Phenomenology Section
Lavall E, Susin P, Reif KS, Santos HP, Schneider JF, Camatta MW
Experiences lived by family members of people who committed suicide: approach to biographic narratives
Rev Gaúcha Enferm. 2022;43:20220228
doi: https://doi.org/10.1590/1983-1447.2022.20220228.en

Experiences lived by family members of people who committed suicide: approach to biographic narratives

Experiências vivenciadas por familiares sobreviventes ao suicídio: abordagem de narrativas biográficas

Experiencias vividas de familiares sobrevivientes de suicidio: aproximación a las narrativas biográficas

ElianeLavall[a,b] https://orcid.org/0000-0002-6439-2117
Priscila Susin[c] https://orcid.org/0000-0002-1957-1634
Karina Schuh Reif[c] https://orcid.org/0000-0001-8589-8777
Hermílio Pereira Santos[c] https://orcid.org/0000-0002-3207-3330
Jacó Fernando Schneider[d] https://orcid.org/0000-0002-0151-3612
Fernanda Guarilha Boni[d] https://orcid.org/0000-0003-0843-6485
Marcio Wagner Camatta[d] https://orcid.org/0000-0002-4067-526X

[a]Hospital de Clínicas de Porto Alegre (HCPA). Porto Alegre, Rio Grande do Sul, Brasil.
[b]Universidade do Vale do Taquari (UNIVATES). Lajeado, Rio Grande do Sul, Brasil.
[c]Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS), Programa de Pós-Graduação em Ciências Sociais. Porto Alegre, Rio Grande do Sul, Brasil.
[d]Universidade Federal do Rio Grande do Sul (UFRGS), Escola de Enfermagem, Programa de Pós-Graduação em Enfermagem. Porto Alegre, Rio Grande do Sul, Brasil.

How to cite this article:
Lavall E, Susin P, Reif KS, Santos HP, Schneider JF, Camatta MW. Experiências vivenciadas por familiares sobreviventes ao suicídio: abordagem de narrativas biográficas. Rev Gaúcha Enferm. 2022;43:20220228. doi: https://doi.org/10.1590/1983-1447.2022.20220228.en

ABSTRACT

Objective: To understand the experiences of family members of people who committed suicide and describe the typologies of the biographical cases through the approach of biographical interviews and analysis.

Method: Qualitative research, with a reconstructive approach to Rosenthal's biographical cases, based on Schutz's phenomenological sociology. Biographical narrative interviews were conducted between November/2017 and February/2018, in a city in southern Brazil, with eleven family members of people who survived suicide. The analysis followed the phases of Rosenthal's biographical case reconstruction.

Results: The reconstruction of two biographical cases were presented. The results point to two distinct typologies: maternal role in the face of suicide and social stigmatization; use of the cultural meaning of family as a resource for coping with suicide.

Conclusion: It is important to listen to these family members, as the understanding of their experiences can support health professionals in the implementation of care actions.
Keywords: Family. Suicide. Personal narrative. Biography. Mental health.

RESUMO
Objetivo: Compreender as experiências vivenciadas por familiares sobreviventes ao suicídio e descrever as tipologias de casos biográficos por meio da abordagem de entrevistas e análise de narrativas biográficas.
Método: Pesquisa qualitativa, de abordagem reconstrutiva de casos biográficos de Rosenthal fundamentada na sociologia fenomenológica de Schutz. Foram realizadas entrevistas narrativas entre novembro/2017 e fevereiro/2018, em uma cidade no sul do Brasil, com onze familiares sobreviventes ao suicídio. A análise seguiu as etapas da reconstrução de caso biográfico de Rosenthal.
Resultados: Apresenta-se a reconstrução de dois casos biográficos com tipologias distintas: papel materno diante do suicídio e estigmatização social; significação cultural de família como um recurso para o enfrentamento do suicídio.
Conclusão: Considera-se relevante ouvir esses familiares, pois a compreensão de suas experiências pode subsidiar os profissionais da área na implementação de ações de cuidado.
Palavras-chave: Família. Suicídio. Narrativa pessoal. Biografia. Saúde mental.

RESUMEN
Objetivo: Comprender las vivencias de familiares sobrevivientes de suicidio y describir las tipologías de los casos biográficos a través del abordaje de entrevistas y análisis de relatos biográficos.
Método: Investigación cualitativa, con abordaje reconstructivo de los casos biográficos de Rosenthal, a partir de la sociología fenomenológica de Schutz. Se realizaron entrevistas narrativas biográficas entre noviembre/2017 y febrero/2018, en una ciudad del sur de Brasil, con once familiares sobrevivientes de suicidio. El análisis siguió los pasos de la reconstrucción biográfica del caso de Rosenthal.
Resultados: Se presenta la reconstrucción de dos casos biográficos con tipologías distintas: rol materno frente al suicidio y la estigmatización social; utilización del significado cultural de familia como recurso para el afrontamiento del suicidio.
Conclusión: Se considera relevante escuchar a estos familiares, ya que la comprensión de sus experiencias puede ayudar a los profesionales de la salud en la implementación de acciones de cuidado.
Palabras clave: Familia. Suicide. Narrativa personal. Biografía. Salud mental.

INTRODUCTION

Suicide is the act of intentionally causing one's own death. It is just the tip of the iceberg in the c*ontinuum* of behaviors ranging from a wish to die, suicidal thoughts, with or without a method or plan, suicide attempts and, finally, completed suicide[1].

Thousands of people die from suicide every year in the world. That's one death every 40 seconds. In addition, this is one of the leading causes of death in people aged 15 to 44 years, and the second leading cause of death in the age group from 10 -24. Therefore, suicide must be understood as a significant public health issue[2] that is often neglected, surrounded by stigma and underreported by health professionals[3].

Therefore, the health team must be aware of the risks of suicide attempts, paying close attention to socio-cultural, family, personality aspects, personal conflicts, psychiatric disorders, previous suicidal behavior, suicides of family members or close friends[1]. On the other hand, related protective factors, such as family and social support network, social skills, resilience, cultural and religious beliefs and life purpose also deserve mention[2].

When someone commits suicide, bereaved family members experience feelings of hurt, denial, shock and anger, resentment, shame and guilt. These emotions experienced by family members generate suffering and make the grieving process difficult. If they are not treated, they can generate physical and psychological vulnerability, increasing the risk of suicidal ideation and requiring the intervention of a health professional[4].

In order to understand the grieving process of people impacted by suicide, regardless of the degree of kinship, the scientific literature adopts terms such as “bereaved” or even “survivors”, as it is a violent and sudden death in which feelings of guilt and self-blame are often present, demanding considerable mental energy for the elaboration of mourning[5]. In the present article, the expression “surviving family members” was adopted because survival is understood here as a search for a new meaning of one's life[6].

The feelings that emerge from this traumatic situation are varied and have different intensities. However, it is not just the fact that traumatizes, but the process as a whole and the intensity of emotions (guilt, shock, self-blame, anger, shame, anguish, isolation and rejection). In this regard, sharing the experience of being a family member who survived suicide and the meaning of life for these family members may re-signify the consequences of a wide open and forbidden death, transforming shame into permission, guilt into compassion, longing into closeness, pain into love and suffering into altruism[5].

It is not uncommon for people not to feel comfortable talking intimately about death by suicide, as family members and closest people often remain silent and distance themselves, making the experience of suicide a muted suffering[7]. Listening to the life experiences and the loss of a family member by suicide, either individually or in groups, is an important strategy for mourning suicide, where grief and suffering are expressed and validated, enabling the bereaved to find a standpoint and belongingness[8]. Thus, the use of the biographical narrative approach can be an important means to access the phenomenon of suicide, based not only on the narrator's life, but also on the connections between the individual, family and social group.

For this level of analysis, the technique used in data production was biographical narrative interview and reconstruction of biographical case, which made it possible to acquire

information on the past of the interviewees, their current status and their future expectations[9]. As a qualitative data collection method, the biographical narrative interview includes an initial question that encompasses the interviewee's entire life story, leaving them free to construct theirs speech in order to reveal what they consider relevant. Thus, the interview seeks to make room for the individuals to make thematic connections that are unique to them and that are related to their life trajectories, choices and actions taken, as well as their current perspective that informs their look on the past. According to the phenomenology approach, this is a unique configuration in which the subjects' experiences emerge in their day-to-day life and in a *relevance system* interview situation[10].

During the reconstruction of the biographical case, the steps of the analysis will seek to systematically separate and reintegrate these different temporal and interpretative forms present in the interviewee's discourse. The purpose here is to find links between the researched topic and other subjects and experiences that appear in the biography and that may be unique or common to the cases. The link between the loss of a family member to suicide and experiences of depression and intense suffering, for example, can be a common link emerging from the interviews, configuring a type of experience linked to a surviving family member. Other thematic links, on the other hand, can bring information that allow to support new care practices that are not so evident when the search is restricted to research that uses frequency measurement logic[9].

Alfred Schutz's phenomenological sociology plays a key role in the construction of this interpretative social research approach developed by Gabriele Rosenthal, precisely because the interpretation of individuals is considered the center of analysis and the only possible way of accessing the social construction of reality. Schutz's concept of relevance will be fundamental here, because it marks the adoption of the need for a series of practices that ensure that the researcher collects the contents related to what emerges spontaneously from the interlocutor, rejecting, therefore, research practices in which the interviewee is guided by predetermined structured or semi-structured interview questions, based on the areas the researcher wants to cover. According to this approach, the research question will be designed and answered only at the end of data collection and analysis[9].

The guiding question then emerges: "*How is suicide experienced by relatives of people who committed the act of taking their own lives*?" This study aims, therefore, to understand the experiences lived by family members who survived suicide and to describe typologies of biographical cases through the approach of narrative interviews and reconstructive analysis of biographical cases.

METHOD

This article addresses a study originated from the doctoral thesis entitled “Experiences of family members of people who committed suicide: approach to biographical narratives”, which adopted the COREQ instrument[11] to organize the information. It is a qualitative research, with a reconstructive approach to Rosenthal's biographical cases, based on Schutz's phenomenological sociology[10]. This reason for selecting this framework is that it allows understanding the multiple genesis and developments of the phenomenon experienced by the participants: the experiences lived by family members after the loss of one of their members by suicide.

Schutz’s phenomenological sociology[10] has great influence on the biographical research developed by Gabriele Rosenthal[9], an approach used in the present study to obtain and analyze data. This theoretical-methodological link underlies a series of research practices that allow the processes of data collection and analysis to be focused on the subjects and their interpretations, making it easier for the researcher to access the thematic and experiential connections made by the narrator himself, and not imposed through questions guided by the knowledge and preconceptions of the interviewers. The fact that both the investigation and the interviews are open provides methodological subsidy so that the system of relevance of each interviewee, therefore, emerges.

Thus, in order to understand the biographical interview and the development of the data collection technique, the main researcher underwent training, which consisted of participating in a research group that studies and applies the biographical narrative method. The researcher also attended the discipline “Atelier of Biographical Narratives” during her doctorate. The practical activities of the discipline included application of data collection and carrying out the steps of reconstructing a biographical case. A pilot study was not carried out with family members participating in the research.

This study was developed in a unit of the Family Health Strategy (ESF) in a municipality located in southern Brazil. The reason for selecting this unit is because it is located in the neighborhood with the highest number of deaths by suicide occurs. The local population is predominantly rural and of German origin. The Unit includes two ESF teams and provides mental health care, supported by the Psychosocial Care Center (CAPS). The participants were family members who survived suicide, adults and ESF users, three men and eight women. Of these, one was a sister, three were wives, two were husbands, four were children and one was the mother of people who committed suicide. The following inclusion

criteria were adopted: being a member of a family in which one of the members committed suicide; residing in the municipality of the study; be over 18 years old. And the exclusion criteria were: relative unable to communicate verbally; in distress that prevents them from talking about the topic. In this case, the ESF team itself advised against interviewing the family member.

The participants were recommended by the ESF professionals, who made the first contact with them. After acceptance, the researcher contacted each one by telephone to schedule the individual interviews. There was no prior bond between the researcher and the interviewees. However, the fact that the researcher speaks and understands the German language facilitated the acceptance of the invitation made by the ESF team. One family member was unavailable to participate in the research.

Data were produced through a biographical interview, according to the opening principle, carried out in three stages[9]: open biographical narrative question (initial biographical report); internal narrative questions (notes taken in the first phase, respecting their sequence); external narrative questions (issues not mentioned by the interviewee or that needed clarification). The following guiding question was used in the interview: “Tell me about your whole life, everything you remember, from your birth to the present day, starting with the lives of your parents, what they told you and what you know”. It should be noted that the validation of the interviews with the interviewees occurs during the data production process, that is, in the second stage of the interview. In this stage, the interviewer takes up all the themes brought up by the interviewee and he/she has the opportunity to clarify, enhance, rectify or remove some content brought up in the first stage of the interview.

The interviews were carried out in the homes of the family members, recorded on a voice recorder and later transcribed by the researcher, between November/2017 and February/2018, with eleven family members who survived suicide, four of them in two meetings, with an average duration of 90 minutes and conducted by the main researcher. Two biographical reconstructions are shown in this article, using fictitious names and codifications in the excerpts of the speeches to guarantee the anonymity of the participants. The interviews were abbreviated as follows: I1 (interview 1) and I2 (interview 2). In the excerpts highlighted in this paper, the number of the paragraph (P) and the line range (L 23-37, for example) are indicated. The cases chosen constitute two types and contemplate the other interviews, allowing a typological construction with different ways to deal with suicide, thus meeting the objectives of the study.

Data analysis was also performed through biographical reconstruction of the case, observing the five steps proposed by the method used[9]: analysis of biographical data; narrated life (analysis of the thematic field and textual material); analysis of the life lived; microanalysis; Contrast between lived life story x narrated life story and typological construction.

In the analysis of biographical data, an attempt is made to understand the interviewee's life trajectory, placing the events of their biography in chronological order and relating them to the historical, social and economic contexts of each period. Hypotheses are raised based on these data, to shed light on the paths and choices taken by the subject. In the analysis of the narrated life, on the other hand, we stick to a content analysis linked to all the material transcribed from the interview, in order to understand the posture of the interviewees and how they fit into the present the contents that refer to their past. Finally, contrast aims to determine which logics between past and present perspectives meet or diverge from each other, reconstructing the biography in a textual way, in order to present the different perspectives in an integrated way. In the typological construction, the research question is resumed, and an attempt is made to answer it from the general structure of the reconstructed case.

The study was approved by the Research Ethics Committee of a local University (CAAE 77568017.5.0000.5310) and met the ethical precepts of the National Health Council[12-13]. The recorded interviews were kept confidential for five years and later discarded.

Data Analysis: reconstruction of the Marisa and Fritz cases

Reconstruction of the Marisa case

It took two meetings to interview Marisa, who was 39 years old at the time. After the initial open question, she talked about her trajectory according to her relevance system, without being interrupted. On the second visit to the respondent's house, the interviewer returned to themes addressed in the initial speech, trying to stimulate the narration. The analysis of the data obtained in the interview contains information about the experiences of the interviewee and her interpretation of her life experiences.

During her presentation, Marisa tries to show herself as someone with a trajectory that involved different types of suffering, and who learned to face such difficulties using different strategies. She wants to be seen as someone who needed to be strong from the beginning of her life, at the time she was under the care of her family, emphasizing that in her primary family and broader social context, there was no room to be vulnerable. So, she points to one

of the strategies she has adopted throughout her life, that of always being self-sufficient and acting with self-sufficiency and freedom in order to live as she wishes.

During the narration, Marisa listed themes that formed the thematic field of her speech: having a painful life (her own and that of her parents), her husband's suicide, depression, the birth of her son, her poor childhood, overcoming difficulties, being a strong woman, the help received from a friend, the feeling of guilt, the conflicts with the mother-in-law, having a fragile husband. These diverse themes, however, converge in a large thematic axis, central to the structure of the interview, that is, the interviewee's life goal and the strategies used to achieve it: to be independent and financially successful.

Marisa begins her narrative by saying that her "life was not very easy", associating these difficulties with the number of children her parents had, that is, the existence of seven siblings. Then, she also correlates the difficulties faced by her and her family at the beginning of her life trajectory to the hard work developed by her parents so that the family had financial conditions to develop and acquire goods: "*they worked hard to get what they have, it was all very painful*". In this excerpt, Marisa also highlights that her parents faced significant difficulties in supporting their children given the financial constraints at that time. Thus, the theme of suffering appears in the first phases of her narrative, corroborating the subsequent analysis that Marisa understands suffering and overload as a kind of "*inheritance"* acquired from her parents and strongly related to the hard and unprofitable work at the "farm".

Faced with her family's financial difficulties, Marisa draws attention to her key role when she narrates that she was one of the providers of her home from an early age. She formally starts to work "outside the home" and, thus, provides financial support to her family, especially to buy food. When referring to this period, Marisa stresses that, in order to be able to work, she had to face her father, who was against the idea of a daughter working outside the home or helping with the family's subsistence. Therefore, Marisa breaks with an important family tradition, which was to continue carrying out her parents' rural activities. For her, this was a mature, courageous decision, centered on the family needs:

> *I started working at the shoe factory because I realized that I would be able to help my parents more. And really, I was able to help them more, because I gave them all my money.My father was not willing to accept it! No!! My mother said: you can go, but you're going to hand over all the money for household expenses! I said 'no problem', but I went to work [...] And then he (my father) ended up accepting it, when he saw that the money was coming straight into his hands. She (my sister) didn't work (in the factory) but I did! [...] Then when he (my father) saw that I was handing over all the money, I would even do the grocery shopping while there, because the food from the factory was cheaper, after that he didn't say anything else. (I2, P5, L23-37)*

Marisa's desire to ascend economically and socially becomes evident, therefore, since her adolescence, when she decides to leave the rural environment and work in the shoe factory. At the same time that this experience allows her to help her family financially, it also gives rise to the possibility of carrying out a life project outside the rural environment, which Marisa believes to be a life with less suffering than the one her parents had. She believed that a life outside the rural environment would be a life with more economic resources, and her speech reveals a search for the freedom she did not obtain within the primary family. This freedom becomes, therefore, part of a life project to be achieved by her.

Marisa intersperses current events in her speech, analyzing her life after her husband's suicide. Her primary family, according to her, was the one who supported her in the most difficult moments after the loss of her partner: "*They understand me, they know that I am not to blame for anything".* In that same report, Marisa emphasizes her importance as a mother in her son's life, her role as a protector, someone who spares no effort to strengthen her son so that he does not become fragile, does not have to face a situation of depression due to the loss of his father. For Marisa, playing this role is a way of facing the situation of suicide and the loss of her husband. Thus, the interviewee, once again, emphasizes her ability to act as a "strong woman", for whom weakness and fragility have no place in her life. This brings us, therefore, to the same biographical strategy used by Marisa when talking about herself in childhood.

Motherhood is an important protective factor against suicide, especially when children are very young and more dependent[14]. In addition, women can better protect themselves against suicide because they are more willing to ask for and receive help for emotional problems[15]. The exercise of motherhood is a gender expectation, a resource that can be used for social approval. The mother's space is respectable in society, despite cultural changes in recent decades. Even today, motherhood is understood as central to the identity of women[16].

Regarding the life lived by Marisa, it can be divided into the following phases: childhood, which encompasses her birth situation, life context, and the lives of her ancestors (her parents, for example); adolescence, when important events took place, such as a broken leg, the first formal job, pregnancy at 17, her boyfriend's broken rib, her future husband, marriage, the birth of her first child and postpartum depression. As for adulthood, it includes themes such as post-marriage life, where she and her husband strive to build their own house; the husband's depression, which is accentuated and causes relationship problems and conflicts with her mother-in-law; Marisa's frustration with her husband, who she considers fragile; the

husband's suicide; and her current life.

Depression and other mental disorders are associated with suicidal behavior, occurring in 80% of cases[17]. In Brazil, there was an increase in suicide mortality rates in the 2010-2019 period, with emphasis on the higher risk of death in men[3]. Depression in men represents a barrier to the search for care, which is influenced by the intensity of the psychiatric condition, by the gender and by the stigmatization of suicidal behavior by the community[18], perceived by the wife, for example, as a "weakness" of her partner.

The contrast between the life narrated and the life experienced by Marisa shows that themes such as suffering and overcoming limits support her trajectory of search for social ascension, mainly in adolescence, when she decides to leave her job in rural areas and seeks autonomy and liberation, when she opposes her father's wishes and goes to work in a factory, her first formal job at the age of 14. Later, she gets married, envisioning the possibility of a new strategy to carry out her social ascension plan. However, the interviewee's plans are thwarted due to the "fragility" that is not in line with her needs. Marisa is constantly worried, and feels pressured by the need that her husband "*overcomes this situation*", that is, depression.

Analysis of gender roles and stereotypes in the literature shows that aspects such as ambition, strength, assertiveness and self-confidence are expected from men[19]. In the case of Marisa, she is disappointed by the fact that her husband has not assumed these characteristics attributed to the male gender.

In her speech, the interviewee demonstrates how much the difficulties in living with her spouse have increased over time, approaching in more depth the theme "guilt" in her report. Sometimes, she blames her mother-in-law, other times, her own husband for not getting better from her depression. In this context, Marisa tries to justify herself all the time, implying that she was right for having encouraged her husband to get out of depression and hiding her own feeling of guilt regarding the suicide.

Guilt and self-blame are common among surviving family members, even when they understand that the choice of suicide was made by the person who was already experiencing stress, arousing thoughts that they could have done something to prevent death[5]. However, Marisa is ambivalent when she makes an effort not to blame herself (to be strong) and to attribute the blame for suicide to others (mother-in-law and husband), re-signifying her process of dealing with suicide in her biographical narrative.

In the last stage of the analysis, a typological construction was carried out, which refers to the way Marisa interprets suicide. The interviewee is a woman raised in a strict

context of emotional distance from her parents. She builds her life project based on overcoming the difficulties of the rural work tradition after moving to the urban environment. She cherishes the hope of fulfilling her personal life in a loving partner, in a marriage, which, later on, proves to be incapable of meeting her expectations. Marisa ends up seeing in her husband's suicide a form of release, even of liberation, but also of guilt for feeling that way.

For the surviving family member, the elaboration of mourning is possible and necessary to face the pain and disorganization in the family system through a long, arduous, gradual process and a constant search for strength to continue living. It's just that one has to overcome the idea that finding new directions in life means dishonoring the person who committed suicide. Thus, the bereaved person needs to develop skills to deal with the new reality[5].

In Marisa's biographical narrative, little by little, guilt gives way to a re-signification of her life project, now focused on her son, work and her reaffirmation as a strong and determined woman. Finally, the analysis of Marisa's biographical case allowed the construction of a type that resumes the use of the maternal role as something that legitimizes the ability to overcome and strength in the face of the suicide experience. Thus, motherhood provided the interviewee with greater social recognition. Furthermore, Marisa's case also points to the role of social stigmatization and the influence of the community on the way in which the subjects deal with grief and in the reorganization of their lives.

The maternal social role, considered a possibility of status and prominence based on certain cultural practices and conceptions, assumes greater relevance. It is possibly a way in which Marisa overcame the suffering caused by the stigmatization process.

Stigma, as a social process of discrimination and separation of the other, can engender feelings of guilt and isolation in the surviving family member, which would aggravate mental suffering and lack of social support. In this regard, it does not seem wrong to point out the importance of prevention practices that encompass not only psychosocial support for surviving family members, but also of community education on aspects that permeate the lives of families that lose a member to suicide.

Thus, in the context of public policies, it is recommended that the topic be addressed in a non-alarming and non-stigmatizing way, raising awareness and encouraging people to prevent suicide, to contribute to the confrontation of this public health problem[3]. Thus, policy makers and health programs should consider the important role that can be played by the family in the prevention and treatment of suicide risk, and that can count on the support of

the mass media in promoting the debate on the topic, highlighting the responsibility and the influence of family connection in this scenario[20].

Reconstruction of the Fritz case

The following facts stand out in the analysis of Fritz's life trajectory: birth in 1939, childhood, marriage, moving to another city, moving to current home, wife's suicide, death of youngest child, new partner and current life.

An analysis of the thematic field, which includes the themes brought up during the interview and which concern the way the interviewee presents himself, shows Fritz describing himself as having been a good son, a good husband and a good father. From his family nucleus, he internalizes values such as honesty, trust and the power of the word, standards that are essential to him and that, according to him, pervade generations, and are still present in people of his age. Thus, Fritz tries to convey the idea that his family is harmonious and does not face many problems, both his current family and the family he formed in his first marriage.

In a more detailed analysis of the interviewee's intention of self-presentation, the following question arises: Was life with his wife and family as harmonious as he tries to show? The analysis points out that Fritz tries to hide the appearance of possible conflicts in his report, with the intention of transmitting a different image, since, during his life trajectory, the family appears as a fundamental value. In this regard, an international study that attempted to highlight the reasons why suicide occurred in the family environment pointed to the existence of disagreements or a dysfunctional context[21]. Thus, paying attention to family harmony can reveal possible existing conflicts and feelings of guilt regarding the wife's suicide.

The main thematic field identified was the way in which the interviewee's speech is based on his interpretation of his family in his life context, that is, in the midst of German colonization and culture. Thus, he perceives the family as a source of learning about responsibility, protection and preservation of members, honesty and valuing the word and trust. The family is also seen as a support that keeps the integrity of its members in a safe place.

In the part of the analysis about the life lived by the respondent, the main biographical events were highlighted in chronological order. Fritz was born in a city settled by Germans in which children were oriented and taught to be farmers from an early age, as their parents.Just like his parents, Fritz became a farmer.

In the part of the analysis about the life lived by the respondent, the main biographical events were highlighted in chronological order. Fritz was born in a city settled by Germans in which children were oriented and taught to be peasants from an early age, like their parents.Just like his parents, Fritz became a farmer.

The interviewee helped his family members in the rural activities. He was subjected to strict discipline in this and other aspects of life. However, he highlights this fact as an important aspect of his upbringing: "*My parents were strict, but they were correct*". For Fritz, correctness and honesty were taught as valuable traits. Likewise, the local society is also considered to be very significant. According to his account, the objectivity and determination of his behavior were consequences of his upbringing. The strict upbringing helped him deal with frustrations and develop skills to face difficult situations in the future, such as the loss of his wife and son.

Youth is little explored during the interview. After mentioning the wedding, he addressed some themes, such as the partnership he had with his wife.

> *We worked a lot, we worked together. When we were at home, there was work to be done. When I was at home, I helped her with the chores and when we were in the fields, she helped me*. (I2, p. 8, L36-38)

Fritz and his wife had two sons and three daughters. Both tried somehow to raise their children the way they had been raised. Two years after moving to another municipality, in 2011, the interviewee's wife committed suicide. A little over two years after the tragic event, Fritz moved in with his new partner, with whom he currently remains. A few years later, the respondent suffered a new loss. His youngest son, who he was very close to, died a sudden death. According to Fritz, the life with his new partner is peaceful. There is division of household chores and support. For him, having a new partner means support to face difficulties and, eventually, some sadness:

> *We worked a lot, we worked together. When we were at home, there was work to be done. When I was at home, I helped her with the chores and when we were in the fields, she helped me*. (I2, p. 8, L36-38)

Fritz says they get along well and live without conflicts:

> *Ya, I already told you! We don't hit each other, we get along well (laughs). She sometimes hits me on the back, but she has to climb on a chair to reach and then I leave when I see her climbing (laughs) Wiertuneimlichleben! (We live in peace – silence).* (I1, p.17, L 44- 46)

Comparing the lived life with the narrated life reveals the genesis of the interviewee's experiences. On the one hand, the experiences are observed objectively, without interpretations, and on the other hand, it can be seen that Fritz understands his past, from the present point of view, as it presents itself.

In addition to reporting conflicts between his father and mother, Fritz says that the father figure represented the teaching of the importance of work, education and honesty. The mother figure, on the other hand, is described as that of someone who provided teachings more related to the female stereotype, such as cooking and other household chores. For him, learning favored his relationship with his wife, since other men usually do not know how to perform these domestic activities.

The issue of health is perceived as a risk to family cohesion and, in addition, it requires the disbursement of money. His father, for example, needed to spend savings on the treatment of children. Fritz, in turn, had to put the property up for sale, as, in the case of farm workers, medical care was private. Thus, the interviewee tries to present himself as the provider, someone who maintains the family structure.

In addition, it is clear that Fritz understands that the role of a father has to do with maintaining the family. This is manifested when he refers to living with his children during their childhood and also when he talks about the present moment, stating that:

> *He has two small children there, look, this is not eaaaasy (elongating the word)! I miss him every day! Yesterday, his son, he will be 4 years old now on December 28th, he (son) has already passed away two and a half years ago and when he sees me, he shouts: "Vater, Vater", the only word he speaks in German is "Vater" (father) he calls me! So I sit in the shade – he has a motorcycle and he takes it home, in the gravel he can't ride a motorcycle, it doesn't work, but here on the sidewalk (in the backyard of his house) he can ride, so he comes here and rides it. Nobody can imagine how much it hurts, having the grandchildren here every day and their father is missing, they don't have a father anymore! This is not easy! (I1,p.5, L 25- 33)*

Fritz expresses his sorrow at the loss of his son and also because his grandchildren lost their father. According to his interpretation, the loss represents an absence in the family nucleus of the subsequent generation.

Fritz's speech and interpretation converge on health and family, and his wife's death represented a disruption of the integration he was fighting for. Despite the medical treatment provided, he did not notice a significant improvement in the clinical condition of his wife. Despite interpreting depression as a serious problem, he had difficulty understanding its meaning. Sometimes he understands suicide as a consequence of an illness, sometimes he

expresses dissatisfaction, not understanding why someone takes their own life and, sometimes, he expresses feelings of guilt**.**

In the analysis of the case, some reflections arise on Fritz's search for answers that refer to the context in which the suicide occurred: a period of land sale. The researcher's knowledge of the traditions of the German culture allows some hypotheses to be raised about the meaning of the sale of land for these families. People used to this tradition often feel that they “should not” get rid of an acquired good. On the contrary, On the contrary, it is necessary to add goods, to validate the achievements of the work. Thus, the material good is what remains and makes the connection with future generations to whom the property has an emotional value, maintaining the family history. It can be said that these values are latent in Fritz's interview.

A Brazilian study conducted in a city settled by Germans showed that the role of the work ethics and the German culture, expressed in the excessive demand for performance and in the omnipresent fear of going bankrupt and losing land, influence the occurrence of suicide as a cultural resource of these German descendants to face difficulties[22].

Fritz mourns the loss of a family member, which is associated with the social burden represented by suicide. This may explain why he repeatedly describes his family relationships as harmonious throughout the narrated life.

Resilience was manifested at some moments in the interviewee's life, especially when he experienced the suicide of a family member.Despite his sadness and guilt, Fritz, who has learned throughout his life to overcome problems, uses strategies to form another family group. Thus, he intends to continue living the way he wants, in an organized and harmonious way, which is considered “normal”.

A study showed that family and time are elements of support for those facing grief, and other factors such as religion and spirituality also help with suffering[23]. For the interviewee, social support, which includes the family, proved to be a great support for starting over. In this regard, a Brazilian study that sought to understand the family's experience of losing a family member to suicide showed that initially there are difficulties to overcome the loss, but sometime later the family members develop mechanisms to deal with grief, such as support from their own family and social network[24].

Ultimately, Fritz's initial question at the beginning of the interview stands out: “I would like to know why people here kill themselves so much? And what is the reason? Fritz is questioning the reason for his wife's suicide, hiding a possible feeling of guilt through the use of rationalization.

The inner qualities of rationalization, self-confidence and determination, probably built by the family culture, can strengthen the family member's resilience to deal with grief[21]. Thus, the analysis of Fritz's case shows that certain cultural traits with which someone was socialized can be a key asset for coping with contexts of mourning. Fritz's bond with the traditions of the German culture shows that the meaning given to the family provided him with the conditions to adopt strategies for leaving mourning and rebuilding new emotional bonds. This support can be considered an essential element without which health policies would hardly be able to promote significant actions.

It should also be noted that these same cultural traits can be important inhibitors, for example, of emotional expression practices, such as the suffering and difficulty felt in the process of mourning the loss of someone by suicide. In this regard, it is necessary that support and prevention actions aimed at bereaved family members take into account the cultural context in which these families are inserted, and how this context may be influencing their way of living and expressing the pain of loss, as well as the strategies that these families develop in coping with grief.

In this regard, a study from Bangladesh[20] recommends, as prevention strategies for suicidal behavior, the promotion of family resilience through family education on suicidal behavior, risk and protection factors in identified situations, as well as carry out family-focused interventions to improve family functioning, solve interpersonal problems, increase family integration and social support. A review study[25] revealed that family aspects and processes can serve as risk and protective factors for suicide, therefore requiring psychosocial interventions that mobilize family resources in different situations related to suicide.

Construction of types

The contrast between the above presented biographical reconstructions gave rise to the construction of two biographical types that sought to answer the research question: *How is suicide experienced by relatives of people who committed the act of taking their own life?* The first type concerns the use of the maternal role as a resource in the face of the intra-family experience of suicide and the social stigmatization of the experience of suicide. The second type, in turn, concerns the use of the meaning of family from a specific cultural perspective as a resource for coping with mourning the loss of a family member by suicide. Regarding the **first type**, represented in this article by the biographical case of Marisa, the experience of her husband's suicide involves facing and overcoming suffering based on resources learned

throughout her biographical trajectory, such as showing and asserting herself as a strong woman, who is able to deal with the loss and move on with her life. Furthermore, the perception of her own importance as a mother in her child's life, in a way, reaffirms the place of a woman who remains unshakable in the face of life's obstacles.

In addition, Marisa faces several manifestations of prejudice and social stigma, which allows us to reflect on the social phenomenon of suicide and the way it is experienced by the family member who survived. It is concluded from this reflection that the suicide of a family member sometimes implies a social burden that can increase the suffering of those who experience this grief. Even if people face the loss of someone by suicide based on their own interpretation, this interpretation is always imbued with a context of relationships, beliefs, behaviors, and social rules regarding death and suicide.

The **second type** developed from the analysis of the biographical cases refers, in turn, to the example of the Fritz case, and corresponds to the use of a certain cultural meaning of family as a resource for coping with the mourning of the loss of a family member by suicide. The interviewee was raised in a city settled by Germans, a cultural context in which he learned certain values associated to the meaning of family. He experiences suicide through these elements that constitute, in his view, the cultural significance of a Germanic family. There, the family is characterized as a space of support and security, demanding, therefore, the care and preservation of its members and their dynamics. To deal with the loss, Fritz uses cultural elements linked to his interpretation of culture and family as a resource.

FINAL CONSIDERATIONS

The approach used in the research made it possible to launch a comprehensive look at the experiences and interpretations of people who lost family members to suicide, considering not only the individual biography, but the relationship with the social, cultural, geographic and historical environment in which the suicide cases occurred and in which these family members are inserted.

In this study, two types of interpretation were built about the suicide experience in the family, showing that each interviewee understood and dealt with the fact in a different way. In the first case, the construction of a type where the way of experiencing suicide marks the use of the maternal role as something that legitimizes the ability to overcome and the strength in the face of the suicide experience is presented. Moreover, the case also consistently points to the role of social stigmatization and the influence of the community in the way in which the subject will be able to deal with the moment of grief and in the reorganization of his/her life.

In turn, the second type brings the cultural significance of family as a resource for coping with suicide, pointing out that certain cultural traits with which a subject is socialized can be an important resource for coping with contexts of mourning. The bond with the German cultural tradition shows that the meaning given to the family provided the interviewee with the conditions to adopt strategies for leaving mourning and rebuilding new emotional and supportive ties. This support can be considered an essential element without which health policies would hardly be able to promote significant actions.

Listening to and analyzing the narratives of people who lost a family member to suicide about their life experiences proved to be an important way of capturing the strategies adopted by these people before, during and after the death of the family member. Knowledge about biographies brings valuable inputs to health professionals who deal with this public, and may enable care and prevention interventions based on empirical data. After all, death also impacts the support network of the suicide victim, who may need support from the public network, as mental health problems are common after this type of experience.

The biographies of these surviving family members allowed us to understand important aspects in which they seek to overcome the traumatic loss of their family members. However, health and nursing professionals are supposed to provide an individual and collective care space with attentive listening for these subjects, to mitigate their pain and distress, so that they can move forward with their lives and projects, strengthening the individual and family resilience. As challenging as the topic of suicide may be in healthcare work, incorporating learning skills about suicidal behavior and approaching surviving family members, both in undergraduate curricula and in continuing education programs at healthcare services, can be key strategies to mainstream this topic in the context of education and care.

A limitation of this study is that only one family member of the individual who committed suicide was interviewed. Therefore, biographies of other surviving family members, capturing more nuances of the event's impact on the family and community are needed to deepen the knowledge in this field.

REFERENCES

1. Botega NJ. Mortalidade por suicídio, várias razões para prevenir [Internet]. Jornal da Unicamp. 2018 set 24 [cited 2022 Apr14]. Available from: https://www.unicamp.br/unicamp/ju/artigos/direitos-humanos/mortalidade-por-suicidio-varias-razoes-para-prevenir

2. World Health Organization. Suicide in the world: global health estimates [Internet]. Geneva: WHO; 2019 [cited 2022 Apr 14].Available from: https://apps.who.int/iris/handle/10665/326948

3. Ministério da Saúde(BR). Secretaria de Vigilância em Saúde. Boletim Epidemiológico. Mortalidade por suicídio e notificações de lesões autoprovocadas no Brasil [Internet]. 2021 [cited 2022 Oct 1];52(33):1-10. Available from: https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/edicoes/2021/boletim_epidemiologico_svs_33_final.pdf

4. Lee E. Experiences of bereaved families by suicide in South Korea: a phenomenological study. Int J Environ Res Public Health. 2022;19(5):2969. doi: https://doi.org/10.3390/ijerph19052969

5. Fukumitsu KO, Kovács MJ. Especificidades sobre processo de luto frente ao suicídio. Psico. 2016;47(1):3-12. doi: https://doi.org/10.15448/1980-8623.2016.1.19651

6. Dantas ESO. Fukumitsu KO. Sobreviventes enlutados por suicídio: cuidados e intervenções. São Paulo: Summus; 2019. Ciênc Saúde Colet. 2022;26(02):765-6. doi: https://doi.org/10.1590/1413-81232021262.37472019

7. Botega NJ. Crise suicida: avaliação e manejo. Porto Alegre: Artmed. 2015.

8. Scavacini K, Cornejo ER, Cescon LF. Grupo de apoio aos enlutados pelo suicídio: uma experiência de posvenção e suporte social. Rev M. 2019;4(7):201-14.doi: https://doi.org/10.9789/2525-3050.2019.v4i7.201-214

9. Rosenthal G. Interpretive social research: an introduction. Göttingen: GöttingenUniversity Press; 2018.

10. Schutz A. Sobre fenomenologia e relações sociais. Rio de Janeiro: Vozes. 2012.

11. Souza VRS, Marziale MHP, Silva GTR, Nascimento PL. Translation and validation into Brazilian Portuguese and assessment of the COREQ checklist. Acta Paul Enferm. 2021;34:eAPE02631. doi: http://doi.org/10.37689/acta-ape/2021ao02631

12. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial União. 2013 jun 13 [cited 2022 Oct 1];150(112 Seção 1):59-62. Available from: https://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?data=13/06/2013&jornal=1&pagina=59&totalArquivos=140

13. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução nº 510 de 7 de abril de 2016. Diário Oficial União. 2016 maio 24 [cited 2017 Jul 15];153(98 Seção 1):44-6. Available from: https://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?jornal=1&data=24/05/2016&pagina=44

14. Qin P, Mortensen PB. The impact of parental status on the risk of completed suicide. Arch Gen Psychiatry. 2003;60(8):797-802. doi: https://doi.org/10.1001/archpsyc.60.8.797

15. Vijayakumar L. Suicide in women. Indian J Psychiatry. 2015;57(Suppl 2):S233-8. doi: http://doi.org/10.4103/0019-5545.161484

16. Reif KS. Estigma, aprendizado e reforço de estereótipo de gênero: narrativas biográficas de mulheres após o encarceramento. In: Stuker P, Celmer EG, Passos AGS, organizadores. Vidas críticas: gênero, sexualidades, violências e justiça. Porto Alegre: Mikelis; 2019. p.355-80.

17. Bachmann S. Epidemiology of suicide and the psychiatric perspective. Int J Environ Res Public Health. 2018;15(7):1425. doi: http://doi.org/10.3390/ijerph15071425

18. Oliffe JL, Rossnagel E, Seidler ZE, Kealy D, Ogrodniczuk JS, Rice SM. Men's depression and suicide. Curr Psychiatry Rep. 2019;21(10):103. doi: http://doi.org/10.1007/s11920-019-1088-y

19. Nascimento CRR, Biasutti CM, Araújo ICC, Trindade ZA. Os papéis da mulher e do homem nas famílias pela óptica masculina: um estudo de duas gerações. Revista Pesquisas e Práticas Psicossociais.2021 [cited 2017 Jul 15];16(4):1-18. Available from: http://periodicos.ufsj.edu.br/revista_ppp/article/view/e3306

20. Arafat SMY, Saleem T, Edwards TM, Ali SA, Khan MM. Suicide prevention in Bangladesh: the role of family. Brain Behav. 2022;12(5):e2562. doi: https://doi.org/10.1002/brb3.2562

21. Ratnarajah D, Maple M, Minichiello V. Understanding family member suicide narratives by investigating family history. Omega (Westport). 2014;69(1):41-57. doi: https://doi.org/10.1002/brb3.2562

22. Meneghel SN, Moura R. Suicídio, cultura e trabalho em município de colonização alemã no sul do Brasil. Interface. 2018;22(67):1135-46. doi: https://doi.org/10.1590/1807-57622017.0269

23. Gonçalves PC, Bittar CML. Estratégias de enfrentamento no luto. Mudanças Psic Saúde. 2016;24(1):39-44. doi: http://doi.org/10.15603/2176-1019/mud.v24n1p39-44

24. Dutra K, Preis LC, Caetano J, Santos JLG, Lessa G. Experiencing suicide in the family: from mourning to the quest for overcoming. Rev Bras Enferm. 2018;71(Suppl 5):2146-53. doi: http://doi.org/10.1590/0034-7167-2017-0679

25. Frey LM, Hunt QA, Russon JM, Diamond G. Review of family-based treatments from 2010 to 2019 for suicidal ideation and behavior. J Marital Fam Ther. 2022;48:154-77.doi: https://doi.org/10.1111/jmft.12568

Authorship contribution:
Project management: Eliane Lavall.

Formal analysis: Eliane Lavall, Priscila Susin, Karina SchuhReif, Jacó Fernando Schneider, Hermílio Pereira Santos, Marcio Wagner Camatta.
Conceptualization: Eliane Lavall, Jacó Fernando Schneider.
Writing – original draft: Eliane Lavall, Hermílio Pereira Santos, Jacó Fernando Schneider.
Writing – reviewandediting: Eliane Lavall, Priscila Susin, Karina SchuhReif, Marcio Wagner Camatta, Fernanda Guarilha Boni.
Investigation: Eliane Lavall.
Methodology: Eliane Lavall, Priscila Susin, Karina SchuhReif, Hermílio Pereira Santos, Jacó Fernando Schneider, Marcio Wagner Camatta.

The authors declare that there is no conflict of interest.

Corresponding author:
Eliane Lavall
E-mail: elavall@hcpa.edu.br

Received: 07.15.2022
Approved: 10.17.2022

Associate editor:
Helena Becker Issi

Editor-in-chief:
Maria da Graça Oliveira Crossetti