultural and historical context in which the interviewees adopt certain social resources in their talk.

In this chapter, I shall introduce theoretical notions about ‘emotions’ and ‘the family’ since they became central concepts in the interviewees’ talk, who were charged with moral expectations for their roles as family members partly because I invited them to talk from these categorical positions (see sections 4.1.1 and 4.1.2 for the production of the data). In dominant discourses of the late modern West, ‘the family’ and ‘emotions’ are both largely placed and understood within a psychological framework (see section 2.4), which renders them to certain kinds of universally fixed things rather than understanding them as social constructs performed differently in different social contexts. Thus, I shall investigate here the notion of a highly individualised, privatised and secularised late modern Western ‘family’ in connection to the contemporarily psychologised understandings of ‘emotions’. In their talk about the causes and aftermath of their family member’s suicide, the interviewees describe ‘the family’ as a party which both is and is not responsible for the suicide, the expectations for their bereaved roles largely concerning emotionality expressed through their ‘grief process’. They thereby refer to ideals and practice of suicide bereavement in ‘the family’, creating tensions and contradictions in their talk. (See chapter 5, particularly sections 5.2.1 and 5.2.2.)

Here, I shall first look at ‘emotions’ and then ‘individuals’ who comprise ‘the family’. In the section on emotions (3.1), I shall describe the contradiction in the Western understanding today of the ‘natural’, ‘authentic’ emotions as either signs of sincerity or a lack of reason. I shall also explore emotions as negotiated in local situations. I shall take emotions of ‘grief’, ‘shame’ and ‘guilt’ to be examples of this, since they are relevant in the data analysis (see sections 5.2.1 and 5.2.3.1). In the section on individuals and families (3.2), I shall outline the Western notion of people as separate individuals, describe the idealised and ‘lived’ versions of the family, note that the ‘naturalised’ late modern Western nuclear family is actually a cultural and historical construction and a political project which has also been criticised, depict the mourning practices of the premodern and modern families, and recount the dominant ‘psycho discourse’ of the family.

3.1 Natural vs. social emotions

In the contemporary Western discourse, emotions are both celebrated as a revelation of a person’s ‘true’ character and distrusted as the opposite of reason (Landman 1996: 89), so that they are understood either as “a powerful [inner] force” or “a sign of weakness [of reason]” (Lutz 1996: 152). Psychologists and counsellors assert individuals’ ‘need’ to express their ‘natural’ inner feelings, while social researchers argue that understanding emotions as biological and universal separates them from their cultural and historical context and makes them appear as inescapable and ‘irrational’. According to the social approach, cultural scripts are resources on which people draw in all their social actions and individuals comply with their social roles even when they appear to exhibit themselves spontaneously. Even if their emotions were bio-psychological by origin, the way in which such emotions as ‘caring’ are *performed* is still socially constructed (Parrott & Harré 1996a: 1 – 2), as any anthropological study can tell us (see section 2.1.2). For example, people are expected to present their ‘unique’ personal experiences differently to different ‘audiences’, that is, in response to varying social situations and, consequently, also the meanings of emotions change (Heelas 1996: 172 – 173). Therefore, the bereaved’s ‘feelings’ after a suicide should not be interpreted only as reflections of their ‘internal’ experiences but also in terms of their ‘dramaturgical’ social roles, such as those within the family (Hockey 1993: 136 – 146; also Riches & Dawson 1997: 55). For example, in order to perform oneself favourably to others, one

has to demonstrate the *right* emotions at the right time. Therefore, statements about emotions do not describe behaviour but actually interpret it (Bedford 1986: 20).

However, at least since Freud emotionality has been commonly viewed in the West as a universal and essentially bio-psychological structure emerging from 'inside' individuals, and people today seem to largely experience their emotions as 'genuine' and existing in their own right, irrespective of the particular social situations in which they take place. A person's 'selfhood' is considered to be located 'inside' him or her, and emotional expressions are taken for an index of the person's 'true self', what he or she 'really' is like. (Lutz 1996: 154, 1988: 4 – 5; also Rose 1996: 1.) I think that people talk about their emotions as unavoidably 'erupting' from 'inside' them, because experiencing and demonstrating 'authentic emotions' in this way has become the most powerful way of signifying their 'sacred' individuality and the moral adequacy of their actions in late modern West (also Walter 2001: 24). The 'individuated self' with his or her *own* 'thoughts' and 'emotions' can be perceived as a legacy of the Enlightenment and its dualistic metaphysics, which separated the human subject from the rest of the world (Morris 1994: 148). The idea of 'authentic emotions' also appeals to the romanticised understanding of the psychological nature of human beings in which the 'social self' is seen as somehow emotionally suppressed and false (Fridlund & Duchaine 1996: 259).

Emotions understood as 'natural' in the psychological sense, then, seem to contain a lot of commitment but only a little choice. For example, people are considered legally less guilty for acts committed in strong emotional states ('crimes of passion') than otherwise. (Averill 1996: 207 – 208.) This is because people are not held responsible for what they 'are', only what they 'do' (Taylor 1996: 60). I see the conceptualisation of emotion as something wild, uncontrollable and demanding an unavoidable expression, as a rhetorical discursive strategy, which contributes to individuals' sense of uniqueness, reduces their responsibility since they are seen to act on an authentic basis, and makes them and their actions appear as morally adequate. Others can perceive even such actions of a person as are damaging to them (like a suicide) as justifiable if one's 'self-feeling', demonstrated through 'true' emotions, is considered to be morally acceptable. (Lutz 1988: 62, 77, 184, 195; Denzin 1984: 33, 83.) Next, I shall take a closer look at emotions as cultural 'performance'.

3.1.1 Emotions as cultural ‘performance’

Rather than bio-psychologically determined reactions to events and experiences, ‘emotions’ can be seen as both products and reconstructions of local moral orders (Warner 1986: 148), which add rights, obligations and duties to their evaluation. As social responses, emotions represent the person’s ‘private’ experiences in terms of his or her ‘social history’, of which Parrott and Harré (1996a: 10 – 13) give an example by pointing out the Victorian era as a time when all kinds of emotionality were particularly heightened in the West (see also sections 2.2.5 and 3.2.2). Also in order to ‘experience’ such emotions as ‘shame’ or ‘guilt’ after a family member’s suicide, it has been necessary for the bereaved to interpret the event in relation to the beliefs, conventions, values and norms of their culture (also Armon-Jones 1986a: 33, 1986b: 57 – 69). When emotions are investigated as outcomes of such an analytic process, people are thought to translate their immediate or ‘primary’ experiences into locally ‘meaningful’ things, which represent the culture’s commonsense assumptions (Landman 1996: 91 – 101).

Harré (1986: vii – 8) argues that since ‘emotions’ do not exist ‘as such’ but only in “the ordering, selecting and interpreting work” through which people manage their lives, they should be studied in their culturally diverse expressions. For example, indicators of ‘authentic’ emotions vary from one culture to another (Rosenblatt 1997: 46), and in most societies other than Western ones emotionality is understood in far less ‘psychological’ terms (Parrott & Harré 1996a: 13). Unlike the West, many cultures do not make distinction between such aspects of human experience as “mental–physical, body–mind and emotion–cognition” (Heelas 1996: 180 – 181). Rather than ‘psychological’ emotions, people may actually experience “dramaturgical” embarrassment in social situations in which they “do not know what to do next” and their inability to perform appropriate social acts hinders satisfactory communication with others (Parrott & Harré 1996b: 43 – 47; also Bedford 1986: 25). For example, the interviewees in this study often perceive those who are ‘outsiders’ to their bereavement to act or cause them to act in this way (see section 5.2.3.2).

Therefore, people are inherently social beings who, even in their privacy, imagine themselves in interaction with others, whereby the ‘social aspect’ is always at least implicitly present in their lives (Parrott & Harré 1996a: 16 – 18). Even when people experience and express their emotions as inner sensations, they actually emerge in social interaction and function for people to view themselves in relation to each other (Good 1994: 140; Lutz 1988: 5; Denzin 1984: 93) in accordance with cultural

understandings of, for example, family and gender roles (Thompson 1997: 76). Even if meanings of human actions and relationships become patterned and routinised in reproduction (Denzin 1984: 32 – 35, 48), however, they are not fixed forever at one point in time but are continuously renegotiated and developed. The understandings of emotional ‘contents’ of human relationships should, therefore, be set in their particular social contexts in which people “try to bring their emotions in line with what they *ought* to feel” (Finch 1989: 228; my emphasis). For example, it is argued in anthropological and historical studies that expression of ‘affection’ and ‘love’ has been particularly characteristic of the Western family since the seventeenth century (Finch 1989: 83, 207, 228; also Lutz 1988: 4, 77, 184; see also sections 3.1.2 and 3.2.3).

Acknowledging the social nature of emotional expressions does not mean claiming that *everything* people do, think and express is all the time completely determined by the social context. For example, there is probably a lot of ‘unstructured’ emotion around in the bereaved’s experiences after a family member’s suicide, which never gets ‘organised’ in the sense of producing verbal accounts of them. Giddens (1991: 59) notes that people also tend to preserve a division between the personal meanings of their “self-identity” and its social “performance”, which suggests that a death is grieved differently in private and in public. However, even the distinction between ‘deep’ and ‘surface’ acting shows that, at the same time, ‘feelings’ are *partly* generated by the social context (Hochschild in Seale 1998: 41). A social constructionist approach to emotions places them and their expressions in relation to the cultural and historical context as well as the social expectations with which contemporary people deal. In any given situation, certain reactions are associated with certain events and it is seen as not only advisable but also as necessary for people to perform them appropriately in order to maintain their ‘social face’ by having their character favourably assessed and their existence ‘confirmed’. (Parrott & Harré 1996b: 51 – 55.) For example, Littlewood (1992: 121) argues that if the bereaved family fails to conform to cultural norms concerning emotional expressions after death, they can be seen as indifferent and disobeying expectations of mourning behaviour, or as being hysterical and grieving ‘pathologically’. I shall now turn to my examples of the culturally and historically changing understandings of grief, shame and guilt.

3.1.2 Grief historically in the West

Grief after a loss often comes across as emotionally so powerful that it is considered to be a 'natural' and universal reaction (Stearns & Knapp 1996: 132). For example, Saaristo (1996: 136 – 137) argues that people bereaved by suicide are usually completely "overwhelmed" by their emotions and report that beforehand they were unable to "even imagine" them to exist (also Ruth & Heiskanen 1985: 122). However, manifestations of grief differ from one culture and time to another so that some people are more likely to react to their loss, for example, with anger than sorrow (Stearns & Knapp 1996: 132; see also section 2.1.2). In the Western world, the performance of grief following a death was hugely intensified during and as a result of the Victorian era, while excessive grief was earlier interpreted as showing too much "interest in this world" instead of the hereafter with God (Parrott & Harré 1996a: 10). The two major changes in societal values considered to have paved the way to this culture of grief are the 'enlightened' trust in progress, which made death appear as an 'inappropriate' failure, and emphasis on love in middle-class families from the seventeenth century on. At its best, the "bittersweet quality" of grief was considered as desirable for adding to "a full emotional experience". (Stearns & Knapp 1996: 134 – 136.)

This 'indulgence' in grief was transformed again into a more 'rational' attitude by the great number of dead in the WWI, by the Freudian idea that the living needed to detach themselves from the deceased, and by the perception of grief as waste of time (Parrott & Harré 1996a: 11) in advanced capitalism and consumerism. Encountering death became considered as mainly harmful to 'individual psyches' and busier lifestyles and tighter schedules did not allow for lengthy grieving either. However, the culture of intensive grief seems to still persist in the idealised notions of family attachments and guilt often referred to after a death. (Stearns & Knapp 1996: 144 – 147.) Grieving became medicalised and normalised during the twentieth century (Prior 1993: 248), and today most (psycho-) therapeutic approaches stress that it is important to experience and express grief after a loss (Walter 1993b: 36; see also sections 2.2.5 and 2.4). The late modern Western conceptualisation of the bereaved as suffering 'victims' can also be seen as a legacy of the psychological understandings of human being.

3.1.3 Feelings of shame and guilt

In psychological studies (Saarinen *et al.* 1997: 981; Pritchard 1995: 145; Trolley 1993: 240; see also section 2.4.2), shame and guilt are considered to be the main 'pathological' emotional reactions to a family member's suicide. However, it has also been suggested (Parrott & Harré 1996a: 2; Scheff 1990: 75; Finch 1989: 192) that expressions of shame and guilt are important because social control works through moral orders, which effectively take place in 'emotions' that identify people's public reputation. The 'right' reactions contribute to preserving the society's moral order by representing and confirming the currently dominant understandings of the world. Taylor (1985: 266) argues that in our society people can consider expressions of shame and guilt to (psychologically) reflect the very *nature* of those who 'feel' them, and persons who fail to communicate appropriate amounts of these sentiments in certain situations, for example, after a family member's suicide, are likely to be considered 'cold' and 'indifferent' and judged more harshly than others.

Parrott and Harré (1996a) associate the Western notion of shame initially with eighteenth century Puritanism in which exposure to public scorn was an important part of social control. They note that embarrassment is still connected to situations in which one is unable to perform or maintain one's role, threatening to give an unfavourable impression to others. (Parrott & Harré 1996a: 4 – 9.) Sociologists (Giddens 1991: 8; Scheff 1990: xv; Goffman 1963: 18) have also analysed 'shame' and 'guilt' as signs of the state of the social bond, which can be frequently observed in people's encounters. In Giddens' (1991: 65) formulation, shame marks a person's concern about the sufficiency of his or her efforts to sustain a coherent biography. For Scheff (1990: 17, 71, 169), pride indicates an 'intact' social bond and shame a threatened one, while expressing guilt ('internalised' shame) makes people appear as morally adequate if they respond to social expectations by showing it. Parrott and Harré (1996a: 5 – 7) connect guilt to responsibility resulting from breaking previously accepted norms, and associate it with nineteenth century Protestant emphasis on internalised morals in the isolated performance of religious acts. Contemporarily, guilt as a moral emotion can be seen to relate essentially to harm done to others and to unfulfilled obligations (Taylor 1996: 58; Giddens 1991: 43 – 44, 64). Sacks (1992a: 118) notes that it may be impossible to understand a tragic personal event unless one can find oneself somehow guilty for it, since 'how else could this have happened to me?' (see also Elias 1993: 36).

3.1.4 Summary

In this section, I have investigated ‘emotions’ as social constructs negotiated in local situations in order to introduce them as ‘things’ to which cultural expectations and norms concerning people’s roles are attached. This will also be my understanding of emotions in analysing the interview data of this study. In the contemporary West, emotions are largely situated within the psychological framework as markers of one’s ‘authentic’ self, which renders them ‘natural’, universal and fixed. In contrast to this I argue that emotions in their ‘performances’ are cultural and historical products like any other social acts. Here, I have taken grief, shame and guilt as examples of this because they are central concepts in the data in which the interviewees talk from the morally charged position of family members.

Next, I shall place the socially constructed, psychologised understandings of ‘emotions’ within the context of Western individuality and family life, which are also central in the data and its analysis. As Finch (1989: 83 – 84) puts it, social values and cultural meanings associated with family life can be seen in “the sentiments, attachments and emotions associated with different family relationships”, which have increased significantly over the last two centuries. As has been pointed out in previous sections, values attached to different emotions emerge from and reorganise the community’s social order and, therefore, emotional expressions or ‘acts’ can be seen to function as the community’s moral indicators. Indeed, this is probably even more so in cases of damage to people’s social bonds because there, unavoidably, different parties are involved who have different rights and responsibilities. In this study, this may accelerate the interviewees’ use of ‘shared’ commonsense knowledge concerning their emotional experiences of their family member’s suicide.

3.2 Individuality and the family

In this section, I shall introduce the largely psychologised, emotionalised and naturalised notions of contemporary Western ‘individuality’ and ‘family’ as social constructions, which concern people’s historically different rights and responsibilities in relation to each other. I shall do this to outline the cultural, morally challenging expectations for social roles to which the interviewees in this study respond in describing their family member’s suicide and their own bereavement. The qualities of their roles both emerge from and are reproduced by dominant moral values, which at

any given moment derive from certain historical conditions, for example, political, economical and social interests, and are negotiated between the parties involved. 'The family' can be considered as the party most responsible for the aftermath of suicide, the expectations for its different roles concerning expression of certain emotions (see also sections 2.2.5 and 2.4.2). In order to comprehend family relationships, their social definitions and the processes by which they become established and maintained have to be analysed (see also Anderson 1980a: 286), which I shall try to do in the following sections (see also section 5.2.2).

3.2.1 Western individuals

Since human systems can be looked at as a "collection of Chinese boxes, one within another: organs within a body, a person within a family, a family within a kin network and a kin network within a community" (Aldridge 1998: 52), a society's understanding of a single human being as an 'individual', a 'self', a 'person' or the like relates to its specific organisation of these social units. Also Western people's seemingly 'natural' perception about themselves as certain kinds of 'individuals' is an outcome of a long and diverse social history. For example, different rights and duties were allocated to the roles of a legal 'person' and a 'citizen' already in ancient Rome, but it was sixteenth century Protestant Christianity that introduced the notion of an 'inner life' and essential 'humanity' to this abstract "man clad in condition". (Carrithers, Collins & Lukes 1985: vii.) Understanding the metaphysical human person as a moral subject had religious significance, and this dualistic concept of an 'individuated' person with an 'inner conscience', separate from both the social and natural worlds, was further enforced by the Enlightenment (Morris 1994: 4, 17, 177; Mauss 1985: 19). The notion of a nation state, which consists of autonomous and equal "units" of responsible citizens, also contributed to the Western concept of individualism (Fontaine 1985: 124). In many other cultures and religions, this kind of "embodied self" is not a "desirable condition" (Walter 2001: 22).

In the moral discourses of late modernity and capitalism concerning the nature of human being, the idea of a 'non-relational', self-sufficient individual is alive and well (Scheff 1990: 15). However, the Western individual today cannot be all about detached reason but must also, to an important extent, be a 'feeling' subject with 'authentic' emotions, for example, towards his or her family, which invoke his or her individuality further (see also sections 3.1, 3.1.1 and 5.2.1). This psychologised human being can be

seen as a legacy of the earlier 'religious introspection', in which the 'psyche' has replaced the 'soul'. Riches and Dawson (1997: 57) argue that modern people's social roles are likely to be composed of, and reinforced through, conventional family, work and consumer activities, "held in place through liberal capitalist ideology". The Western conception of the separate individual has been contrasted critically to other cultural understandings, such as the African 'personhood' as "a complex of social relationships" (Fontaine 1985: 126 – 137; also Morris 1994: 120). The view of the late modern person as an 'owner' of himself or herself rather than a part of a social and, therefore, moral whole has also been blamed for representing the middle-class experience as characteristic of all Western people (Scott & Tilly 1980: 126 – 127, 151).

Understandings of the individual's position in the varying family systems and ideologies in the world are illustrated by, for example, Morris' (1994: 96) analysis of the contrasting conceptions of 'the self' and 'the family' in the Asian and Western worlds, in which he compares Eastern thinking about personal development as a communal act to the modern Western idea of "a loner trying to search for salvation in total isolation". Anderson (1980a: 165) represents these two extreme ideal types by describing membership in the 'sacred' "trustee" family as binding for life and necessitating responsibility for other family members, while individual members of the "atomistic" family are so dominating that the family's control over them collapses. The contemporarily prevailing family discourse in Western public discussion and research literature seems to be a controversial combination of these approaches because, on the one hand, the family's role is established as *the* 'sharing and caring' unit of the society and, on the other, its individual members are expected to be 'self-reliant'. Indeed, people can be perceived to have two families: they live in one and imagine the other (Jallinoja 2000: 184). I shall now examine the Western family as a cultural and historical construct.

3.2.2 The Western family in historical perspective

As with any social entity, the family takes on meanings through commonly shared beliefs about its 'nature' and tasks (Gillis 1997: xvi). For Giddens (1990: 43), family would not be what it is today "were [it] not thoroughly sociologised and psychologised". Ariès (1980: 77) notes that the aristocratic and middle-class origins of the 'bourgeois' nuclear family have now been largely forgotten because it became so widely spread in the West from the eighteenth century on, also among working classes

(Harris 1980: 404). Family sociologists (Goldthorpe 1987; Anderson 1980b) have argued that the currently dominant Western family ideals of 'caring and sharing' are constructed on a false image of a lost, morally sound family and community life. For example, Löfgren (1980: 84, 113) doubts whether a permanent multiple family household ever was a dominant domestic unit in Europe. However, nowadays people often imagine that a 'rooted' and 'extended' traditional family existed before the 1960s, while people from that time were likely to locate this 'golden age' of the family in the nineteenth century Protestant Victorian middle classes who, in turn, considered it to have been existent in an era before industrialisation (Gillis 1997: 5).

In different times and places, different categories of people have also been valued differently (Field, Hockey & Small 1997: 6). For example, the contemporary Western understanding that "children [of both sexes] should be given equal consideration" in the family (Armon-Jones 1986a: 33, 1986b: 57 – 69) has not always been so; in the earlier rural communities it was often the eldest son who inherited most of his parents' property. According to Gillis (1997) and Anderson (1980b), the European system of single-family households has been developing since the Middle Ages, but in premodern times the *house* rather than the family was the central institution, in which also 'outsiders' could occupy necessary roles. This arrangement has thereafter obviously been understood to mean an 'extended' family. Before modernity, biological and 'social' parents did not have to be the same persons and merely having a child did not change a person's social status or create an obligation of support. Maternity was, therefore, considered as an event among others and parenting as a task to be shared with others. The 'nuclear' family we know today was brought about by the structural and value changes of modernity, which can be seen as having happened simultaneously in forms of production and domestic life. The practical duties and rights of everyday family life transformed from economic into emotional ones, and ties between family members turned into personal interdependencies. (Gillis 1997: 7 – 12, 27, 164 – 165; Anderson 1980b: 35 – 36, 53.)

It was possible for the family to become the location of people's highest moral values only in conditions of advancing capitalism in Protestant Europe. Secularisation and individualism eroded earlier religious and communal cultures and qualities previously associated only with "divine or communal archetypes" (Gillis 1997: 72) were attributed to the family, which was defined as a separate unit of care and responsibility and turned its members into 'significant others'. Producing models for good family life "passed to the domestic group itself" (Gillis 1997: xviii) when parents

began to see their children as “priceless possessions whose loss could never be compensated for” (Gillis 1997: 72) and became role models themselves. The Victorians chronologised family life so that ‘childhood’ and ‘the family’ itself would be unavoidably ‘lost’ and ‘missed’, becoming objects of nostalgia. (Gillis 1997: xvi – xix, 4 – 12, 27 – 30, 71, 94 – 107.) Harris (1980: 403) agrees that it was exactly when the child took “a central place in the family” in the West that everything about children and family life became “a matter worthy of attention”. Significant family events started to be heightened in recall and woven into the particular family history, using them in the process of reconstructing the family and its boundaries (Morgan 1980: 327). In contrast to this, though, “in some societies parental love is reinforced” by thinking of children as reincarnations of loved ones (Walter 2001: 24). I shall now take a closer look at late modern Western family life.

3.2.3 Late modern Western family life

I shall here take a closer look at scholarly discussion of late modern Western family life in order to identify the cultural expectations to which the interviewees in this study are likely to respond in talking about their family member’s suicide and their own bereavement. In family research and policy, there is no clear consensus about the tasks of the family (Parsons 1980: 184). As a social arrangement, the family has been proposed as providing individuals with “an order” within which their lives would make sense (Berger & Kellner 1980: 302). Goldthorpe (1987: 1 – 6) describes the general everyday experience of the late modern Western family as consisting of monogamous consensual marriage, bilateral kinship, an autonomous nuclear family household and close emotional bonds between parents and children, which are characterised by strongly naturalised ‘feelings’ of moral obligations and rights. However, the late modern condition of family life seems to involve contradictory expectations for people to be both ‘family-centred’ and ‘individuals’ who are more detached from others than ever before. I shall review the family discussion here on the basis of ‘traditional’ discourse and its critics, even if in reality late modern family life is more complex and negotiable than these models suggests (Young, Seale & Bury 1998: 27 – 28; Jallinoja 1998: 63).

The traditional family discourse is mobilised particularly when such issues as divorce laws, contraception, abortion and parents' rights and duties are discussed in public (Jallinoja 1994: 11; Goldthorpe 1987: 16). In this discourse, the 'normal' (biological, immediate) nuclear family relationships are often seen as the most durable, even 'eternal' social bonds, which do not end even in death. Families are understood to compose their own community and "symbolic universe", in which images of the ancestral 'extended' family offer individuals "identity and identification which nothing else can" (Gillis 1997: xviii, 80; also Berger and Kellner 1980: 308). Goldthorpe (1987: 60 – 61) argues that seeing the family as "the one remaining stronghold of warm, diffuse and affective relations" in which "we are valued for who we are rather than what we do" is an outcome of hard consumer capitalism in which the family is expected to give its members a continuous sense of belonging and meaning. Political conservatives in particular have considered the nuclear family to be a 'natural' constellation of which no one has to *become* a member (except for adopted children), since one is and remains so whatever happens. Therefore, conservatives have insisted on granting family ties a primacy over all others in the society. (Finch 1989: 1 – 9, 234 – 236.) They have also complained about the 'collapse of the family' or its meaning by claiming that if the family becomes "too dependent upon the state" and gives up "its responsibilities", it fails both its members and the wider society (Smart 1991: 154).

However, what is considered to consist a family differs culturally and historically. Western familial ideology makes the nuclear family seem an inevitable institution by stressing that individuals are born into it, even though understandings of biological links through 'blood ties' vary from one society to another as well as within a single culture (Edholm 1991: 140 – 142; Morgan 1980: 344). Therefore, understandings of the categories of 'parenthood' and 'childhood' are also historically variable ideas, not the 'natural' conditions they appear to be when they are perceived as inherent in the biological relationship itself (Gillis 1997: 12; Anderson 1980b: 37). For example, the connection between giving birth (the natural category of 'maternity') and nurturing (the cultural category of 'motherhood') is a recent one in Western societies, since a mother's intensive lifelong involvement with her individual children has become the standard only in modernity (Gillis 1997: 22 – 26, 152 – 155). Bourdieu (1996: 19, 25) suggests that the "performative family discourse" of middle-class nuclear familialism creates conditions for its own affirmation and strengthening, even if a number of family groups do not match this definition (see also Chambers 2000; Young, Seale & Bury 1998: 30). Particularly in middle-class parent – child relationships, which I explore in this study,

idealistic popular imagery should be distinguished from what happens in practice, because people may try to intensify their family ties by asserting a strong 'family feeling' even when it is not true (Finch 1989: 23, 36, 83, 152). For example, Lee (1994: 167) points out that the romantic notion of the family sticking together in difficult situations is strong. However, many people may carry out their family obligations, not on the basis of 'love' but because they have agreed on a set of practical commitments and are sensitive to the possibility of being morally charged for their performance (Finch 1989: 192 – 194).

'Radical' family thinkers, who have usually belonged to the political left, have tried to find alternatives to the 'isolated' Western nuclear family model, particularly in the 1960s. For example, Constantine (1980: 450 – 454) suggests an idea of an 'open' family as a "voluntary association of individuals" avoiding role stereotypes and prescriptions in order to sustain the members' "personal unalienable human rights". Goldthorpe (1987) lists critics who have seen the privatised family as problematically alienated from the rest of the community. Mitchell (in Goldthorpe 1987: 83 – 84) states that the family embodies the most conservative possible concepts in society by rigidifying the past ideals and presenting them "as present pleasures". Moore (in Goldthorpe 1987: 79; my emphasis) suggests that "one of the most (...) obsolete features of the family is the *obligation* to give affection as a *duty* to a particular set of persons", thereby referring to family responsibilities as socially negotiated rather than 'naturally born'. Laing (in Goldthorpe 1987: 87) maintains that the family sustains an estranged condition "that passes for 'normal' in our society, subjecting each baby to the forces of violence called love". For Marcuse (in Goldthorpe 1987: 80), the social function of the monogamic and patriarchal family is to govern people by organising their private interpersonal relations through parental authority. Leach (in Goldthorpe 1987: 77) argues that, instead of being a good basis for the society, "the family with its narrow privacy and tawdry secrets is the source of all our discontents". Cooper (in Abrams & McCulloch 1980: 420) declares that the family outright *destroys* people by "manufacturing self-other dependencies", locking the individual into specified roles, "teaching the child to accept the social order as naturally given" and providing the mother and child with a false "need-for-love". Today, there are media reports of an anti-family movement in the West in which people willingly choose childlessness and/or singledom. Next, I shall explore how suicide may be handled in the late modern family.

3.2.4 Death and suicide in the late modern family

In mourning for death, as in any other social action, people use their cultural, historically dependent knowledge concerning their social position in order to know what they are supposed to do (Seale 1998: 68, 199). Daniel (1998: 35 – 36) argues that, due to being a loss of both an individual and “a position within a system”, the death of a family member changes the existing roles and relationships as well as challenges previous expectations about the present and the future (see also section 2.6.1). As noted earlier (in section 3.2.2), before the nineteenth century distinctions between kin and other people were more ambiguous than today, and family ties were also considered to terminate at death. Premodern people did not have an obligation to remember even their own family members after death because this was thought to be God’s realm. (Gillis 1997: 14 – 18.) In terms of suicide bereavement, Minois (1999: 103) recounts, for example, the sixteenth century attitude that “killing oneself does not harm the country or the family, since someone desperate enough to commit suicide is of little use on this earth” (see also sections 2.2.3 and 2.2.5). Love of God was the central moral principle of human life until the Enlightenment, and Christians were seen to be in ‘orphanage’ and ‘exile’ while on earth. Marital and parental love was feared rather than celebrated for being too unstable and fragile to sustain either individual roles or the social order. (Gillis 1997: 134, 162.) For example, Löfgren (1980: 114) points out that in Finland the emergence of the “conjugal dyad as an emotionally strong and socially primary unit” was a late development. In late modern West, a similar kind of discouragement of close and exclusive relations between individual people can be observed mainly in communes, which try to avoid diminishing “the general love that pervades the whole community” (Goldthorpe 1987: 238).

As an outcome of psychologisation of the human being, only during the last couple of centuries people have been considered to be so ‘fond’ of their families that they ‘feel’ their loss in death (Walter 1993b: 35). While earlier the church or the community had given the dead their final ‘send-off’, Victorian funerals and mourning were strictly family affairs with elaborate dress and behaviour codes. The dream of family reunion in the afterlife, in which everything was expected to be as it used to (if not even better) enhanced the Western family ideals of ‘sharing and caring’, on which contemporary Western family discourse is largely based. However, when people are supposed to act like a family and face what they have in common at such times as death, the contradictions of modern family life are most likely to occur. Due to high

expectations, family time can actually be experienced more positively in anticipation and in memory than in reality, because the actual moments of togetherness can be disappointing and frustrating. (Gillis 1997: 14, 55, 85, 108 – 112, 214 – 216.) For example, Lee (1994: 166) argues that, instead of ‘sharing’ their grief at a family member’s death, individuals in a family are likely to end up grieving separately in order to avoid burdening each other. The interviewees in this study described similar tensions (see section 5.2).

In public discussion of the family in the West today, psychological discourse is very strong (see also sections 2.4.1 – 2.4.3), deriving from Victorian ideals and Freudian theorising. The family’s cultural importance in terms of supporting its members is difficult to overemphasise since it can always be conveniently, if not justly, blamed when something goes wrong with its members. For example, Finch (1989: 202) notes that people who consider their relationships with their parents to have been poor often offer childhood events as a psychological explanation for this. In the 1950s, Bowlby (1997, 1975) put a great emphasis on the mother’s role in the family, stressing that children’s traumatic separations should be avoided at any cost, and framed this experience as universal rather than culturally variable in his models of loss and bereavement (Field, Hockey & Small 1997: 9). Goldthorpe (1987) notes that some psychologists went even further by arguing that the mother’s responsibilities for her children did not diminish even as the children grew up. Dysfunctional family interactions have been considered, for example, responsible for some mental illnesses, particularly schizophrenia. Also sociological and social psychological studies of suicide have indicated that family relations correlate strongly with suicidal tendencies, if the whole family suffers from the same problems (Harmanen 1997: 136; see also section 2.3.1).

3.2.5 Summary and conclusions: the family’s suicide bereavement

In this section, I have introduced the largely psychologised and emotionalised notions of contemporary Western ‘individuality’ and ‘family’ as social constructions rather than ‘natural’ phenomena in order to figure out the cultural, morally challenging expectations to which the interviewees in this study are responding when they describe their family member’s suicide and their own bereavement. For example, ‘the family’ is likely to be considered as the most responsible party for emotional aftermath of suicide. In sum, I have analysed here the social definitions and processes by which family

relationships have become established and maintained in their contemporary versions to comprehend their relevance for my interview data. I have noted that Western people basically consider themselves to be both separate individuals and have ‘caring and sharing’ relationships with their ‘naturalised’ nuclear families which, in turn, are ‘isolated’ from the rest of the community. For example, whereas in premodern times the whole community was involved in finally sending off the dead, in modernity this became strictly family affair. Since all arrangements of human lives and relationships vary culturally and historically, the highly idealised version of the late modern Western family is also a political project of distributing *societal* rights and responsibilities. In particular, conservatives have stressed the importance of the family in taking care of individuals, while leftists have tried to allocate some responsibility also to the community and society in which these individuals and their families exist. The idealised expectations of modern Western family discourse – the unconditional caring, sharing and support, on the one hand, and members’ profound independence, on the other – is controversial in relation to the late or postmodern condition of family life, since these expectations place much responsibility on ‘isolated’ nuclear families but allow for thinking that their lives are also shaped by many other influences.

Next, I shall turn to the explanatory framework and methods of interview data analysis that I used in the study. These will show how the participants of this study negotiated and produced the social reality of their family member’s suicide in their talk. This made their experiences understandable and acceptable on the basis of a ‘shared’ understanding of how things are in the world. For example, to render observable the work done by talking about different parties’ rights and obligations in the data, it is necessary to investigate who gets blamed and ‘praised’, and for what, and where responsibilities are allocated (see section 4.2.2.1 in particular).

Chapter 4:

Data, analytic framework and methods

The main purpose of this study is to analyse the ways in which interviewed people talk about their suicide bereavement in relation to their social roles as family members and construct moral orders in doing this. In previous chapters, I have shown how 'suicide', 'bereavement', 'emotions' and 'the family' are culturally and historically variable, socially constructed phenomena rather than 'natural' in the sense in which they occur in the currently dominant (psychological) research literature. In this chapter, I shall introduce the interview data as well as the analytic framework and methods of the study. I shall do this to show who the participants are and how I see them to analyse and produce the social embeddedness of reality in their talk, for example, by using such commonly 'shared' understandings of the world as contemporary 'expert knowledge', which can make their experiences socially comprehensible and acceptable. I shall first describe the data and its production, including the interview guide and situation in which the participants produced their accounts, as well as ethical considerations to which the study gave rise (4.1). I shall then establish narrativity as the explanatory framework of data analysis and outline in more detail my version of membership categorisation device analysis as the specific method used here (4.2).

4.1 Data and its production

The data of this study consists of open-ended qualitative thematic interviews with Finnish parents and (adult) children (N=16) concerning their experiences of their (respective) family member's suicide, conducted between 29.4.1997 – 27.7.1998. I actually interviewed 21 bereaved family members but selected only parents and 'children' for the final analysis because they were prevalent in the data. In the course of the research, I also followed public discussion of suicide in media and scholarly journals as well as its appearance in certain cultural products (films and literature) and attended two relatives' bereavement support groups (see appendix 1 for a summary of discussions in these groups). Even if no systematic data were collected on these, this 'secondary' data gave me further background material for understanding and conceptualising people's suicide experiences as cultural and social constructs.

I assume no statistically understood representativeness of the small data set, nor do I try to find out and study the prevalence of any ‘events’ or ‘things’ as such. It is not my concern here whether or not self-report data is ‘reliable’ as “reflexive of what is ‘really’ going on” (Frith & Kitzinger 1998: 306) in the interviewees’ minds and lives (see also section 1.1 for the tasks of the thesis). However, the thematic ‘contents’ of the data seem to be nothing ‘new’ in the field of suicide bereavement research, because similar responses to suicide bereavement – such as ‘feelings’ of ‘guilt’ – have been reported also in other studies (see sections 2.4.1 – 2.4.3 for psychological research). Therefore, I can claim my interviewees’ understandings to characterise *something* that is currently considered to be ‘normal’ in talking about an experience of suicide and which is, thus, of social significance. I can use this observation as a resource of the study. However, in contrast to earlier studies, I perceive the interviewees as bringing up and ‘dealing with’ certain ‘themes’ in their talk *in* and *because of* their situational social interaction with me as the interviewer, in which they analyse their experiences as well as my questions and other interventions by using their cultural knowledge (see chapters 2 and 3). Next, I shall describe the interviewees and the questions I asked them.

4.1.1 The interviewees and the questions asked

Most of those who I asked agreed to participate in the study and expressed a great willingness to talk. I made contact with five interviewees in the bereavement support groups I attended myself and got in touch with the other eleven through support organisations or mutual friends. They described their motives for participating in the study to be having a chance to talk about the matter with a (sympathetic) outsider or wanting to help others in a similar situation in the future by ‘sharing’ their experience. Half of the interviewees had attended a support group at some point before the interview, while others had gone to psychotherapy or received other counselling in addition to talking to other people. Because those who had attended a support group had handled the matter with ‘peers’, they may have been more consciously motivated to ‘share’ their experience in the interview than others. At least their perceptions of their experiences were more likely to be socially and culturally influenced. I knew, or had met at least once, ten of the interviewees while six persons were completely unknown to me beforehand. The interviews lasted from one to three hours (the average being one hour). Apart from a death in their family which they considered to have been a suicide, the interviewees did not share many ‘background factors’ in common. At the time of the

interview, they were between 26 and 72 years of age (the average being 49 years). Their life situation regarding family and work was such that eleven of them lived in steady relationships, in eight of which there also were or had been children, and five interviewees did not have any (reproductive) family of their own. Ten interviewees were at home due to pension, unemployment or maternity leave, and six worked outside home. In spite of this, family discourses they produced had many similarities.

Half of the interviewees are parents and half children ('children' here referring to the interviewees' familial position, not to any age group), half women and half men. Six 'children' had lost a father and two a mother in suicide, six parents a son and two a daughter, aged between 24 and 80 years. Thus, in accordance with the global trend, men were over-represented among the deceased in the data (80%) as compared to women (see also section 1.2). For two parents, the deceased was their only child and did not leave them with any grandchildren. Two married couples talked about their child's suicide in their separate interviews, which brought the total number of suicides in the data down to 14. At the time of their parent's suicide, five of the interviewed 'children' had been under 18 years of age, while three had been already officially adults. After the suicide, they were all still left with the other parent. According to most of the interviewees, their relationship to the deceased had been 'good'. Their family members' suicide methods differed, with six hangings, three medicine overdoses, three jumps (from a roof or under a train), one drowning and one shooting. The time passed from the suicide varied between 0.5 and 48 years (the average being 11.5 years). Three interviewees also spoke about another (earlier) suicide in their immediate family. In the interviews, either I as the interviewer or the interviewees brought up the following issues concerning their family member's suicide and their own bereavement (in respective order), which created a sense of 'collaborative' conversation rather than simply asking questions and giving answers:

- **The occurrence of the suicide and its causes** (see section 5.1 for the interviewees' interpretations of the suicide's causes).
- **The interviewee's feelings immediately after the suicide and at the time of the interview** (see section 5.2.1 for the bereaved's emotions as their analysis of the suicide's outcomes).
- **The interviewee's need for and receipt of social support** (see section 5.2.2 for the family's rights and obligations in suicide bereavement and section 5.2.3 for the interviewees' expectations of other people and 'formal' support).

- **Other people's reactions to the suicide and the interviewee's situation with them at the time of the interview** (see section 5.2.3 for the interviewees' expectations of other people and 'formal' support).
- **Possible changes the interviewee observed in other family members' lives and characters** (see section 5.2.2 for the family's rights and obligations in suicide bereavement).
- **Possible concrete actions the interviewee engaged in to cope with the experience of suicide and bereavement** (see section 5.2.3.3 for descriptions of participation in bereavement support groups).
- **The interviewees' moral attitude to suicide in general** (see section 5.1.5 for descriptions of the moral nature of suicide).

The narrative and psychological orientation that can be heard in the interview guide is an important aspect of the study, since it partly produces the data 'contents'. The questions can be heard to encourage the interviewees to produce narratives of their experiences that cover certain themes, and the interviewees did often describe particularly the causes of their family member's suicide in the form of stories (see section 5.1). Particularly in asking about the interviewees' 'feelings' and their 'need' for social support, the questions are rather psychologically oriented, and the interviewees often described 'emotional' issues in the manner 'suggested' (see section 5.2). However, the interviewees' talk cannot be seen as produced by the interview situation only, since many of their opinions were clearly established beforehand. I shall now look in more detail at the special nature of the interview situation.

4.1.2 The interview situation

Holstein and Gubrium (1997) and Potter (1997) suggest that interview data should be treated like *any* other speech construction, since in talk knowledge is always negotiated and meanings are produced actively and jointly. For example, people routinely anticipate and take notice of each other's expectations as well as evaluate one another's ability to understand what is said. However, it is also argued (Raittila 1993) that an interview is an interactive and discursive world of its *own* calling for certain conventional practices of talk, which can be studied as a basic element of the meaning-making process involved. Be this as it may, it is obvious that the interactive nature of talk influences contents of interview data. Here it is sufficient just to note a few aspects

about the process of interviewing that are relevant to the study but not its topic in the sense in which, for example, conversation analysis would have it (see also Silverman 1998; Sacks 1992a&b).

For one thing, an interview differs from a ‘naturally’ occurring speech situation because people are invited to talk at length about certain matters (Miller & Glassner 1997: 102). In this study, the interviewees are asked about their experiences of their family member’s suicide. Due to this focus on their talk, people in an interview are accountable for what they say differently from many other situations, and they are also likely to be sensitive to the moral ‘by-products’ of their talk. In ordinary research context, the relationship between interviewers and interviewees is one based both on consent and hierarchy, since the interviewees volunteer to participate while the interviewer orchestrates the situation by, for example, asking questions. Therefore, the interviewees produce their analyses of topics under discussion in response to the interview situation as much as the questions asked, which invoke certain stories and descriptions rather than others (see the interview guide of this study in the previous section). Due to expectations considered to be present in different situations, describing such emotions as relief after a family member’s suicide can be regarded as more ‘inappropriate’ in a research interview than, for instance, in a therapy session. However, applying normative guidelines in talk is a practice of developing shared understandings with others (also Finch 1989: 184) and, thus, an interview occasion is a negotiation, which none of the participants can fully control on their own. Such features of talk as participants’ use of the ‘passive voice’, vague expressions, hesitations, understatements, sighing and laughing (see chapter 5) do their work of representing unquestionable and questionable views of the world. They appeal to the participants’ shared understandings but leave accounts open for interpretations, giving them more autonomy in producing their responses.

The ‘traditional’ approach to research interviews seeks to identify the contents of a stock of pre-existing knowledge that is thought to be possible to draw from ‘informants’. In contrast to this, I approach my interview data differently by seeing talk as storytelling (see section 4.2.1) and by analysing membership categorisations (see section 4.2.2) with which interview answers are perceived more as explanations and analyses than reports of ‘reality’ (Baker 1997: 131 – 137; Järviluoma & Roivainen 1997; also Frith & Kitzinger 1998: 300). The data were produced collaboratively so that both I as the interviewer and the interviewees introduced themes for discussion as well as accepted or refused talk about others (see the previous section). Above all, however, I

invited the interviewees to talk from their (moral) positions as family members, that is, in their roles as mothers, fathers, daughters and sons, and their talk was in the focus all the time. Their stories of what happened and why in relation to their family member's suicide were influenced by my interventions, which varied from accounts of my own experiences (as a 'member' who also 'owned' the experience; see sections 1.3 and 4.2.2.2) and opinions of their situation to specific questions and minimal feedback, such as "yeah", "mmm" and "right". Due to our 'shared' knowledge of the experience, I often clearly empathised with the interviewees' experiences, which may have had its impact on their talk. However, their talk was also shaped by their cultural and social understandings about the notions of 'the family', 'suicide' and 'bereavement', as well as by the way in which they thought they were expected to discuss these issues (see also section 2.4 for psychological understandings of bereavement and chapter 3 for discussion of 'emotions' and 'the family' as socially constructed).

Even if my interventions are not included in data analysis (chapter 5) since their influence is not the focus of the study, I exemplify here briefly how they worked as a part of interactive talk. Some of the interventions were more 'leading' than others, and some resulted in expressions of mutual agreement while others did not. Rather than 'interviewer bias', I consider this kind of 'leading' talk to indicate the strength of commonsense knowledge and categories, which are used in co-production of any talk (see also Frith & Kitzinger 1998: 307). For example, the interviewees sometimes disagreed with and other times accepted my 'contributions' as building blocks of their own talk, as where I asked a daughter, "Now as you have children of your own, what do you think about your mother's act [suicide] in relation to yourself or you as children or the family altogether? It seems quite a *selfish* way to act". The daughter adopted the concept I offered her to explain her experience with by starting to answer, "*Selfish*, well, to leave your children, it's like that all right (...)". On another occasion I asked a son, "Did you ever have any feelings against your father like *anger*, for example?" to which he agreed by saying, "Of course, I've indeed been sometimes, sometimes like also actively *angry* about it". However, in response to my question, "Has it [the son's suicide] *torn* anything apart or caused anything *negative* in your mutual [family] relations?" a father more cautiously said, "I've understood, and so has my wife, that we have to go through this matter thoroughly, so that it hasn't remained in that way that we'd have, *as if we wouldn't dare* to deal with it". Thus, the father could be heard to handle the possible charge in my question so that he and his wife appeared as having acted in the right way after their son's suicide by trying to "go through" it "thoroughly". Next, I shall consider

the ethical aspects of the study.

4.1.3 Ethical considerations

Studying family members' suicide experiences with an interview method has several ethical implications, which concern the individual respondents in their social context. For example, it is sometimes suspected in public discussion that studying suicide-related issues and handling them openly in public might actually increase the number of suicide by making it appear as a 'normal' and acceptable solution to certain problems. However, the family members in this study said that research and discussion could be positively influential in two ways. Firstly, they could show suicidal people that there are other ways of resolving their problems. Secondly, they might reduce the social taboo, shame and guilt around the subject. Nevertheless, discussing a suicide can be painful and there are rules of mutual exchange in all interaction, so that the interviewees should have got something 'in return' from the interviews. I was concerned about my role as a researcher responsible for what might happen to the interviewees as a result of the study, in particular when some of them obviously expected to receive some kind of counselling, even if I had beforehand explained the nature of the situation to them as purely an interview. These interviewees cried a lot and described the suicide as an unbearably distressing event. However, the only thing I could do as a researcher was to try and make the interview situation as relaxed and secure as possible so that the study would not give rise to any further distress. I was quite capable of facing and discussing the respondents' reactions because I had myself experienced a close person's death, which I had interpreted as having most likely been a suicide (see section 1.3).

Being simultaneously a researcher and a member of the group I studied appeared as both a benefit and a disadvantage, because it allowed me to contact the bereaved easily and accelerated my 'understanding' of them (see also sections 2.4.3, 4.2.2.2 and 5.2.3.2 for 'sharing' and 'owning' experiences), but at the same time it made it more difficult for me to acquire the distance necessary for research purposes. However, the method of membership categorisation device (MCD) analysis proved useful here as it enabled me to concentrate on the interviewees' categorisation of their experiences instead of (just) 'empathising' with them. Some of the interviewees said that they could not have talked about their experience to anybody completely outside the experience. Additionally, I was not the first person to discuss the subject with any of the interviewees. I assured the interviewees about the study's confidentiality and

anonymity, although a few of them said that they would not have minded even if their name had been exposed in the study, perhaps because they wanted to emphasise being unabashed of their 'own', 'authentic' experience. I explained the study's purpose and intended uses of the results to them as being to find out how they experienced a family member's suicide in order to add to the knowledge of a suicide's effects on the family. Even if the atmosphere in the interviews was often at first reserved, the 'semi-structured' interview guide (see section 4.1.1) usually led to a longish 'free' conversation and most of the interviewees described the interview afterwards as a helpful occasion to talk. However, one father said that if he had realised how painful it was going to be to narrate his son's story, he would not have accepted the interview request. I shall now turn to the analytic framework and methods of the study.

4.2 Analytic framework and methods

A 'natural' attitude to the world assumes that things essentially are what they 'appear' to be in the first place, and in the ebb and flow of everyday life people often talk about their experiences in ways that seem unproblematic and self-evident (see section 4.2.2.3 for 'doing ordinariness'). For example, people within the same cultural environment are likely to have certain kinds of understandings about the way in which the family works (see section 3.2 for Western concepts of individuality and the family). As Bourdieu (1996: 21) puts it, "we all have 'the family' in our heads because it has been inculcated in us through the process of socialisation". However, although the cultural system in which people live is, to an extent, beyond their individual control, the dominant moral order of the family does not simply force itself on them but takes place in and through individuals' interpretations of their social circumstances (see also Gubrium, Holstein & Buckholdt 1994: 48). For example, within the same culture beliefs about the family can vary from one family to another, since their specific situations vary and necessitate different ways of looking at the social world (Finch 1989: 185).

Therefore, people interpret the social 'facts' of their world by reflecting on how things are supposed to be in general and what, under the prevailing circumstances, is a reasonable and orderly conclusion about a particular situation. Participants in a situation ('members') use their knowledge of the social system to interpret each other's conversational descriptions and appeal to plausible 'facts' in their explanations. (Sacks 1972a: 326 – 327.) For example, in constructing accounts of their experiences people draw on theories, which they use to validate what they are saying in their talk (Morris

1994: 14; see also section 4.2.2.4). Petty (2000: 306) notes that, in suicide bereavement, understanding “a set of events as an ‘experience’ requires framing”, which relies on language and culturally induced connotations. Talking relates to social order, in particular, because it unavoidably deals with people’s mutual constructions of the events of their world (see also Berger & Kellner 1980: 304 – 309). Words ‘make’ social things since they enable consensus or disagreement about the existence and meaning of things (Bourdieu 1996: 21).

In the social world, the *meaningfulness* of things arises from the fact that in their interpretations of what is going on in a situation, people compare different options and *choose* some instead of others (Berger & Kellner 1980: 315). Heritage (1996) suggests that all verbal descriptions can be seen as based on three choices: whether to describe or not, what to describe, and how to describe it, or ‘why this, in this way, right now?’ The way in which these questions are treated in talk implies how the descriptions should be ‘heard’ and understood. Therefore, the everyday practice of talking includes “indexes” of locally produced moral orders and descriptions which, like any other social action, are comprehensible only in relation to where and when they appear. (Heritage 1996: 140 – 152.) The objective of an ethnomethodologically oriented analysis of talk, which I shall adopt in analysing the data, is to find out *how* people do *what* they do in their descriptions and how this produces and maintains social order (see also Gubrium, Holstein & Buckholdt 1994: 48 – 49). For example, people can occupy different ‘participant roles’ by analysing and explaining their actions differently in their narration of events. The ‘discoveries’ they make in and through their talk can be situated and displayed by studying membership categorisations as speakers’ identifications of the features and qualities of issues under discussion (see section 4.2.2). For example, the ‘persuasiveness’ of social norms is also created in the characteristics of commonsense knowledge in collaborative interaction.

From an ethnomethodological perspective, the impossibility of solving the problem of social order ‘from above’ leads to exploring how ‘members’ (participants in a situation) make some structures of society and culture practically exist and relevant in their descriptions. Ethnomethodologists emphasise that shared interpretations and understandings of events are reached in the local situations in which participants act and negotiate interpretations of what is going on, so that no simple a priori suppositions should be made about a ‘culture’ forcing people to perceive things in the same way. (Peräkylä 1990: 16, 94, 147.) Rather than constitutive, social norms can be seen as regulative of people’s actions, which leave room for their individual “agency” (Schmidt

2001: 141). Membership categorisation device (MCD) analysis (in section 4.2.2) tries to avoid assumptions about social structures or the like that would automatically influence people's actions in order to see how people actually 'make' these things in their talk. This means that even though norms, rules and cultural conventions exist outside individual people's communicative acts, for example, in other social practices and people's minds, they do not precede observable behaviours, such as talk, as if they were *determining* causal forces. Rather than as abstract laws, they are likely to be 'coercive' as personally experienced and emotionally coloured understandings. Norms can, therefore, be seen to function like a 'reflexive surface' in relation to which people can produce the comprehensibility of their own behaviour. (Arminen 1994: 16, 159.) As Berger (1967: 12) puts it, a society's power is not manifest primarily in its "machineries of social control" but in its representation of what is *real*. I shall now take a closer look at narrativity as the explanatory framework of data analysis.

4.2.1 Narrative storytelling

I used the basic idea of the narrativity of talk – that people tend to communicate their experiences to others in the form of stories – in this study as a tool with which I summarised the thematic contents of the interviewees' talk and identified interesting issues for further analysis with MCD (see the next section). However, I do not seek to elaborate narrative analysis any further. My interest in this study focuses on the *end products* of the interviewees' storytelling, that is, on the different versions of reality they end up constructing, not on the development of analytic methods as such. The interviewees tell different stories about their family's and other people's roles in the case of their family member's suicide by categorising their rights and responsibilities differently, which simultaneously assesses their moral adequacy. In their talk, they implicitly manage their social 'faces' by choosing what to say and, therefore, their choices have also moral implications. For example, emotional narratives structure talk efficiently because they demonstrate the narrator's moral position towards the events described. However, besides characterising their self-images to others by 'communicated narratives', people also shape these for themselves by 'inner stories' (Hänninen 1996: 109 – 113; Arminen 1994: 18). That is, even though life events are usually narrated in ways that fit and enforce the picture people want to give others (Mazzarella 1997: 27), this also makes the past available to the narrators themselves (Good 1994: 164). Actually, people can be seen to justify their actions and experiences

through explaining them in their storytelling (Miller & Glassner 1997: 104; see also 'owning experience' and 'doing ordinariness' in sections 4.2.2.2 and 4.2.2.3).

Participation in a culture means participation in its narratives. The social stock of knowledge consists of commonsensical stories about the nature of life itself and provides people with a common ground for analysing their situation, helping them to anticipate and interpret each other's actions as generally understandable and shared. (Silverman 2000; Hänninen 1996: 109 – 110; Riessman 1993.) Cultural models of storytelling indicate which 'knowledge systems' a person should manage in order to cope as a full member of the community. They emanate from historically variable everyday experiences and social interactions. (Järvinen 1994: 2 – 12; see also sections 2.1 – 2.6 for different understandings of suicide and bereavement.) People use the social resources of their culture in producing their talk by placing the particulars of their own stories in preceding narratives (Miller & Glassner 1997: 107). However, as seen earlier with the ethnomethodologists, a 'shared' culture does not rigidly determine an individual's way of thinking about and conceptualising the world and, therefore, in research no a priori assumptions should be made concerning the *contents* or *meanings* of any stock of knowledge before seeing how people actually do what they do (for example, in their talk). Cultural categorisations can be seen to exist by recognising that different ways of describing a phenomenon make people accountable for what they have said to different degrees, that is, not just *any* description is considered equally plausible (see also section 4.2.2 for MCD analysis). For example, a parent's description of his or her guiltlessness regarding a child's suicide may be unacceptable, at least without further elaboration (see section 5.2.1.1).

In this study, I shall consider the interviewees' stories about their family member's suicide as social realisations of individual memories in accordance with culturally relevant models. For example, telling stories enables organising a dramatic event and lessening the catastrophe. Re-establishing meaning is an ongoing narrative process in which people seek to build a relationship between an event and their lives, leading to a more or less coherent set of causal and teleological beliefs (Williams *et al.* 1996: 38). Walter (1996: 7 – 9) points out that one purpose in experiencing grief and talking about the deceased in bereavement is to construct a biography, which integrates the memory of the dead into the ongoing lives of the bereaved. Seale (1998: 27) recounts that narratives recording despair and a loss of control depict the devastating incident as "a journey or a call, with a departure, an initiation and an eventual return". For Green (1997: 172 – 175), accounts of personal experience consist of the setting,

“the dramatic events leading up to the outcome”, sometimes a hypothetical ‘worst or best possible scenario’, and “an attribution of responsibility”, the last of which is the most important part of successful storytelling. In reconstructive biographical work, even matters of great inconsistency can gain a prevailing pattern in which an individual’s life and actions are made to match the current understandings of them (Gubrium & Holstein 1997: 140 – 153, 158 – 159; see also section 4.2.2.3 for ‘doing ordinarieness’).

Illness experiences have provided a lot of material for the study of personal narratives, since a serious illness usually has the basic narrative structure ‘by nature’. However, Good (1994: 1, 163) points out that narratives of real painful experiences are not ‘just’ stories since “their attendant fears and misery cannot be wished away” (see also Bury 1997: 14). For example, Hänninen (1996: 113) notes that a serious illness makes people wonder about its causes and challenges them to imagine different future prospects, changing their understandings of themselves and their position in the world. Kleinman’s (1988: 48 – 50) patients narrated their experience of chronic illness in terms of its meanings to them and their “significant others”, depicting the events and their suffering as coherent and thereby “domesticating, mythologizing and ritually controlling” the “wild” and “disordered” occurrence. I can use these research outcomes in my study to some extent, because people seem to confront any ‘biographical disruptions’ in similar ways in the narratives of their talk. For example, after a damaging experience, becoming a storyteller of one’s life before and after the experience seems central to the recovery of the “self” (Arminen 1994: 9). Seale (1998: 3, 31, 202 – 211) argues that, after a death, narratives can restore the bereaved’s ‘self-identity’ because talking generates “a ritualised medium” for the perception of “a shared new reality” in “imagined communities of similarly placed individuals” (see also Giddens 1991: 112). I shall next describe my version of MCD analysis as the specific method of the study.

4.2.2 Membership categorisation device (MCD) analysis

Methodologically, this study is mainly informed by Harvey Sacks’ (1992a&b) ethnomethodological membership categorisation device (MCD) analysis, which studies the problem of social order, firstly, by focusing on the *collaborative* and *local* nature of talk and, secondly, by analysing how people *categorise* things and come up with socially comprehensible *descriptions*. Being able to analyse the production of talk in this way is vital for a social constructionist study, which considers understandings of

things to vary culturally and historically (see sections 2.1 and 2.2 for understandings of suicide and bereavement). The analytic units of study, membership categorisation devices or MCDs, are members' routine methods of producing the everydayness of their existence in talk. MCDs appear in such *collections of categories* as 'the family', which consist of such *categories* as 'mother', 'father' and 'children'. These categories are joined together in such *relationships* (standard relational pairs or SRPs) as 'parent – child' or 'partner – partner', which indicate regularly repeated patterns of interaction in culturally grounded relationships between and within categories of people. MCDs consist also of such *attributes* (category-bound activities or CBAs) as 'caring' or 'indifferent', which are cultural assumptions and expectations attached to categories and their mutual relations. Members bring MCDs into existence and make them relevant in their descriptions as analyses and explanations of what is going on in a situation and how the actions of the parties involved should be judged. Therefore, an MCD is any *situational* application of *general* cultural categories, a positioned *concept* that involves certain applied categories.

When individuals are joined together as a 'family', certain obligations and rights are attached to their categorical roles on the basis of what is regarded as relevant in the situation. MCD collections seem to group together 'naturally' so that the MCD 'contemporary Western family' appears as expectably in the 'nuclear' collection of the (biological) categories of 'mother', 'father' and 'children', which includes SRPs 'partner – partner', 'parent – child' and 'child – child' and such CBAs as 'parental responsibilities' and 'children's rights'. However, even if there is relative endurance to such categories as 'the family', they can be constructed differently from situation to situation depending on their locally produced characteristics. For example, at any given moment a description of the MCD 'family' consists of some *particular* categories of people, events and qualities rather than of any *universal* ones, which means that also 'the Western family' can take other forms than the 'usual' one and be understood in different ways (see also section 3.2 for discussion of Western individuality and 'the family'). (Silverman 1998; Sacks 1992a: 41 – 44, 115 – 119, 174 – 179; Atkinson 1978: 180.)

In this study, I as the interviewer used the MCD tools to suggest topics for discussion that I found sensible and interesting in talking about a family member's suicide, and the interviewees used them in response to describe and explain issues that they saw as relevant. Following the ethnomethodological tradition (see section 4.2), it is vital for MCD analysis that any description is first regarded as having only a situational

status in order to avoid ‘unfounded’ a priori assumptions about the ‘nature’ of the phenomena under scrutiny, before enough ‘evidence’ has been produced in the analysis to sustain any claims. Any concepts should be used as analytic research measures only if the ‘members’ in the data themselves demonstrably use them as ‘participant resources’ (Frith & Kitzinger 1998: 300). The interviewees in this study produce, for example, the morally ambiguous nature of suicide by talking about it in certain ways (see section 5.1.5). Also, I can use the notions of ‘the family’ and attributes attached to it as analytic categories because the interviewees do so. Things are recognised and identified by ‘common’ knowledge in a ‘process of typification’ (Gubrium, Holstein & Buckholdt 1994: 49 – 55) but their ‘typicality’ is constructed also out of local particulars. Therefore, instead of *permanent* or *universal* cultural codes or rules, MCD analysis investigates the *local* construction of *customary* lay knowledge in and through which members can make sense of their social world (Sacks 1992a).

Through their use of MCDs, ‘members’ define each other’s qualities but also evaluate themselves, which produces common understandings about, for example, what sorts of people can do such things as commit suicide (Sacks 1992a, 301 – 337; also Baruch 1982: 310). By and large, this kind of analysis derives from assessing whether the person in question would have been capable of suicide, or how consistent suicide would have been in his or her biography. Therefore, a suicide can be seen to have adequate and inadequate motives, from which others’ efforts to help also derive. (Atkinson 1978: 117 – 126, 172 – 180.) For example, losing of a loved one may be more readily accepted as a plausible (even if regrettable) motivation for suicide in the psychologised West than, say, financial problems, because in psychological discourse people are expected to show even extreme caring for each other. Only if the mutually agreed signs of suicide are shown in the person’s prior actions, talk or in the death itself, it can be considered a suicide (Sacks 1972b: 56 – 60). All possible available material – information about circumstances, state of mind, method, scene and so on – is used as pro or counter evidence (Heritage 1996: 173 – 174). Usually others only ‘know’ the circumstances that triggered off the act, which then become classified as the motive (Hooff 1990: 81). (See also section 2.5.2 for social constructedness of suicide.)

In analysing the data of this study with MCDs (chapter 5), I first identified the central categories the interviewees used and the attributes, such as actions, qualities and characteristics, which they associated with them. I interpreted their categorisations of ‘the family’, ‘suicide’ and ‘bereavement’, which concern the causes (section 5.1) and consequences (section 5.2) of their family member’s suicide as their local analyses of

the topics discussed. I then made sense of the occurrence of these categorisations ‘just there and then’, as well as inferred the relations within and between them, by referring to the theoretical frameworks of ‘emotionality’ and ‘familialism’. Therefore, the MCDs analysed in this study are descriptive of both the ‘thematic’ contents of the data and the topic of the thesis, the construction of moral orders of a family member’s suicide. Crucially for a social constructionist study, the MCD approach made me sensitive both to the general and the particular aspects of talk and enabled me to analyse the interviewees’ talk as produced in certain cultural and historical circumstances (see previous chapters). The outcomes of data analysis are summarised in chapter 5 and the conclusions of the study in chapter 6 in which I hope to make observable the *social practices* with which the interviewees describe and explain their family member’s suicide and their own bereavement.

Even though I analysed the data with the MCD approach in a rather detailed manner, I shall neither reproduce my analysis in the actual text in the specificity that is traditional in such studies nor use MCD terminology extensively. Rather, I shall give *examples* of the MCD analysis in each section. This is because a full reproduction of the analysis would both make a very technical and heavy read and disallow the present amount of data, which is essential for the study’s purpose of demonstrating how the earlier suicide bereavement research findings can be reinterpreted so that bereaved people are seen to also negotiate moral orders around a suicide and their own social roles as family members in their talk. Once I had identified interesting categorisations of suicide’s causes and consequences in my data I decided to concentrate on them (sections 5.1.1 – 5.2.3), whereas a very detailed MCD analysis would have used less data in order to figure out all possible categorisations within them. For example, I shall leave such categories as ‘gender’ and ‘spouse’ and their categorisations largely unanalysed for reasons of space, even if they would have also been interesting and relevant for the study (I shall only touch briefly on these in section 5.2.2.3). In sum, I shall use MCD analysis in this study to interpret and describe how the interviewees produced in their talk ‘sensible’ stories of their family member’s suicide and their own bereavement. Next, I shall describe the central aspects of talk that were analysed throughout the data.

4.2.2.1 Rights, responsibilities and moral adequacy

The emergence of moral order in talk is of interest in this study as a culturally and historically variable phenomenon, which constructs and maintains social order (see also sections 2.1 and 2.2). According to Finch (1989: 187), “public morality” takes place in and through a “communicative strategy”, which offends the fewest people possible and justifies one’s own position by providing socially acceptable responses to the events in question. A culture’s dominant moral order becomes particularly observable in reactions to incidents such as suicide, which cut off social bonds between individuals and their communities suddenly and irretrievably. For example, nowadays suicide, bereavement and ‘the family’ are discussed mainly in psychological terms (see sections 2.2.5 – 2.4 and chapter 3). The culturally induced rules of moral adequacy enable people to perceive things in a similar way and to join together to ‘share’ their understandings. However, since these rules are embedded in the ‘ordinariness’ of everyday talk and interaction (see section 4.2.2.3), they can become observable only ‘in between lines’. In this study, I shall examine the production of moral orders particularly in those parts of the interviewees’ talk about their family member’s suicide and their own bereavement in which they identify and analyse different people’s roles and attach rights and responsibilities to them (see section 5.2). For example, ‘the family’ becomes a particularly important concept in their talk about the aftermath of the suicide, since in order to allocate responsibilities and rights to different parties accurately people have to define who is considered to ‘belong together’.

Finch (1989: 144) notes that people’s actions are significantly directed by their beliefs about “the proper thing to do”, including the moral components of social relationships. Maintaining a ‘balanced’ moral order in relationships requires that rights and responsibilities of the people involved be allocated depending on their role expectations. For example, relevant authorities’ role expectations for the bereaved after a suicide can be seen in who they contact as a matter of urgency. Parents are considered more responsible for events in their family in the West than children, who have most of the rights, which is not necessarily the case in all cultures. For example, depending on the responsibilities allocated to parents in the first place and the way in which they are considered to have taken care of these, they can be seen as having somehow contributed to their child’s suicide. Parents can be blamed for any misfortunes of their children in psychologised Western discourse due to either too careless (indifferent) or too caring (‘suffocating’) parenting (see sections 2.4.2 and 3.2). For people to accept the dominant

'order of things', they have to understand it as *morally* adequate, even if they did not consider it *fair* in their use of the discourse (in order to demonstrate themselves as 'normal' and maintain their social 'face'; see sections 2.6.2 and 3.1.1). At their simplest, the 'rules' of moral conduct are guidelines, which ease the flow of everyday life by eliminating or minimising active reflection and judgement in the relevant situations. However, they are consequential also in another sense, since considering an action as culturally 'commonplace' changes the judgement about individuals doing it: it becomes 'natural'. For example, because of their responsible role, parents in the West are likely to be expected to express guilt after their child's suicide.

However, as has been described in previous sections of this chapter, the 'proper' course of action in any given situation cannot be completely pre-programmed, because concrete decisions are made on a complex and changing, 'open-ended' basis. Therefore, the values given to things and the relevant moral order change from one situation to another, presenting people with different possible 'action frameworks' (for example, in their bereavement; see Peräkylä 1990). Since the relevant rules are always selected and applied separately, for example, the relationship between family *practices* and *idealised* versions of the family is not a straightforward one (Finch 1989: 144 – 154, 183). Indeed, the whole point about appearing as morally adequate, in the end, is that people can take several different courses of action and be *still* considered to choose right, as long as they are able to explain their choices sufficiently. Additionally, in order to produce a thoroughly convincing version of their own role, people have to demonstrate that they have considered all possible options in a matter and not only those beneficial to them. (Baruch 1982: 28, 42, 309 – 317.) For example, family members' talk about such emotions as guilt after a suicide occurs also for the sake of impression management, since it is more effective to say 'I feel guilty (although I know I shouldn't)' than 'I know I'm not guilty'. I shall now take a look at how people 'own' their experiences.

4.2.2.2 *Owning experiences*

The social world happens to people in and through interaction with others in particular historical times and places, involving understandings of the way in which things are as well as of the 'nature' of human beings (see previous chapters). In the late modern West, people are thought of as individuals in their nuclear families who are expected to express 'sharing and caring' towards each other. However, they can have only a limited

access to one another's experiences since everyone is considered to 'own' their 'personal experiences' as a significant part of their separate, 'authentic' selves (see chapter 3). This 'owning' of experiences could perhaps be described as an *individual* function in *social* interaction, because it makes one appear as the 'expert' of one's own life. I shall use the concept of 'owning experience' in analysing the interviewees' accounts of their family member's suicide and their bereavement (chapter 5) as a way of exploring how they distinguish their own and other people's positions and role expectations in relation to the issues discussed. The interviewees may emphasise their own experience in particular because the interviewer 'shared' the experience.

Lee (1994: 184 – 185) notes that bereaved people usually want to talk about the uniqueness of their own experience and get it recognised by others before they can “go on to draw comfort from the fact that in some sense it is not [unique]”. It seems to be a 'must' in the individualised and psychologised West to stress the exceptionality of one's own experiences and emotions in comparison to those of others, since they are considered to be an index of one's 'true' personality (see sections 3.1 and 5.2.3). People develop their own stories by drawing attention to or constructing contrasts with other people, because they are thought of as having own 'authentic' selves insofar as they can demonstrate 'owning' a particular set of emotions (Lutz 1988: 72). However, because emotions and experiences are simultaneously defined as *unique* to the particular individual and something 'unconsciously' emerging from the bio-psychological structure *beyond* any specific person, the same 'sacred' emotions and experiences both ascribe a person with individuality and rid him or her of some personal accountability and control. Therefore, curiously enough, people actually 'own' their 'personal' experiences only partially, although they can legitimately only talk about them as personal.

Several limitations characterise other people's rights to access and talk about somebody else's experiences (Peräkylä 1995: 104 – 113). For example, 'the family' is allowed and even expected to share the experiences of its individual members to some extent in the standard relational pairs of partner – partner, parent(s) – child(ren) and child – child (see sections 4.2.2 and 3.2.3). 'Fellow sufferers', 'witnesses' to events and 'experts' in the particular field in question also have a partial access to other people's experiences. (Sacks 1992b: 243 – 247; this will be discussed in section 5.2.3.) However, complete outsiders can claim any 'access' to others' experience and emotions only by producing accounts, which clearly borrow others' 'voices' as mediated or second-hand 'knowledge' and recognise the impossibility of accessing their 'real' experiences (see

also section 4.2.2.4). For example, only reading or hearing about an event does not qualify one to 'own' the experience. Neither can one claim the right to the 'feelings' that an experience is supposed to cause. Certain 'feelings' are only supposed to occur after certain experiences: for example, people are not expected to have a nervous breakdown after witnessing a car accident unless people close to them are involved. If they do, they can be classified as hypersensitive, mentally unstable or the like, which invokes unfavourable reactions in other people. However, there are also experiences that can be generalised to include people who do not actually 'own' them. An example of this is women's risk of rape because there the mere sex category allows a group of people (and those close to them) a hypothetical access to an experience. (Sacks 1992b: 243 – 247.) Suicide seems to be this kind of category, too, because certain people are often considered to be in particular danger, for example, those with 'mental health problems' or 'difficult life events' (see also sections 2.3 and 5.1.4).

People can be so jealous about their 'private' selection of experiences, 'gathered' during their lifetime, that they suspect nobody else to have ever experienced anything similar and that, consequently, they could not share their experiences with anybody even if they wanted to. However, there are ways of making personal narratives socially understandable and shareable while still also keeping them one's 'own'. Telling one's story to others can solve the illusory problem of solitude, because everybody has 'stored' their 'own' experiences in a similar way, which enables them to offer their own versions even if they were not exactly the same. This 'sharing' happens exceptionally efficiently in such gatherings as bereaved people's support groups, because those who 'own' the 'same' experience can draw broad generalisations from it and 'experience' it even more. What happens in 'sharing', then, is gaining experience through generalising one's 'own' experiences by exchanging similar stories with others. (Sacks 1992b: 258 – 260.) In this study, half of the interviewees had participated in a support group. I shall now turn to the reversal of 'owning experience', that is, 'doing ordinariness', since at the same time as people distinguish their particular experiences from those of others, they also try to share them in order to manage their social life.

4.2.2.3 *Doing ordinariness*

Even when analysing and making sense of exciting or shocking events, people regularly first try out ordinary explanations, that is, they seek to rely on how the world is supposed to work on the basis of their earlier experience and some commonly 'shared' knowledge. The ordinary explanations relevant at any given time vary culturally and historically so that, for example, suicide is largely understood as 'caused' by psychological reasons today while in medieval times it was considered to be the Devil's work (see sections 2.2 and 2.3). The routine predictability of everyday life frees people from reorganising themselves all the time, which would be exhausting and prohibit action. People can also justify their own actions by 'doing ordinariness' in and through such maxims as 'everybody does, don't they', which suggest that there should not be argument about their statement. As noted earlier, appearing to be 'normal' in this sense has great social rewards (see discussion of normality and stigmatisation in section 2.6.2). 'Doing ordinariness' could be perhaps described as a *social* function in an *individual* life, because it makes one appear to be just like others. I shall use this concept throughout my data analysis (chapter 5) as a way of exploring how the interviewees made certain issues appear as 'ordinary' and 'normal' while discussing their family member's suicide and their own bereavement.

'Ordinary' explanations of situations can, of course, also turn out to be misinterpretations (Sacks 1992b, 216 – 220). For example, it has been noted (Lillrank 1998: 91; Baruch 1982: 31, 329) that relatives of mentally ill people try to preserve the ordinariness of their life by extending the concept of normal behaviour to avoid defining the patient's condition as illness until it becomes impossible. A person's whole life history can also be reconstructed so that the earlier unnoticed 'unusual' parts of his or her behaviour are reinterpreted as signs of a "long-standing abnormality" (Gubrium, Holstein & Buckholdt 1994: 71), that is, the person's preceding life is re-evaluated. By doing this, such a 'deviant' act as suicide can be actually turned into a somewhat 'ordinary' outcome of a certain process. Suicide is a relatively rare and unusual event causing a rupture in the 'normal' workings of everyday life, which must be assessed and repaired for the world to continue making sense. Therefore, 'doing ordinariness' works both to make the everyday life run smoothly and to protect people from surprise or shock in the face of exceptional events, which threaten to damage the predictability of life. People also try to maintain their own and others' social 'faces' by 'doing ordinariness' when a suicide involves shame. They can manage not actually knowing

what to do in the situation or how it will affect their life by turning to commonsense explanations. For example, the psychological ‘stage’ and ‘task’ theories of grief (see section 2.4.1) can provide people with a reassuring understanding of the normal ‘grief process’ and emotions that they should expect to ‘go through’ after a loss.

For people to encounter a death that they did not expect to be a part of their foreseeable future can be especially threatening and confusing (Littlewood 1992: 9; see section 2.4.2 for the notion of anticipatory grief). The interviewees in this study talk about their family member’s suicide in this way (see sections 5.1.1 – 5.1.3). In the psychological view (Lönnqvist *et al.* 1993a: 45), the common underestimation of suicide threats results from a deep ‘mental resistance’ aroused by the prospect of somebody’s ‘deliberate’ suicide. However, it is also possible that all this follows from the ‘ordinary’ assumption that life will always be preferred over death, supported by the common misunderstanding that those who talk about suicide never commit it. People are actually likely to refuse taking seriously all sorts of threats (Seale 1996b: 143; Sacks 1972b: 43), because otherwise they would have to face the challenge of finding out whether there is real cause for concern. For example, mental health officials can reduce their responsibility to interfere with a suicidal case by declaring that a troubled person’s refusal to be sentenced to a mental hospital is an expression of his or her ‘free will’ and, therefore, an inviolable right (see also section 5.2.3.4). Others can consider a person who threatens suicide to actually have other motivations than demonstrating a genuine suicide intention, such as trying to relieve himself or herself from some responsibility, blaming others for negligence, blackmailing them for love or the like (Aldridge 1998). (See sections 5.1.1 and 5.1.2.)

People can also see the ‘warning signs’, to which they failed to respond at the time, as real only afterwards so as not to be charged for having neglected their responsibilities (Lönnqvist *et al.* 1993a: 45; Atkinson 1978: 112, 116; Douglas 1967: 323). For example, in a Finnish suicide study (Lönnqvist, Aro & Marttunen 1993), most interviewees said that their family member’s suicide was a surprise to them even if the person had given hints of his or her intention. Others can be surprised when a person actually commits suicide even when he or she has attempted suicide earlier. Family members’ awareness of the person’s mental health problems does not necessarily lessen their surprise of suicide (Saarinen *et al.* 1997: 984). Pritchard (1995: 78) notes that repeating extreme behaviours over and over again makes people desensitised to the risk. Whether or not a member’s suicide comes as a surprise to the rest of the family, the act is sudden and its motives are often difficult to figure out, which makes ‘doing

ordinariness' by 'minimally threatening' explanations a relevant strategy for managing the situation (Sacks 1992b, 216 – 220). (See sections 5.1.1 – 5.1.3.)

In sum, a person with an 'ordinary' or 'natural' attitude to the world does not anticipate that atrocities will happen (all the time) but if they do, he or she first tries out commonplace explanations for them to designate the event as 'normal'. For example, other people might actually consider one's hearing of suicide threats 'correctly' from the start as an abnormal interpretation of the situation, which would be unfavourable in indicating a negative attitude to life, mental instability or the like. At least, taking suicide threats seriously would require some plausible proof in order to maintain the 'faces' of those involved. (Sacks 1992b.) In making delicate and difficult issues appear as 'ordinary', one can generalise one's own experiences to concern others as well by using such methods in one's talk as the 'passive voice', that is, narrating things from an 'objective' outsider's point of view. The reverse of 'doing ordinariness' is doing deviance through describing peculiarities or stigmatising others by contrasting them to what is considered 'normal' (see section 2.6.2). For example, suicide can be described as occurring under such atypical circumstances as 'risk behaviour' or 'changed personality' (Coggan, Patterson & Fill 1997: 1563). Next, in the last section of this chapter, I shall point out how people use 'expert knowledge' in doing their descriptions.

4.2.2.4 Distribution of knowledge

Rather than any objective and final truths, different views (or 'knowledge') of such phenomena as suicide and bereavement can be seen as contemporary, culturally and historically specific social constructions with which people can explain and understand their own and others' experiences. At the moment, the dominant 'knowledge' in the West concerning suicide bereavement is largely bio-psychological (see sections 2.2 – 2.4). The concept of 'lay theorising' means that when people wish to impose their own version of an experience or talk about those of other people (see also section 4.2.2.2), they often refer to knowledge primarily thought to belong to professionals' expertise by using 'the passive voice' and such expressions as 'I don't know but' and 'I feel like such-and-such but I don't really know'. These expressions indicate that the speaker admits to not being an expert in the field and not possessing any final truth about the matter but entitling himself or herself, nevertheless, to use the publicly available stock of (professional) knowledge. (Sacks 1992a: 33 – 35.) People can use professional knowledge, for example, to tell morally charged stories of their own and other people's

experiences, make their stories more persuasive or efface their own personal stand. This constructedness of talk will be heard in the data of this study, for example, when the participants use expressions like ‘perhaps’ and ‘I don’t know’ in talking about their own experiences or when they use the ‘passive voice’ in describing other people’s experiences, because such measures create an effect as if these evaluations were made from an outsider’s point of view. Expressions of uncertainty and ‘the passive voice’ are used for the listeners to affirm that what one says is true for them as well.

4.3 Summary

In this chapter, I have introduced the interview data as well as the analytic framework and methods of this study to show how I consider the participants to analyse and produce in their talk the social embeddedness of reality by describing their experiences as comprehensible and acceptable on the basis of a commonly ‘shared’ conception of the world. After describing the data and its production, I outlined narrativity as the general orientation to the data analysis and established my version of MCD analysis as the specific method used to conduct this. I have taken the view that narrativity is the main organising principle of recounting one’s experiences to oneself and others, and that people do their descriptions locally and collaboratively by categorising and characterising events, experiences and people.

In their talk, the interviewees construct a moral and, therefore, social order. People occupy different roles in each other’s lives to which certain characteristics are attached and they are, therefore, also expected to fulfil certain expectations, which take place in describing different parties’ *rights and obligations*. Success in fulfilling these expectations constructs the person as *morally adequate* in other people’s eyes, while failure promotes his or her moral inadequacy. Besides their *own experiences*, the interviewees also claim the right to talk and evaluate those of others, for example, within such collections of people as the nuclear family in which ‘sharing’ is both permitted and expected. The interviewees also manage the ‘normality’ or ‘abnormality’ of events in their lives by making them appear as ‘*ordinary*’ or ‘*extraordinary*’ as possible. Additionally, they support certain positions and weaken others by referring to their understandings of relevant ‘*expert knowledge*’. Now, I shall turn to analysing the interview data with the help of these tools and the theoretical considerations of previous chapters.

Chapter 5:

Data analysis and outcomes

In this chapter, I shall analyse the ways in which the interviewees (N=16) construct different moral orders around their family member's suicide and their own suicide bereavement by telling stories about, and allocating role positions and expectations to, different people in their talk. In doing this, they can be heard to talk about their own lived experience and social constructions of 'suicide', 'bereavement' and 'the family', describing tensions and contradictions between these issues as ideals and practice. The interviewees negotiate understandings of themselves and others as certain kinds of human subjects and end up constructing themselves as morally adequate family members. I shall investigate the construction of this moral order in their accounts (practice) with the help of MCD and narrativity as analytic tools as well as the theoretical considerations (ideals) described in previous chapters, in which I demonstrated that the notions of 'suicide', 'bereavement', 'emotions' and 'the family' are culturally and historically variable and socially constructed rather than 'natural' phenomena. In the individualised, privatised and secularised late modern West, 'suicide bereavement' seems to be largely understood as a psycho-emotional event occurring and being 'dealt with' within 'individual psyches' and nuclear families.

My aim here is to represent and interpret the particular social 'resources' with which the interviewees talk and make sense of their family member's suicide and their own bereavement. I shall first (in section 5.1) examine how the interviewees analyse the particular causes of their family member's suicide by allocating responsibility for the act to certain 'guilty' parties, be these people or conditions. In doing this, they also discuss their own rights and obligations in relation to the deceased (sections 5.1.1 – 5.1.4) as well as his or her rights and obligations in relation to them (section 5.1.5). I shall then (in section 5.2) explore how the interviewees evaluate the suicide's effects on themselves and others by describing different people's reactions to the suicide and their interaction in its aftermath. In doing this, they also talk about their rights and obligations in relation to the deceased (section 5.2.1), family members' rights and obligations in relation to each other (section 5.2.2), and other people's rights and obligations in relation to themselves (section 5.2.3). Throughout the data, I shall explore how the interviewees 'own' experiences, make things appear as 'ordinary' and use

‘expert knowledge’ in their descriptions as means of constructing moral order. (See also sections 4.2.2.1 – 4.2.2.4 for these means as ‘members’ methods’.)

When I use the concept of ‘Western family discourse’ in this chapter, I refer only to the dominant way in which ‘the family’ is currently represented in Western research literature (see section 3.2), media and public discussion, and do not include claims about the possibly different or similar ideals of other cultures in this analysis. For example, it is not my task to investigate here whether or not a universal prohibition against a child’s death exists (see the discussion about extract 16.3 in section 5.1.3), but only to study how the interviewees use notions like ‘the family’ as social resources in their talk. In the following sections, the parents (n=8) and ‘children’ (n=8) are referred to separately when there is a detectable difference in their talk about the ‘same’ issues and when making this distinction produces theoretically sensible, interesting interpretations (the term ‘children’ indicates the interviewees’ familial position, not any age group; see also section 4.1). However, often there was no apparent difference in their talk. When the participants of this study are referred to in general, they are called ‘the interviewees’, ‘the family members’, ‘the bereaved’ or ‘the speakers’. Their names are Finnish to remind the reader that the data was produced in Finland, but have been changed for the purpose of anonymity. The English translations of the original Finnish data are mine, and I am also responsible for any inaccuracies in them. This, of course, applies to my English text in general. In appendix 2, I list transcription symbols that I use in the data extracts. Quotation marks in the text indicate direct citation from the interviewees’ talk, while inverted commas (‘’) emphasise the socially constructed nature of certain concepts.

5.1 Interpreting causes of suicide

The interviewees described the causes of their family member’s suicide often in the form of stories (probably partly because of the interview questions), but these can be reproduced only in the fragments of the data extracts in this section. Public expert discussions and mass media offer the bereaved descriptions of suicide to allocate rights and obligations and construct adequate moral orders in the situation (see section 4.2.2.4). I shall demonstrate here how the interviewees analyse a case of suicide by using as resources their own lived experience and cultural stocks of ‘expert knowledge’ concerning suicide’s causes, for example, the widely spread and ‘ordinary’ psychological framework according to which suicide derives from the individual’s

'psyche' or his or her 'damaged' social relationships (see section 2.3) or the less popular sociological framework in which suicide is considered to be caused by 'imbalances' in societal 'factors', such as social status and social integration (see section 2.5; also appendix 1). In the traditional terminology of membership categorisation device analysis (which I shall largely avoid here for its heavy technicality, save the brief examples in every section), they attach certain category-bound activities (CBAs) as rights and responsibilities to the membership categorisation device (MCD) 'causes of suicide' in the standard relational pair (SRP) 'the deceased – the bereaved' with emphasis on their relationships as children and parents (see section 4.2.2 for the definitions of MCD, CBA and SRP).

The interviewees can be heard to do 'owning' of their family member's suicide experience because they entitle themselves to talk about its causes. This they are also expected to do to some extent due to their familial proximity to the deceased (see section 4.2.2.2). For example, a father in the data said that, as compared with any other possible case, he could only know the reasons for *his son's* suicide, even though also this 'knowledge' could be heard to consist of his assumptions about what had happened and why. In the following sections, the interviewees describe how they reacted to the suicide initially with shock and surprise or resigned recognition (5.1.1), saw 'omens' of the suicide beforehand or in hindsight (5.1.2) and asked themselves the inexhaustible 'why' question concerning the suicide's causes (5.1.3). They also anchor their own interpretation of what happened to one or another explanatory framework (5.1.4) and define the suicide as a 'voluntary' (chosen) or an 'involuntary' (forced) act by its nature (5.1.5). In doing this, they describe the events and conditions preceding the suicide as 'normal' or 'abnormal' and the different parties' actions in those situations as adequate or inadequate, thereby allocating responsibility for the act and creating moral orders (see also sections 4.2.2.1 and 4.2.2.3). For example, they criticise others by telling atrocity stories about them, which is a well-documented strategy of producing one's own moral adequacy (Baruch 1982). Whether they talk about themselves, the deceased or other parties, they appear to be in a constant tension between two kinds of moral order, one of which relates to an individual's rights and another to his or her responsibilities in relation to other people.

5.1.1 Suicide as a surprise and a shock – or not

A close person's sudden and unexpected death, such as a family member's suicide, damages the 'normal' expectation that the world will go on 'as usual' forever and puts the bereaved in a new situation, depriving them of people who had actual and important roles in their lives. The 'children' in this study were particularly likely to say that they found their parent's suicide a *surprise*, that is, they had neither anticipated nor could they immediately explain it. In MCD terms, they attached the CBA 'surprising' to the MCD 'causes of suicide' in the SRP 'child – parent'. They were also more likely than the parents to report having experienced the suicide as a *shock*:

(...) It [death] is of course just in general shocking but () in suicide it is a completely, completely different thing. I cannot specify what in that idea is so () it is absolutely shocking. (Daughter – father 2.1; suicide six months before)

The daughter above described suicide as “completely different” from other kinds of death and as “absolutely shocking”. This shock, which is a psychologically plausible reaction to death, made her appear as a morally adequate, overwhelmed family member, and recognising the perplexing nature of suicide (“I cannot specify what”) relieved her from having to pin down the more exact nature of her upset (see sections 2.4.1 and 2.4.2). Another daughter made it possible to hear the morally distinctive nature of a family member's suicide, as compared with anybody else, by saying that whereas the suicide of her friend's sister had been only “perplexing”, that of her own father was simply “shocking”.

In comparison to other causes of death, suicide is statistically an unusual way to die (2% of all deaths globally and 3% of Finnish deaths in 1999; see section 1.2). However, suicide may be more accepted in Finland than in many other countries, since traditional Finnish attitudes to suicide have been characterised in the research literature as concerned but not highly condemnatory (see sections 2.1.1 and 2.1.3). Be that as it may, suicide is probably difficult to predict anywhere and, therefore, unlikely to be a part of the commonly 'shared' social knowledge about the way in which the world works. This practical 'extraordinariness' of suicide in itself contributes to experiencing it as a surprise and shock (see also section 4.2.2.3). For example, in the late modern West people will more probably die of cardiovascular diseases than of suicide, even if the overall number of suicide has increased (see section 1.2). Being *bereaved* by suicide, then, is 'abnormal' too, which can further encourage seeing suicide as a

shocking surprise: if there was no chance of foreseeing the suicide, the bereaved could not have done anything to prevent it and are able to resist stigmatisation as the 'guilty ones' (see also section 2.6.2). Perhaps the 'children' were likely to describe the suicide as a 'surprise' and a 'shock' also because of traditional age and role differences with their different rights and responsibilities in Western family discourse, in which they have neither full 'access' to knowledge about their parents' lives nor responsibility for recognising all possible risks. In contrast, the 'normal' expectation of parents is that they have a comprehensive perspective on what is going on in their children's lives. Children can be excluded from full participation in their family's life, for example, because of being 'protected' from the pains and duties of the adult world. In a parent's suicide, too, they face a contradiction between their 'trust' in their parents' support and the fact that one parent, nevertheless, 'abandoned' them (see section 3.2 on idealised family expectations).

Instead of having been an instant and thereby 'natural' reaction emerging from inside their 'emotional structure', some of the interviewees (both 'children' and parents) described having perceived the suicide as a shock only later on, after having thought things over. Their 'shock', therefore, actually resulted from analysing what had been going on in the situation as well as the 'gradually dawning realisation' of the loss. Furthermore, it might have been 'shocking' for them to enter their new role as a bereaved 'child' or parent and to become an 'owner' of an unprepared-for (and unpreferred) experience. Rather than being an instant reaction to the event, the interviewees often also described their 'feelings' of guilt as having emerged from pondering the suicide's causes (see extract 8.1 in section 5.2.1.1). The parents were likely to say that they had somewhat *anticipated* the suicide, so that it was not a complete surprise to them, while the 'children' described how they *should* have been able to anticipate the suicide, even if they would not have had "a chance to intervene" with it in any case. Having foreseen the suicide challenged the parents in their responsible roles to give a moral account of how they had tried to prevent it from happening. This produced descriptions of having known the person's problems well and having tried to deal with them in his or her lifetime, because otherwise they would not have fulfilled their role expectations (see extract 8.4 in section 5.2.1.3). The parents could say that they had been prepared for their child's suicide if he or she had demonstrated a long-standing risk by repeatedly attempting or threatening suicide. Thus, for the parents to be capable of talking about their child's suicide as an 'expected' event, there had to be something 'predestined' about it. The parents described how,

when the suicide took place, they could not but recognise that the feared, unwelcome thing had finally happened:

(...) And then the CID came there [to the scene of her son's suicide] and at that point I was then, like, quite calm because, well, you didn't have to fear any more, the thing had happened which I had, like, feared all the time. So that I quite well knew what I was going to find there. (Mother – son 3.1; suicide a year before)

A “calm” reaction to a child's suicide, which the mother above described, does not appear to be the ‘normal’ parental position in Western family discourse, in which parents would rather be expected to act completely distraught. Therefore, this mother had to explain her composed response as resulting from a long-term “fear”, which had prepared her for “what [she] was going to find there”. Elsewhere, she talked about her son's mental difficulties and earlier suicide attempts, which could be heard as ‘reasonable’ enough explanations for why she did not produce the expected upset reaction to her son's suicidal act. This rendered her a morally adequate, caring mother after all. The father below described a similar kind of situation:

I wouldn't say that it [the suicide] was predictable, but but well, I have to say that when the phone call was made there to Jari [his son-in-law], that I didn't, I realised that it wasn't a surprise to me. I hadn't, like, expected or anticipated that this would happen, but but, when that fear that this will happen had plagued me for two years, so it had somehow stuck in my head, that one had somehow got prepared for it, in some sense, even if one didn't hope for it and didn't, and tried to do everything possible to prevent it. (Father – daughter 7.1; suicide nine months before)

The father above responded to the interviewer's suggestion that his daughter's suicide might have been predictable and, therefore, unsurprising by producing a good illustration of the moral order concerning parents' responsibilities after a child's suicide. He defended the position of a caring and morally adequate father, who was still aware of his daughter's problems, by saying that he had been somewhat prepared for her suicide *due to years of witnessing her problems*. However, this did not mean that the suicide was *predictable*, merely that it had been neither a surprise nor expected. Elsewhere, he gave an example of having failed in the aftermath of the suicide by saying that he could not cry, that is, could not produce the ‘ordinary’ (expected) action after a child's suicide, because of having feared receiving the news for two years “every time the phone rang”. By saying that the family had known and discussed the daughter's

suicide risk openly with her, he also relieved them from some responsibility, even if they had ended up concluding that they could not stop her if she was to commit suicide. The “only way” left for them to act in the situation would have been to arrange sectioning the daughter into a mental hospital, which they did not want to do since, apart from her depressive bouts, “she was a sensible and competent adult”.

By describing their family member’s suicide as a surprise and a shock, those interviewees who did this implied that they had not been able to ‘read’ its ‘signs’ and, to this extent, did not ‘own’ the experience. With those interviewees who did not describe surprise or shock but rather anticipation, the situation was the reverse: they talked about having ‘seen’ signs of the suicide either before or after it took place. I shall now turn to the interviewees’ talk about the ‘signs’ of suicide with which they often further elaborated their response to the interviewer’s morally charged question “Was the suicide a complete surprise to you?”

5.1.2 Seeing signs

The parents were more likely to describe having perceived some *warning signs* of their child’s suicide beforehand or in hindsight, even if also some ‘children’ talked about this. In MCD terms, they attached the CBA ‘foreseeing’ to the MCD ‘causes of suicide’ in the SRP ‘parent – child’. This is probably because parents’ responsibilities in relation to their children necessitate being able to anticipate events in the children’s lives. The interviewees also always analysed the *conditions* in which the suicide had taken place as either ‘normal’ or ‘suspicious’, which had possibly directed their own actions in the situation. For example, when a father described his son’s “extraordinary” actions during his last night (driving despite being drunk), he demonstrated this ‘unusual’ condition to have been a sign of an upset state of mind, which made the son’s eventual act of suicide more ‘understandable’ and morally acceptable. However, he stressed that he could not have done anything in the situation himself because he had not been present there (therefore, also his ‘knowledge’ of it was actually hearsay).

Talking about warning signs created tension in the interviewees’ talk. In terms of constructing one’s own moral adequacy, detecting warning signs before the suicide was a two-sided issue because it both showed the speaker’s sensitivity to the troubled person’s situation and, similarly with having anticipated the suicide (in the previous section), presented him or her with a potential charge of having failed to prevent the suicide. For example, some interviewees said that they had indeed “detected a risk” but

“could not believe it” and some that they had “done all there was to do to help” but still “could not prevent” the suicide. In comparison, in ‘retrospective’ accounts the interviewees described how they had identified the suicidal signs correctly only afterwards, which released them from personal responsibility because they had obviously been unable to ‘own’ their family member’s experience appropriately at the time. After the act, the interviewees could reinterpret things as having indicated suicide that had previously been considered completely ‘unexceptional’, thereby re-evaluating the person’s whole preceding life (see also section 4.2.2.3 for ‘doing ordinariness’ and section 2.5.2 for suicide as a social construction). For example, a father said that only after his son’s suicide had he learned from psychology that the son had been “a typical case of depression at suicide risk”, thus implying that before the suicide the son had appeared as completely ‘normal’ to him. The daughter below also described having recognised the ‘warning signs’ of her father’s suicide only in retrospect:

(...) In hindsight, there were clearly those signs [of a suicidal intention] but then, it was possible to interpret them in the way that I did, that there was nothing, and I was under the impression that he was afraid of death. (Daughter – father 2.2; suicide six months before)

In her description, the daughter was able to explain, in a morally adequate manner, why she had not detected any warning “signs” of her father’s suicide before it took place: they had obviously just gone unnoticed as ‘ordinary’ actions, as “nothing [special]”. She implied that her failure to identify the suicide signs had been enforced by her belief that her father was “afraid of death” and, therefore, not the usual suicide candidate. Elsewhere, she blamed herself for not having realised that he had been only “pretending” not to hear her request to have a look at the antique gun with which he soon afterwards shot himself. This she now took for a sign of the ‘forthcoming’ suicide. Another daughter said that only after her father’s suicide had she understood that he had actually tried to prepare her for his death by lying about having a terminal illness, that is, this should have been taken for a sign.

However, not having recognised the suicide risk at all could also incriminate the interviewees, because it could make the audience (in this case, me as the interviewer) assume that the family’s relationships had not been close and caring enough. Therefore, when some of the interviewees said that, as far as they could tell, nothing had suggested their family member’s suicide risk, they had to explain this further. For example, a father described how nobody had kept an eye on his “single” son who had generally

“gone his own way”, so that any possible ‘warning signs’ had been missed. However, he thereby also indicated that it was not the parents’ responsibility to know all about their *adult* children’s lives. When a difficult situation, for example, due to a mental condition or a physical illness had continued for a long time, it had become a chronic and ‘ordinary’ state of affairs which, to some extent, failed to alert the family and went unnoticed (see also section 4.2.2.3 for ‘ordinariness’). For example, if the family reinterpreted signs of depression or despair as a part of the individual’s “personality” or something that would “pass in time”, they ceased registering them.

If repeated, even suicide threats and attempts could become too ‘ordinary’ to alarm the family (again, section 4.2.2.3). For example, a son described how he had not taken his father’s second – and subsequently executed – suicide warning seriously enough. A daughter said that people probably consider suicide as one of those ‘extraordinary’ things that they can “never imagine happening to themselves”, which can also be due to the tendency of seeing things as ‘ordinary’. The expectation of ‘ordinariness’ reduces worry and responsibility for things that can potentially happen but have not taken place as yet. Some interviewees described having treated the troubled person’s suicide threats as ‘jokes’ since they had not been aware of his or her ‘actual’ situation, thus implying that what happened was not their fault because they had not been able to ‘own’ the person’s experience accurately. However, if they had talked about the suicide as a ‘cry for help’, they should have also reported how they failed to help the person. Sometimes the interviewees also hinted at the possibility ‘in between lines’ that the suicide might, after all, have been ultimately unavoidable, for example, because of the person’s enduring mental problems. In hindsight, an earlier suicide attempt could make a completed suicide more comprehensible, since it had just followed the same logic. However, a father regretted that he had “believed” that his son would not commit suicide because of having been “so ashamed” after his earlier attempt.

In all these instances of seeing or failing to see ‘warning signs’ of the suicide, the interviewees blamed themselves for some inadequate understandings and actions in the situation, but they also gave reasons for this. The ‘signs’ of a ‘forthcoming’ suicide were particularly difficult to see due to the everyday expectation of ‘ordinariness’, for example, that people ‘normally’ go on living until experiencing an *unavoidable*, not a ‘voluntary’ death. After this exploration of ‘suicide signs’, I shall now turn to investigating the interviewees’ efforts to answer the ‘why’ question concerning the suicide’s causes.

5.1.3 Asking ‘why?’

Almost all the interviewees described their speculation about the causes and motives of their family member’s suicide as an effort to answer a big, inexhaustible ‘*why*’ question. In MCD terms, they attached the CBA ‘puzzlement’ to the MCD ‘causes of suicide’ in the SRP ‘family member – family member’ with special emphasis on the ‘parent – child’ relationship. The ‘why’ question – why this, now, in this way – undoubtedly facilitates adopting different kinds of knowledge to explain what happened to their family member and why. For example, in psychological research literature on suicide the ‘why’ question has become something of a concept, which summarises the most crucial aspects about searching for suicide’s meaning (see also section 2.4.2 for psychological perceptions of the nature of suicide bereavement). For the very reason that one’s acts always remain somewhat inexplicable to others, some interviewees had sought professional advice (for example, from therapists and support groups) to try and figure out the events and reasons around their family member’s suicide. In the data here this search was complicated, for example, by the fact that only three persons had left a note in which they gave some explanation for their suicide. According to research literature, this is not unusual (see section 2.3.1). The father below described his response to the absence of a note:

(...) He [the son] didn’t leave any kind of [suicide] note, he, like, left without giving any notice () so that if one would have only known what was the worst. I don’t know then, if it was up to the person, would it then have helped at all? (Father – son 6.1; suicide 13 years before)

This father emerged as a morally adequate, caring parent for having wanted to know “what was the worst [cause for his son’s suicide]”. However, without a suicide note he had no concrete point of orientation for trying to work out the causes but only, as he said elsewhere, “too many questions”. He could be heard to search for causes ‘external’ both to the son and himself, because he suggested that it might not have been helpful to find the causes in the son’s personality (“if it was up to the person”). This implies that such a discovery would have necessitated the father to put some blame on himself (and his family) for what had or had not been done prior to the son’s suicide (in his ‘character building’ or the like).

Those interviewees who criticised the deceased for not having left a message did so by emphasising their ‘moral right’ to an explanation as the deceased’s next of kin. Their disapproval of the missing message put the deceased’s moral adequacy under suspicion to some extent, which they nevertheless managed by assuming that one single note could not have explained everything anyway. Indeed, those interviewees who had been left a note complained that it had not done enough to clarify things. This was an essential tension in the interviewees’ talk: they had an urge to find out the ‘causes’ of their family member’s suicide but considered no explanation to be enough to do this. However, they also had to say this because, although being family members, they were able to analyse the deceased’s experiences only from their own limited viewpoint, not to fully ‘own’ them (see also section 4.2.2.2). Besides not getting to ‘know’ the suicide’s causes, another distressing aspect about not having been left a suicide note was that it could never be known for sure whether the death really was intended and not, for example, accidental.

In general, answering the ‘why’ question of the suicide’s causes through *analysing* and *evaluating* different alternatives, rather than just *listing* all possible causes or picking up one specific cause, constructed the speakers as caring and morally acceptable family members who made a true effort to find out what had happened to the deceased and why. The interviewees used whatever ‘evidence’ they could find to explain the suicide, including their own memories, other people’s stories and written materials the deceased had left behind. The parents in their responsible roles were particularly obliged to demonstrate that they had conducted an intensive search for the suicide’s causes, and they described having addressed every possible factor in their child’s life and suicide for this purpose. For example, a father said:

(...) Then [after the suicide] I was inquiring, I had like a sort of an obsession that I had to find out what has, like, happened. (Father – son 16.1; suicide 2 years before)

This father described his search for the causes of his son’s suicidal act as an “obsession”, which made it sound as if it was governed by forceful, uncontrollable and, therefore, ‘natural’ emotions. Elsewhere, he said that he had gone through all the documents his son had left and talked to his friends. All of this reproduced the ‘normal’, expected parental image of concern and responsibility as well as picturing him as a caring and morally adequate father (for example, as compared to the mother in extract 9.1 in section 5.1.4). Another father and his family appeared as morally sufficient since

he described how they had contemplated several possible explanations for his daughter's "mental suffering". A mother described having pondered whether there had been anything else to do to prevent her son's suicide by saying, "you do go through that [self-blame], yeah, yeah, or we did [with her husband]".

As noted elsewhere (in section 4.2.2.1 on rights and responsibilities), in matters of moral order it is necessary for people to show that they have considered several different options and explanations for the issues under question, including possible blame for themselves, to produce themselves as morally adequate. For example, many of the interviewees talked about how they should have understood the troubled family member's situation better, intervened earlier by helping more, or done something altogether differently at an earlier point. Trying to discover some understandable reasons for the suicide was essential also since otherwise it remained too puzzling:

(...) I cannot do it [accept the suicide] in this case, because it was so useless, as useless as it could be. (Father – son 16.2; suicide 2 years before)

By categorising his son's suicide ("this case") as having been completely "useless" and, therefore, impossible for him to agree to, this father implied that he could have 'accepted' a 'suicide' as a result of *certain* ('useful') 'causes'. Elsewhere he said that these causes might have included 'accidents' and 'terminal illnesses'. However, it can be asked whether the father would have been any more able to come to terms with his son's suicide for any other causes. In any case, as far as he was able to see, the motivation for his son's act had been dependence on his uncaring ex-girlfriend. This was an important aspect of the father's puzzlement, since there seemed to be no sense in killing oneself for an already broken relationship. Therefore, the causes of his son's suicide were not such 'normal' and 'understandable' ones that the father could have 'shared' and 'owned' as a part of his understanding of how the world works, but a deviant case. He implicitly accused the son for his own "immense grief and anger" by doubting whether he could ever start remembering him with "gentle and bittersweet sadness". However, the prohibition against allowing a child's death, not to mention their suicide, seems to be deeply built into parental responsibilities in Western family discourse, so that a 'scapegoat' of some sort may be blamed for a child's death. This was also what the previously mentioned father implied in blaming the ex-girlfriend for his son's suicide:

(...) Once I got really hot tempered [in a support group] when I () about some issue, it was, it was just about that girl [his son's ex-girlfriend]. Since I, we [with his wife] are, you can almost say that we both hate her, whose, who caused this incident [the suicide] to happen () Mika [his son] committed it all right but we consider this girl to be very guilty indeed. (Father – son 16.3; suicide 2 years before)

Accusing his son's ex-girlfriend for 'causing' his suicide helped this father to construct himself ("I") with his wife ("we") and their son as guiltless and morally adequate persons. In his description, "that [hateful] girl" appeared as the most responsible party for the son's suicide because the father considered her "very guilty indeed", even if he also pointed out that the son had committed the act himself "all right". Another example of blaming a scapegoat was a mother who accused "careless doctors" for prescribing her son the antidepressants with which he committed suicide (see also section 5.2.1.1 for talk about 'guilt' and 'guiltlessness').

At the end, the interviewees considered no explanation to be sufficient enough for the suicide and, therefore, its causes remained a mystery to them, at least to some extent. Thus, there was a tension in the interviewees' 'why' talk. This was reflected in a father's account, "we [the family] have the facts in fragments here and there, and in between we can then build whatever constructions". Another father said:

(...) Then one was all the time searching for the reason why, an answer to the question 'why' [the suicide happened]. Until then later on it gradually ceased, one ended up, like, realising that that there is, like, no answer. (Father – daughter 7.2; suicide nine months before)

This father described the process of trying to find the causes of his daughter's suicide as first desperately seeking "an answer" and then "gradually" giving up the effort. It is a good example of negotiating an adequate moral order of a family member's suicide, because it summarised the bereaved's simultaneous, unattainable attempts to *discover* the suicide's causes and to *stop* searching for them. When the interviewees talked about difficulties in finding 'exhaustive' responses to the 'why' question, this could have represented their cultural competence by showing an understanding of suicide as a many-sided phenomenon, indicated a genuine problem of 'knowing' too many potential causes to figure out the actual chain of effects, or suggested not knowing them all. This relieved the interviewees from some responsibility, since they could not have been aware of, or have done something, about all possible causes. A daughter made this possible to hear by describing how she had pondered the 'why' question concerning the

causes of her mother's suicide "as surely does everyone who experiences something similar". I shall now turn to the more specific explanatory frameworks that the interviewees came up with in their descriptions of the suicide's causes.

5.1.4 Explanatory frameworks

As noted in the previous section, the interviewees ended up concluding that they could not 'really' know the causes of their family member's suicide for certain. However, even if no decisive answers to the questions evoked by the suicide existed, the interviewees could use some *explanatory frameworks* to reconstruct what had happened and why. One way or another, members of a culture succeed in finding the means to interpret events of their world, even those that first resist all efforts to explain, as well as 'own' them in a more or less coherent manner as understandable and 'sensible'. The interviewees could see all sorts of reasons to have caused their family member's 'proneness' to suicide and their analysis of these motivations allocated rights and responsibilities to the parties involved, constructing their actions as morally adequate or inadequate. For the most part, the interviewees' frameworks consisted of psychological explanations concerning the deceased's social relationships and mental health, but they also included, for example, sociological accounts (see sections 2.3 and 2.5 for academic literature on these subjects).

In this section, I shall first describe in general the interviewees' use of their explanatory frameworks and then give more specific examples of them (in sections 5.1.4.1 – 5.1.4.3). Analysing a family member's suicide is likely to be a particularly complex case of constructing social knowledge, because the deceased rarely leave a message to explain their act (as noted in the previous section), family roles are morally highly charged with expectations of members' rights and responsibilities (see sections 3.2.3 and 3.2.4), and professional (currently mainly psychological) 'knowledge' on the subject is at best ambiguous (see section 2.3). However, through their use of explanatory frameworks the interviewees were able to evaluate different versions of the deceased's past and the lost future. This made them also realise that things could have been different and rendered them even more morally accountable in their talk. For example, a father said that *if only* he had been fully aware of his son's difficult situation at the time he could have helped him, that is, had he only known to use the 'correct' (psychological) explanatory framework (see extract 16.5 in section 5.2.1.1). Another

father pondered whether a closer parental relationship would have ‘saved’ his son. The son below used a ‘sociological’ framework to analyse his father’s suicide:

() It [not ever knowing the suicide’s causes] doesn’t really bother me to any significant extent because, like, they are all to me, in a way, since I don’t really know about those, one then thinks, like, sociologically, so I, well, think about these social () pressures which have produced a single person’s single act. (Son – father 12.1; suicide 20 years before)

For this son, his father’s suicide was made comprehensible by “sociologically” explainable “social pressures”, which he elsewhere noted had probably been particularly hard in his father’s military work. He appeared thereby to speak from an outsider’s analytic viewpoint rather than that of a son. In MCD terms, he appeared to attach the CBA ‘pressure’ to the MCD ‘causes of suicide’ in the SRP ‘sociologist – study subject’. However, since he still *did* talk about his father, his description can be also heard as a version of a child who is ‘unaccountable’ for events in his family. The child’s particular position becomes clearer by imagining how the same extract would sound as a parent’s account: cold and uncaring. A mother used a ‘religious’ framework to explain her son’s suicide:

(...) So that I did leave that [finding the suicide’s cause] to God’s care and responsibility. (...) Whether or not one did something oneself, one couldn’t have had any influence on that [the suicide] (). (Mother – son 9.1; suicide 12 years before)

By adopting an essentialistic religious explanation, this mother demonstrated an exceptional, plain resignation from the effort to try and find any causes for her son’s suicide and from considering herself as in any way involved. In MCD terms, she attached the CBA ‘unexplainable’ to the MCD ‘causes of suicide’ in the SRP ‘believer – God’ rather than that of ‘parent – child’. By implying that her son’s suicide had been so deeply predestined that there had been nothing that could have been done to help him (“one couldn’t have had any influence on that”), she managed to *both* avoid rejecting the suicide’s challenge to her parental responsibility straightforwardly *and* produce herself as guiltless (see also section 5.2.1.1 on guilt and guiltlessness). Elsewhere, she described having come to this conclusion in a morally adequate way *only* after a long and anxious search for “an answer to the ‘why’ question”. This had ended when she got religion and handed over to the “all-embracing” God what, in traditional Western family discourse, is seen as a parental responsibility, that is, the obligation to ‘know’ and be

capable of explaining events in their children's lives. Rather than being an uncaring and cold mother, she analysed her son's suicide from a (temporal) distance: because everything had its time and place in religious discourse, also the suicide had to be accepted as an outcome of fate. In a reversed sense, this extract also goes well with the understanding of family history that contemporary nuclear family values evolved along with secularisation, which turned people away from God to the 'significant others' in their families (see section 3.2). Namely, the mother here had 'received Christ' in losing her son (see also section 5.2.1.3 for 'learning' from bad experiences). The following father described the person's "whole (...) life" as the explanatory framework through which a suicide became comprehensible:

(...) I've thought about it [the cause of suicide] in that way that, on the whole, that kind of a thing must be a summary of all and everything that () relates to the person's life, it's got some influence in that whole chain of a person's life. (Father – son 6.2; suicide 13 years before)

This father's broad view of suicide as a process including "all and everything" in "the person's life" suggested that, since all possible things might have been of equal importance in explaining his son's suicide, he was relieved from having to try and pin down any more specific causes.

When the interviewees allocated responsibilities for the suicide by combining different explanations for it instead of using one single cause, different moral orders tended to get tangled and tensions arose. For example, on the one hand the parents could blame themselves for having contributed to their child's suicide by some wrong or inadequate acts but, on the other, they could also come up with aspects of the child's situation that rendered them guiltless (see section 5.2.1.1 for analysis of the interviewees' accounts of 'guilt' and 'guiltlessness'). While a single cause constituted a clear explanation and allocated responsibilities accordingly, combining different potential reasons in explaining the suicide implied that it was complicated to manage. Some interviewees indicated that their perception of the accurate suicide motives and explanations had changed in the course of time, so that other interpretations had later replaced the initial ones (see also section 5.2.1.3 on 'learning a lesson' from suicide). For example, a daughter said that even if she still blamed her father for her mother's suicide to some extent, she had also started to think that, after all, the act was really the mother's responsibility.

Therefore, besides creating contradictions, the speakers' moral adequacy was enhanced by considering several reasons for suicide because, in doing this, they could be heard to try to sort out the suicide's complex 'nature'. For example, in discussing the causes of the suicide in terms of severe 'physical illness' or 'mental suffering', the interviewees could change between 'natural' and 'social' moral orders. A 'natural' order of things was actually no moral order at all, since then the suicide was perceived as having been 'coerced' (that is, involuntary) and no different from any other ('normal') death with which nobody was able (or responsible) to interfere. For example, blaming the family's *genetic* heritage for the suicide created a different moral order from explaining it to have happened due to the parents' faults in the child's *upbringing*. When a father listed only "incurable" physiological reasons for his daughter's "unbearable [mental] suffering", her suicide appeared as having no social background at all (in the family or elsewhere). In contrast to this, in a 'social' moral order some people were considered to have 'caused' the suicide to happen, actively and consciously or not (see extracts 15.2 and 10.4 in section 5.2.1.1). For example, the interviewees' analyses of the suicide often involved also an evaluation of what should have been done differently to prevent its cause(s) from 'triggering off'. Thus, the different causes of suicide were linked to understandings about whether the suicidal decision had emerged impulsively or after long deliberation. It sounded as if it would have been possible to interfere with the suicidal person's long-term life *process* if this was done 'early enough', but not with his or her actual *decision* any more. However, also a long-term process could be described as irretrievably determined, as where a mother recounted that her (deceased) daughter had understood "already as a twelve-year-old that she'd have to survive in this life on her own".

In accordance with the contemporary research literature, which I have reviewed earlier in this study (when outlining the dominant 'expert knowledge' on suicide in sections 2.3 and 2.5), I classified the interviewees' explanations of the suicide's causes as dealing with interactional, psychiatric, psychological and social aspects. With their explanations, the interviewees analysed and evaluated the deceased's personality, social relationships, social circumstances and their whole life course, presuming his or her situation and 'feelings' at the time of the suicide. For example, they frequently used explanations like 'failures in relationships' and 'psychological distress' in their descriptions and, in doing this, took mainly *the person* himself or herself, his or her *significant other*, or a *mental condition* to have been responsible for the suicide. *Social circumstances* were always described as having also involved a 'mental' aspect. In

doing their descriptions, the interviewees also claimed the right to ‘own’ the deceased’s experiences to some extent, because they were family but none of them had been present in the suicidal situation. For example, a father came up with several potential explanations for his daughter’s suicide, which implied that his comprehension of her situation had been rather good: her “childlessness”, “failed relationships”, high “work ambition”, “self-criticism”, “depression” and “entangled finances”. He actually ended up creating the MCD ‘professionals’ rather than that of ‘the family’ in his explanation by listing the daughter’s suicide motives from an outsider’s, not a parent’s position, and hence appearing more critical. On the basis of this ‘entitlement’ to ‘own’ their family member’s experience and to ‘know’ the suicide’s probable causes, some interviewees blamed the community for having conceptualised suicide in an incorrect and guilt arousing way by naming it ‘self-murder’ (in Finnish ‘itsemurha’), which for them confused categories of ‘self-inflicted’ and ‘other-inflicted’ death. For example, a father specified the concept “murder” to refer to deliberately killing someone else, while killing oneself was an act of pure (forced) “desperation” for which the deceased could not be blamed (see also section 5.1.5.1 on suicide as a ‘voluntary’ or an ‘involuntary’ act). Another father indicated that neither the deceased nor the bereaved were to be considered responsible for suicide by saying, “murder is an act requiring punishment, whereas nobody can be punished for a suicide anymore”. Next, I shall group together the interviewees’ descriptions of the main causes of their family member’s suicide for further analysis as explanatory frameworks.

5.1.4.1 Problems in relationships

Some of the interviewees said that the main cause, or one of the main causes, of their family member’s suicide had been his or her problematic social *relationships* or difficulties in *relating* to other people in the first place. In MCD terms, they attached the CBA ‘problematic’ to the category ‘relationships’ as a part of the MCD ‘causes of suicide’ in the SRP ‘family member – family member’ with emphasis on their roles as children and parents. In their descriptions, the interviewees could be heard to refer to current psychological knowledge concerning ‘dysfunctional’ social relationships as a possible suicide risk (see section 2.3.2). They negotiated actions and responsibilities of different parties and ended up constructing tension in ‘social’ and ‘natural’ moral orders because, in their talk, either a party or a situation had ‘caused’ the suicide to happen, involving varying degrees of ‘choice’ and ‘coercion’ (see also section 5.1.5.1).

From the viewpoint of typical Western family rights and duties, the interviewees both entitled and obliged themselves to ‘share’ and ‘own’ their family member’s experiences by demonstrating their knowledge about the relationships (see also section 3.2 on family ideals and section 4.2.2.2 on ‘owning’ experience). Usually they did not blame anybody *directly* for causing the suicide but saw it rather as having resulted from a ‘problematic’ *situation* itself. This helped to preserve the ‘faces’ of the parties involved. However, when the interviewees did involve other people more explicitly in their descriptions, they tended to see ‘outside’ relationships or the deceased himself or herself as having caused the problems, thereby negotiating moral order in which they and their remaining family were rid of some responsibility. For example, a father blamed his son for having created a condition for his own suicide by causing all his relationships to “collapse”. Different kinds of moral order emerged when the interviewees suggested that they themselves (for example, in extracts 15.1 and 10.1 in this section) or another family member had been the main source of trouble in the deceased’s life. These accounts made the interviewees or another family member highly responsible for what they had and had not done with respect to the deceased’s situation, invoking tensions between their roles as family members and individuals (see section 3.2 for contradictions in contemporary family discourse). For example, in saying that his “father was killed by loneliness” after his mother divorced him, a son hinted at her responsibility in the situation. Another son described how his father’s suicide had resulted from his parents’ “infected” relationship for which he was in no way accountable:

(...) Maybe it was easy to think, in a way, that at least it [the suicide] wasn’t my fault, because it was so clearly about the relationship between my mother and father, which was, that was, well which was so apparently, like, infected in other ways that (sighs) (). (Son – father 12.2; suicide 20 years before)

Implying this kind of blamelessness was a ‘natural’ thing for a ‘child’ to do, because children are not usually considered responsible for taking care of their parents’ or family’s well-being. However, children can be allowed a partial ‘access’ to their parents’ experience of their marriage due to their mutual ‘blood ties’ and history extending to earlier and yet-to-come generations, which are important symbols of the ‘sacred’ family union in Western discourse (see section 3.2.2). As the son above, also other ‘children’ used their position in the family to justify their opinions about, for example, their parents’ ‘difficult’ marital relationship. However, the son here appeared

also as a caring family member by his hesitation “which was, that was, well which was so apparently, like” and sighing. The ‘normality’ of his description becomes clearer when one imagines how it would sound as a parent’s account: cold and uncaring. For a morally adequate parent in Western family discourse, denying all possible responsibility would simply not do because parents are thought to ‘mark’ everything in their children’s lives, which has to be addressed after a child’s suicide. In some cases, the ‘children’ suggested that divorce might have saved the other parent from suicide. For example, a daughter said that her mother would have been better off without her alcoholic father, but had been too scared of loneliness to dare divorcing him. When their parents actually *had* divorced, the ‘children’ modified this explanation so that the one parent who ended up committing suicide had been unable to cope with the separation. For example, a daughter said that her father had killed himself because he never got over the divorce from her mother. In another daughter’s analysis, her mother’s suicide had occurred after divorcing her father because of the subsequent burden of family responsibilities.

In turn, when the parents concluded that their ‘children’ had severe problems in their relationships before their suicide, they usually suspected the act’s main cause to have been a “love tragedy” or “withdrawal from people”. For example, a father described how an ex-girlfriend had ‘caused’ his son’s suicide by “leaving him” but still keeping him “hanging on” (see also extract 16.3 in section 5.1.3). Also, a mother saw her son’s ex-wife as having made him too dependent on her. Some interviewees assumed that the suicidal person had been ‘lonely’ and ‘withdrawn’ from contacts, which was a potential place for charging the speaker with neglect, since it implicitly raised the question of how they had responded to the situation. This the interviewees recognised by regretting not having spent more time together with the person or not having valued that time enough. The father below described his (deceased) daughter’s ‘withdrawal’ from their family relationships:

(...) She was quite withdrawn in my mind. She didn’t talk about her affairs too much, particularly during the last years, so that she specifically didn’t talk about her own affairs, her own relationships () that that, and she visited us quite infrequently after all, once in a fortnight or so () and complained that “don’t watch over me. I’ll take care of myself, don’t watch over me”, when she [his wife] called her. (Father – daughter 7.3; suicide nine months before)

Simultaneously with describing his “withdrawn” daughter’s refusal to “talk about” her personal “affairs” or visit her parents often enough, the father constructed a picture of an ideal family situation, common in Western family discourse, in which the members would jointly share their thoughts and experiences (see also sections 3.2.2 – 3.2.4). He could be heard thereby to implicitly blame his daughter for preventing this from happening in their family. The parents themselves had obviously acted in a morally appropriate way, because the mother had continued to keep in touch with the (reluctant) daughter. However, for some of the parents the search for the causes of their child’s suicide also involved considering family roles and their attendant obligations, because they explained the suicide as an outcome of something gone wrong in their family (see also section 5.2.1.1 for discussion of ‘guilt’). In particular, the fathers criticised their own parental role, as did the father below:

In my mind indeed, indeed, no doubt, mistakes have been made in, well, the intimate circle of people if a person is left so alone that that that, well, there’s no other solution [than suicide] any more, there are no connections. There’s something there that hasn’t been managed then. (Father – son 15.1; suicide a year before)

This father indirectly touched upon his own potential involvement in his son’s suicide by implying that the son must have been deprived of social support in “the intimate circle of people” and “left so alone” that he could not cope with his problems any more. He enforced his criticism by the affirming repetition “indeed, indeed, no doubt, mistakes have been made”. Therefore, the father applied to his account the ‘judgmental’ Western family discourse about the family which fails to ‘share and care’ sufficiently. However, he also managed this moral charge to himself and his family by using the general expression of “the intimate circle” and the ‘passive voice’ of a third person (“mistakes *have been* made”, “something (...) *hasn’t been* managed”). Another father exposed his family to the blame of possibly having contributed to their child’s suicide in the following way:

Yeah, and it’s his [the son’s], it’s his misfortune to be born into this kind of a family. (Father – son 10.1; suicide 12 years before)

Elsewhere, this father specified that the family had moved around a lot when his son was just a baby due to his work and that this might have caused him ‘a sense of insecurity’. However, he also said that, at the time, he and his wife had not been aware

of any damage that this could cause to their child (see extracts 10.4 and 10.5 in section 5.2.1.1). He further argued that although the quality of one's social relationships was important for one's mental well-being, good family relations alone were not enough to "save" or protect anybody. Therefore, even though it had been the son's "misfortune to be born into this kind of a family", the father ended up relieving the family from some responsibility and managed to maintain their moral adequacy by appealing to their ignorance. His accounts of the family's involvement were altogether excellent examples of negotiation of tensions in constructing moral order around a child's suicide. The following father also suggested that he could not have 'saved' his son:

(...) [Whatever] the reasons [for the suicide] were, even if even if, well, his father and mother had still been married to each other, he would have supposedly still lived his own life. (Father – son 6.3; suicide 13 years before)

This father rid his family of responsibility for his son's suicide by claiming that it would not have helped to merely stay together with his wife, because it had been the son's duty to live "his own life". Overall, the most effective strategy in the interviewees' talk for negotiating and constructing plausible moral order seemed to be to first expose themselves to blame and then succeed in avoiding it, rather than trying to completely deny their possible involvement in the event, because this indicated readiness to bear responsibility and an understanding of suicide as a complicated issue with many possible influences and explanations (see also section 4.2.2.1 for discussion on rights, responsibilities and moral adequacy). I shall now turn to the 'mental problems' that the interviewees described the deceased to have had.

5.1.4.2 Mental problems

In some parents and 'children's' descriptions, the main cause or one of the main causes of their family member's suicide had been his or her mental problems. In MCD terms, they attached the CBA 'problematic' to the category 'mental health' as a part of the MCD 'causes of suicide' in the SRP 'family member – family member' with emphasis on the 'parent – child' relationship. Contemporary psychological expertise stresses 'mental health problems', particularly 'major depression' as the most severe suicide risk (see section 2.3) and they are, therefore, readily available for anybody's use as explanations of suicide. The interviewees described the deceased as having been 'depressed', 'anxious' or 'desperate' before their suicide, even if sometimes the

'symptoms' had been detected only afterwards (as noted earlier in section 5.1.2). The interviewees ended up constructing mainly a 'natural' moral order around the suicide because it was usually described to have happened for 'coercive', that is, 'involuntary' reasons (see also section 5.1.5.1).

The fact that the parents were more likely to talk about their child's mental problems and his or her suicide as a result of a "lifetime process", while the 'children' rather saw their parent's suicide in more impulsive terms, makes sense from the viewpoint of Western family discourse in which parents are obliged to have a broader perspective on, and first-hand knowledge of, their children's *whole* lives. However, when describing the *origins* of their child's troublesome condition, the parents usually distanced themselves and the rest of their family from their child's suicidal act by rarely (directly) referring to 'the family history', 'childhood events' or the like. Therefore, by and large they appeared as obliged to *know* the suicide's causes but not as responsible for them, being unlikely to describe the suicide as a response to something like 'dysfunctional' family relationships (however, for contrasting examples see extract 3.2 in this section, extracts 15.1 and 10.1 in the previous section and discussion on 'guilt' in section 5.2.1.1). For example, when talking about depression as the main suicidal motive, the interviewees often represented it in psycho-medical terms as a fatal psychiatric 'illness' or a psychologically induced condition emerging from inside the person's 'inner self'. Constructing the individual's 'internal' mental problems as the cause of suicide relieved the family from some responsibility, particularly if these problems had also been officially diagnosed. A son said:

(...) I think that there is indeed some sort of brain chemistry in that family [on the suicidal father's side], specifically lack of serotonin, since my brother also has those bouts of depression sometimes [as he does himself]. (Son – father 5.1; suicide 48 years before)

This son analysed his father's suicide in 'professional' terms with expert knowledge as a result of "lack of serotonin" in his "brain chemistry", which had lead to depression. He demonstrated further proof of knowing what he was talking about by 'owning' the experience through describing his brother's and (elsewhere) his own occasional "bouts of depression". His genetic suicide explanation did not appear to make the family in any way morally accountable, probably because one's physiological inheritance just is and could not be improved (except for treating depression with medication, as the son elsewhere described that he was doing). Whatever the interviewees considered the

original source of ‘depression’ to be, they portrayed it as making people lose their ability to enjoy and see meaning in life, which invoke other difficulties, such as problems in their relationships. A father described his son’s condition as follows:

Well for example I, like, I thought of it that if one has such a tough background [a long history of manic-depression] as Tommi [his son] had, that that, I understand why he lost his hope. (Father – son 10.2; suicide 12 years before)

This father ‘owned’ his son’s suicide experience by understanding it as having emerged from his ‘losing hope’ due to the “tough background” of enduring manic-depression. Elsewhere, he indicated that the son’s manic-depression had also been officially diagnosed, because he mentioned that the son had been treated with medication and spent periods of time in a mental hospital. By these accounts, the father simultaneously showed an empathetic attitude to his son’s condition and act as well as implied that his ‘illness’ had been a ‘fate’ about which nothing could have been done. He thereby described the son’s act as comprehensible and morally acceptable and relieved the family from possible blame, because none of them appeared to have been responsible for his condition in any way. ‘Desperate’ people were also described to have “lost all hope in the blind alley” from where they just “wanted to escape” to some kind of harmony, not wanting to die but craving to “get away” from their burdensome situation. The father below did this in talking about his daughter’s suicide:

(...) If a suicide is committed like I’ve understood why Mari [his daughter] committed it, it was, it was, well () (sighs) it was a desperate act with which she wanted to get away. (Father – daughter 7.4; suicide nine months before)

The father above ‘owned’ his daughter’s suicide experience by seeing her act as understandable and, to an extent, morally acceptable because, after all, she had managed to “get away” from her ‘desperation’ by doing it. This enabled the family to remain invisible and blameless and was enforced by sighing as a sign of resignation. In a couple of cases, the interviewees described an earlier suicide of another family member as having been a “model” for the present act, as did the mother below:

(...) That’s surely, like, one reason, that, that, Juha [her son] was left with this kind of a model, and we talked about this a lot before his act. And he said then that since his father did that [committed suicide] he thought he could never do something like it, but then he did anyway. (Mother – son 3.2; suicide a year before)

The mother above described her son's suicide as having partly resulted from the "model" given by his father's act some 20 years earlier. Elsewhere, she specified that the son had been particularly affected by the father's depressed behaviour, and was thereby one of the interviewees who argued that, instead of being a genetic inheritance, it was possible to learn a depressed attitude. She enforced her 'owning' of her son's experience by pointing out that they had talked "a lot" about the father's act prior to the son's suicide. Actually, this could have challenged her moral adequacy as a caring mother since she had obviously been aware of the son's dark thoughts but had not succeeded in preventing his suicide. However, she saved her 'face' by recalling her son's reassuring anti-suicidal contemplation that "he could never do something like it". I shall now have a look at the interviewees' 'social' explanations of suicide.

5.1.4.3 Social problems

In describing certain potential suicide motives as more 'socially' induced than others, the interviewees demonstrated their understanding of sociologically derived 'expert knowledge' (see also section 2.5). These motivations constructed the MCD 'causes of suicide' out of such categories as 'substance abuse' by the person or somebody in the family, the person's 'unemployment', 'retirement' or 'problems at work', or his or her messy 'money affairs'. A couple of interviewees also said that there was something profoundly wrong with the 'Finnish culture' due to its (strict, Protestant) work ethic and tradition of bringing children up to 'social muteness'. These interviewees maintained that people in Finland were taught to "be ashamed of" and "keep silent" about their problems, achievements being required all the time and no failure being tolerated. On the top of this, the culture offered such "wrong coping mechanisms" for dealing with difficulties as "alcoholism" and "workaholism". In terms of the interviewees' own or other people's (direct) involvement, this was a completely 'external' moral order, not including any major tensions. A daughter described the Finnish culture:

(...) I do, like, still somewhat blame this culture of ours too, this, when we still like () or like, or at least my generation has still been brought up to that kind of, in a way kind of, like [social] muteness. (Daughter – mother 4.1; suicide a year before)

The daughter above made it possible to hear a cultural myth by being in favour of an open and discussing culture in contrast to the existing Finnish one, which taught people to adopt “muteness” about their problems, that is, to silence themselves socially. In her account, it appeared as if sheer public openness would, to some extent, save people from problems in their lives. Elsewhere the daughter also pointed out, however, that dealing with a completed suicide might not be any easier in any other culture. The son below described a harsh work culture as a cause of his father’s suicide:

(...) I somehow think that it [the suicide] was connected to masculine honour and and, well, in general to the whole community there. Like the whole military community is so, well, hierarchical, that that, like a loss of honour or () that kind of thing certainly hits harder there. (Son – father 12.3; suicide 20 years before)

This son described his father’s suicide to have occurred as an outcome of losing “masculine honour” in a “military community” (see also extract 12.1 in section 5.1.4). These ‘external’ sorts of cause might have been easier for the interviewees to handle in relation to the deceased, themselves and the family than, for example, problems in relationships and mental health, since they removed their responsibility for the act to some extent. For example, instead of considering a person’s lethal ‘loneliness’ as an outcome of his or her personality or the family’s interactions, it was possible to understand it as a negative effect of a culture in which people were essentially expected to ‘survive’ alone even in their own families. Therefore, by recounting ‘social’ causes it was possible to regard the suicide less as the individual’s or his or her family’s fault than that of the surrounding cultural system. After these specific causal analyses based on the particular suicide of the interviewees’ family member, I shall now briefly explore how they summarised suicide’s ‘moral nature’ in general.

5.1.5 The moral nature of suicide

The interviewer’s question, “What do you think about suicide as a moral act in general?” was obviously possible to hear as referring both to the interviewees’ *general* opinion on suicide and to their own family member’s suicide in *particular*, because they dealt with the moral effects of a suicidal act, that is, its rights and wrongs, from these angles. The interviewees described their moral understandings of suicide by representing two basic (practical) cases and two basic (ideal) attitudes, which were then complicated by recollections of their family member’s story and their own reactions.

Consequently, they ended up analysing different causes of suicide, brought up some 'expert knowledge' in doing this, allocated rights and responsibilities to different parties in a suicidal situation, considered in particular their own and the deceased's mutual roles, and negotiated moral orders involving tensions. In MCD terms, they attached the CBAs 'voluntary' or 'involuntary' to the category 'suicide' as a part of the MCD 'causes of suicide' in the SRP 'observer – observed' with emphasis on their roles as family members. On the basis of its 'free' or 'coerced' nature (section 5.1.5.1), the interviewees also evaluated the 'comprehensibility' and 'acceptability' of suicide (section 5.1.5.2). Comprehensibility was explored through the act's causes and acceptability assessed in its consequences to other people.

5.1.5.1 Suicide as a 'voluntary' or an 'involuntary' act

In their talk, most interviewees adopted the general moral position on suicide that it was truly a moral issue *only* if it could be understood as a responsible person's free 'choice', where the option of 'not choosing' to commit suicide had also existed. The uniqueness of the idea of an individual's 'free will' to choose becomes clearer in comparison with other times and places when, for example, God has 'owned' people in the form of their souls or the state in form of their bodies. By explaining suicide in this way, people close to suicidal persons could be released from blame and their moral adequacy could be maintained, because only the persons themselves were (morally) responsible for their acts. For example, the daughter below described her mother's suicide in this manner:

(...) I do think that the one who could have prevented it [the suicide] was my mother herself, so that she should have, like, sought help for herself somehow. (Daughter – mother 4.2; suicide a year before)

The interviewees said that 'choosing' suicide had to be accepted simply as an individual's inviolable right despite other people's possible difficulties in comprehending the act's motives or coming to terms with a 'deliberate' death in the first place. The following accounts of two sons illustrated this:

(...) I think it [suicide] is in everybody's own hands: if one thinks one's not capable of living, then that's one's own choice. (Son – father 5.2; suicide 48 years before)

(...) Of course, at the end of the day it's surely the person himself who decides about it [committing suicide]. (Son – father 14.1; suicide 22 years before)

The sons here stated that committing suicide was the individual's "choice" and 'decision', that is, both his or her right and, once adopted, responsibility. This appeared as somewhat of a maxim to which little could be added; "at the end of the day" it indeed *is* the person who either does or does not do something. It might well be possible to accept, without much discussion, things that an *isolated* individual does to himself or herself, because as long as an individual's actions do not involve others they are nobody else's concern either. However, this is rarely the case in human life. For example, instead of isolated individuals, the interviewees in this study ended up discussing family members' relationships and role expectations, indicating their rights and responsibilities and making them accountable for each other. Therefore, when the interviewees involved *themselves* in the questions of suicide's comprehensibility and acceptability, they apparently could not talk from a detached 'outsider's' position any more.

When the interviewees saw suicide as somehow '*forced*', as they often described their *own* family member's case to have been, it was no longer a moral issue in itself (even if it was a moral concern in relation to other people; see the next section). In contrast to a more or less rationally 'chosen' suicide, they considered a 'forced' suicide to be committed by somebody resembling a victim, who could not be (fully) accountable for the act but had rather been 'driven' to it. For example, a daughter described her father's suicide as follows:

(...) However, he [her father] didn't leave willingly, he surely didn't want that [to die] () of course he didn't () indeed, that's perfectly clear that he didn't want that but he couldn't live any more () still, after all, it [the death's nature as a suicide] didn't, like, play anything down in my mind any more [in the value of their relationship]. (Daughter – father 2.3; suicide six months before)

This daughter forcefully 'owned' her father's suicide experience by arguing that it was "perfectly clear" that the father "didn't want" to commit suicide but just "couldn't live any more". Elsewhere, she described him as having been "old and frail". Her reassuring account relieved the father from any possible blame because his act had so obviously been 'coerced', the interpretation that she backed up pointing out that his suicide did not "play anything down" in the value of their mutual relationship. When the interviewees used some 'expert knowledge' in seeing another 'party' to have caused their family member's trouble, be it another person or unbearable physical or psychological pain

(see also sections 2.3 and 5.1.4), they could release themselves from blame for the person's suicide and sustain their moral adequacy. However, in accounts in which they regretted that they had not been able to help the person more, they also opened themselves up for blame. Next, I shall explore how the interviewees talked about the deceased's act in moral terms with respect to themselves.

5.1.5.2 Suicide as wrong to others

The different (ideal) moral orders of suicide as a 'voluntary' or an 'involuntary' act existed in the interviewees' accounts side by side but were unavoidably contradictory to and difficult to combine with their accounts concerning their own (practical) position in regard to their family member's suicide. Therefore, whatever their analysis of a troubled person's situation and rights, the interviewees also described suicide as harmful and unacceptable to other people so that even if an individual could decide to die, it was considered simultaneously his or her responsibility to stay alive for the sake of others. That is, the interviewees indicated that in principle an individual had the right to end an unbearably painful life but in practice being in this kind of a situation was described as ambivalent because, for example, the interviewees had wished that the distressed person would be rid of his or her troubles but were not able to accept suicide as a 'solution'. They considered suicide as painful, disturbing and wrong to them and their family (see also section 5.2.1.2 on accusing the deceased for abandonment and betrayal). For example, a father said:

I think that no (sighs), one doesn't [have the right to commit suicide]. It always brings agonising questions to many people. (Father – son 6.4; suicide 13 years before)

This father blamed his son's suicidal act implicitly for bringing "agonising questions" to others, backing this up by sighing, but also made the target of his blame obscure by using the 'passive voice' in the generalising expressions "one", "always" and "many people", which protected his son's moral adequacy. Another father indicated that it would have been easier for him to accept some other cause for his son's death than suicide:

It would be much easier for me to accept if Mika [his son] had died, for example, in a car crash or from some illness. Then I could I could, say, like gently mourn. Now it's so hard for me, I cannot, like, accept it. (Father – son 16.4; suicide 2 years before)

Elsewhere, this father elaborated on the nature of his son's suicide by describing it simply as “useless” (extract 16.2 in section 5.1.3). Thus, the interviewees negotiated their understanding and acceptance of a suicide in terms of what the people involved ‘gained and lost’ as its consequence (see section 2.6.1 for death as an end of relationships). A family member's suicide is probably considered differently from anybody else's act, and the interviewees ended up insisting that people should and could resolve their problems in other ways. Altogether, parents were considered to have *rights* mainly in relation to themselves and *responsibilities* in relation to other people, particularly children, whereas children had the most rights to expect things from others, particularly their parents, and were less responsible. This kind of typical Western family discourse centres on the roles of individuals in their family units, which are considered as separate from the rest of the community (see also section 3.2) and in which parents can be seen as ‘villains’ and children as ‘victims’. For example, in committing suicide parents who were expected to care for their children violated both their children's right to this care and their own responsibility to provide it. The son below referred to this:

Well, I cannot really () accept it [a suicide], it's, it's quite a cheap solution in my mind after all. And the more one thinks about it, particularly so in terms of those who remain behind (...). From the other people's point of view it, it's somehow such such, well (sighs) a total and mute act, let's put it in this way. (Son – father 12.4; suicide 20 years before)

This son refused to accept suicide because it was a “cheap solution” and a “mute act” for “those who remain behind”. However, he avoided direct criticism of his father by sighing and neither identifying the target of his blame clearly nor specifying who exactly were the “other people” left “behind”, even if his own experience of bereavement was included in such expressions as “in *my* mind”, “the more *one* thinks about it” and “from the *other people's* point of view”. The special nature of a family member's suicide was observable in the interviewees' descriptions of how different people were close to or remote from them. The daughter below talked about how the actions of distant people were not such a personal concern to her as those of her family:

(...) It [the suicide of a friend's sister] just wasn't such a great shock to me as was my father's, of course. (Daughter – father 11.1; suicide 11 years before)

This daughter described her father's suicide as more 'shocking' to her than that of a friend's sister. The "of course" in her account indicated that this was the 'normal' state of affairs and, therefore, a morally adequate way to experience a suicide: the closer the deceased had been in terms of mutual roles, the more one was supposed to get emotionally involved in his or her death. A father said:

(...) A son () it's peculiar how a close person, when a stranger dies you don't grieve that and still he is a person, so that it is curious this structure of the human being (). (Father – son 6.5; suicide 13 years before)

This father described his son's suicide in a way similar to that of the daughter in the previous extract. He acknowledged his position as a *family member* even more clearly than the daughter by stating that he would not have 'grieved' a "stranger" in the way he did his "son". Elsewhere, he said that when his son had been still alive, their love "had not been measured", but after his suicide he had realised how 'dear' the son was to him. He indicated that his reactions were something more than a choice, actually beyond his control in the 'natural' order of things when he said, "it is curious this *structure* of the human being". Thereby, he constructed himself as a morally adequate father who could not help but act upon his 'innate instincts'.

However, even when the interviewees did not *accept* suicide because it was wrong to them, they could *understand* it under certain 'coercive' conditions, which reduced the individual's otherwise profound responsibility to avoid violating other people's rights (see also the previous section). For example, a father described:

(...) The last two years of Mari's [his daughter's] life were so painful indeed that that that I wouldn't want it to continue. So that I think that she had, even if I don't accept it, had the right to get away, it was so painful that life. (Father – daughter 7.5; suicide nine months before)

This father faced a very contradictory situation in the conflicting CBAs of the SRP 'father – child' of his description, that is, in the expectations of both preventing his child's suffering and preserving her life. At the same time as he considered his daughter to have the right to end her 'painful life' by committing suicide, he could not accept it. However, he met his criticism of the daughter's act by saying that neither did he want her painful life to continue. Thereby he simultaneously constructed the daughter's act as

comprehensible and himself as a morally adequate, concerned, and yet also understanding parent. The mother below granted people in extreme difficulties the right to commit suicide, even if it was “painful (...) to relatives”:

(...) On the other hand, I think that if a person’s life has become so difficult, it must also be possible to make this kind of a choice [suicide], however painful it is to relatives. So that there one surely doesn’t think of that any more. (Mother – son 3.3; suicide a year before)

The mother confirmed the moral acceptability of a distressed person’s final act by saying, “one surely doesn’t think of that [others’ pain] any more”. Therefore, as other interviewees confirmed, if the deceased “had not meant to hurt” others their act was possible to justify and they could be constructed as morally adequate people after all. The son below agreed to this:

At that point [of suicide] a person probably, that kind of a person, like, doesn’t think of anything else at all but his own pain and that he wants to get away. (Son – father 14.2; suicide 22 years before)

The daughter below said that she could not “completely (...) condemn” suicide, because “difficulties” that people “face” in life made it understandable:

Well, it [accepting or disapproving of a suicide] is a bit (sighs) it cuts a bit like both ways, that that I do, like, I cannot completely, like, condemn it. I do, like, understand that people can, like, face a lot of difficulties in life. (Daughter – mother 4.3; suicide a year before)

In her account, this daughter reduced her criticism to her mother’s act by sighing and implying that there had been some ‘sensible’ reasons for it, which also lessened her own possible responsibility for it. Another daughter said:

(...) If it’s [a suicide] a question of () an illness that’s been diagnosed () to be so bad that () there’s no way of getting away with it, then I can that () well, understand and (). (Daughter – father 2.4; suicide six months before)

Along with many other interviewees, this daughter said that she understood and possibly even approved of suicide committed for the purpose of ending a terminal illness. In this kind of case, suicide could perhaps be perceived as the best of two bad options which both led to death, because it saved the person from further (pointless)

suffering. However, it could be heard in the daughter's cautious description that suicide was still not an *unproblematic* act: "an illness that's been *diagnosed* to be *so bad* that there's *no way* of getting away with it". In the father's description below, his son's act had emerged from a "feeling of dead end", which translated as a coercive 'must':

Again I pounce on this word 'choice' since I think, I think that it is very questionable if people say that he [his son] did it himself, it was, it was, that he chose this way himself. It is, it is, the feeling of dead end hasn't been understood then. (Father – son 10.3; suicide 12 years before)

The father refused the interviewer's suggestion that his son's suicide could be understood as an active "choice", yet avoided criticising the interviewer directly for her mistaken interpretation by generalising, "it is very questionable if *people* say (...)".

5.1.6 Summary

In this study, I take the notions of 'suicide', 'bereavement' and 'the family' as socially constructed phenomena, which are culturally and historically variable rather than 'natural' and which the interviewees analyse and explain in their talk by using their 'own' particular experience (practice) and commonly shared knowledge (ideals) as resources. For example, in the highly individualised, privatised and secularised contemporary West, suicide is largely understood as caused by psycho-emotional events within individuals' 'inner selves' and the nuclear family is considered most responsible for what happens to its members. These understandings create moral orders involving tensions. In this section, I have analysed the interviewees' explanations concerning the causes and 'nature' of their family member's suicide as negotiation of moral orders in which they described the events and settings involved as 'ordinary' or 'extraordinary' as well as different parties' actions as morally adequate or inadequate, allocating responsibility for the act to such 'parties' as the deceased's problematic relationships, mental conditions and social circumstances. The interviewees thereby mixed ideals of psychological and social theories with their explanations of their lived experience. For a historical perspective, the interviewees' explanations of the suicide's causes can be compared with Minois' (1999) and Hooff's (1990) accounts of the ancient 'shame-society' in which the acceptable cause for suicide was losing one's 'honour', while the leading medieval suicide cause was 'despair' at the hands of the Devil, and in the Renaissance, 'remorse' for failing to fulfil expectations. Additionally, at all times

problems in 'love' seem to have been regarded as a reason for suicide. (Minois 1999: 106, 113; Hooff 1990: 142.) Whether or not explanations for suicide have 'changed' in time, they have surely taken place under different circumstances in which the 'shared' understandings of any such concepts as 'love', 'despair' or 'honour' have varied.

More specifically, in this section I have described how the interviewees talked about having either been shocked and surprised by the suicide or seen anticipatory 'warning signs' of it, asking themselves the inexhaustible 'why' question concerning the causes of the suicide, using different kinds of explanatory frameworks in interpreting their family member's case, defining suicide's 'nature' in general as 'voluntary' (chosen) or 'involuntary' (forced) and, finally, both blaming the deceased for causing them pain with their acts and understanding that they had not meant this. To the extent to which the interviewees described 'shock' and 'surprise' as having been their *initial* reactions to the suicide, their interpretations are comparable with psychological theories of 'stages' of grief (see section 2.4.1). Psychological expertise was also in particular use when they explained the suicide's causes. I consider this sort of response in talk to be a socially functional act of naturalisation, which carries out certain moral tasks, whatever else it may be for people 'emotionally' or otherwise. Asking 'why' the suicide had happened implied that the interviewees considered it to be an 'extraordinary' event occurring outside their 'own' experience, because otherwise the causes should have been plain to see. In contrast to this, some interviewees made the suicide sound like an 'ordinary' version of an 'extraordinary' event by describing it as having been practically unavoidable due to, for example, chronic mental illness.

Thus, 'facts' about phenomena are created in social practices in accordance with common understandings of their nature. The interviewees in the data constructed suicide as a certain 'kind' of death, such as a 'deliberate choice' or a 'desperate escape'. Using various explanations to describe the same event constructed complex structures of causality and, thereby, responsibility. For example, the interviewees could accuse any party for the suicide or relieve them from blame with their explanatory frameworks, if only they handled their rights and responsibilities in a subtle enough way in their talk. When the interviewees said that 'committing suicide is an individual's right' they indicated the deceased's rights and their own responsibility to give way to these, but in the next sentence they could also point out that 'suicide is wrong because it causes other people to suffer', which indicated their own rights and the deceased's responsibilities. I shall now turn to the second part of this chapter in which I shall analyse the interviewees' accounts concerning the consequences of their family member's suicide.

5.2 Analysing consequences of suicide

In this section, I shall examine how the interviewees evaluate and 'own' the consequences of their family member's suicide by describing its various impacts on themselves, their family and other people. They initially narrated these (mainly negative) consequences of the suicide on their lives in the form of stories expanding from the past (see the previous section) to the (unpredictable) future, but only fragments of these can be reproduced in the data extracts here. In MCD terms, the interviewees attach category-bound activities (CBAs) as rights and responsibilities to the membership categorisation device (MCD) 'consequences of suicide' in the standard relational pairs (SRPs) 'the deceased – the bereaved', 'child – parent', 'parent – child', 'family member – family member' and 'other people – the bereaved' (see section 4.2.2 for the definitions of MCD, CBA and SRP). In their talk, they allocate rights and responsibilities to these parties by expecting them to act in certain ways, which makes some of their reported actions appear as morally adequate and others as inadequate (see also section 4.2.2.1), and assess the 'formal support' they received (in section 5.2.3.3; see also section 2.4.3). Their expectations for themselves with respect to the deceased (section 5.2.1) and for the way in which the immediate family should have 'dealt with' the loss amongst itself (section 5.2.2) differ from those they have for others (section 5.2.3), because the different parties are considered to occupy different positions in the aftermath of the suicide.

My aim here is to represent and interpret such social resources as cultural stocks of 'expert knowledge' and 'ideals', which the interviewees use in their talk to make sense of the suicide and their own bereavement as their lived practical experience (see section 4.2.2.4 for 'doing expert knowledge'). In doing this, they end up describing themselves as certain kinds of human subjects and construct moral orders involving contradictions. Above all, they negotiate tensions between their role expectations as family members and individuals. In talking about 'dealing with' the suicide, the interviewees describe their emotions in ways which closely resemble the psychological 'stage' and 'task' theories of the 'grief process'. In dominant psychological discourse, grieving has been described as involving 'stages' and 'tasks' which consist of initial shock, disbelief and denial, unreal feelings, despair after realising the factuality of death, 'bargaining', being angry and blaming others, feeling ashamed and guilty, and experiencing abandonment and depression before the eventual acceptance of and adjustment to what has happened (see section 2.4.1).

Using psychological theories in their explanations renders the interviewees' experiences 'ordinary' and, therefore, plausible (see section 4.2.2.3 for 'doing ordinariness'). Talking about such emotions as described above can be understood as a socially functional activity also because it presents the speakers as caring and morally adequate family members (see sections 3.1 and 3.2 for emotions and family ideals). For example, a son made this possible to hear by assuming that after his father's suicide he must have initially 'rejected' "guilt" and other "difficult feelings" because he had not felt them, that is, they were there in a repressed form. Indeed, theories of grieving can be seen as classificatory systems with which people can organise their 'disturbing experiences' and describe them as 'normal', even if such theories have also been accused for creating coercive rules for 'normality', threatening to label any deviation pathological. When the interviewees described their family's aftermath of the suicide, they referred also to dominant Western family discourse of 'sharing and caring' (see academic literature on this in section 3.2).

5.2.1 Emotions as the bereaved's social responses

In the following, I shall investigate the interviewees' descriptions of their emotions after their family member's suicide in connection to the highly individualised, privatised and secularised contemporary Western 'family' (see also section 3.2). More specifically, I shall analyse their accounts of feeling guilty and guiltless (5.2.1.1), their accusations for the deceased to have abandoned or betrayed them (5.2.1.2) and their descriptions of learning something valuable from the suicide (5.2.1.3). When the interviewees talked about their emotional responses, they discussed their rights and responsibilities with respect to the deceased and demonstrated 'owning' their 'private' (but generalisable) experience by describing what the appropriate emotions in the situation were. They used, for example, psychological 'expert knowledge' in doing this. Strongest 'feelings' of responsibility were attached to the (hierarchically) closest relationships of the family, which were perceived as enabling the most mutual wrongdoings. For example, when the parents talked about their (adult) 'children's' suicides, they simultaneously displayed the underlying moral notions of 'proper' parenthood and faced difficulties in avoiding at least some blame for the suicide, justified or not.

I understand the interviewees' talk as produced and negotiated in the local situation of the interview in which cultural scripts guide them so that, for example, they tend to comply with their social roles (see sections 4.1.2 and 4.2). As argued earlier (in section 3.1), 'personal' psychological emotions have become the indicator of one's 'authentic self' in late modern West, which constitutes an influential discourse on an individual to construct himself or herself as morally acceptable. In talking about one's family, emotions are likely to be 'naturalised' even more because it is the one sphere of human action in the West within which people are supposed to express their deepest and most genuine 'feelings'. Since childhood is a morally heavily loaded category as the psychologically most profound phase in life, parents are expected to care for their children in a special way and to be exemplary role models, providing them with all necessities of a 'good life'. Any failure in providing for children can be perceived as potentially damaging. Therefore, a child's suicide invokes questions about the family's 'appropriateness' and threatens to blame the parents. As an example in contrast to this, children are usually not considered to be *essentially* affected by their whole *culture*, even if this actually defines also the conditions of their family life. These 'ordinary' understandings of 'the family', 'parents' and 'children' are so taken-for-granted that their socially constructed nature probably becomes 'visible' only at times of crisis, when different parties' rights and responsibilities are explicitly negotiated.

5.2.1.1 *Feeling guilty and guiltless*

In line with the psychological theories of grief, which identify 'guilt' as an appropriate 'stage' in the 'process' (see section 2.4.1), many interviewees in the data claimed that somebody in their family (including themselves) could have helped the suicidal person more but had failed to do so for one reason or another, which they could be blamed for (see extracts 15.1 and 10.1 in section 5.1.4.1). In MCD terms, they attached the CBAs 'guilt' and 'guiltlessness' to the MCD 'emotional responses to suicide' in the SRP 'family member – family member' with emphasis on their roles as children and parents. The interviewees constructed moral orders around their suicide bereavement in their 'guilt talk' by negotiating different parties' rights and responsibilities. The parents in their role of accountability were more likely to describe guilt than the 'children', who more easily considered themselves guiltless. For example, a father acknowledged that he could have helped his son by being a *better parent* when he was still a teenager (see extract 15.3 in this section), while a daughter said that her *alcoholic father* should have

stopped drinking in order to ease her mother's burdened situation. However, all the interviewees documented a specific moral order by talking about guilt after their family member's suicide to some extent, because none of them seemed to be sure that there was absolutely nothing they could be blamed for.

Guilt and guiltlessness were often intertwined in the interviewees' different versions of the events which they considered to have led to the suicide so that, for example, if the suicide had been somewhat 'predetermined' (by a chronic illness or the like), they thought that feeling guilty was useless because they could not have done anything to prevent it anyway. These descriptions can be seen to have stemmed from a contradiction between the idealised expectations in Western family discourse for the family to help each other and the less romantic reality of family life (see also sections 3.2.2 – 3.2.4). For example, when the interviewees claimed that they *should have* been able to help the troubled person more and earlier (particularly the parents) but *could not* do anything else to interfere (particularly the 'children'), the different moral orders of guilt and guiltlessness were at play. Depending on how they were handled, both options could charge the interviewees for inadequate actions, guilt for not having done enough in time and guiltlessness for being 'cold' in the aftermath of the suicide. The father below contemplated self-accusation:

(...) Then secondly follows already that second question then that () does one have, or has one destroyed something by what one's done? () (Father – son 6.6; suicide 13 years before)

This father constructed himself as a morally adequate, concerned and self-critical parent by worrying whether he might have somehow contributed to his son's suicide. This sounded as if it had appeared to him as a 'natural' sequel to the general 'why' question concerning the suicide's causes ("then (...) follows already that second question"). However, he lessened his possible self-blame by using in his account the 'passive voice' ("does *one* have, or has *one* destroyed"). As was noted already earlier (in connection to extracts 15.1 and 10.1 in section 5.1.4.1), also other fathers wondered about the degree to which they had succeeded in fulfilling their parental role:

(...) It, that sense of guilt all right, surely belongs just to this, just to that, well, natural feeling, but those impressions are connected to times and years before, before, well, these last moments, and how the relationships around Sami [his son] were, what one should have done, since those relationships weren't, well, so good or so close. (Father – son 15.2; suicide a year before)

The father above referred to a common understanding among the parents in this study that they might have been able to interfere with their child's 'suicidal process' if they had realised this early enough. He did this by 'connecting' his "*natural*" sense of guilt to "the times and years *before* (...) these [his son's] last moments" and by blaming poor "relationships" for the suicide. The father could be heard to imply that the parties he talked about here were himself and his family, which rendered them somewhat open to criticism, even if he used generalising expressions and did not directly name them. He thereby referred to the psychological understanding of a person's childhood experiences as so profoundly influential on his or her whole life that little of their impact could be altered later on. Therefore, any intervention in the person's problems in his or her adulthood appeared to occur too late. Below, the same father specified what had been most problematic in his relation to his son:

After he [the son] reached puberty, I suppose I then really, I couldn't really live that with him. There was so much distance then that I have now, in hindsight, thought that, or worked up, formed this kind of a question that did Sami have a father at all? (Father – son 15.3; suicide a year before)

The father described how he had reflected on his own actions back in his son's teenage years ("puberty") to comprehend what had gone wrong with their mutual relationship, saying that he had ended up wondering whether his son had had "a father at all". In comparison with the previous extract, however, this blame did not sound like it had been a 'natural' thought because it had been "worked up" or "formed". Therefore, the father's account exposed him to criticism but constructed him also as a morally adequate parent who consciously bore responsibility by implying a genuine effort to figure out the extent to which he was to be blamed for the son's suicide. Elsewhere, the father concluded that even if there had been something more that his family could have done to help the son, they had not been "capable and knowledgeable" enough to take that action. It might have been impossible for the parents to escape speculating on the rights and wrongs of their actions, for example, in their children's upbringing, because otherwise they could have appeared as uncaring or ignorant of their responsibilities. Another father criticised himself and his wife for their thoughtless actions in their son's infancy:

(...) But that this son was still, he had to, we had to, like, pull him about [when moving around while he was still a baby], so that we did have a rather bad conscience about how we had acted really, how stupidly we had acted then. (Father – son 10.4; suicide 12 years before)

This father implied that ‘pulling [their son] about’ in his early years while moving around might have somehow harmed him (see also extract 10.1 in section 5.1.4.1). However, this self-blame constructed the parents as still morally adequate, since any possible harm to their son had been completely unintentional:

But, well, then on the other hand, how could one have, how could one, how, one could not have understood that then [the consequences of one’s actions]. (Father – son 10.5; suicide 12 years before)

Another father said:

(...) This guilt () one does feel it and it doesn’t () I do find such impacts even if I know that I wasn’t the only thing affecting Sami’s [his son’s] life. (Father – son 15.4; suicide a year before)

The father above described the ‘natural instinct’ of guilt for his son’s suicide by saying, “one *does* feel it”, even if he acknowledged that he was not the only ‘influence’ in his son’s life. He was thereby a morally adequate parent who took responsibility for his child’s acts to some extent. Another father constructed the ‘normality’ of guilty feelings by saying that they were, “*of course*”, always present. The mother below described her feelings after her son’s suicide by remarking that even if, rationally, she did not consider herself guilty she, nevertheless, *felt* guilty:

I don’t think that you ever get rid of that guilt. Even if reason tells you otherwise, the feeling () the feeling is there () the memories always arise when you’re walking about the town. (Mother – son 3.4; suicide a year before)

This mother said that her guilt had emerged from “memories” around her, which probably were reminiscent of things contributing to the son’s act. Her guilt appeared as an unavoidable and ‘natural’ emotion, since “even if *reason* tells you otherwise, the *feeling* (...) is there”. Also the “I don’t think that you *ever* get rid of that guilt” in her account constructed her as a morally adequate, concerned and caring mother.

In the data in general, the ‘children’ considered themselves responsible neither for their parents’ or family’s actions nor for helping the other family members. At most, they expected themselves to have avoided burdening their parents by taking responsibility for their own lives in due course. However, ‘guilt’ seemed to constitute a different case, since only three ‘children’ did not express any feelings of guilt, explaining that they had been very young at the time of the suicide or had been told the true cause of their parent’s death only later in their life (see more about ‘age’ as a special category in relation to extract 11.4 in section 5.2.1.2; about finding out the truth, see extract 13.3 in section 5.2.2.1). Often the ‘children’ described how their initial feelings of ‘relief’ and ‘guiltlessness’ after their parent’s suicide had soon turned into ‘anguish’ and speculation whether they had somehow contributed to the suicide. For example, the daughter below talked about having caused her already distressed mother even more trouble by being a ‘horrible [disobedient] kid’ in her childhood:

I still do [feel] that guilt, maybe, like, in a slightly different way but I do, like, feel it anyway, so that that I do sometimes really, like, wallow in it when I think that that I have been somehow, I was a somehow bad kid and supposedly I was horrible as a teenager. (Daughter – mother 4.4; suicide a year before)

In this account, the daughter constructed her actions in ‘childhood’ and ‘youth’ as *potentially* morally inadequate by saying, “I was a *somehow* bad kid and *supposedly* I was horrible as a teenager”, which suggested that she had some accountability for her mother’s suicide. In a reverse manner to the parents who regretted *their* actions in their children’s early years or adolescence (see extract 10.4 in this section), the daughter treated these phases as possibly difficult and problematic in the family. In doing this, she also appeared as a now caring (adult) family member who regretted her past (insensitive) actions. A son described his role in his father’s suicide as follows:

(...) A person [his father] says he’s gonna commit suicide, and then I, like, say to him that some men talk and some men act, so that it can be, like, interpreted as an encouragement to commit suicide all right. (Son – father 14.3; suicide 22 years before)

The son above portrayed having responded to his father’s suicide threats inadequately and even possibly inviting him to act by stating a maxim, “some men *talk* and some men *act*”. However, he lessened the negative judgement of his own action and the consequent blame by the ‘passive’ expressions, “*a person* says” and “it *can* be (...)”

interpreted”. The daughter below described her guilty feelings after her mother’s suicide to have resulted from having been away at the time (see also section 5.2.2.4 on the last obligations for the deceased):

(...) I did carry a horrible guilt for a long time that why wasn’t I in Finland and why didn’t I do this and why didn’t I do that (laughs). (Daughter – mother 4.5; suicide a year before)

This daughter’s more general account of having acted insufficiently (“why didn’t I do this and why didn’t I do that”) and her accompanying laughter, however, lessened her self-criticism, because they implied that there was hypothetically an endless (and, therefore, unrealisable) list of things that she should have done in order to be able to prevent her mother’s suicide. However, interviewees like the mother below said that their guilty feelings had appeared only *after* they started to reflect on – “chew over” – all possible causes of the suicide, including the family’s role (see also section 5.1.4.1 on problematic relationships as an explanation of suicide):

(...) And this occurred only later on then this, this sense of guilt, came later, only when one started to chew over them [different possible causes]. (Mother – daughter 8.1; suicide nine months before)

This kind of ‘delayed’ onset of guilt implied that the interviewees’ first reaction to their family member’s suicide had been something else. The mother above described elsewhere (in extract 8.2 in this section) how, after her daughter’s suicide, she had initially felt that the family was blameless because they had done “all they could” to help her. The father below indicated that had he only *known* the seriousness of his son’s situation, he could have helped him:

(...) If we [he and his wife] had got to know about that [an earlier suicide attempt], that is if, then I would have indeed forced Mika [his son] to go and seek professional help. (Father – son 16.5; suicide 2 years before)

By emphasising that *if* they (he and his wife) had known about their son’s problems he would have “forced [him] to go and seek professional help”, the father above criticised himself for having been unaware of the son’s ‘actual’ situation. However, he also diminished the blame of indifference possible to hear in his account by implying with the “if we had *got to know* about that” that his wife had not known about the son’s problems either, which made them both appear as morally adequate parents after all.

The interviewees talked about their *guiltlessness* by indicating that responsibility for their family member's suicide did not lie with them alone. The 'children' in their less responsible roles were most likely to deny their involvement with their parent's suicide and to claim instead that he or she should have been able to solve any problems in another way as a capable and responsible adult (see also sections 5.1.5.2 and 5.2.1.2 on suicide as a wrong act to others). For example, the daughter below described it as 'unimaginable' that she should have had anything to do with her father's suicide:

(...) So that one cannot, like, even imagine that I'd have any fault in the matter, as I don't. (Daughter – father 11.2; suicide 11 years before)

The 'guiltless' but still 'responsible' parents tended to describe how they had been aware of their child's difficult situation and done everything in their power to help him or her, but had still failed to prevent the suicide. Some of them noted explicitly that the family was unable to prevent the suicide because it was impossible to bear responsibility for everything that happened to other family members. The mother who earlier (in extract 8.1 in this section) explained that she had started to feel guilty only after 'chewing over' all possible causes of her daughter's suicide rid her family of blame by saying that they had done "all [they] could" to help her:

(...) In that situation [immediately after her daughter's suicide] I just remember thinking that at least we [the family] did all we could (cries). (Mother – daughter 8.2; suicide nine months before)

Elsewhere, the mother backed up her rejection of possible charges for her daughter's suicide by leaning on 'expert knowledge', because "even the [mental hospital] doctor said that there was no chance [to interfere with her daughter's life by sectioning her]". However, by specifying here that the feeling of blamelessness had occurred (only) "in *that* situation" (immediately after the daughter's suicide) and crying the mother implied that there was more to her experience than guiltlessness and that she was not escaping her accountability, thereby emerging as a morally acceptable parent. The father of this same daughter talked along similar lines (in his separate interview):

(...) But but then () then when one has presented that question to oneself that what more could have been done, one then drifts into a situation that there was nothing to do really. And since, since she then was, as she said herself, a forty-something sensible individual who controlled herself except, well, for that depression, so that no, no, it wasn't possible to interfere with coercion and talking didn't help. So that I don't know, I don't understand what more one could have done? (Father – daughter 7.6; suicide nine months before)

This father described having done everything possible to help his daughter before her suicide as a morally adequate parent, but that “talking didn't help” and “coercion” (sectioning the daughter into a mental hospital) could not be used. However, his rights to act had been also limited because she was a competent and independent adult, “a forty-something sensible individual who controlled herself”. The mother below reduced her responsibility for her son's suicide by describing how she had done the best she could in his upbringing:

(...) It doesn't help but to protect oneself by saying that I brought [the son] up with the knowledge and intellect I was given (). (Mother – son 3.5; suicide a year before)

The maxim-like expression “I brought [him] up with the knowledge and intellect I *was given*” enforced the mother's blamelessness by implying that in her actions she had followed a ‘natural’ path and could not have done anything differently. Interviewees like the father below indicated that if they had not been blamed for their family member's act, they had been able to adjust themselves to their bereavement:

Mika [his son] left such a beautiful letter to us that, well, of course there were feelings of guilt, but that letter, that letter left like, relieved one quite a bit. In it, he asked for forgiveness and said that he loves us but that love's not enough. (Father – son 16.6; suicide 2 years before)

This father described having been “relieved” by his son's “beautiful letter”, that is, his suicide note, in which he had asked for his ‘beloved’ parents’ “forgiveness”. To the father, this indicated that the son took responsibility for his act so that it was not the family's fault, which helped to relieve the family from blame and save their ‘faces’. Some interviewees also pointed out that individuals did not live only in families but also in other constellations of people who all had impacts on and responsibilities for them. Therefore, such relevant parties as mental health authorities were mentioned and criticised in the manner of the father below (see section 5.2.3.4 for more criticism):

(...) The nearby people themselves are, of course, those who mostly, who are likely, who, who, well, who contemplate self-accusations. But I don't know then, these, these may not react much these officials. (Father – son 10.6; suicide 12 years before)

The father here constructed himself and his family as morally adequate relatives in connection to his son's suicide, because he could be heard to include them in his description of those "who contemplate self-accusations". He implied that he 'owned' this experience of blame by using the expression "of course", but also distanced himself from it by the generalisation "the nearby people" instead of 'the family' as well as the hesitations "who mostly, who are likely, who, who, well". The father also lessened the blame to the family and promoted their acceptability by incorporating in his description criticism of the relevant (responsible) "officials" who did not seem to "react much". I shall explore next the ways in which the interviewees accused the deceased for the consequences of his or her act.

5.2.1.2 Accusing the deceased: abandonment and betrayal

The interviewees accused the deceased for having 'abandoned' or 'betrayed' them in his or her suicide, which 'reactions' are also included in the descriptions of the psychological 'stage' and 'task' theories of grief (see section 2.4.1). Here, I take the view that people respond in 'angry' ways when they think that they are treated unjustly, for example, when they are deprived of something important against their will. In an irreversibly broken relationship, 'anger' as a form of criticism can be seen to stem from unfulfilled rights and responsibilities in the involved parties' mutual roles and to threaten their 'faces' (see also section 2.6.1 for a description of death as an end of social relationships). 'Anger' can be especially difficult to communicate in a case of suicide because it further challenges the already endangered moral adequacy of the bereaved and the deceased (as has been demonstrated in this chapter so far). The bereaved are threatened to be labelled as 'uncaring' or 'condemnatory' in their 'criticism', while the deceased can be seen to have acted (unjustifiably) out of 'selfishness', 'wickedness', 'weakness' or the like (see also sections 2.3.2 and 5.1.5.2).

Therefore, the speakers here were likely to express 'anger' against something 'outside' the deceased person rather than directly against him or her. As will be seen later in this section, parents in particular did this by blaming an illness or another person for their child's suicide, even if they had also found it difficult to forgive the act as such.

However, I shall first explore the ‘children’s’ descriptions of the suicide’s consequences to them in both their ‘angry’ and ‘forgiving’ accounts. In MCD terms, they attached the CBAs ‘accusing’ or ‘tolerating’ to the MCD ‘emotional responses to suicide’ in the SRP ‘child – parent’. For example, a daughter ‘forgave’ her mother her suicide by understanding that she had “not meant to hurt” her children. Conversely, a son described having felt “cheated” and “angry” at his father’s suicide. Another son described below how he had felt “both hate and (...) love” for his father after his suicide:

(...) That [the first visit to his father’s grave] was indeed a very strong experience to me, which aroused both, both hate and and () and (sighs) love towards my father. (Son – father 14.4; suicide 22 years before)

This son’s description of his feelings of “love” and “hate” towards his deceased father, accompanied by a sigh, sustained the ‘faces’ of both of them and contained a strong moral component, because the son both recognised his right to be ‘angry’ at his father and showed caring for him. Even if the son implied that the category ‘father’ was not supposed to involve the CBA ‘leaving one’s children’, he elsewhere lessened his criticism and indicated hesitation about the negative interpretation of his father’s act by specifying, “it *may be* thought that my father abandoned me”.

A parent’s suicide seemed to betray the ‘children’s’ trust in the whole world, since only they talked about having been deprived of elementary building blocks in their development as human beings, feeling “abandoned” and losing their basic sense of “security”. Thus, the worst thing parents could do appeared to be leaving their children without future protection and guidance. For example, a daughter said that she had only fully understood the importance of the mother – child relationship after having her own children, and its traumatic end in suicide in her and her mother’s case. She indirectly criticised her mother’s act, but also demonstrated awareness of her own motherly responsibilities for her children, by constructing ‘the (biological) mother’ as *the* person with whom a child should have a proper relationship. She also understood and ‘owned’ her mother’s experience by acknowledging how laborious it was to care for small children. All this goes well together with the psychological family discourse in which, as noted earlier, childhood is considered as *the* definitive foundation for everything in people’s later lives (see section 3.2). For example, some ‘children’ described their parent’s suicide to have left them with ‘marks’ deep enough to affect everything in their later lives, as did the son below:

(...) I think that my father's suicide is a kind of a wound () or a kind of a scar for the rest of my life but then, it's only the question whether () whether one can live with it and, or, or whether it will burst? (Son – father 14.5; suicide 22 years before)

This son appeared as a suffering and morally adequate, but also an accusing family member by hoping to be able to live with the “wound” or “scar” of his father's suicide without it ‘bursting’. The ‘children’ claimed that after their parent's suicide their future was distorted by such long-reaching consequences as “damaged sense of significance”, “cynicism”, “difficulties in handling conflicts” and further “separations”, “problems in relationships” and reflection on “childhood problems”. For example, the ‘children’ who did not have a ‘reproductive’ family of their own reported being uncertain about ever getting one, because they assumed that one of the causes of their parent's suicide had been a too demanding family life. The daughter below blamed her father's suicide for ‘interrupting’ her intellectual “development” at a “young” age:

(...) So that my father was, like, truly much more important to me than my mother. I didn't have the same contact with my mother, not the same security, I suppose security is the keyword. And particularly when being that young, or just at that phase when everything should start taking shape in one's head and all that, so that in a way, like, some, some sort of a development was interrupted or something. (Daughter – father 11.3; suicide 11 years before)

This daughter described how her father had been “much more important” to her than her mother ever was. Elsewhere, she talked about her father's suicide as a starting point to all sorts of problem in her life because, having lost the supportive “stronghold of a home” in his suicide (she had lived with her divorced father), she had started “using drugs” and “dropped off school”. She reduced her responsibility for these actions by saying, “I *doubt* I would *otherwise* have done anything like that”. Had her father lived, she said, “everything would have been different” because she would have had “a strong sense of security”. However, she also reduced his responsibility by saying, “*the only thing* I accuse him of [is my dropping off school]”. She also said that her father should have “waited with his suicide” at least until she was an adult. The ‘children’ were also particularly likely to describe their parent's suicide as a “cowardly”, “cheap” and “selfish” act, a disagreeable way to “solve problems” and an “escape from responsibilities”. A daughter said:

Selfish, yes, to abandon one's children () (sighs) well it's like that all right, or somehow I've thought that there should be a law prohibiting it [suicide] so that it wouldn't (laughs) it wouldn't generally like () couldn't () cannot happen or shouldn't happen. (Daughter – mother 1.1; suicide 16 years before)

The daughter above spoke from a child's viewpoint in agreeing to the interviewer's suggestion that her mother's suicide had been a "selfish" act of 'abandoning' the children, which was enforced by her sigh. However, by laughing and joking that suicide should be 'prohibited', she switched into a position of a competent and reasonable adult who knows how the world works, that is, that even if a child so wishes, all suicides cannot be prevented (by "law" or anything else). However, she also diminished her mother's responsibility for the act and its consequences by constructing her suicide as a somewhat incomprehensible act in implying that it "shouldn't" have been possible to "happen", thereby indicating that her mother might not have been in full command of her faculties at the time. The daughter below described suicide as a completely morally inadequate and irresponsible act:

I think it [a suicide] is cowardice, I think it's cowardice, I think it's escaping. If there's a problem, I think one could try to solve it in some other way. (...) Ridding oneself of responsibility, escaping (). (Daughter – father 11.4; suicide 11 years before)

This daughter's description of suicide as "escaping" implied that the person's life had involved problems to escape from, but she demanded that these should have been solved in another way. Even though she did not refer directly to her father here, the daughter could be heard to include his case implicitly in her judgement. Her criticism was particularly understandable because, at the time of her father's suicide, she had still been a teenager dependent on her parents (see extract 11.3 in this section). In terms of children's rights and parents' responsibilities in Western family discourse, then, her father had violated her rights and 'abandoned' her in the most final way at a vulnerable age. Also other interviewees connected a moral attitude to age when they said that experiencing their parent's suicide had been difficult when still a child or a youth, or that it was harder for them to accept a young person's suicide than it was an adult's. Therefore, a young person's death or a child's encounter with death were described as breaking rules of 'ordinariness', that is, the moral order of what is considered 'natural' and 'normal', which in the contemporary West includes the expectation that children have their parents around at least until their adulthood. For example, a son described

having felt “helpless” after “losing” his father in suicide as a child and wondered “how much easier” facing suicide must be for adults. Another son said that, as a teenager, he had missed in his father’s suicide the chance “to hate a father” in order to mark the alternation of generations. Below, a daughter described how she had felt like only half a woman after her mother’s suicide due to losing her supportive ‘female role model’:

(...) Now I don’t have, like, that woman to whom I’m, like, used, whom I can lean on if I wanna lean on to somebody. (Daughter – mother 4.6; suicide a year before)

However, in this description the SRP ‘adult – adult’ was at play rather than the ‘parent – child’ one because the daughter referred to her mother as “that woman”, which constructed her as a somewhat distant figure and diminished her responsibility for the consequences of her act. The daughter also made herself a competent adult by specifying, “*if* I wanna lean on to somebody”. Several ‘children’ said that their parent’s suicide was a heavy “heritage”, which could spread in the family or the community:

(...) In that sense I do blame my father that why does he leave this kind of a heritage [the suicide] to his own grandchildren that they have to, like, be aware of that for the rest of their lives? (Daughter – father 2.5; suicide six months before)

The daughter above criticised her father for the possibly harmful consequences of his suicide on her children, his “grandchildren”, who had to “be aware of” the suicide “for the rest of their lives”. However, she lessened her accusation by saying, “*in that sense* I do blame my father”. Some other ‘children’ described their feelings and acts of self-destruction as a legacy of their parent’s suicide, which effectively demonstrated the act’s damaging effects and increased their own moral adequacy while decreasing that of the deceased. The ‘children’ used, for example, ‘expert knowledge’ in stating that they ‘knew’ or were afraid of carrying on the model of their parent’s suicide, either in their ‘genes’ or as a learned ‘coping mechanism’. For one son, suicide was an unacceptable and immoral act potentially increasing other people’s suicide risk. A daughter wondered whether she shared too many characteristics in common with her mother and was, therefore, a suicide risk herself. Some of the ‘children’ perceived their “grief process” as having been complicated because they had not been able to “handle” their experience “properly” at its time (however, see also section 5.2.1.3 for accounts of suicide rather preventing than increasing the bereaved’s subsequent cases due to them realising how

painful it was to others). Some of them reported having attempted suicide after their parent's act:

(...) It did influence me this () issue [the suicide] very strongly so that then when I was a teenager I was () from time to time, like, very strongly self-destructive and () attempted suicide once when I was fifteen. (Daughter – father 13.1; suicide 24 years before)

When describing her own self-destructiveness, the daughter above referred to her father's suicide cautiously as "this issue", naming neither the father nor his act directly, which preserved his 'face' to some extent. However, she also implied that it had contributed to her 'suicide attempt' in her youth. She said elsewhere that she had not known the true manner of her father's death until she was an adult and, therefore, this analysis was obviously of rather recent origin. Elsewhere, she also evaluated her father's self-destructiveness from an adult's viewpoint by saying that after she had realised that her father's act signified weakness rather than the strength she had once seen in him as his admiring child, her whole "life philosophy" had changed for the better. Another daughter made self-destructiveness an 'ordinary' strategy after a family member's suicide by saying that "everybody's thinking about doing it [committing suicide]".

The parents also analysed the consequences of their child's suicide in terms of a changed future, but differently from the 'children'. In MCD terms, they attached the CBA 'disappointed' to the MCD 'emotional responses to suicide' in the SRP 'parent – child'. Even if it sounded as if life itself had betrayed the parents in their child's suicide that, at least partially, ruined the dreams and hopes invested in the future generations, it still seemed difficult for them to criticise their children. For example, a mother said:

I haven't had that [experience of anger] and, and, well, maybe it'd be good if it did emerge one day (). Really like 'you bastard, what did you do?' (Mother – son 3.6; suicide a year before)

By adopting the interviewer's expression ("you bastard, what did you do?"), the mother above agreed with her that it might be beneficial to be angry with her son after his suicide. Treating the son as responsible for his act in this way, however, was not self-evident as can be heard in her acknowledgement, "I haven't had that [experience of anger]". Below, another mother expressed anger to another party:

Yes, that that where, where it is that mercy of God then? () I do, and also I tell off Jesuses and all, since Jesus has not suffered on the cross by any means as much as I suffer now. (Mother – daughter 8.3; suicide nine months before)

This mother responded to the interviewer's suggestion that her daughter's suicide might have felt "completely unfair" by addressing "God" with her feelings of disappointed rage, invalidating 'Jesus' suffering' in relation to her own loss. In particular, losing one's only child at infertile age deprived the parents of certain roles and activities for good, for example, being a present parent and a probable future grandparent, and constituted a new role of an 'ex-parent'. A father, who still had other children left after his eldest son's suicide, discussed the 'unnatural' nature of a child's death:

One expects, expects, well, that my life will continue in my children and in their children, and then it's interrupted when it's the only one. (...) And well then, there, one has to be disappointed in these, completely disappointed in these expectations one has for life, like, has for life. Most people build it in that way that that there will be yet those grandchildren too. (Father – son 15.5; suicide a year before)

This father criticised any children for committing suicide by describing how losing the only child must destroy parents' future plans, "these expectations one has for life". As a father (still), he 'owned' the general experience of children as parents' means to expand their lives beyond themselves ("*one* expects (...) that *my* life will continue"), but marked the scenario of losing one's *only* child as unfamiliar to himself by describing it in the 'passive voice' of "*one has to be* disappointed". However, another father 'owned' this experience below:

(...) I don't have, like, any kind of future () well, like, all that was to come () the future went down the drain () with that hanging. (Father – son 16.7; suicide 2 years before)

This father said that he had lost his "future" in his (childless) son's suicide and, in a sense, described it as having destroyed him too. Elsewhere, he specified his sense of meaninglessness and hopelessness to have resulted from having missed his 'personal' continuity in grandchildren. However, he 'hid' his severe criticism of the son by not mentioning him directly and merely accusing his act ("that hanging"). A mother said that, after the suicide of her only child, she felt "completely pointless" and did not have "anything to do", because she was also already retired. Since she did not even have any grandchildren to look after, she was without an active role with regard to the two major

social institutions of our society, family and work. Her account stressed the point that in the moral Western family discourse children are considered to be the most important thing to their parents, particularly mothers, and that once they are gone parents' lives, to some extent, lose meaning. The mother described her experience further below:

(...) And and, well, then I had started to dread the anniversary of my, my son's death since I thought that, that I might do something to myself then, that I have to, like, give a life for a life. (Mother – son 3.7; suicide a year before)

This mother did not as much criticise her son's act for causing her desperation as constructed herself as a morally adequate, grieving mother. Elsewhere, she said that she could understand her son's depression only now as she was herself in a state in which she found it “incredibly difficult to get up in the morning, and all this [spring] light makes me sick”. I shall now turn to investigating the interviewees' descriptions of the process of accepting their family member's suicide.

5.2.1.3 Acceptance, relief and learning from the suicide

Besides suffering from their family member's suicide adequately (as described in previous sections), many interviewees in the data demonstrated a degree of coping with their experience, which also happened in accordance with the 'stages' and 'tasks' of psychological grief theories (see section 2.4.1). In MCD terms, they attached the category-bound activities (CBAs) 'relief' and 'acceptance' to the MCD 'emotional responses to suicide' in the standard relational pair (SRP) 'family member – family member' with emphasis on their roles as parents and children. In my analysis, they did this 'acceptance' in their interview talk to protect their social 'faces' as competent and 'normal' adults who were able to accommodate the events of their world and carry on with their lives. For example, some interviewees described how they had to remain somewhat unattached in the immediate situation after the suicide in order to take care of other obligations, such as work. A father recounted that even if he had been “completely numb” after his son's suicide, he had “forced” himself to “mechanically” do the necessary things at work. Therefore, the suicide had not stupefied him from acting, but he had also been able to carry out his most urgent business only with difficulty, thereby remaining a morally adequate parent.

The interviewees had both to initially grieve for and finally recover from the suicide for their reactions to qualify as acceptable and 'normal' in the eyes of others and, thus, their own. Not accepting the situation at all would have threatened the interviewees' 'faces' since it would have suggested too much emotional upset and instability. For example, a mother handled this kind of possible charge as a morally adequate parent by saying that, to her surprise, she had not been able to suitably fulfil her *own* expectation of coping with her son's suicide. However, nowadays she was able to manage her expression as we can hear below:

(...) If I go to some groups like now to this 'Keep your chin up' [a depression management group], I'm able to say what it's about [her son's suicide], and that I can say it in such a way that I don't start to cry and bawl but I can say it calmly. (Mother – son 3.8; suicide a year before)

Therefore, the mother now appeared as a competent adult controlling herself and behaving "calmly" when telling others about her son's suicide, whereas previously she had obviously been 'crying and bawling' in such situations. The father below described his 'adjustment' to his son's suicide:

If a person isn't, like, in a way () relieved from it [the suicide experience], then he adjusts himself to it. So that's like () so that's, I think that the thing about the grief process is that one has to adjust to it, it's a kind of a fact. (Father – son 10.7; suicide 12 years before)

In his account, the father made the "grief process" appear as a 'natural' phenomenon, a "fact" following its own course and taking its own time, to which one just had to 'adjust'. Even if he talked mainly in the 'passive voice' ("a person", "one"), he could also be heard to 'own' the experience of a family member's suicide ("I think") and to include himself in those who were not "relieved" from it, whereby he appeared as a morally adequate father. However, he also came across as a competent adult who had executed the task of 'adjusting' himself to the "fact" of the "grief process". A daughter set a time limit for grieving by saying that "constant mourning becomes too much harping on the same string" and this realisation should actually be welcomed as a sign of commencing "recovery".

Accepting the family member's suicide or being relieved by it too readily, at least without a good reason, could have opened the speakers to the moral blame of indifference, disrespectfulness and disloyalty to the deceased. Therefore, it was better for them to say that they had *learned to live* with their suicide experience, even if they could never fully overcome it, and to describe any possible relief as only partial. In particular, the parents in their responsible roles described their experience so that, if it was ever to truly happen, recovery from their child's suicide had to take years:

(...) These [issues like suicide] invoke, like, these questions in oneself, painful questions and one cannot get () over it surely ever, it will definitely follow one to the grave that question [about the suicide's causes]. (Father – son 6.7; suicide 13 years before)

The father above described suicide to cause such painful “questions in oneself” that they could never be fully overcome, which his dramatic prophecy “it will definitely follow one *to the grave* that question” enforced. Thereby he appeared as a morally adequate parent who did not let himself get easily away with his son's suicide by still trying to figure out its causes. However, he also somewhat distanced himself from the event by using the ‘passive’ expression “one” instead of direct reference to himself. A daughter whose father had committed suicide half a year earlier described how she had “first cried every day and once in an hour (...) and then it reduces”, but added that bursting suddenly into tears would probably still occur for many years to come. Descriptions of having learned to live with a difficult experience rather than accepting it straight away gave impression of a deserved balance, achieved and maintained with effort. For example, a daughter said that even if she managed her experience rather well after a year, “once it's happened, it's never gonna *disappear* anywhere, no matter how much you try”. The father below described how his *relief* (explained elsewhere to have been for the ending of his daughter's mental suffering) did nothing to the *pain* her suicide caused:

Yeah, it's only so that, that it [the suicide] () one can understand in a way that it's a relief to some things but it certainly doesn't take away one's own grief at all. (Father – daughter 7.7; suicide nine months before)

This father could be heard to include himself in his description by ‘owning’ both the experience of “grief” and “relief” after his daughter's suicide, even though he used the ‘passive voice’ in his account (“one can understand”, “doesn't take away *one's* own

grief”). Relief after a family member’s suicide for such reasons as the person’s enduring mental problems (see also sections 5.1.2 and 5.1.4.2), which had been intolerable both for him or her and the family for a long time, seemed to be one of the rare ‘positive’ ways to perceive and talk about the suicide’s outcomes. Actually, this kind of suicide could appear as a somewhat unselfish act. Even so, the interviewees said that for them their loss had marked a beginning of another kind of distress. Therefore, the interviewees negotiated relief and pain after the suicide as responses to the expectations for their roles as morally adequate family members: they *had* to be pained but, in certain circumstances, could (and should) be also relieved. The suicide could be described as a relief *only* if the person’s situation had been known well and sufficient attempts had been made to help him or her, which the mother below described:

Yeah, like she [her deceased daughter] said, we did go into these things with the girls [other daughters], like, already when she was still alive. And then, there were especially Mari [the deceased daughter] and Leena [another daughter] and, and, then we did talk an awful lot, tried to solve these things back then. (Mother – daughter 8.4; suicide nine months before)

This mother responded to the interviewer’s question whether her daughter had tried to cope with her mental problems all alone by describing how the family had not only been aware of her problems but had actively striven to “solve” them together by doing “an awful lot” of talking. She thereby denied that the daughter would have been left on her own, which made herself and her family appear as morally adequate. A father appeared as morally adequate at two levels in talking about his son’s suicide, when he simultaneously ‘owned’ the experience, firstly, of a competent ‘individual’ by saying that after hearing the suicide news he had been able to “maintain control of the situation” and, secondly, of a caring and grieving, responsible ‘father’ by telling that even if his first reaction had (disagreeably) been “relief” it did not “last long” and, anyway, occurred because the son was “freed from his [mental] pain”. The father’s account indicated a kind of ‘maxim of normality’ by suggesting that, whatever the means, getting rid of psychic pain could not be objected to, by which evaluation he also hinted at an understanding of ‘expert knowledge’. Even if the parents were altogether more accountable than the ‘children’ for their family member’s suicide, they were also more likely to express relief, probably because they considered themselves to be in a proper position to judge the suicide’s causes due to having followed their children’s lives from the start (see also section 5.1). However, because of the moral challenge that

expressing relief presents, the father below said that he had been unable to recognise his sense of relief until somebody else gave him the permission to 'dig it out':

And they [a 'first-aid' crisis group] said that () it's [the suicide] in a way, it's a relief too, even if you don't dare to admit it to yourself. And, and well, I did discover that thought in myself straight away, but I surely couldn't have ever dug it out if somebody else hadn't first said it out loud. (Father – son 15.6; suicide a year before)

Therefore, the father used an expert 'authorisation' to talk about his sense of relief, which otherwise would have translated as being an uncaring, morally inadequate parent. This father's account is a good example of the contradiction between the idealised Western expectations for parental roles and the 'reality' of parenting, since it indicated his effort to demonstrate only 'love' and 'caring' for his mentally troubled son, even if his suicide had also been a relief to the family.

In addition to descriptions of having learned to live *with* their suicide experience, the interviewees talked about having come to terms with it by learning *from* it something precious about the human condition. The suicide experience was also described as a "test" for one's ability to "carry on": if one could survive this, one could survive anything. Therefore, the interviewees seemed to have been capable of "mobilising adaptive responses and novel initiatives" (Giddens 1991: 13) in their bereavement, for example, by 'learning' to perceive their suffering as a 'blessing' due to what it had 'taught' them (Goffman 1963: 22; also Riches & Dawson 1997: 72) or for "exceeding the boundaries of a routine attitude" (Peräkylä 1985: 154). Two fathers simply said, "I cannot explain it but I'm not the same anymore". The interviewees who talked about their suicide experience as having granted them with a better understanding of the profound questions of life, "spiritual growth" and "self-confidence", generalised this 'lesson' also to other spheres of their lives so that it became almost an initiation to a more aware and 'total' existence. For example, the mother who had become religious after her son's suicide (extract 9.1 in section 5.1.4) described how she now appreciated the experience, which had started such a rich episode in her life. The son below said that, in the last analysis, experiencing his father's suicide had made him stronger:

(...) I feel quite, or feel like, that that, just that since I've coped with my father's suicide and () my mother's, like, trips to mental hospital too, that that that that it has made me stronger. (Son – father 14.6; suicide 22 years before)

The son described his experience of his father's suicide as having made him "stronger" than before, which was enhanced by adding his mother's "trips to mental hospital" to his ordeals. However, since his 'strength' was still an outcome of his parents' tough fates, his account was softened by the hesitations "I feel *quite*, or feel *like*, that that, *just* that *since* I've coped". A daughter described how learning the true cause of her father's death had improved her own 'self-awareness':

(...) As a child you are, like, in a way () you are a part of your parents () and then when you know where some part comes from () then you get an explanation for it () you know what you're struggling with (). (Daughter – father 13.2; suicide 24 years before)

Elsewhere, this daughter described how knowing that her father's death had been a suicide had helped her as an adult to understand her youthful self-destructiveness. She implies here that this had been most helpful in changing her life, since "when you know where some part comes from then you get an explanation for it". The daughter avoided directly criticising her father – or mother who had not told her earlier – for her problems but rather gave the impression that since everything was fine 'now', both she and her family were morally adequate. However, here as elsewhere she also perceived her once-problematic life and personality as, to an extent, her father's legacy, perhaps due to a learned model because "as a child you are (...) a part of your parents".

Learning a lesson from the suicide was also described when the 'children' said that, after their parent's suicide, they had realised that their own suicide would be too painful for the rest of their family (even if they had reacted self-destructively) and the parents that, after their child's suicide, they had really acknowledged their obligation to care for the other family members (except for the two parents who lost their only child). Therefore, even if a suicide increased suicidal *ideation* it seemed to actually *prevent* further acts, at any rate at the level of discussing family members' responsibilities. The son below described how he had no right to commit suicide:

(...) On the other hand, since you know what it [a suicide] then causes to, like, the next of kin, what kind of pain it causes, so then that's, like, quite a big, big motivation, or it's quite a good reason not to do it. (Son – father 14.7; suicide 22 years before)

On the basis of his experience of his father's act, this son 'owned' the knowledge of suicide 'causing pain' to "the next of kin". However, he also preserved his father's 'face' by referring to the consequences of his suicide indirectly in the 'passive voice' ("since *you* know what it then causes"). A daughter pointed out a child's responsibility to continue living by promising that she would not commit suicide at least "as long as [her] mother lives". Another daughter said that her problems would just "become a pain in somebody else's ass" if she committed suicide. She said that, for this reason, she could never commit suicide herself but, after her mother's suicide, had at times hoped that somebody else would "come and do something". A son also described how, after his father's suicide, he had often wished that he could "just have disappeared" in order to prevent the family from the pain of his death. Accounts like these constructed the interviewees as morally doubly adequate family members: the 'children' because they were *both* affected enough by their parent's suicide to almost kill themselves *and* still had consideration for others to whom their suicide would have caused further pain, and the parents because they had pushed aside their own grief to care for the rest of their family.

Both describing learning from difficult experiences and being relieved read easily as examples of a 'you gain and you lose' philosophy with which people are able to compensate the experienced losses and pain. It also constructs moral adequacy since, had the interviewees concluded that there was no lesson whatever to learn from their family member's suicide, it would have been difficult for them to manage their 'faces' as both grieving and competent individuals. Therefore, whether or not the interviewees' *really* learned from their experiences, they were able to maintain their 'self-feeling' by giving accounts of it. Talking about learning from experiences enforced also the deceased's moral adequacy since, after all, their act was not perceived as only damaging.

5.2.1.4 Summary

In this section, I have investigated how the interviewees used the emotional effects of 'guilt' and 'guiltlessness', 'abandonment' and 'betrayal' as well as 'acceptance' and 'recovery' as social resources in their talk to evaluate, 'own' and negotiate understandings of their family member's suicide and their own bereavement. In doing this, they discussed their own lived experience and cultural stocks of knowledge concerning the rights and responsibilities of the deceased and the bereaved, creating

moral orders that involved tensions between ideals and practice. For example, in accordance with the typical child – parent relationship, the ‘children’ ascribed mostly responsibilities to their (deceased) parents, which they had not been able to bear, by describing losing their sense of security in the parent’s suicide as well as blaming the deceased for abandoning them and causing their future to distort. However, they also attributed to their parents some rights by talking about their *own* responsibilities, such as an obligation to avoid burdening the parents. The parents’ talk about their own parental responsibilities allocated mainly rights to their (deceased) children. In order to demonstrate their moral adequacy, it seemed necessary for the parents to both show caring for the deceased and justify their own inability to have prevented the suicide. However, they also described having grown tired of the deceased’s problems and, therefore, being somewhat relieved when these had ended in his or her suicide, or having lost their future aspirations and sense of meaning due to the suicide.

By its ‘contents’, the interviewees’ ‘emotion talk’ resembled closely the ‘stages’ and ‘tasks’ of the ‘grief process’ described in psychological theories, which rendered their experiences ‘normal’ and plausible. However, rather than psychological phenomena, I explored their descriptions here in relation to the notion of highly individualised, privatised and secularised contemporary Western family, in which the members are supposed to ‘share’ particularly close emotional relationships but to be also self-sufficient individuals. The interviewees carried out this analytic task of talk, for example, when they described themselves both as caring family members and competent adults who were capable of analysing their situation from a distance. Instead of ‘revealing’ one’s ‘authentic’ and ‘feeling’ self, therefore, talking about one’s emotions can be understood as social action, which efficiently allocates rights and responsibilities to the people involved so that they and their acts appear as morally adequate or inadequate. I have taken the view here that the interviewees talked about certain emotions, particularly ‘guilt’, also because they gathered that ‘they were expected to do so’ in representing their experiences of a family member’s suicide (to me as the interviewer). Thus, whether they ‘really’ felt guilty or not, *talking about* guilt was a device for them to construct moral adequacy, since it showed caring for the deceased, consciousness of the expectations for their social roles as family members, and readiness to bear responsibility.

In the interviewees' talk, 'guilt' connected more with the 'responsible' parenthood while 'abandonment' related to the 'innocent' childhood. Therefore, the parents acknowledged a failure in fulfilling their responsibilities by blaming themselves for having somehow contributed to their child's suicide, whereas the 'children' demonstrated their own rights by accusing their deceased parent for having failed their responsibilities. When it comes to the moral order of rights and responsibilities in family relations, then, the 'children' spoke more about their own rights and the parents more about their own responsibilities than anything else, based on an understanding of the 'normal' family roles. It is not difficult to comprehend the 'social forces' behind the parents' 'guilt talk' and the 'children's' 'abandonment talk', since in Western cultures parents are expected to provide their children with all caring and security and can, therefore, be blamed (or praised) for everything that happens to their children: they, after all, brought the children into the world and brought them up. However, many interviewees also talked about their (partial) 'recovery' from the suicide by describing how they had learned something important from their experience and were now able to accept, and even appreciate, it to a certain degree. I shall now turn to the interviewees' descriptions of their family's actions and 'coping' in the aftermath of the suicide in order to see how they allocated rights and responsibilities within their whole family.

5.2.2 The family's rights and obligations in suicide bereavement

In this section, I shall examine how the interviewees assess and 'own' the consequences of their family member's suicide by describing its impacts on the family and its interaction. The parents here talk about their 'procreative' family and the 'children' about their family of 'origin' (Scott & Tilly 1980: 129), analysing the different family members' reactions to the suicide as well as their relationships to each other and the deceased. In doing this, the interviewees describe their understandings about the structure of family roles and the attendant attributes of these roles in the situation. Most importantly, they talk about what should and should not be done within the family in the aftermath of a suicide, thereby allocating rights and responsibilities to different members and making the actions of some parties appear as more morally adequate than others. Consequently, they end up negotiating moral orders that involve tensions between ideals and practice of the roles of 'individuals' and 'family members'. For example, they use as a social resource in their talk the emotionalised notion of 'the family' as a 'natural' place for individuals' most significant relationships, but they also

describe how their family was not capable of fulfilling this expectation. This kind of family discourse can be perceived as a legacy of the secularisation, privatisation and individualisation of modern life that transferred people's communal and religious values to their families, which thus became centres of high emotionality. It has been argued (Gillis 1997: 240) that the mystified concept of the 'sharing and caring' Western family leads us to believe that the family could and should be "able to satisfy the human need for (...) security", even if this had never been the case historically (see also section 3.2 for family discourse).

5.2.2.1 *Ideals and reality: joint or separate grief?*

As noted above, the contradictory nature of the idealised family discourse can be seen in the simultaneous expectations for the family members' unconditional caring and support of each other and for their profound independence as individuals. For example, family members are both entitled and expected to 'share' each other's experiences to some extent due to their (biological and hierarchical) proximity (see also section 4.2.2.2). In order to emerge as appropriate family members, they have to generate a 'we feeling' through construction of certain experiences as jointly 'owned', even if they did not agree to these understandings as individuals. In this data, for instance, a son 'owned' his mother's experience of his father's suicide by assuming that "there's *no doubt* she blamed herself, even though *I don't remember* anything of that", which made both himself and the mother appear as caring, morally adequate family members. The 'owning' of other people's experiences, therefore, ultimately arises from the necessity to render the mutual world comprehensible through shared knowledge that concerns the way in which it works. The interviewees here produced ideal expectations for what should happen in a 'normal' family's suicide bereavement by talking about 'sharing and caring', for example, in terms of whether or not their family had been able to 'join together' and 'help each other'. In MCD terms, they attached the CBAs 'sharing' and 'separateness' to the MCD 'family's suicide bereavement' in the SRP 'family member – family member' with emphasis on their roles as children and parents.

In general, the interviewees talked about hoping that their families could share even – or perhaps *particularly* – difficult issues of mutual concern in order to "get closer" to each other. Since they described how only the immediate family was *really* able to grieve for their particular case, their 'family experience' appeared as somewhat 'sacred', even if they also said that it had actually often been easier for them to talk

about what all members could ‘know’ about the *deceased* and the *suicide*, rather than being about their own ‘feelings’ and ‘thoughts’. The significance of even an imaginary sense of ‘family union’ became clear, for example, when a father described how, after the suicide of one of his sons, his ex-family had worried that he would be left to grieve “alone” in his new family. The parents in particular approved of the way in which their family had dealt with their child’s suicide by saying that the family had ‘talked about’ and ‘sorted out’ the issue together, as did the mother below:

We [the family] were able to, well, talk and open up to each other wholly properly then. I’ve had such open relationships already earlier that it hasn’t been difficult. (Mother – son 9.2; suicide 12 years before)

The mother above responded to the interviewer’s question about the way in which her son’s suicide had been dealt within the family by describing how the family had been fully “able to (...) talk and open up” about the incident because of their good “relationships”. Some parents, like the father below, specified that their family had been able to share their “grief” and ‘get closer’ in their suicide bereavement due to their joint history:

(...) So that in that way we [the family] have, have well, one problem () has disappeared from us () and another has replaced it [after the son’s suicide] but, like, in the mutual relationships between the four of us then, then, well () it, we’ve got a joint problem now, or the the longing and grief, but the external difficulty, that’s missing now and we’ve somehow got closer to each other. (Father – son 15.7; suicide a year before)

The father here dealt cautiously with the (positive) ‘outcome’ of his son’s suicide that the family had “got closer to each other” by saying that they had been relieved from an “external difficulty”. With this he could be heard to refer to his son’s enduring mental problems, which he elsewhere described as having been a burden to the whole family. Therefore, to some extent the son’s suicide had ‘improved’ the family’s situation, because it had erased a “problem” and created a “joint” experience. However, another “problem” – “longing and grief” – had “replaced” the earlier distress (see also section 5.2.1.3 for ‘feeling relieved’ due to the suicide, in particular the same father in extract 15.6). The daughter below produced as ‘natural’ and unproblematic even a situation in which different family members had different experiences of the suicide:

Of course there's that, indeed, surely, that my mother and me have completely different own relationships to my father, that's clear and, of course, like everybody, of course, we do have completely different griefs and thoughts of our own. (Daughter – father 2.6; suicide six months before)

In this daughter's account having and expressing one's own distinctive "griefs and thoughts" appeared as morally adequate because they 'naturally' belonged to certain "relationships" ("that's clear"), which message she enforced by her (repeated) expressions "of course", "indeed" and "surely".

However, many interviewees' practical family life appeared to have been quite different from the ideals they described. They could thus be heard to negotiate two moral orders concerning 'the family', one of which consisted of their 'lived experience' and the other of certain principles. For example, they mostly acknowledged that sharing their experience with their family had been problematic if the members had different explanations for the suicide. I think that the main pragmatic problem of Western family discourse lies exactly in the high hopes it places in the members' 'true' caring and sharing. In fact, experiences like suicide can be particularly *difficult* to deal with in the family and lead to problems in their relationships, because in such a situation family members are likely to face pressing and perplexing expectations for their mutual roles. Parents might find it difficult to discuss their child's suicide together because of being able to blame each other for mistakes in his or her upbringing and thereby for contributing to the incident. Children might find discussing their parent's suicide difficult because of being potentially excluded from full access to the experience (due to age and role hierarchies; see also section 5.1.1). For example, a father described tensions with his wife in the aftermath of their eldest son's suicide, which he had caused by belittling her earlier (and adequate) concern about the son's situation. Below, he implied difficulties also in sharing the experiences of his other children after the son's suicide:

It [the suicide] has been very hard for my daughter and, well, you couldn't share it so well, but about the younger son you cannot say yet, at least you don't really see anything there. (...) I've tried to touch upon the issue a bit but we haven't got further there and I won't start to push it. (Father – son 15.8; suicide a year before)

In his account, the father described 'knowing' what was going on with his daughter but not with the (younger) son in the aftermath of the other son's suicide. However, he implied having been unable to 'share' even his daughter's experience. He talked also

about trying to figure out how the issue should be best handled with them – spoken about or silenced – in order to protect them from any further damage. He therefore emerged as a morally adequate parent who sought to help his children but did not want to force them into any regime of his own.

In spite of the parents' earlier and mainly positive comments, all the interviewees also said that it had been impossible for them to talk about *everything* with respect to the suicide and to “sort the thing out” *completely* with their family. Some of them even described having ended up “going through” the experience on their own. One reason for the family's problems in sharing their suicide experience can be that the members are all involved in the mutually binding roles of the *family* and cannot provide support to one another as (independent) *individuals*. The family may, for example, seek to control its members' expressions of grief (see also Riches & Dawson 1997: 63). A daughter described how she could not talk about her mother's suicide even with her brothers, even if they could discuss other things relating to her. Since within the family everybody is bereaved, the actual social *role* of a bereaved individual occurs perhaps only in relation to *other people*. For example, some of the interviewees said that it had often been easier for them to talk to strangers about the ‘feelings’ invoked by the suicide. This is indeed likely to be one explanation for the popularity of bereavement support groups in which people can produce their own ‘confessional’ narratives, which will be discussed later in this chapter (in section 5.2.3.3). Altogether, the ‘children’ expressed slightly more discontent than the parents with the way the suicide had been handled in their family. They said more often that the family had not discussed the matter properly together and that there had been problems in their relationships after the suicide. In general, children may not be in the position of deciding whether a suicide is handled in their family or not. For example, not all the ‘children’ had even been told the true cause of their parent's death at the time. Below, a daughter responded to the interviewer's question about whether her family had talked openly about her father's suicide by describing her mother's motives for ‘hiding’ the truth from her:

No () no, it [the suicide] wasn't discussed then () further or it was like that () that my mother had decided to hide it () hide it because I, well () so strongly, like, like, admired my father and () somehow, like, even tried to walk the way he did and I was such () such that she worried about me () that it'd affect me. (Daughter – father 13.3; suicide 24 years before)

The daughter said that her mother had wanted to protect her from any harmful effects of her father's suicide, which would have been particularly likely because she had "admired" her father so much. Therefore, even though the father's suicide was not discussed in the family at the time, the mother appeared here to have acted morally adequately. However, the daughter did criticise her elsewhere for having concealed the truth from her.

Parents' obligation to both protect their children against any possible future harm and be open about things in their family creates an essential tension in family discourse. Difficult things can be completely hidden from children or simply not discussed with them, because parents are expected to be extra cautious in bringing up such subjects. However, children are also entitled to criticise their parents for the emotional state of their family. For example, a daughter described how she had talked "a lot" about her mother's suicide with her father until he started to drink heavily again and "lost his ability to look at things honestly". Some 'children', particularly those who had been under 18 years of age at the time of their parent's suicide, suggested that their remaining parent had not taken care of his or her responsibility for supporting them after the suicide properly. For example, the daughter below described how her "relatives", particularly her "father", had not 'approached' her in order to help her to deal with her mother's suicide, even if she had "still [been] a child":

(...) Maybe I'd have, like, from some of our relatives, maybe it's still that from a relative, maybe from our father () well, that I did, I thought it was awfully negative that () when something like this horrible [her mother's suicide] happened that I was still, still a child, so that our father should have somehow () known how to, like, approach me. (Daughter – mother 1.2; suicide 16 years before)

On the one hand, the daughter criticised her father for having lacked his support but, on the other, lessened her accusation by implying that he had simply not "*known*" how to do the right thing. Therefore, he had been 'incapable' rather than 'uncaring'.

The interviewees also talked about their family member's suicide as having been consequential for the family because it had enforced or changed their mutual positions and, thus, their expectations towards one another to some extent. For example, they described how some of the deceased's 'tasks' had been reallocated to others in their family. A father said that, after his son's suicide, his daughter had managed to enter the role of the eldest child in the family unprepared but successfully. An eldest son said that he had been expected to perform some tasks of the deceased father in the family.

Adjusting to these changes and starting to act according to the new roles could be difficult and time-consuming, which created room for confusion and misunderstandings. This can be also understood as the members' effort to preserve the well-known rights and responsibilities of their 'old' positions. For example, the daughter below described how her relationship with her father had changed after her mother's suicide:

(...) I thought that, well, that I'm, like, then rather without that relationship [with her father] if there's, like, nothing to it. So that if I, like, have to be then, in a way, I have to be the parent in the relationship where he's supposed to be my parent. So that I get all the time this feeling as if I had to, like, somehow care for him. (Daughter – mother 4.7; suicide a year before)

The daughter here said that, after her mother's suicide, she had felt "all the time" as if she was supposed to "care for" her father, which could be heard to make her annoyed: "I'm, like, then rather without that relationship". She refused to provide her father with the compassion he was seeking because that would have upset their mutual roles too much, since he was supposed to be "the parent in [their] relationship". She thereby described confusion in the traditional expectations of the SRP 'child – parent'. Suicide could, of course, be problematic also in relationships other than those of the family immediately involved, as the father below described:

(...) She [his second wife], like, disgraced my son's life and choice () so that by starting to use this then, she used this tens of times, that 'why don't you do like your son did', she used this, like, as a striking weapon [in their arguments]. (Father – son 6.8; suicide 13 years before)

The father here accused his second wife for having 'used' his son's suicide as "a striking weapon" in their domestic quarrels and having "disgraced" his son's "life and choice" by telling him to follow his son's example "tens of times".

The interviewees described how family ties had prohibited them from talking about and sharing their experiences with each other also because they considered family members to be obliged to take each other's 'feelings' and 'ability to cope' into account. The parents were more likely to describe their wish to 'save' others by not 'burdening' them with their own experiences, hoping especially to protect their (young) children against any pain. The mother below summed up the impossibility of talking about "everything" in the family:

(...) You cannot say everything because you know that the other one [her husband] is grieving just as much if not even more still. (Mother – daughter 8.5; suicide nine months before)

This mother described how “you cannot say everything” in the family due to the request of ‘saving’ others, apparently her husband, because they might grieve even more. However, the ‘children’ protected others too, as did the daughter below:

Usually even now if I cry I cry all alone, when nobody’s at home (laughs) but, of course, you cannot command it in the way that ‘well, now I start to cry when nobody’s at home’ (laughs). (Daughter – father 2.7; suicide six months before)

This daughter talked about grieving her father’s suicide in her ‘reproductive’ family in which nobody else was related to him biologically and (therefore) emotionally, her husband being an in-law and her sons grandchildren in relation to him. As a result, only the daughter ‘owned’ the experience as an ‘immediate’ family member and the other relationships with their attendant responsibilities did not allow or enable her to share her experience. She implied that crying alone “when nobody’s at home” was the only way to avoid ‘burdening’ the others because she obviously could not control her (‘natural’) sorrow at all times. This made her appear as a morally adequate family member both in relation to her own family and her (deceased) father. She also lightened her description by laughing. Saving others by not burdening them or preventing mutual misunderstandings and hurt required negotiation about the amount of sharing that was possible. For example, the previous daughter described her husband’s engagement in her grief as follows:

(...) He [the husband] does listen and all that but obviously he hasn’t understood yet that () that grief is like this, that it, that in the course of years these [feelings] will certainly still occur () that it, like, returns very forcefully indeed. (Daughter – father 2.8; suicide six months before)

The daughter said that her husband listened and “all that” when she talked about her father’s suicide, but was discontented with his inability to ‘understand’ the repetitive and ‘forceful’ nature of her grief. Elsewhere, she emphasised that her father had been just “a father-in-law” to her husband and thereby excluded him from the experience. She also naturalised her own experience to apply to all “grief” in general by saying that it “*is like this*”. I shall look now at how the interviewees evaluated the sheer presence of their family in the aftermath of the suicide.

5.2.2.2 *The value of the family's presence*

Whether or not the interviewees described their family as having been a source of frustration in the aftermath of their family member's suicide due to problems in sharing the experience, they also said that the sheer *presence* of their family, that is, not being completely on their own, had been supportive and helpful. In MCD terms, they attached the CBA 'company' to the MCD 'family's suicide bereavement' in the SRP 'family member – family member' with emphasis on their roles as parents and children. For example, the father below emphasised his wife's importance to him after their (only) son's suicide by saying that she was the only significant "thing" left for him in the world:

There's no way [to cope with the suicide], but the only thing now that keeps me going, in some, some way, is really of course my wife. There is nothing else really. (Father – son 16.8; suicide 2 years before)

This father responded to the interviewer's question about his 'coping methods' by first rejecting the idea that there were any. He then corrected himself by saying that his wife was "the only thing" which still kept him "going", the "of course" indicating that, in this situation, he was supposed to consider his wife's role in this way. His confirmation "there is nothing else really" implied that the son's suicide had been a devastating experience, which had almost finished his whole world (see also extract 16.7 in section 5.2.1.2). The interviewees described how a close circle of people was comforting at a time of grief because it offered chances to engage themselves in activities that would have otherwise been impossible. The family's existence was considered beneficial, for example, because it obliged the members to occupy themselves with the ongoing mutual future world instead of the past world of the deceased. A mother said:

Whenever they were there [at the summer cottage], the children and especially the grandchildren, you didn't have the time, when there was all that hassle around you all the time, you didn't even remember that [the suicide] all the time, like, 'oh, there is, there is some grief now'. Or you cannot say that you didn't remember. Always, every day you do remember that of course, but, but it was altogether different, like, when they were there. (Mother – daughter 8.6; suicide nine months before)

This mother praised the ‘healing’ power of her family, particularly the grandchildren, who made her *almost* forget about her daughter’s suicide, even if a morally adequate mother could never completely stop thinking about it: “you cannot say that you didn’t remember. *Always, every day* you do remember that, of course”. Continuing social roles or new ones, such as still being a ‘father’ to other children or becoming a ‘grandmother’, were seen to direct the bereaved’s attention away from the suicide and to tie them to life with other bonds. Besides *requiring* the members to continue living for others, the family also *allowed* them to concentrate on something else than themselves. For example, caring for others justified not having handled the difficult issue oneself. Therefore, the interviewees could utilise the family as a resource to explain some of their own actions: they simply had to do this or that because it was their familial responsibility. Fathers in particular talked along traditional lines of family and gender roles (see also Riches & Dawson 1997: 65) when they said that, above all, they had to take care of their remaining children and partner after one child’s suicide. A father said:

(...) In our family the situation that we have two younger children, it () it forces you to live, live, well, in this time too and not, not only, well, it doesn’t give you a chance to, or at least I think that () I don’t even have the right to get completely absorbed [in the son’s suicide] in a way. (Father – son 15.9; suicide a year before)

The father here described how the family’s remaining “younger children” allowed the parents neither a “chance” nor a “right” to get “absorbed” in their own bereavement. By living “in this time too” for the other children, he demonstrated himself to be a morally adequate, caring and responsible father. However, it was possible to hear in his account that otherwise he might have been “completely absorbed” in his grief, which made him morally acceptable also in relation to the deceased son. Another father described a similar situation:

(...) But then her, her [his wife’s], well, fierce crying and the girls [other daughters] fierce crying then there in the living room, so there it turned, like, perhaps into worrying about them so that how, how are we going to cope with this now? (Father – daughter 7.8; suicide nine months before)

The father above described how the “fierce crying” of his wife and remaining (adult) children had turned his suicide bereavement “into worrying about” them, thereby constructing himself as a morally adequate husband and father who had to care more for

his living than dead family members. However, the little word “perhaps” showed caring also for the deceased daughter. The closer a relationship is considered to be, the more responsibility is attached to it, as the mother below further implied:

(...) A mother is always worried about the children, too, if something happens it's always the mother's fault, yeah. (Mother – son 9.3; suicide 12 years before)

This account seems to consist of two culturally based maxims, which represent general claims about the role of the mother: she is expected to be “always worried about [her] children”, and any of their misfortunes can be attributed to her (“it's always the mother's fault”). However, because of the maxim-like nature of the account, it is not clear whether or not the mother agreed with these understandings. Perhaps she was merely talking from her earlier professional position as a psychologist, describing that kind of ‘expert knowledge’? Elsewhere (extract 9.1 in section 5.1.4), she represented a religious allocation of responsibilities for suicide as a believer in God in which she appeared to occupy her own ‘true’ position in the matter. I shall now briefly describe the interviewees’ talk about gender differences in expressing grief.

5.2.2.3 Gendered grief expressions

In addition to their family roles, the interviewees sometimes appealed to gender expectations in order to explain their own actions after their family member's suicide. These expectations tended to go well together with their descriptions of the family's way of handling the situation. In MCD terms, the interviewees attached the CBAs ‘masculinity’ and ‘femininity’ to the MCD ‘family's suicide bereavement’ in the SRPs ‘family member – family member’ and ‘spouse – spouse’. Traditionally in many cultures, women are expected to mourn for the deceased while men take care of such concrete arrangements as funerals (see also Rosenblatt 1997: 35; Lutz 1996: 162; sections 2.1 and 2.2). Some interviewees, like the daughter below, wondered if the misunderstandings in their family had occurred due to gendered ways of expressing grief:

(...) Of course, it's always a personal grief and the way of grieving but there is anyhow something, like () general. Would, could one say how women and men grieve, is there any difference? (Daughter – father 2.9; suicide six months before)

This daughter first constructed herself as a unique individual with her own “personal grief” which nobody else could fully access (“of course”), and then legitimised her (female) experience as acceptable and ‘normal’ by appealing to its “general” nature, yet wondering whether it was different from men’s experiences. Traditional gender roles came even more effectively into play when husbands and wives described and accounted for differences in their own and their spouse’s reactions. Even if they were completely different from one’s own, the spouse’s reactions had to be produced also as understandable in order for both parties to appear as ‘normal’ and for a morally adequate sense of family union to emerge:

(...) One has to, of course, distinguish (laughs) Liisa’s [his wife] grief and my grief there. And Liisa now, of course, of course, reacts slightly differently from, well, me since we’ve got such a different structure (). (Father – son 10.8; suicide 12 years before)

The father above described the difference between his own and his wife’s “grief” after their son’s suicide by explaining their “structure” to be “different”, by which he could be heard to refer to their ‘inner personalities’ or the like. The expressions “of course” and his laughter made their dissimilar griefs appear as ‘natural’ by implying a kind of ‘that’s just the way it is’ maxim. In one stroke he ‘*owned*’ his wife’s experience (“[the wife] of course reacts slightly differently from, well, me”) and *distanced* himself from it (“one has to, of course, distinguish [his wife’s] grief and my grief”), thereby creating an essential tension between being able and unable to share other family members’ experiences. This was a typical strategy for talking about one’s spouse, as the mother’s account below indicates:

(...) And Vesa [her husband] couldn’t really understand that [her reaction], since he went “if if if” even more, that if it was like this or like that. And I did that more just in the beginning. (Mother – son 9.4; suicide 12 years before)

This mother described her husband as not having ‘understood’ her position in relation to their son’s suicide, because he had tried to use explanations (“he went ‘if if if’”) from which she had already ‘moved on’. Some female interviewees concluded that men grieved in solitude, because they did not talk about their grief. This is a good example of psychological grief talk, because these interviewees assumed that emotions ran wild underneath men’s calm appearances, while this does not have to be the case by any means (see also section 3.1 on social constructedness of emotions). However, the

father's account below sarcastically confirmed that men indeed are emotional creatures and grieve in private, because he said that he had cried every time he visited his son's grave. This countered to the maxim "men don't cry" and enforced his moral adequacy as a grieving and responsive father:

(...) I haven't () men don't cry all right, but I haven't been able to visit Lauri's [his son's] grave once without water in my eyes, crying. (Father – son 6.9; suicide 13 years before)

The same father said elsewhere that since he had not been able to "handle it properly at its time", his experience of his son's suicide was as painful as ever after 13 years, being able to suddenly "overcome" him and bring "tears in [his] eyes". I shall now look briefly at the interviewees' ways of describing their last obligations for the deceased.

5.2.2.4 Last obligations for the deceased

At least in the sense of responsibilities, a family tie never seemed to expire in the interviewees' talk, perhaps because nobody else could ever be another (biological) father, mother or just that particular child who died. The interviewees seemed to still have responsibilities for their deceased family members since they, for example, described having accepted or understood the suicidal act at least to some extent and spoke about remembering the deceased and longing for them. Also, all four interviewees who had been abroad when their family member committed suicide (see extract 4.5 in section 5.2.1.1) described this to have added to their sense of guilt, which can be understood as another demonstration of last family obligations: when a member dies, others are supposed to be there even if they could do nothing to help. The interviewees considered any inappropriate actions as potentially dishonouring to the deceased, probably because they threatened to make the deceased and his or her family morally disputable. Saying that the family still cherished the person's memory emphasised the moral adequacy of the bereaved and the deceased, because it demonstrated the bereaved as having an enduring experience of the deceased's existence who, in turn, appeared as deserving of this reminiscence. For example, a daughter declared that she was going to remember her mother and her suicide "every single day (...) for sure". A father spoke along similar lines:

(...) It's got to be said that we still do cherish Mari's [the daughter's] memory, that, that it, and don't want to give it up either. So that we did go to the graveyard and to the church on All Saints' Day and () noted today that nine months have passed and (). (Father – daughter 7.9; suicide nine months before)

The father above described how his family 'cherished' the deceased daughter's memory and did not want "to give it up" by implying that they had done the culturally right things of going "to the graveyard and to the church on All Saints' Day", which is a Finnish tradition of remembering the dead. The father below compared thinking about his deceased son to how it had been when he was still alive:

(...) But when he [the son] lived and we met occasionally, so, so, how he was then in one's thoughts and how he is now in one's thoughts, he's indeed twice as often in one's mind now than when he lived. (Father – son 6.10; suicide 13 years before)

The father above described thinking about his son "twice as often" after his death as when he lived, which presented him with the moral charge of having been an indifferent father in his son's lifetime. However, he saved his 'face' to some extent by mentioning that they had met only "occasionally" as adults. Elsewhere, he said that they had lived far from each other, which helped to explain the (only) occasional meetings and why the son had not been in his "thoughts" all that much. He also distanced himself from all this by using the 'passive' person pronoun "one" instead of directly speaking about himself. Another father 'cherished' his son's memory by saying, somewhat proudly, that his choice of the suicide method (jumping from a balcony) had shown courage, which was "something". However, the interviewees also described a contradiction between the social expectations of having to remember and 'forget' the deceased at the same time. That is, socially speaking they had to memorise the deceased in order to be perceived as caring, but also to 'forget' about them so as not to burden other people too much with their memories (see also section 5.2.3.1). For example, mentioning photos and other visible memories to me as the interviewer gave an impression that the deceased were kept 'alive' in the bereaved's minds.

Also the interviewees' descriptions of their relationship to the now deceased person as "close" and "good" can be perceived as referring to their 'last obligations'. Some 'children' in particular described admiration for their fathers who had been or still were their cherished heroes. For example, a daughter who had not been told the true cause of her father's death until she was an adult described how the idea had felt

“completely insane” at first. Another daughter also talked about her father:

(...) Even today, like, I compare everything, like, to my father, that my father would surely act in a completely different way or like that, that I don't, I don't understand why I do this, because it shouldn't be done but I still do () so that my father is supposedly better in everything and better than anybody else (sighs). (Daughter – father 11.5 suicide 11 years before)

The moral adequacy of the above daughter's account about her father as “better in everything and better than anybody else” was increased by her sighing and recognising that this kind of comparison with others “shouldn't be done but [I] still do”, because this made her admiration appear as a ‘natural’ and unavoidable ‘feeling’. Her ‘unconditional’ approval of the father occurred perhaps most importantly due to the role expectations in which it did not fit a child's role to see ‘through’ her (competent and responsible) father's ‘strength’. This is what the daughter below suggested:

(...) It is difficult, like () that your own parents are completely () weak () then again, of course, my father was still, he was very, physically very weak but I thought that he was mentally very strong. (Daughter – father 2.10; suicide six months before)

In her account, the daughter constructed a contradiction in the SRP ‘father – daughter’ by describing it “difficult” for her to realise “that your own parents are completely weak”. This implied that her father had violated her right to view her ‘parents’ as ‘strong’ by his suicide and ‘weakness’. However, she made this state of affairs sound extraordinary by saying that even if her father was physically weak she had thought that he was “mentally very strong”. In a different role, it would have been possible for the daughter to see her father in a different light and interpret his actions accordingly.

Only a couple of interviewees described their relationship to the deceased as not exactly perfect. This was probably because it is easier to construct a perfect picture of people who are absent, even if it is easier to blame them, too. ‘Distance’ from people, here in the very final sense of death, distorts one's judgement since there is no ‘real thing’ any more to compare the image to. For example, a son noted that the tragic nature of his father's death had probably made his estimation of the father more positive than it would have been otherwise. He thereby implied his understanding of the socially negotiated nature of suicide bereavement as different from other causes of death. Another son who had lost his father in childhood said that thereby “both an absent father and a present asshole” had been missing from his life.

5.2.2.5 Summary

In this section, I have explored how the interviewees ‘owned’ and evaluated in their talk the consequences of their family member’s suicide for the rest of their family by analysing the different family members’ reactions and relationships to each other and the deceased afterwards. As a social resource in their talk they used, for example, ideals of the psychologised and emotionalised notion of ‘the family’ as a ‘natural’ place for the individuals’ most ‘genuine’, sharing and caring’ relationships (also Rose 1996: 19), even if they also recognised the practical failures of their own family in these respects. Significantly, the interviewees ended up talking about what the family should and should not do in the aftermath of a suicide, which reproduced understandings of family roles and their attendant attributes, such as certain (also contradictory) rights and responsibilities. They thereby constructed moral orders in their talk in which some parties’ actions appeared as more morally adequate than those of others.

Indeed, ‘the family’ was the central collection of categorisations (MCD) that the interviewees and me as the interviewer called upon throughout the study, because I invited them to tell their stories from the viewpoint of their specific, culturally heavily loaded position in the family structure as mothers, fathers, daughters or sons. For example, the parents were quite content with the way in which they had handled the aftermath of their child’s suicide in the family, whereas the ‘children’ were more likely to accuse their remaining parent for failing to fulfil their expectations of ‘sharing and caring’. In the interviewees’ talk, then, the ‘normal’ moral order of things in the family seemed, ‘ordinarily’ and unsurprisingly, to consist mainly of children’s rights and parents’ responsibilities. At any rate, the interviewees described having the family around as beneficial for keeping them company and involving them in the ongoing social life. They also discussed different gender and spousal roles as potential sources of misunderstandings, as well as described their “last obligations” for the deceased as being to cherish and honour their memory as loved and missed persons. By and large, the interviewees ended up describing their family as a unit of individual people separate from the rest of the community and responsible for its members. For example, if the ‘community’ or ‘society’ – or even ‘other people’ – had been mentioned as truly involved in the aftermath of the suicide, responsibilities would have been allocated differently so that they would also have concerned parties other than the immediate family. However, the interviewees did discuss other people’s positions and ‘formal’ support in terms of their expectations, to which I shall now turn as the last section of

this chapter.

5.2.3 Expectations of other people and ‘formal’ support

In this section, I shall examine how the interviewees ‘own’ and assess the consequences of their family member’s suicide by talking about their expectations of other people and ‘formal’ support. For example, they evaluate others’ reactions and attitudes to them and the suicide as appropriate or inappropriate as well as others’ chances of ‘accessing’ their experience and helping them, thereby making some parties appear as morally adequate and others as inadequate (see also section 2.6.2 for stigmatisation of suicide and section 2.4.3 for academic literature on support groups). Again, they create moral orders in which different ideals and practices are in a tense relation to each other. More specifically, in this section I shall analyse those accounts of the interviewees, which concern telling others about the suicide (5.2.3.1) as well as their rights and responsibilities (5.2.3.2), talking about the suicide in a support group (5.2.3.3) and the roles of the community and professionals in suicide bereavement (5.2.3.4).

5.2.3.1 The importance of being earnest: telling others or not?

In describing their relation to other people than their family, the interviewees implied that *basically* everybody should have been told the truth about their family member’s death. This constructed them and the deceased as morally adequate people with nothing to hide, whereas concealing the matter could have been understood as a sign of shame or the like. However, the interviewees also talked about having *actually* chosen with whom to share their experience in order to protect themselves, their families, the deceased or others. Often they described having neither ‘concealed’ nor ‘exposed’ the fact of suicide to others, merely leaving the truth for them to figure out. The two moral orders of ‘openness’ and ‘selectiveness’ constituted an essential tension concerning other people’s role in the interviewees’ talk. Their accounts involved also a contradiction in describing both wanting other people to help them and either not intending to burden others or considering them as ‘disqualified’ from helping. In MCD terms, then, the interviewees attached the CBAs ‘included’ and ‘excluded’ to the MCD ‘expectations for others’ in the SRP ‘insider (to the experience) – outsider (to the experience)’ with emphasis on their own roles as immediate family members.

It has been argued (Saarinen *et al.* 1997: 985) that ‘shame’ is rarely discussed in interviews about a family member’s suicide (see also summary 2.4.4). However, in this study the interviewees talked about shame indirectly or by denying it altogether, obviously in effort to maintain the moral adequacy of the parties involved. Silencing or ‘denying’ shame constructs a particularly interesting case of social order since this indicates that the things concerned are of special importance. ‘Shame’ refers to people’s actions as inappropriate with respect to what is socially acceptable and, therefore, it can threaten their ‘faces’ and undermine the worth of them and their relationships. Here, the parents in particular were concerned about other people’s attitudes to themselves and their child’s suicide, probably because they could have been blamed for having contributed to it through bad parenting or the like. For example, the father below warded off any charge to his and his wife’s reputation after their son’s suicide by saying that they “didn’t try to excuse it in any way”:

We haven’t been ashamed of it [the suicide] in that way that we would have tried to silence it, but we did tell then, well, those people whom we did tell, so completely, completely openly that Mika [their son] committed suicide. So that we didn’t try to excuse it in any way. (Father – son 16.9; suicide 2 years before)

In his account, this father made his family (including the deceased son) morally adequate since he and his wife had not been ashamed of the suicide, which was demonstrated by not ‘silencing’ or ‘excusing’ it, even if they had told only “those people whom [they] did tell”. Another father recounted how he had realised that he would end up “running away for the rest of [his] life” if he was not “honest” about his son’s suicide to others right from the start. He thereby implied ‘pride’ rather than ‘shame’ or ‘embarrassment’ of his son and his own experience. Yet another father dismissed any possible “taboo” anybody might have about suicide:

(...) It doesn’t make one feel guilty, this this taboo taboo, well, nature or that it [a suicide] is a taboo to somebody. I don’t think that’s relevant, particularly since one knows that this illness was an illness, so that this was indeed an illness, which which which cannot directly, for which no obvious guilty party can be found. (Father – son 10.9; suicide 12 years before)

The father here described suicide as potentially a “taboo” for some people, which made them seek a “guilty party”. However, he could be heard to consider this to be due to their actual ignorance of the experience by saying, “I don’t think that’s relevant”. His own and his son’s guiltlessness was emphasised by his interpretation of the son’s

suicide as an 'ordinary' outcome of an "illness [which] was an illness, so that this was *indeed* an illness", for which any specific cause could not be found. There, he obviously referred to the son's enduring 'manic-depression', which he discussed further elsewhere. His use of the 'passive' person pronoun "one" almost throughout his description instead of the active "I" also emphasised his blamelessness. The father thereby 'owned' his son's experience to the point of appearing as an 'expert' in the case and disqualifying other people's prejudice towards suicide. However, some of the interviewees implied having experienced 'stigma' in their suicide aftermath by making 'pride', 'shame', 'embarrassment' or 'protection' relevant in relation to themselves, the deceased and other people (see sections 2.6.2 and 2.6.3 for discussion of stigmatisation of suicide). For example, it had sometimes been difficult for the interviewees to meet other people relatively soon after the suicide because they thought that they could not produce the 'normal interaction' that others expected. The mother below referred to this by implying the difficulty of maintaining 'faces' after her son's suicide:

(...) Those are horrible situations when somebody asks 'how are you?' () So how do you respond to that? (Mother – son 3.9; suicide a year before)

The mother here implied that the situation after suicide was so extraordinary that answering the simple greeting 'how are you' in an expected and adequate way became complicated, if not impossible. She enforced her account by the maxim-like "how do you respond to that", which indicated that one could not always reply to the expectations satisfactorily. The daughter below could be heard to describe negative consequences of telling others about her father's suicide:

(...) I do think that many people may have become, like, agitated later on that 'again she's talking about, like, her father'. (Daughter – father 11.6; suicide 11 years before)

Some interviewees said that, despite their own reluctance to hide their family member's suicide from others, they had to remain silent because talking openly would have contradicted such things as their obligation to protect other people or fulfil others' wishes. They argued that children in particular should be protected against any possible future damage that learning about suicide might cause them (as has been noted already earlier). However, finding the right way of telling them was considered difficult, as the daughter below described:

(...) It [suicide] cannot really be, like, sensibly or in any way, like, explained even to an adult. And since one cannot explain it even to oneself, so (laughs) how on earth one could, like, to a child in the sense that she'd understand it in the right way, and then still, like, wouldn't, that she then wouldn't have that kind of a horror then, because one does fear that. (Daughter – mother 4.8; suicide a year before)

The daughter here said that a child should be helped to understand suicide “in the right way” in order to avoid harmful influences but that, at the same time, explaining suicide to a child “sensibly” was almost impossible, because “one cannot explain it even to oneself”. She emphasised that this conclusion was regrettably unavoidable by laughing and using the saying, “how on earth one could”. Some interviewees considered themselves to be entitled to ‘own’ their experience in any way which suited them, since they had modified the story of their family member’s suicide depending on the situation, to which the daughter below referred:

(...) Perhaps one does protect oneself and others too () I don't know () I do feel that at least there is that, I make it clear that I don't have a mother, that () then you say that ‘she died accidentally’ or something. (Daughter – mother 1.3; suicide 16 years before)

This daughter described how, in modifying the story about her mother, she drew the line to being “at least” honest about the fact that she had died if not about the mode of death. She did not mention the true cause of death in every occasion in order to “protect [herself] and others”. The son below described how his mother had ordered him to conceal his father’s suicide from other people unless they were relatives or “good friends”:

(...) My mother said that, that to relatives then () and maybe to good friends, that always, that relatives should be told that, that it's a suicide, but then others are told it's cancer. So that arouse, like, huge rage in me that kind of dishonesty () and, of course, one has later understood that, well, of course, she () or wanted to protect herself and probably me too. (Son – father 14.8; suicide 22 years before)

It seemed in the son’s account that the hierarchically closer the others, the more entitled they were to correct information about the mode of his father’s death. However, at first the mother’s “dishonesty” had caused a “huge rage” in the son because it had translated as shame of and disloyalty to the father. He said that later on he had “understood that (...) she () or wanted to protect herself and probably [him] too”, which made the mother’s initially offensive act appear as, eventually, morally acceptable. By using the

affirmation “of course” twice in his account, the son actually implied *complete* eventual understanding of his mother’s cautiousness towards other people. Some interviewees took other people as something to defend themselves against if they were considered to be judgmental, rejecting or intrusive, which the mother below described:

(...) So that in such, such a really great agony and despair, that, that if they [other people] still, like, judge [a suicide], that’s then indeed a truly horrible double burden also to the relatives. (Mother – son 9.5; suicide 12 years before)

The mother said that other people’s condemnation of suicide would be “a truly horrible double burden” to the deceased person’s relatives, because they in any case experienced “great agony and despair” caused by the suicide. She thereby implied that condemning suicide would be morally unacceptable for others to do. The father below said that he did not tell everybody about his son’s suicide:

(...) And so I didn’t, didn’t even care to, well, start talking about this, this [the suicide] with some colleagues, because then I would have to have given an enormous report about what, what, what the background was and how, how the son was and, and so on and so forth. (Father – son 10.10; suicide 12 years before)

The father described how he had refused to talk about his son’s suicide to “some colleagues” because otherwise he “would have to have given [them] an enormous report” about the son’s “background” and character, that is, about his family. By not wanting to reveal the details of the case to everybody, the father could be heard to protect his family’s reputation and right to ‘privacy’, even if he appeared as rather nonchalant about this by saying, “I didn’t (...) even *care* to, well, start talking about this”. A mother said that the family had not told the true cause of their son’s death to their relatives because they had not been told about his mental illness either. Therefore, they could have misunderstood the suicide’s motives that, in turn, would have spoiled the reputation of the son and the family. However, she and her husband had thereafter written a book about their son’s case, which they hoped would shed the right kind of light on the events surrounding it and enable discussing it. Some interviewees described how they had considered what to do and say carefully also in order not to shock or burden other people because they did not want to end up having to take care of distress in others. They regarded themselves as not responsible for others once they got involved. For example, the daughter below claimed the right for “comfort” after her

mother's suicide to herself rather than others, because *she* was the one who had the real problems with it:

(...) I don't myself, like, of course I cannot, am not able to start to comfort anybody when they get shocked, like, because of that [the suicide], because I'm the one who's in deep shit there. (Daughter – mother 4.9; suicide a year before)

By saying, “of course I cannot”, the daughter marked her experience as something she alone ‘owned’ and no other people had the same kind of right to “get shocked” about, which constructed her as a morally adequate, deeply grieving family member (see also section 4.2.2.2 on ‘owning experience’). Next, I shall look more specifically at the way in which the interviewees allocated rights and responsibilities to other people in their suicide bereavement.

5.2.3.2 Rights and responsibilities of different people

The interviewees regulated other people's participation in their experience of their family member's suicide by creating a hierarchical order of rights and responsibilities on the basis of their estimated ‘proximity’ to or ‘distance’ from the experience. People other than the family were described as either having a partial access to the experience of suicide as ‘the own’ (people with a similar experience in bereavement support groups) or ‘the wise’ (sympathetic others; Goffman 1963), or as having no access at all. In MCD terms, the interviewees attached the CBAs ‘accessible’ and ‘inaccessible’ to the MCD ‘expectations for others’ in the SRP ‘insider (to the experience) – outsider (to the experience)’ with emphasis on their own roles as family members. The possible problems in ‘sharing’ their experience with others did not, therefore, occur only from something like others refusing to talk about the suicide, but also from the fact that not everybody had *the right* to talk or even know about the incident. ‘Owning’ the suicide experience in this (jealous) way gave the deceased and the lost relationship a ‘sacred’ significance because nobody else could really comprehend it or interfere with it, which the father below described:

(...) Then there is also that, there is that funny attitude, there comes just this chemistry, that who, who can talk about it [the suicide], who else except us [he and his wife]. So that, that too, that becomes then too, that not everybody, not everybody can talk about it in any case, or we wouldn't accept it if they did. (Father – son 16.10; suicide 2 years before)

The father here said that he and his wife were the only people who had an unquestionable right to talk about their son's suicide and characterised this 'family feeling' as "chemistry", which made it appear as something 'innate' and 'natural'. This also marked their family as a self-sufficient unit separate from other people and dealing with its 'internal' affairs on its own. However, half of the interviewees, including the father above, had also participated in support groups to share their experience with others, while others had gone to individual therapy or had not sought any outside support. The father below described the latter case:

(...) They [the middle-management training at his work] teach you to use cold logic, reason, reason in everything. And this maybe () was the thing for me that I couldn't have gone to any crisis group, for example. So that I did feel that I have to bear it [the suicide] alone. (Father – son 6.11; suicide 13 years before)

This father's account represented a total rejection of outside help and a preference for dealing with his problems alone after his son's suicide, which has often been described in psychological discourse as typical of (Finnish) males or, in sociological terms, is considered to be a gendered response to grief (see also summary 2.4.4). The father described learning his "cold logic" and 'reasoning' as a part of his work role, which had led to the situation in which he "*couldn't* have gone to any crisis group" and "did feel that [he had] to bear it [the suicide] alone".

The interviewees expected also those who they considered not to have access to their experience of their family member's suicide to be still respectful and encounter the bereaved in the 'right' way as 'normal' people. If they did not, the interviewees described their behaviour as utterly inappropriate and completely unhelpful. For example, a daughter expected other people to realise that anybody could end up having to face suicide under certain conditions. Others had failed in performing the sympathetic and supportive role if they had not known what to say and do in the situation, or had become too involved or not involved enough. It could be heard to have been offensive and distressing for the interviewees, for example, if others had passed over the topic too quickly and left them to cope alone. However, people may not wish to take any responsibility in particular for such difficult experiences that they do not 'own' themselves. Some interviewees said that it was impossible to share the experience with everyone because, in general, other people did not discuss topics like suicide:

(...) It namely became a topic of talk, a true, a real topic of talk there [in a support group] that how the close circle has taken it [the suicide]. And then almost everybody had the feeling that those who were not really close, that their attitude was rejecting, this embarrassment, perhaps exactly just that, that embarrassment perhaps best describes it. (Father – son 16.11; suicide 2 years before)

The father above said that other people's typical reaction to the bereaved's experience was "embarrassment" and confirmed this as being also other support group members' experience. The father below observed that the "supposedly (...) normal attitude" to suicide was to have difficulties in talking about it:

() Well, supposedly it was the normal attitude. It is apparently difficult for everybody to talk about it [a suicide] to each other. The normal sympathy for it () was expressed all right. (Father – son 6.12; suicide 13 years before)

In his account, the father did not specify what he meant by "the *normal* sympathy" that others had expressed after his son's suicide, presuming that this was self-evident. However, he implied that, due to 'apparent difficulties' in talking about suicide, the sympathy had been rather scarce. He did not directly criticise others for this, but implied that there might have been just slight fault on their side by saying that he 'supposed' that their reaction had been 'normal', not that it 'was'. The father below described other people's inability to take a hint to start a discussion about the issue of suicide:

(...) In handling them [trekking equipment], I did mention that that's the case [the equipment were his son's] but it didn't lead to anything at all. It didn't, there was no reply whatsoever. A moment's silence, then we talked about other things. (Father – son 15.10; suicide a year before)

In the case described, the inability of others to give some "reply whatsoever" to the suicide of this father's son had been marked by "a moment's silence" after he had suggested it as a topic of talk. The interviewees interpreted some people's attitude to their family member's suicide to have reflected outright heartlessness or maliciousness. The daughter below described this in the 'passive voice' by saying that relatives of a suicide were made to consider themselves "contaminated":

(...) Somehow it still feels like, like, still nowadays that a person is made into, like, those whose relative or somebody close to them has committed suicide, so that then they are somehow contaminated themselves. (Daughter – mother 4.10; suicide a year before)

By using the expression “still”, the daughter here implied that making relatives of a suicide feel “contaminated” had sometime been a common attitude but that this was now improper. The mother below described how others expected the bereaved to overcome their grief sooner than was possible:

(...) The more time passes, the more difficult it is to talk [about the suicide] since it feels that people expect, expect that you’ve already forgot, ‘she must’ve already forgot by now all right’. (Mother – daughter 8.7; suicide nine months before)

Therefore, in the mother’s understanding other people’s mistaken expectations for the ‘normal’ duration of grieving hindered talking about suicide. The father below dismissed certain efforts of other people to ‘comfort’ the bereaved as inappropriate:

(...) Often then people also say this, when somebody’s, somebody’s wailing in their grief, others say that, comfort in such a way that ‘listen, actually it was good that he got away’ (laughs). Yeah, now that was indeed a completely senseless consolation. (Father – son 10.11; suicide 12 years before)

The father here emphasised his criticism of other people’s “completely senseless consolations” to suicide bereavement by laughing. This extract can be compared to section 5.2.1.3 in which the interviewees discussed their right to be relieved because of a troubled person’s suicide. Namely, the father here implied that others did not have the right to suggest this. Some interviewees made the moral order of things in suicide bereavement apparent in their talk by “envying” others or being “bitter” of their “easy and secure life”, which they did not know how to appreciate. In such accounts, the interviewees upgraded their own moral adequacy as people with hard life experiences and evaluated other people’s experiences as being nothing compared to theirs. Learning important things from one’s suicide experience (in section 5.2.1.3) also gave the interviewees’ suffering significance beyond the immediate situation. However, again in accordance with the principle of ‘owning experience’, a daughter also said that since people could only know about their own experiences and problems she – or anybody else – had no right to try and judge those of other people. Others’ inadequate reactions to and ignorance of the suicide experience could actually be understood to some extent because, not ‘owning’ the experience themselves, they just could not know what it was all about. The daughter below said that in the situation after a suicide the bereaved

could only legitimately require others to participate in their experience by being “shocked” (see also section 5.1.1 for the ‘children’s’ own ‘shock’):

(...) One cannot, of course, really demand or expect, and not () of oneself or anybody else anything () anything too much to say to this but that () of course one is shocked when one hears about it and (). (Daughter – father 2.11; suicide six months before)

The daughter here restricted the bereaved people’s right to comment on what others did or said in response to their bereavement. However, being “shocked” appeared to be required of everybody. Other people’s right kinds of expression of shock and helplessness in the face of the suicide seemed to comfort the interviewees because of facilitating recognition of their confusion as ‘normal’ as well as giving it a priority status as a ‘real’ experience. The mother below referred to this:

(...) I think it was a very nice way to put it when this mutual, this mutual friend of ours, who also knew about the fate of Juha’s [her son’s] father [who committed suicide years earlier], when he said that ‘I’m so shocked I cannot say anything’. (Mother – son 3.10; suicide a year before)

By admitting, “I’m so shocked I cannot say anything”, the mother’s friend had both demonstrated being empathetic and acknowledged his restricted ability to understand and have an access to her experience. Therefore, the interviewees described having also had good experiences with others. For example, the mother below described her situation at work completely differently from the father in earlier extract 6.11:

(...) There was, was of course completely, since it was a small work place, so I felt, I did feel very fully, that, that I did get full () comfort and hugs and understanding. (Mother – son 9.6; suicide 12 years before)

The mother implied that after her son’s suicide her work mates had comforted her sufficiently enough as sympathetic ‘outsiders’. Actually, the “small work place” in her description could be heard to share some of the idealised qualities of home and ‘the family’, because she had received “full comfort and hugs and understanding” there. In general, those ‘others’ who were considered to have a partial access to the interviewees’ experience were expected to show compassion and be willing to talk and share the experience, but also to acknowledge the unavoidably limited nature of their participation because they did not ‘own’ the same experience. They were expected to be

sensitive to the special nature of the interviewees' bereavement and to offer support if required. They were expected to listen to the bereaved compassionately, without patronising them by giving (inadequate) advice:

(...) She [a friend] has taken care of me quite a lot in a very discreet way. So that she doesn't say that 'try to pull yourself together now' or 'you should do this now'. (Mother – son 3.11; suicide a year before)

This is what also the father of an earlier extract 10.11 suggested. The mother here appreciated a friend who had "taken care of [her] (...) in a very discreet way", because this had not put any inappropriate expectations for her to do this or that, which she could not have fulfilled anyway. Other people were expected to face the bereaved in an 'ordinary' way in the everyday life, as the daughter below described:

(...) I think it's important that () in continuity you'd just encounter this person [the bereaved] as a human being then () when you meet there in the everyday, so that you won't start avoiding them or don't dare to go and say something () I believe that one should just go and say () just that () just anything. (Daughter – father 2.12; suicide six months before)

The daughter here expected others to confirm for people bereaved by suicide that they were still essentially normal 'human beings' by just 'going and saying something' to them. I shall now turn to analysing the interviewees' talk about bereavement support groups, in which some of them described having been best able to 'share' their suicide experience.

5.2.3.3 Talking in support groups

Half of the interviewees had participated in bereavement support groups after their family member's suicide, acting as storytellers and recipients of other people's stories. In their descriptions, sharing their experiences with 'fellow sufferers' had validated their experiences more efficiently than anything else (see also section 2.4.3 for academic literature on support groups). In MCD terms, they attached the CBA 'sharing' to the MCD 'expectations for others' in the SRP 'insider (to the experience) – insider (to the experience)' with emphasis on their roles as family members. Support group practices can be seen to rely on certain understandings of suicide and grieving with which the members are able to construct themselves as "having experienced this particular loss" (Petty 2000: 288). Other people's approving support in the groups

seemed to have been important especially for the parents in their responsible roles. The parents more frequently said that they had also found supportive people to discuss the suicide with, which the father below referred to:

(...) All alone, it would have been absolutely horrific indeed if there was nothing, nobody with whom to chew over the issue. At least, yeah, well, it's really nothing more than that there's somebody listening and and and, well, well, exchanging opinions too, actually. (Father – son 15.11; suicide a year before)

This father implied that other people's company had been beneficial for him because it had enabled 'chewing over' his son's suicide. By describing the possible scenario of having to deal with the suicide "all alone" as "absolutely horrific", he indicated that his understanding of his son's act had developed in collaboration with others who had 'listened' and 'exchanged opinions' with him. He further explained what kind of interaction was supportive:

(...) I then opened the discussion there soon after we [he and some friends] had sat down and exchanged a bit of news, and then we handled this, this [the suicide] for the rest of the evening. And he [one of the friends] is of that sort who is capable of handling such things without avoidance. There are few people of this, this kind, but, but, well, you do welcome the few. (Father – son 15.12; suicide a year before)

The father specified that in order to be helpful, people had to be "capable of handling such things [as his son's suicide] without avoidance" and "for [a whole] evening", if need be. However, in his experience there were only a few such people. The interviewees said that sharing their suicide experience was most helpful with people who had been in "the same situation" and were, therefore, really able to comprehend it, as the daughter below implied when she described her husband's inability to ever understand her experience of her father's suicide:

(...) I think that he [her husband] cannot, like, he cannot ever understand and comprehend it, like, in a completely similar manner to somebody who's been in exactly the same situation. (Daughter – mother 4.11; suicide a year before)

Therefore, even if *nobody* could ever *fully* share one's particular experience, the company of those with a similar experience was valued the most. Only those interviewees who had participated in 'formal' bereavement support groups said that

they had truly been able to 'share' their experience with other people. For them, the support group had marked an important time and place to deal with the issue. The interviewees also described having learnt from their experiences and being more capable of understanding themselves after talking with others than before. Other people in a similar situation were described to have made them see their own experiences in a different light, as did the daughter below:

(...) If there are these phases () of one's own life in the background and and then I empathetically live these moments with some people to whom they exist now, which have existed for me () sometime () then that is indeed a chance for me too to understand () understand, or in some way it changes one's viewpoint of that () that one's own [experience] sometime back then, or one can see and notice more things in it now. (Daughter – father 13.4; suicide 24 years before)

In the groups, a therapeutic process of 'destigmatisation' is supposed to work in both directions (Moore & Freeman 1995). The group-goers in the data produced a sense of mutual acceptance and togetherness by describing their experiences as similar to those of other group members, which the two daughters below discussed:

(...) The thing I liked about the group was that there you could, like, exchange thoughts with people, that the people are in the same situation as I am. And, well, then, there you could, like, talk yourself but also listen. (Daughter – mother 4.12; suicide a year before)

(...) Maybe there [in the group] was some kind of resemblance, similar, like, I cannot explain but some, like () you felt like you'd have somehow, or, or somehow when you think of something now, there were similar feelings and thoughts all right, that yeah, I did think like that too. (Daughter – mother 1.4; suicide 16 years before)

Those interviewees who had participated in support groups described, thus, also becoming a member of a relevant, accepting group of people through talking and expressing their emotions. The slogan of the 'suicide survivors' community' could indeed be 'we are *different* but *normal* with our experience'. The interviewees also implied that they should have helped others with a similar experience, because the help they had received themselves challenged them morally to try and return it. The wish to be "strong" enough "one day" to support others that the daughter below described was quite typical:

(...) If only one could be so strong as one day to go and somehow help if these kinds of situations [suicide aftermath] should occur. (Daughter – mother 1.5; suicide 16 years before)

Besides being generally ‘good people’, accounts of wishing to help others constructed the interviewees as morally adequate family members who tried to ‘learn’ something from their experience so that it would not go all ‘wasted’ (see also section 5.2.1.3). Some of the interviewees said that even though they had initially worried about showing their ‘feelings’ to others or had found it difficult to talk about the suicide, this had all changed in the support group:

(...) People quite openly, like, cried there [in the group] and nobody was in any way afraid of showing any feelings, so that there was crying and rage and laughter and whatever. So that it was good in that way. (Daughter – mother 4.13; suicide a year before)

The daughter above described her support group as it is intended to be within the psychotherapeutic approach on which most of the groups are based, that is, a place for uninhibited expression of all possible emotions. Thus, a father said that one of the best things about his support group had been encouraging his ‘feelings’ to “come out” without restrictions. He could be thereby heard to describe his ‘coming out’ to people with whom he was equal rather than being expected to ‘confess’ them something, as the nature of support group talk is often depicted (see also Petty 2000: 304). The interviewees’ specific familial relationship to the deceased did not seem to be the most important aspect about the success of a support group since the group members considered themselves to be, first and foremost, bereaved *by suicide*. Therefore, it was rather the *mode* of death that appeared as the decisive factor for the interviewees to identify with their group, which the father below described:

(...) We didn’t get anything out of that, that, that [parish’s support] group. And then again, we were the only ones in that bereavement, bereavement group who had, like () a suicide in the background, so that then this [another] group where we were now, so it was () there everybody had a relative who had committed suicide, like, so that there it was, it was easier to talk there. (Father – son 16.12; suicide 2 years before)

However, sometimes familial roles were also described to have produced negative identifications in a group:

(...) Even before I went there [the support group], I was horrified that there was going to be somebody who had lost her child (). (Daughter – father 2.13; suicide six months before)

The daughter above, herself also a mother, said that it had been difficult for her that somebody in her group “had lost her child”. Elsewhere she assumed that life would lose its meaning completely if one’s children committed suicide. The father below said that he and his wife had been able to ‘learn’ from their experiences with other bereaved in ‘grief seminars’ in which they had participated:

(...) I now understand those people better who have the same experience especially because, for example, this kind of grief seminar and all where we’ve been [with his wife], so they’ve then made us richer since we have, have been able to participate, like, three times in the process of a group like this. (Father – son 10.12; suicide 12 years before)

In an ‘anonymous’ group of people with similar experiences, the interviewees obviously found it easier to be just one of the many, particularly in contrast to the family in which they had also to perform other social roles and show the attendant ‘feelings’ (see section 5.2.2). It had been possible for them to talk about their suicide bereavement as individuals, without taking into account their intimate circle of people, only in support groups where “the sum of people’s experiences is more than they are separately”, as a mother put it. In support groups, the interviewees did not ‘feel’ that they had to ‘defend’ themselves against others, as was sometimes the case with ‘outsiders’ to the experience, or to ‘protect’ the other group members as was the case with their family. The interviewees described how, at their best, the group members had formed a more or less permanent “safety net” amongst themselves.

However, to some interviewees the *sharing* of experiences in groups had proved problematic due to the principle of ‘owning experience’, in accordance with which they emphasised the importance of their *own* particular experience and expected others to recognise its priority status, which was not fulfilled since all the participants were in the same situation. These two moral orders, one concerning the individual and another the group, created a tension in the interviewees’ otherwise positive accounts of the groups. For example, a daughter said that she felt like having been the only one who actually

“gave anything out” of herself in the group, while others were just “taking”. Talking in support groups could also turn into repetitive “chewing over” the same issues, especially when groups continued for a long time. The interviewees said that skilful leaders were needed for groups to succeed, since somebody had to be in charge of what happened there. Next, I shall take a brief look at the interviewees’ descriptions of the community’s and professionals’ roles in relation to suicide and bereavement.

5.2.3.4 Community and professionals

In general, the interviewees said that in order to reduce suicide’s taboo nature in their community it should have been discussed more in public, which also professionals in the field often state (Upanne, Hakanen & Rauteva 1999). For example, a mother (in extract 9.5 in section 5.2.3.1) implied that ‘condemning’ suicide was a moral charge also to the relatives. She said that she had not encountered such judgments personally, but that her husband’s “strict believer” relatives did not allow even discussion of the subject. Also such ‘bereavement professionals’ as psychiatrists, general crisis services and church parishes were often criticised for having been tactless, judgmental or indifferent in what was their most central field of work, dealing with death and grief. For example, the daughter below accused her parish for having reacted ‘abruptly’ to her plea for help after her father’s suicide, which implied that they did not take care of their responsibilities properly:

(...) I tried to call my own parish once or twice, it was somehow so (?) it was somehow so abrupt, abrupt, like, that attitude, attitude on their side. (Daughter – father 2.14; suicide six months before)

Another daughter described the ‘annoyance’ of the hospital staff that had treated her mother’s earlier suicide attempt:

(...) Somehow through my mother’s [earlier] suicide attempt I, somehow I was also sensing a kind of, that they [the hospital staff], like, obviously they did, somehow it felt like they are annoyed to treat those cases, since they apparently, of course, they try to save people, like, to life there. (Daughter – mother 4.14; suicide a year before)

The daughter both expressed criticism of the staff’s attitude and lessened this by many hesitations (“somehow”, “like”) and her understanding of a hospital’s life-saving business (“they try to save people, like, to live there”). Therefore, she eventually

acknowledged and approved of the ‘expert’ roles in which being “annoyed” about suicide attempts was ‘normal’.

When the interviewees used professional knowledge of suicide, suicidal people and bereavement in their descriptions, in accordance with the principle of generalising one’s experience so that it concerns also others, they qualified themselves to evaluate professional understandings and practices. By evaluating professionals the interviewees could, for example, reallocate some responsibilities and construct themselves, as well as the deceased, as morally adequate people. In doing this, they often employed the ‘I don’t know but’ strategy (see section 4.2.2.4) with which they also ‘owned’ other people’s experiences and events in which they had not been personally involved. The parents whose children had received mental health services described their experiences as predominantly negative, so that neither the deceased in their lifetime nor the parents in their grief had received enough sufficient help from the relevant officials (also Peräkylä 1985: 17). However, as non-professionals it was difficult for the interviewees to suggest any improvements or accurate alternative treatments, and they said that they had just used whatever help there was on offer. The parents mainly said that their child’s treatment should have been “more individual and intensive”, thereby appearing as morally acceptable, concerned parents. They criticised mental hospital staff and psychiatrists particularly for refusing to “admit their ignorance” of mental illnesses and problems, stubbornly using inadequate, mainly medical measures in trying to ‘cure’ their patients and only ending up humiliating them. Some parents said that the whole mental health system existed only to “control the patients”, not to cure them.

I really honestly think that the staff [of the mental hospital] don’t know, they don’t know what it’s [mental problems] all about. (Father – daughter 7.10; suicide nine months before)

The father above simply dismissed the mental hospital staff that had treated his daughter as ignorant of the nature of the problems they were dealing with. He disqualified their ‘expert knowledge’ and constructed them as morally inadequate to take care of their responsibilities, at the same time indicating himself to know better how things should have been done. This was also an example of the ‘scapegoat theory’, according to which somebody or something else, a ‘condition’ or a person, had made the (worst) mistakes, which preserved the family’s and the deceased’s reputation (see also a father accusing his son’s ex-girlfriend for his suicide in extract 16.3 in section 5.1.3). A mother ‘owned’ her daughter’s experience by saying that she had only got worse in the treatment. A

father described how one single psychiatrist had privately admitted to major failures in his son's treatment. However, another father said that his daughter had taken a mental hospital as a "hiding place", even if she had occasionally also "ran away" from there.

5.2.3.5 Summary

In this section, I have explored how the interviewees 'owned' and evaluated the consequences of their family member's suicide by talking about their expectations of other people and of 'formal' support in the aftermath of the suicide using as their resource, for example, contemporary psychological discourse concerning bereavement. In doing this, the interviewees described their own responsibilities and rights of telling others the truth and others' chances of 'sharing' their experience and of helping them, as well as judged their reactions and attitudes to the situation as appropriate or inappropriate, which made some parties appear as morally adequate and others as inadequate. Their descriptions constructed moral orders that involved tensions between the ideals and practice of handling suicide bereavement with 'outsiders'. Almost all the interviewees said that other people's support in the form of open talk about and sharing of their experience had been the most valuable help, particularly if the others also had the experience, because this normalised their reactions, making them recognised and accepted as 'ordinary' in the situation. However, they described more problems and restrictions in sharing the experience with complete outsiders. The interviewees could be heard to draw broad generalisations from their experiences when they talked about participating in bereavement support groups in which they did not have to 'explain' or 'justify' their experiences to the 'understanding others'. In the groups, they were heightened and moved by the very emotions they expressed, if also others confirmed those emotions as (morally) adequate in the situation.

Chapter 6:

Conclusions and contributions to suicide bereavement research

In this study I have examined *how* moral order is done ‘in action’ when talking about bereavement after a family member’s suicide. Having reviewed how ‘suicide’, ‘the family’, ‘bereavement’ and ‘emotions’ have been understood in contemporary academic literature, I have then explored how bereaved family members constructed moral orders around suicide and its aftermath by analysing and using these concepts in specific ways in their talk. ‘The family’ was the central concept of the study, because as the interviewer I invited the interviewees’ to produce their talk from their positions as family members (which they could be heard to do). Their ‘ordinary’ understandings of ‘the family’ are so commonly taken-for-granted in everyday life that their socially constructed nature may become ‘visible’ only when something ‘extraordinary’ (like suicide) happens, because only then are the different parties’ rights and obligations negotiated explicitly. However, despite its ‘naturalised’ nature, the highly idealised late modern Western nuclear family is also a political project, which distributes *societal* rights and obligations so that families are indeed expected to bear the main responsibility for their members. By way of conclusion, I shall briefly summarise the main results of data analysis, before moving on to consider the study’s implications and contributions to suicide bereavement research and work.

6.1 Summary of data outcomes

In their talk about their family members’ suicides and their own bereavements, the interviewees attached rights and responsibilities mainly to the family members’ roles (including the deceased), occasionally emphasising the difference between the roles of parents and children. For example, the parents appeared as obliged to care for their (adult) children’s well-being, while the ‘children’ concentrated more on their own rights in the family. When the interviewees interpreted the *causes* of their family members’ suicides, the ‘children’ in particular talked about it as a *surprise* and a *shock* because they were not expected to foresee such things, while the parents in their responsible role described having somewhat *anticipated* the suicide due to seeing some *warning signs*.

However, as morally adequate family members, all the interviewees ended up asking themselves an inexhaustible 'why' question, which they sought to answer by using one or another *explanatory framework*. The 'children' mostly said that their parents' marital *relationship* had been problematic and indicated that they themselves had nothing to do with that, whereas the parents were more likely to recount their child's enduring *mental health* problems and sometimes wondered whether they might have contributed to their child's distress in some way. Whatever other explanations the interviewees used, all of them also described how the deceased had been 'depressed', 'anxious' or 'desperate' prior to his or her suicide. The deceased's *social* living conditions, such as the cultural impact on their way of living, were less often referred to. When I invited the interviewees to evaluate the moral nature of suicide in general, they described it as either a *voluntary* (free) or an *involuntary* (forced) act, judging whether or not it could be seen as comprehensible and acceptable. They concluded that even if suicide could be considered an individual's basic right, it was always *wrong to others*.

When the interviewees analysed the *consequences* of their family members' suicides, they could be heard to talk about such emotions as *guilt* because of their morally accountable positions. 'Guilt talk' related particularly to responsible parenthood. However, the interviewees also described feelings of *guiltlessness*, pointing out that they had either done everything there was to do to help the troubled person, or had not known his or her actual situation well enough to do anything about it. In doing this, they emerged as blameless and morally adequate despite what had happened in their family. The interviewees implied their own rights in the situation after their family member's suicide, when the 'children' accused the deceased for causing their future to distort in *abandoning* them and the parents spoke of losing their *future hopes*. 'Abandonment talk' related particularly to 'innocent' childhood. However, the interviewees were careful not to put too much blame directly on the deceased, thus preserving the social 'faces' of both parties. The interviewees also described *accepting* the suicide, *learning* from it and being even *relieved* by it if it had ended an extremely painful situation for both the deceased and themselves. This was because they would have otherwise appeared as incompetent individuals, unable to 'cope with' their experience. When the interviewees talked about their *family's joint suicide bereavement*, the parents described how the family had been able to 'share' their experiences well and 'got closer' to each other, whereas the 'children' were less likely to say that this had been the case in their family. The parents in their responsible role were more accountable for what had been done in the aftermath of the suicide in their

family, while the ‘children’ described having relied on their remaining parent who had failed to deliver sufficiently. At any rate, the interviewees said that they valued the sheer *presence of their family*, which kept them involved in ongoing life. They also discussed *gendered grief expressions* as a potential source of misunderstandings in their family, and described their *last obligations for the deceased* as being to cherish their memory.

The interviewees’ expectations with respect to *other people and ‘formal’ support* were such that even if they described how others should have always been told the truth about the suicide (to appear as morally adequate, unashamed family members), only some of them had actually been told this in order to avoid risking one’s own or the deceased’s reputation. The interviewees categorised other people’s rights and responsibilities so that only *sympathetic* people, particularly those who had a similar experience, were qualified as ‘helpers’. *Insensitive* outsiders were described as not knowing what to do and how to react in facing bereavement and thus disallowed access to the experience. In the accounts of those interviewees who had participated in *bereavement support groups*, talking with ‘fellow sufferers’ had been particularly beneficial for sharing and normalising the experience. However, similar to a common situation in the family, some problems had also occurred in groups due to the fact that everybody ‘owned’ the experience but expected others to recognise the specific nature of their particular bereavement, which had not been fulfilled because they were supposed to *share* their experiences. The reactions of the *community* and *professionals* in the fields of suicide and bereavement, such as mental health care personnel and parishes, were regularly described as less than helpful. This enabled the interviewees to somewhat reallocate responsibility for the suicide.

The ‘themes’ introduced in the study and summarised above linked together so that they could be heard to contribute to understanding the interviewees’ ‘whole story’. For example, it would not have been necessary for them to use any ‘explanatory frameworks’ concerning the causes of their family members’ suicides, had there not been the ‘why’ question to answer, whether the suicide was a ‘surprise’ to them or ‘anticipated’. Also, even if the suicide was considered ‘an individual’s right’, it was described as ‘wrong to others’, which necessitated a further exploration of the rights and obligations of the deceased and the bereaved. The ‘explanatory frameworks’ and understandings of the ‘moral nature’ of suicide were crucial for the interviewees to describe their own position with respect to their family members’ suicides. They constructed moral orders in which they either were or were not involved in their

particular case and, consequently, were supposed to do certain things, for example, ‘feel guilty’ or ‘be angry’. The bereaved family members’ obligations toward one another also became apparent in contrast to other people: the (hierarchically) closer the relationship, the more responsibility was involved in it. However, other people were categorised differently as ‘insiders’ and ‘outsiders’ with their different rights and responsibilities. As a family, people were expected to ‘share’ each other’s experiences to some extent even if they were actually unable to do so, but other people were included in the sharing only if they ‘owned’ a similar experience. Moreover, while ‘the family’ involved contradictory expectations for both close ‘sharing and caring’ and the members’ independence, people other than the family were described as having mainly obligations in relation to the interviewees’ bereavements.

6.2 Sociological vs. psychological explanations

As stated in the introductory chapter, I have, above all, intended this study to challenge the currently dominant psychological understanding of suicide bereavement as an individual’s ‘inner experience’ by making a sociological contribution to the research field. I have done this by pointing out that *talking* about bereavement – in research occasions or otherwise – is utterly social action in which people use culturally and historically specific resources as ‘building blocks’ to construct moral orders, even if they ‘felt’ that their experiences, as well as their talk about them, were thoroughly ‘true’ and ‘authentic’. I have demonstrated that bereaved people’s descriptions of their experiences and emotions are also social constructs that particularly concern expectations of the family in their bereavement. Therefore, I have adopted a position in which I understood people to use culturally and historically specific ways (social constructions) in describing and understanding their experiences, even when they experienced as ‘real’ and their ‘own’ things happening to them in their everyday lives (‘lived experience’). For example, the bereaved can experience true and deep pain after the death of a significant person, even if this partly resulted from their psychological interpretation of the situation. However, instead of claiming that the emotions and experiences that the interviewees talked about were *only* social productions, I have striven to make the point that, whatever people think their emotions and experiences are, all talk involves a moral component as well and is, therefore, socially sensible action. Thus, the focus of the study has been on the *social* construction of the interviewees’ ‘lived experience’ concerning their family members’ suicides and their

bereavements, rather than on their 'opinions' or 'feelings'.

In contrast to the dominant psychological studies of family suicide bereavement, which are essentially based on the assumption that people's accounts of their experiences reflect more or less directly their 'true inner experiences', I have been interested here in the social resources with which the interviewees (and myself as the interviewer) produced accounts that were seemingly unproblematic to understand. I have analysed 'typical' suicide bereavement talk differently from the psychological approach to demonstrate that 'meaning-making' is a social rather than an 'inner' process. In the data, the appropriate way of dealing with suicide bereavement, in order to protect one's social acceptability and moral reputation, appeared to be drawing on psychological explanations and expressions of emotionality. Analysing this 'ordinariness' of the interview talk and the 'normal' social order it presupposed, allowed for a view of suicide bereavement in which psychologically oriented studies became a part of my study subject. Therefore, I have examined the interviewees' usage of such social resources as commonly shared 'expert knowledge' concerning suicide and bereavement in order to make their talk recognisable and understandable beyond their individual experiences.

At different times and in different places, as well as within a single culture and era, different 'systems of knowledge' are available for people to explain and understand their world from which they also derive their values, ideals and morals. Therefore, understandings of the appropriate moral order of things also change across time and space. The outcomes of this study suggest that, since both the notions of a 'sharing and caring family' and people's 'individuality' are largely modern products of psychologisation, contemporary Western families' suicide bereavement talk can be comprehended as yet another 'project of modernity'. As seen in the academic literature introduced in this study, the nuclear family and individuality have been predominantly naturalised in the West since the nineteenth century as an outcome of secularisation, individualisation and privatisation of modern life. It was possible to hear this social history of the concepts of 'suicide', 'the family', 'bereavement' and 'emotions' in the interviewees' talk about their family members' suicides when they mixed their own (members') theories concerning the suicide with 'expert knowledge', such as psychological and social theories. Thus, I analysed their talk, as well as the research literature, as producing a 'history of the present' in late Western modernity in which they came to understand the 'nature' of people as 'emotional' and 'psychological' 'individuals' with certain kinds of rights and responsibilities with respect to their

'families.

On the basis of the literature and interview data, it seems that in the West people close to a person committing suicide have always been required to act in certain ways – for example, to 'find out' the suicide's causes – in order to maintain their moral reputation and avoid 'stigmatisation'. In analysing their family member's suicide, therefore, the bereaved may have always preferred explanations favourable to themselves. However, instead of being any final truths, these understandings can be perceived as socially constructed in people's interaction and as producing certain versions of the social world rather than others. For example, in antiquity people who committed suicide could be 'officially' perceived as heroic whereas in late Christianity they were seen as sinful and mad. Nowadays, they are commonly understood as either psychologically 'troubled' due to their 'inner pain', or their 'condition' is medicalised psychiatrically as following from the 'illness' of depression. In both cases, they are approached with compassion as 'victims' rather than as active (and punishable) actors themselves. The contemporary 'psychological gaze' on bereavement, in turn, seems to have focused on various 'individual coping styles' instead of the earlier interest in distinguishing between 'normal' and 'pathological' responses to loss.

6.3 Family discourse

In talking about their family members' suicides and their bereavements, the interviewees made particular versions of social reality relevant, which connected their 'individual' experiences to their social roles as family members, including their expectations of other people. The main sociological point and outcome of the study is that, in drawing on currently available social resources to describe the causes and consequences of their family members' suicides, the interviewees constructed historically and culturally 'sensible' moral orders, which concerned the roles of the people involved as well as the rights and responsibilities within these roles. Therefore, their talk was largely about negotiating different people's successes and failures in fulfilling what was expected of them. The suicide was problematic as a moral challenge to the relationships and actions of the parties involved and as a violation of the interviewees' own and other people's rights. However, evaluating the roles and relations between the actors in the suicidal situation and afterwards, operated as a means for them to describe *who* or *what* was to be considered as the most responsible party for the suicide and on what grounds.

Throughout their talk, the interviewees negotiated two kinds of moral order by describing things in a manner that constructed tensions between ideals and practice, that is, how things *should* have been done and how they actually *were* done. Most often these moral orders concerned the ‘traditional’ order of things in the family and the individual’s rights and responsibilities. For example, the interviewees referred to the contradictory ideals of the ‘independent’ individual and the ‘caring and sharing’ family when they said that they considered themselves as being both responsible for their family member’s suicide (‘guilty’) and *not* being responsible for it (‘guiltless’). In the interviewees’ talk, ‘sharing’ their suicide experience with the family appeared as an ideal but they also said that it had been impossible to talk about everything because family members were obliged to take each other’s ‘feelings’ and ‘ability to cope’ into account. Therefore, they depicted ‘the family’ as the ‘natural’ place for the individuals’ most significant relationships but pointed out how their own families had failed to fulfil this expectation. The interviewees indeed talked more about disappointments in trying to ‘share’ their experience with their family than with ‘fellow sufferers’ in bereavement support groups, which demonstrated how their expectations for the family were more unrealistic than those for other people. For this reason, the family seemed at worst to have become a frustration and a burden for the interviewees, while other people’s company appeared as a relief to them.

As a result of the aforesaid, the interviewees’ descriptions of ‘appropriate’ responses to their family members’ suicides can be seen to have emerged from a tension between the idealised expectations of late modern Western family discourse for family members to help each other and the less romantic reality of family life. In doing their talk, the interviewees came to understand themselves as *certain kinds* of human subjects, who described their family responsibilities through psychological and emotionalised discourses against contradictory discourses of the rights of individuals (including themselves and the deceased) in suicide and its aftermath. For example, in talking about ‘guilt’ for and ‘acceptance’ of the suicide they appeared simultaneously as morally adequate family members who grieved for their loss, and competent individuals who were capable of ‘dealing with’ it. Similarly, they could be heard to both ‘understand’ their family member’s act and blame him or her for causing them pain. The interviewees could be heard to use the ‘traditional’ family discourse of rights and responsibilities in order to deal with their family member’s suicide so as to ‘normalise’ their own actions and appear as morally adequate family members. In spite of the

changed conditions of late modern family life, that is, the many possible ways to live as a family today, this discourse seemed to appeal to their sense of ‘how things *should* be in the world’ and what they, therefore, considered to be the proper moral order of rights and responsibilities in the family. In contrast to this, family rights and responsibilities could be, have been and are allocated differently from the typical Western nuclear version not only in other cultures but also historically in the West itself.

The interviewees responded to social expectations of family life both by using ‘typical’ family discourses and by producing other – negative, face-threatening, morally inadequate – versions of the issues under discussion. In their usage, ‘Western family discourse’ appeared as a means of constructing moral adequacy in which idealised understandings were problematised by contradicting perceptions. This ended up making the speakers even more acceptable, because it showed consideration of all possible options and comprehension of the issues in question as complicated. Constructing oneself as a morally adequate person is not only about doing ‘the right things’ but also about recognising when wrong things are done. Indeed, the strength of any discourse lies in acknowledging that there are no easy answers to moral questions. The impression of moral adequacy is actually best achieved by exposing oneself to possible charges of insufficient action and then succeeding in avoiding these charges. For example, for a person to produce a thoroughly convincing version of his or her role in a matter as being morally adequate, he or she needs to demonstrate having considered several options and not only those beneficial to him or her.

Risking one’s own ‘face’ ‘proves’ that one is ‘sincere’, either having nothing to hide or being ‘brave enough’ to ‘admit’ one’s faults. For example, the interviewees noted that the suicide involved both aspects with which they had nothing to do and those with which they did. In order to appear as fully morally adequate persons, the interviewees had both to blame themselves for the suicide to some extent and get over this blame in their descriptions of their feelings. In explaining different aspects of their family member’s suicide, they ended up with such contradictory descriptions as, for example, feelings of both guilt and guiltlessness. When the interviewees blamed themselves for contributing to the suicide, they simultaneously constructed themselves as concerned people ready to bear responsibility. When they blamed somebody else, they were still morally adequate because the suicide appeared as having not been their fault.

6.4 The method – and improvements

Firth and Kitzinger (1998: 317) point out that what people say in their talk cannot be considered as representative of “what they ‘believe’ or how they ‘behave’” but should be interpreted as socially functional “*talk-in-interaction*” (emphasis in original). Like any other social action, locally produced descriptions are comprehensible only with respect to where and when they appear. By understanding the use of language as a kind of meaning-making ‘game’ in this study, I have examined how the interviewees did certain ‘things’ in their talk in order to show how talking is socially functional and sensible action. I have striven to follow the advice of Harvey Sacks (1992a&b), the founder of membership categorisation device (MCD) analysis, who argued that sociology should study the routine methods of members’ everyday interaction (which for him equalled ‘culture’), to make the production and organisation of their actions observable and reportable and to enable investigation of the fundamental sociological problem of social order.

The interviewees in this study constructed MCDs, collections of categories and their attributes, for example, by describing rights and responsibilities in such standard relational pairs as ‘parent – child’ and ‘family member – family member’, as well as by doing ‘ordinariness’, ‘owning’ experience and referring to certain kinds of ‘expert knowledge’. Throughout the different themes of their talk, they used these methods in analysing their situation and constructing different parties’ actions as morally adequate or inadequate. That is, they created moral orders with regard to the suicide and their own bereavement by describing their understandings of what had been done right or wrong in the situation. They ‘did’ ordinariness and normality by using such ‘cultural tools’ as different kinds of ‘expert knowledge’ to conceptualise things so that they appeared as socially acceptable, for example, by fulfilling their rights and responsibilities in the moral order of the family, and emphasised their experience as their ‘own’ in comparison with other people.

I am content with the fact that I changed the explanatory and analytic approaches of the study (as explained in section 1.3) from a ‘realistic’ to a social constructionist understanding of the way in which people talk about their experiences, since this enabled me to gain a fresh perspective on the family’s suicide bereavement. MCD analysis was well suited to this study exploring people’s local and collaborative analyses of their life events as culturally and historically dependent social constructions. However, ‘traditional’ MCD analysis (as in Sacks 1992a&b and Silverman 1998) puts a

great emphasis on avoiding the assumption of any particular things in the data before they can actually be demonstrably heard or seen there. Even though I consider this as a sensible rule and tried to follow it in the study, I also regard it as utterly impossible for a researcher (or anybody else) to completely forget about his or her cultural ‘membership’ and knowledge, which guide explanations and understandings of things. Also, one has to have a viewpoint in the first place to be able to observe anything. In Geertz’s (1973: 9) words, to some extent study outcomes are always the researcher’s “constructions of other people’s constructions” of their experiences. What I ended up doing in analysing the data was to ‘postpone’ interpretations and conclusions as long as I could in order to ‘hear’ as comprehensively as possible what the interviewees were saying. Additionally, I tried to preserve enough of the detailed and situational nature of talk but also to connect it to something ‘bigger’ than itself by using social constructionism as the explanatory framework. Therefore, I strove to make generalisations on the basis of details. Notwithstanding my organisation of the interviews from a family perspective, I pulled out from the data ‘emotions’ and ‘the family’ as central analytic concepts because the interviewees could be heard to use them so frequently. These concepts also proved to form a sound theoretical framework for the study.

Of course, certain things in the study could have been done differently. Should anybody study the family’s suicide bereavement with a similar kind of research orientation in the future, the following aspects could be taken into account. Firstly, I could have emphasised the data more strongly as the study’s foundation and mix the theoretical and research literature with it more in the text. This would have further stressed the nature of the study as a ‘genealogy of knowledge’ that explores contemporary understandings of ‘suicide’ and ‘bereavement’ in ‘the family’ in the light of the social history of these concepts. Secondly, it might have been fruitful to concentrate separately, and in more detail, on the different family categories (mother, father and children) instead of clustering them largely together, as I have done here. Thirdly, I could have limited the number of ‘themes’ brought into analysis in order to focus on some of them (for example, ‘emotions’ and ‘the family’) in more detail. However, I did consider the present amount of data essential for demonstrating how the earlier research findings can be reinterpreted so that bereaved families are seen to negotiate moral orders around a suicide in their talk. As was seen earlier in this chapter (in section 6.1), the ‘themes’ also linked to each other in a manner that contributed to the understanding of the interviewees’ ‘whole story’. Fourthly, and in contrast to what has been said above, I could have *expanded* the data analysis to include such things as

the interviewees' treatment of the effect of time that had passed from the suicide, or of gender and spousal roles (in more detail). Finally, it would have been interesting to include the interviewer's questions in the analysis more systematically and in more depth than I have done here. However, these concerns emerged only while rewriting the second version of the study, the outcome of which is presented here. Since there was no space to address them more thoroughly here, they could be the subject of future work.

6.5 Uses of the study

The outcomes of this study tell us about the human resources that are activated in rebuilding the world in a potential crisis. In conclusion, I see the interviewees' talk about their family members' suicides as an effort to handle tensions in contemporary family discourse in which families are described as units of 'sharing' and people as both 'caring' members of those units and separate individuals. From the tension between family ideals and 'reality', the interviewees' production of moral adequacy in their suicide bereavement talk can be seen to emerge.

I do not wish to offer any general guidelines for the way in which the outcomes of the study should be implemented in practice but I do hope that they can be used in further research on 'lived experiences' and the production of human subjectivity in discourses, as well as in bereavement work done with relatives, because the study takes a different view of bereavement from the 'normal' psychological approaches. Even though I know that this is not commonly done in a concluding chapter, I would like to briefly reflect on my own experience here (as described in section 1.3). Namely, while doing this study I realised that even my most 'private', 'personal' and 'own' experiences are, to an extent, products of social construction work, which enabled me to place them in the social context of a historical time and a particular culture. This, in turn, made me understand that people are really not 'alone' with their experiences but that these are produced as a part of a shared social world, which makes people negotiate the meanings of their experiences so that they can, eventually, emerge as morally adequate members of that world.

Therefore, the most central contribution of this work to bereavement studies and work may be the analysis of emotions as socially managed and functional, so that what happens in people's bereavement should not be understood only in terms of 'individual psyches' or the like but also as an outcome of individuals' social bondedness, which necessitates them to construct and communicate their experiences in social interaction

as representatives of social roles. Thus, in late modern suicide bereavement there is, on the one hand, the feeling individual with his or her 'lived experiences' and, on the other, the social world with its ideals and expectations in which this individual negotiates the meanings of those experiences, producing social order through moral talk.

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Appendix 1:

Summary of the support group discussions

In order to give an example of the reactions to a family member's suicide, which have been 'found', analysed and 'normalised' along the lines of the psychological 'stage' and 'task' theories of grief (see section 2.4.1) in earlier studies, I shall summarise here (on the basis of my notes made at the time) the members' discussions in the two suicide bereavement support groups in which I participated myself as a bereaved person and a researcher (N=12).

The members of these groups described their experiences of their family member's suicide and their own bereavement to have changed gradually, recalling that the very first response to discovering the body or hearing the suicide news was "disbelief" or "numbness". This initial reaction had, then, transformed into a range of other feelings, such as "guilt", "agony", "grief", "depression", "loneliness" and "longing", sometimes also "anger". Although the group members characterised their feelings to have been almost unbearable from time to time, they considered "going through" those emotions to be an integral and unavoidable part of their "recovery". They described "getting whole again" and "regaining peace of mind" as possible through "accepting" what had happened, resisting the overwhelming feeling of "meaninglessness" the death caused, "forgiving" oneself and the deceased, "letting go" of them and, finally, remembering the time together "with gratitude, without pain". The members agreed that repeating the events in their minds and talking about the suicide helped them to put some order in their emotional chaos. However, they also said that they had not been able to answer the "why" question concerning the suicide's causes or resolved the feelings of "helplessness" caused by the act's suddenness. They often described feeling as if half of themselves had been "buried alive" with the deceased, and said that nothing could ever replace their mutual history.

Many bereaved group members hoped for reunion with the deceased in their own death, which is often said to be the oldest and commonest effort to cope with the limit of life and death (Elias 1993: 3; Littlewood 1992: 109; Honkasalo 1989: 36). Their longing had often led, at least momentarily, to an idea of "going away", dying too. Some of the members described how, in hindsight, the forthcoming suicide had given "omens" of itself, which made their burden of loss and guilt still heavier because they

had not noticed the signs at their time or had failed to recognise their meaning properly. They had tried, without much success, to come up with some “purpose” or “sense” for the incident. Everybody saw the suicide as a senseless incident, which had forced them to contemplate the meaning and purpose of life. For the bereaved members, time and being had gained new meanings since their future had suddenly, without a warning, turned out different and everything previously known had been questioned. Their lives had been stopped, whereas the outside world seemed indifferently to go on. The group members considered that “avoiding difficult issues” was typical of today’s people, since not necessarily even their own relatives had showed readiness or capability of sharing their grief. Nevertheless, they saw other people as most important for producing a feeling of meaningfulness again in them. In comparison with the suicidal death, everything in life seemed simultaneously worthless and full of meaning. Here, something similar to the process of dying could be detected since, like the terminally ill Dennis Potter is quoted to have said (Seale 1998: 129), things seemed “both more trivial (...) and more important than they ever were”.

Appendix 2:

Transcription symbols in data extracts

Symbol	<i>Explanation</i>
(...)=	<i>The extract is cut from a longer account (i.e., is not an immediate answer to the interviewer's question)</i>
()=	<i>Pause in the interviewee's talk</i>
[xxx]=	<i>My addition</i>
Relational pairs in brackets after the extracts, e.g., (Father – son) =	<i>The first of the pair indicates the speaker, the second the deceased</i>
Numbers after relational pairs in brackets after the extracts, e.g., (Father – son 16.1) =	<i>Number of order (the first extract by father number 16)</i>
Suicide X years/months before in brackets after the extracts, e.g., (suicide 2 years before) =	<i>The time passed from the suicide</i>
(sighs) =	<i>The interviewee sighs</i>
(laughs) =	<i>The interviewee laughs</i>
(cries) =	<i>The interviewee cries</i>
(?) =	<i>Inaudible talk</i>

Appendix 3:

Methodological aspects

This appendix relates mainly to chapter 4, providing details on the method of the study and the process of producing the interview data.

Methodological implications

The psychological perspective on people's experiences involves an assumption that when they face such events as a close person's suicide they, for example, experience certain kinds of emotions, which emerge from inside of them as *natural* products of their bio-psychological system (see section 2.4) rather than being socially functional responses to the situation. My original intention in this study was to explore the (true) *experience* of bereavement through the suicide of a close relative (see section 1.3). This can be seen to have produced particular kinds of psychologically orientated data in the following ways. Firstly, I interviewed only immediate family members (N=21) as 'significant (bereaved) others' because I assumed that they must have been (psychologically) 'close' to the deceased due to their familial proximity. I later chose to analyse only parents and children of suicidees (N=16; the excluded five interviewees were two partners, two sisters and a brother). Secondly, again in line with psychological orientation, I chose the method of one-to-one qualitative interviews for their potential 'in-depth intimacy'. Thirdly, my emphasis on the interviewees' personal experience of their bereavement through suicide led me to ask them psychologically orientated questions (see the interview guide in section 4.1.1), although this was in no way my aware intention. For example, when I asked the interviewees about their feelings ("How did you feel after so-and-so's suicide"), I presumed that they had (or should have) had some 'feelings'. Also, when I asked about the interviewees' need for and receipt of social support, I assumed that they had such a 'need'. An example of a different kind of question was asking what the interviewees had actually *done* after the suicide, since this emphasised concrete actions.

Thus, to an extent the interview data were produced on the basis of largely psychological data-gathering methods and interview questions, which were an outcome of my understanding of my own experience, my participation in two bereavement support groups and my academic, mostly psychological reading on the subject at the time (see section 1.3). What I got out of the data, then, was to some extent predictable from interview questions, which contained messages as to how they should be heard. However, the interviews were not determined by my questions only because, as active agents, the interviewees had relative freedom to discuss issues they considered relevant and produce their accounts in the way they chose to. Eventually the data were a joint product of the interview questions, the interactive situation and the participants' agency. For example, the interviewees and me collaborated in describing 'suicide', 'bereavement' and 'the family' largely in terms of psychological commonsense knowledge. This psychological construction of the family's suicide bereavement confirmed what earlier studies also indicated, that is, that the psychological orientation is a commonly accepted explanatory framework for discussing and analysing a family member's suicide and its aftermath.

The psychological nature of the interview talk, and my part in producing it, became apparent to me only in the process of interpreting the data with MCD analysis (see section 4.2.2), which I chose as the systematic method of study following the suggestion of my then supervisor, David Silverman. With this approach, I took the data as *the* starting point and focus of the study, which led me to generate the concepts I used and the research questions I addressed inductively, based on the interviewees' (and my) descriptions. MCD analysis thus bears a resemblance to 'grounded theory' with the important exception of emphasising the *social* nature of data production, rather than assuming that what people say (in research occasions or otherwise) necessarily reflects their 'true' understandings of an issue. The research concepts and questions of this study came to concern the interviewees' production of psychological, everyday understandings of 'suicide', 'bereavement' and 'the family', which I analysed as having become possible in the course of Western social history. During the study, my analytic approach and the topic of the thesis, therefore, changed entirely from a 'realist' view of seeing people's talk as reflecting their true understandings of their 'lived experience', to a constructionist perception of their talk as located in social interaction and produced differently in different situations. Instead of asking *what* people's understandings of their experiences *are*, I ended up analysing *how* their talk about those experiences was socially functional. For example, the interviewees' use of such psychological

explanations as ‘guilt’ had moral implications in producing them as certain kinds of people in relation to their family members’ suicides.

MCD analysis investigates, above all, how people construct social – and, thus, also moral – order in their talk to see how it is possible for them to share understandings of the world around them. I chose MCD analysis as the method of the study because it offered a detailed, organised and demonstrable way of looking at the central distinctions (‘meanings’) in members’ descriptions, while many other more general qualitative methods easily lead to *describing* rather than *analysing* data. MCD analysis deals with members’ categorisation work *in action*, that is, investigates their *particular* descriptions of things in which they link categories and attributes to each other in certain ways. MCD analysis acknowledges that there are some rather enduring cultural categories which people are likely to use in their descriptions but emphasises their agency by analysing *local* talk in detail. Therefore, MCD helps the researcher in the process of analysis to resist imposing his or her own understandings and categorisations on data, as well as preventing him or her from interpreting data simply according to other theoretical (for example, psychological) a-priori assumptions, before actually listening what is going on. In this way, MCD analysis opens up the possibility of finding fresh perspectives and new insights on issues instead of already ‘known’ and predictable ones. Had I carried on pursuing my original (psychologically orientated) approach, I would have followed a well-trodden path and ended up with a study not unlike earlier research in the field of suicide bereavement describing the family’s feelings of, for example, guilt. By using MCD analysis, however, I was able to study what the interviewees made relevant in their talk. I found, for example, that in describing their family members’ suicides and their own bereavements they handled ‘the family’ both in terms of the traditional expectations of ‘sharing and caring’ and their own family’s inability to fulfil these.

Setting up the interviews

The interviews were conducted during the period of one year and three months between 29.4.1997 – 27.7.1998, as I found new interviewees. I stopped interviewing when the data seemed to have reached its ‘saturation point’ by not producing any new descriptions. The general method of identifying the interviewees was ‘snowballing’ in which one contact leads to another. With only two persons refusing, most of the people who I asked to participate in the study agreed to do so. The two who refused said that

they were not comfortable with the idea of talking about their experiences to a stranger. I knew, or had met at least once, ten of the interviewees while six persons were unknown to me beforehand. Five interviewees participated in the same bereavement support groups that I attended, and two interviewees I came into contact with through another support organisation. With nine of the interviewees, I made the initial contact concerning their willingness to participate in the study through mutual acquaintances, who knew them better than me and asked for permission for me to call them. On four occasions, I directly asked a person when I met him or her for the first time, and three times I directly called a person I already knew. At no point were the interviewees sent any letters concerning the study, their participation or myself. Instead, I introduced myself and the study to them when I initially called or talked to them, and again when I met them for the interviews, as a sociologist doing her PhD study on family members' perspectives of their 'lived experience' of suicide bereavement. I also mentioned that my former partner had probably committed suicide. I described the study's objective to them as being to add to the knowledge of the family's suicide bereavement, which was little studied in Finland, and assured them of the study's confidentiality, which was guaranteed by the usual measures of anonymity.

When the people agreed to participate in the study, I asked them where they preferred to meet. Nine of them chose to do the interview at their home and six at mine, while one interview was conducted at my work place. The reasons the interviewees mentioned for their choice of place were convenience in terms of time, travelling and other practicalities. The place of interviewing may have affected the contents of the data, for example, via the interviewees' different practices of maintaining their 'faces' and protecting their privacy in different settings. For example, the interviewees may have been more comfortable and at ease with the interview situation by choosing to meet in their own 'territory', at their homes, while choosing to meet at my home or work place may have helped them to maintain their privacy better. Personally, I was more content to visit the interviewees at their homes because, in my mind, this made it easier for both of us to manage distance and closeness in the situation. However, I tried also to make the interviews at my home as comfortable as possible by paying extra attention to such aspects as how the interviewees seemed to prefer the situation to be, for example, informal or formal. I consider that I succeeded quite well in this.

In my view, there was not much difference between the interviews conducted at my or the interviewees' homes, since usually the initially reserved atmosphere relaxed considerably after the customary greetings and my introduction of myself and the study. My overall impression of the interviews was that they contained many confidences and that the interviewees were open and responsive, even when they were distressed and cried. There were, though, three possible exceptions to this general picture. These involved a mother, a father and a son whom I (respectively) interviewed at the interviewee's home, my home and my work place. I cannot give any specific reason for the different, more distant atmosphere in these interviews. I started the actual interviewing by explaining to the interviewees that I hoped they would respond to my questions in their 'own words' so as to tell their stories in their chosen way. I emphasised that they could discard any question they wanted to for whatever reason. However, none of them explicitly refused to discuss any issue. When I moved on to ask the first question concerning events just before and after their family member's suicide (see the interview guide in section 4.1.1), the interviewees were able to take their turn and start to tell their stories.

The interviews lasted from one to three hours (three for an hour, six for 1.5 hours, three for 2 hours, three for 2.5 hours and one for 3 hours). They were taped using a hand-held recorder placed on the table between the interviewee and me, and fully transcribed using a transcriber. I transcribed four of the interviews while a research assistant, bound by confidentiality, transcribed 12 of them at the Department of Sociology, University of Helsinki. I listened through the tapes transcribed by the research assistant and made corrections to her transcripts. Besides making sure that the transcripts were correct, by doing this I got to listen to all the interviews again. Therefore, the fact that somebody else originally transcribed most of the interviews did not affect my relationship to the data. The transcripts were made and corrected within a month of their production. Transcribing one interview took approximately two working days while making corrections took approximately half a day, depending on the length of the interview and the sound quality of the tape. In the course of analysing the data, I occasionally listened to the tapes again to remind myself of the situation and its atmosphere. The original tapes, and the computer discs on which the transcripts were saved, are stored at my home.

Appendix 4:

Examples of interviewee profiles

This appendix adds to the description of the interviewees (in section 4.1.1) and their stories (in chapter 5). I first summarise briefly the profiles of 14 interviewees and mention how many data extracts in the analysis chapter were taken from each one's talk. I then describe in more detail two interviewees' profiles and stories about their family member's suicide as examples of different family roles and time spans in the data. However, the profiles and stories recounted here are to be considered as descriptive only since the topic of the study was neither who the interviewees 'really' were as persons nor their stories as such, but how they talked about their family members' suicides and their own bereavements at the time of the interview.

Summarised profiles

- **Interviewee no. 1** (five extracts in chapter 5: Daughter – mother 1.1 – 1.5): A 32-year old woman whose mother had committed suicide 16 years earlier, when she was 16, by jumping under a train. The parents had been divorced and the interviewee and her three siblings, who had lived with the mother, had moved to live with the father after the mother's death. The interviewee's remaining 'family of origin' still consisted of the father and the siblings. She was now married and on maternity leave with two children under three-years old. Her family lived in a flat in an urban area.

- **Interviewee no. 2** (14 extracts in chapter 5: Daughter – father 2.1 – 2.14): A 50-year old woman whose elderly father had committed suicide six months earlier by shooting himself at his and his wife's (the interviewee's mother's) home. The interviewee's remaining 'family of origin' consisted of the mother. The interviewee was a housewife living with her husband in their suburban house. One of her adult sons was married while another had just moved away from home.

- **Interviewee no. 3** (11 extracts in chapter 5: Mother – son 3.1 – 3.11): A 65-year old woman whose only child, a (childless) adult son had committed suicide a year and two months earlier by taking a medicine overdose at his home. The son's father had also killed himself 25 years prior to this. The interviewee had remarried but divorced and lived now alone in her flat in an urban area. Her only remaining family consisted of a brother. She was retired.
- **Interviewee no. 4** (14 extracts in chapter 5: Daughter – mother 4.1 – 4.14): A 30-year old woman whose mother had committed suicide a year earlier by taking medicine overdose at her and her husband's (the interviewee's father's) home. The interviewee's remaining 'family of origin' consisted of the father and two (adult) brothers. She was a married and childless electrician living with her husband in a flat in an urban area.
- Interviewee no. 5 (see a detailed account later)
- **Interviewee no. 6** (12 extracts in chapter 5: Father – son 6.1 – 6.12): A 66-year old man whose (childless) adult son had committed suicide 13 years earlier by jumping from a hotel roof. The interviewee had divorced the son's mother years earlier and was now in his third marriage, living with his wife in their suburban flat. He had several adult children from his two earlier marriages, some of whom were married and had children while others were single and childless. He was retired.
- Interviewee no. 7 (see a detailed account later)
- **Interviewee no. 8** (seven extracts in chapter 5: Mother – daughter 8.1 – 8.7): A 68-year old woman whose (childless) adult daughter had committed suicide nine months earlier by taking a medicine overdose at her home (the same case as interviewee no. 7). The interviewee was married and lived with her husband in their flat in an urban area. They had two adult daughters and a son, all of whom were married and had children. She was retired.

- **Interviewee no. 9** (six extracts in chapter 5: Mother – son 9.1 – 9.6): A 71-year old woman whose (childless) adult son had committed suicide 12 years earlier by jumping from the balcony of their family home where he did not live any more (the same case with interviewee no. 10). The interviewee was married and lived with her husband in their suburban flat. They had two adult daughters, one of whom was married and had children while the other one was single and childless. She was retired.
- **Interviewee no. 10** (12 extracts in chapter 5: Father – son 10.1 – 10.12): A 73-year old, retired husband of interviewee no. 9 (involving the same suicide).
- **Interviewee no. 11** (six extracts in chapter 5: Daughter – father 11.1 – 11.6): A 26-year old woman whose father had committed suicide 11 years earlier, when she was 15, by poisoning himself at their home. The parents had been divorced and the interviewee (the only child) had lived with the father. She had also found his body. Her remaining ‘family of origin’ consisted of the mother with whom she had moved to live. The interviewee was now single, childless and unemployed and lived in a rented flat in an urban area.
- **Interviewee no. 12** (four extracts in chapter 5: Son – father 12.1 – 12.4): A 33-year old man whose father had committed suicide 20 years earlier, when he was 13 years old, by hanging himself at their family home. The interviewee’s remaining family consisted of a mother and a brother. He was now a single and childless researcher living in a rented flat in an urban area.
- **Interviewee no. 13** (four extracts in chapter 5: Daughter – father 13.1 – 13.4): A 34-year old woman whose father had committed suicide 24 years earlier, when she was 10 years old, by hanging himself at their family home. Her remaining ‘family of origin’ consisted of a mother. The interviewee was now a single and childless media worker living in a rented flat in an urban area.
- **Interviewee no. 14** (eight extracts in chapter 5: Son – father 14.1 – 14.8): A 42-year old man whose father had committed suicide 22 years earlier, when the interviewee was 20 years old, by drowning himself. The parents had been divorced but the son by then already lived on his own. His remaining ‘family of

origin' consisted of a mother and a brother. The interviewee now had a girlfriend but was childless and lived alone in a rented flat. He was unemployed.

- **Interviewee no. 15** (12 extracts in chapter 5: Father – son 15.1 – 15.12): A 53-year old man whose (childless) adult son had committed suicide a year and two months earlier by hanging himself at his own home. Also the interviewee's brother had committed suicide 20 years earlier. The interviewee was married and had two children under 18 years of age. He was working and his family lived in their suburban house.
- **Interviewee no. 16** (12 extracts in chapter 5: Father – son 16.1 – 16.12): A 60-year old man whose only child, a (childless) adult son had committed suicide two years earlier by hanging himself at his own home. The interviewee was married and lived with his wife in their suburban house. He owned a small business but planned to retire soon.

Interviewee no. 5 (two extracts in chapter 5: Son – father 5.1 – 5.2)

The interviewee was a 58-year old man whose father had committed suicide 48 years earlier, when he was 10 years old, by hanging himself near the family house. Also the interviewee's uncle, the father's brother had killed himself 52 years earlier. The interviewee's closest remaining family now consisted of a brother and a sister with their families. The interviewee was single and childless and, as far as was possible to detect from his talk, had always lived alone, having had only short-term relationships. He was a hospital administrator and lived in his flat in an urban area. In the interview, he was friendly and talkative and laughed a lot. He did not appear distressed about his father's suicide but merely annoyed about its effects on him as a child.

The interviewee said that his father had been a lumberjack and the family had lived in the countryside. He described events surrounding his father's suicide in detail. He had been outdoors playing alone when he heard a single shot coming from the direction of a nearby barn. He had wondered what it might have been since it was not the hunting season. Only the following day had he started to suspect that something was wrong when his mother had sent him and his younger sister to be looked after by the neighbour. When the interviewee and his sister got back home, somewhat too early and unexpectedly, he had seen a rifle leaning against the wall and realised that his mother

was acting strangely. However, he had just thought that an argument with the father had upset his sensitive mother. Eventually, it turned out to be the case that his 16-year old brother had found the father who had shot himself in the barn. The interviewee wondered how his brother had managed to deal with this experience so as not to go “completely crazy”. The mother never discussed the father’s case with him, and it had become a ‘public secret’ in the local community.

As to the causes of his father’s suicide, the interviewee described having thought that obviously life had been too complicated, particularly family life as a father. He had doubted whether he himself could ever make it work either. As a more specific cause, the interviewee mentioned war as a common traumatic experience of his father’s generation (WWII had ended just five years earlier). Another possible cause of his suicide was that he and the mother had not got together well, a situation exacerbated by their difficult, hard-working life. The interviewee described his father as a stern man who had, for example, unjustly accused his wife for not taking proper care of the home. He also diagnosed the father as having suffered from depression. However, the father had been a popular man in the local community, and the interviewee had not detected any signs of the forthcoming suicide in him. For example, his 50th birthday party just three months before his suicide had been a cheerful public celebration. The interviewee said that the nature of his death as a suicide had had significant impacts on the family and its relationship with the local community, members of which had probably blamed them for what had happened. This was his impression particularly because, at the father’s funeral, the “emotionless” priest had talked a lot about sin, which had caused the interviewee from then on to resent any official interpretation of religion.

As to the consequences of his father’s suicide, the interviewee said that he had become unable to deal with conflicts, particularly with being left in relationships. He described suffering from “separation anxiety”, which made him fearful of long-term relationships and had probably caused him not to have a family of his own. However, he especially liked children because he had been a “troubled child” himself, and not having children of his own was perhaps the only thing he regretted in life. Otherwise, he preferred to stay detached from others. His father’s suicide had also caused him to be bullied at school by both teachers and other pupils which, in turn, had resulted in his low self-esteem. He had felt helpless and depressed and had been self-destructive since he was a teenager. As an adult, he described treating himself by going to sauna, drinking moderately, going to the movies and going for long walks, as well as by periodically using antidepressants. He also appreciated talking but did not believe in

psychotherapy as a method of help. The fact that he had had nobody to talk to in the family or in the community after his father's suicide and his recurring depression were reasons for him to have joined a bereavement support group now later in his life. Overall, he considered the group as having been a good experience, except for its too passive leaders and for the fact that nobody else had had a similar experience of suicide as a child and a son. The interviewee thought that it must be far easier to encounter a family member's suicide as an adult.

Interviewee no. 7 (10 extracts in chapter 5: Father – daughter 7.1 – 7.10)

The interviewee was a 70-year old man whose (childless) adult daughter had committed suicide nine months earlier by taking a medicine overdose at her home (the same case as interviewee no. 8). At the time of her death, she had been single and lived alone. The interviewee lived with his wife in their flat in an urban area. They had two adult daughters and a son, all of whom were married and had children. The interviewee was retired. In the interview, he appeared serious and distressed about his daughter's suicide, having tears in his eyes now and again, but was also friendly and approachable.

The interviewee described his daughter as having been mentally troubled (“depressed” and “desperate”) for a long time, which condition had escalated particularly during the last two years of her life. He said that she had attempted suicide twice before and had several times verbally threatened to commit suicide. The family had known her situation well and had tried to help her by discussing her problems openly. However, the interviewee said that she herself should have been more open about what was going on in her life. As a last chance, the family had pondered the option of having her committed to a mental institution but had then given up the idea because, apart from her depressive bouts, she appeared to be a sensible and competent adult. She had actually voluntarily been an inpatient in a mental hospital several times, even though she had not been happy with the help provided there. The interviewee explained that, in any case, the mental hospital had been her “last resort”. After the daughter's suicide, he had been in contact with the doctors responsible for her care in order to find out more about her condition and what had happened in the hospital. He was extremely critical of psychiatric professionals who, in his mind, could not admit to not knowing their profession but, instead, kept on using ineffective and humiliating measures in dealing with their patients. In his mind, his daughter's care should have been more intensive and individual. The interviewee also criticised the lack of support

systems for people bereaved by suicide.

When asked about the causes of his daughter's suicide, the interviewee recounted childlessness, failed relationships, high work ambition and self-criticism, financial problems and difficulties in handling the effects of alcohol. He described in detail the events immediately before and after the event. The daughter had gone missing for several days, during which time nobody heard of her and she did not turn up at work. The family had called each other regarding the situation, and finally the interviewee had decided that somebody had to go over to her flat to see whether she was there. Since on that particular day he himself was supposed to take his wife to a doctor, he asked his eldest daughter with her husband to go and check the situation. They had done this with the police to get access to the flat and found her dead on the bathroom floor. The interviewee described how he had been unable to cry with the other family members who had gathered at their home in the evening, because he had somewhat anticipated that this would eventually happen to his daughter.

As to the consequences of the daughter's suicide, the interviewee said that the family had been well able to share their experience by talking and that some friends had also been helpful, although others had expected them to deal with their grief too soon or had otherwise been tactless. By and large, the interviewee saw other people's presence as helpful in his bereavement because it engaged him in ongoing life. He said that he had also benefited from taking care of the daughter's unfinished affairs since this had kept him busy for a while with something concrete to do. He understood that the daughter had ended her life because of her "desperation", but he could not really accept her solution. He described having felt hopeless and helpless after her suicide and said that nothing eased the pain and sorrow of the loss. In the aftermath of the suicide, he had mainly tried to care for the other family members. The family had contemplated self-accusation but eventually ended up thinking that since they had tried to help the troubled daughter in every possible way, they could not be considered guilty for her suicide. Some of the daughter's things were still kept in sight in the interviewee and his wife's home, which reminded them of the deceased daily.

